

ONEIMPACT

For a TB free community

GLOBAL IMPACT REPORT 2025

Developed By

Stop TB Partnership

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OVERVIEW & INTRODUCTION

WHAT IS ONEIMPACT?

ONEIMPACT, is the largest community-led monitoring initiative in the fight against TB, underscoring the transformative power of engaging communities in monitoring and improving TB care and support services. Developed by the Stop TB Partnership and powered by Dure Technologies **ONEIMPACT** is a comprehensive solution that promotes a unified approach to TB, with people affected by TB at its core. By centering the experiences of those affected by TB into its design and use, ONEIMPACT allows TB stakeholders to hear directly from and understand the challenges and barriers faced by people affected in accessing services, thus enhancing communication and accountability, and driving collection action to end TB by 2030.

ONEIMPACT offers three integrated solutions that work together to create a comprehensive accountability platform for diverse TB stakeholders, with people affected by TB at its core.

1. A solution for **people affected by TB** to access vital and timely information on TB and services, to connect with peers for support and to provide feedback on TB services.
2. A solution that establishes and enables **local first responders** to receive feedback from people affected by TB for local problem solving and responsive care.
3. A TB alert system for **national programmes** to understand, prioritize and respond to the key challenges preventing people affected by TB from accessing quality TB screening, testing, treatment and support services.

WHY WAS IT DEVELOPED?

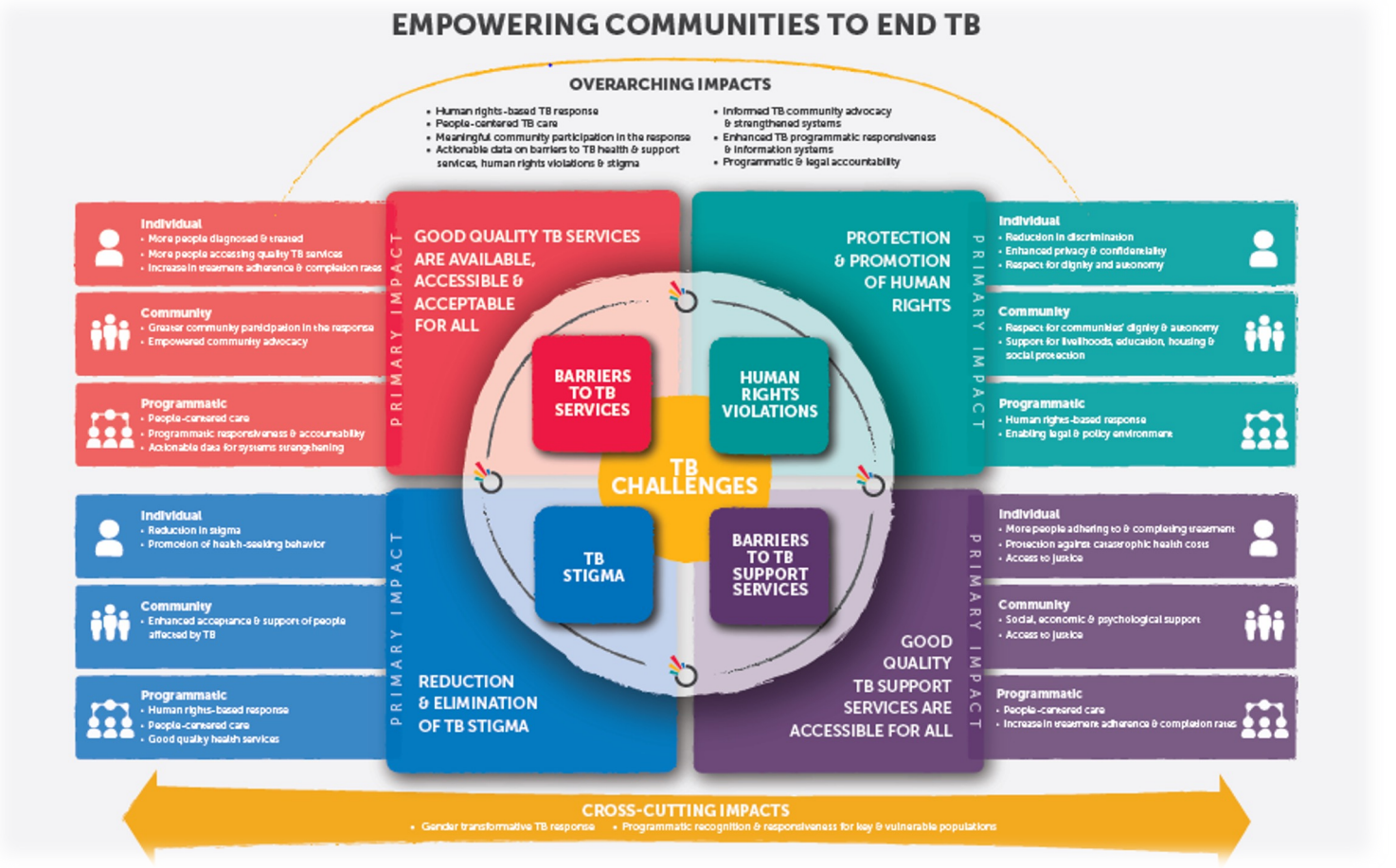
ONEIMPACT was developed to address the urgent need to identify and overcome barriers to TB services, ensuring that the missing millions are found and provided with essential care, as documented in Building the evidence for a rights-based, people centered TB response: An analysis of the Stop TB Partnership Community, Rights and Gender TB Assessment.

By engaging communities and those affected by TB, the platform helps identify and overcome the obstacles preventing people from seeking, accessing, and staying in care.

These barriers can be:

- **Geographical or Physical:** long distances to health facilities, high costs or availability of transportation to attend follow up visits or receive necessary tests and treatment, inconvenient facility hours.
- **Economic:** indirect costs (travel, food during hospital stay etc), people not being able to afford time off work.
- **Gaps in health service delivery:** inadequate health services (long waiting hours, lack of diagnostic equipment, drug stock outs etc), limited outreach programs to reach vulnerable or hard to reach populations, misinformation or a lack of information
- **Gaps in support services:** treatment adherence or peer support, legal aid, social protection
- **Stigma and social exclusion**: when people are ostracized or discriminated against

ONEIMPACT Conceptual Framework



ONEIMPACT vision is a TB Free Community!

ONEIMPACT primary impact goals are to ensure (1) good quality TB services that are available, accessible and acceptable for all (2) good quality support services that are available and accessible to all (3) TB stigma elimination (4) rights of people affected by TB are protected and promoted and across the cascade of care (screening, testing and treatment)

ONEIMPACT cross cutting goals are to maximize information dissemination and the meaningful engagement of people in the TB response and to enhance people centered care.

By engaging and collaborating with people affected by TB in a systematic way National TB programmes and services can disseminate and gather and gather information to identify and address the barriers preventing millions of people from accessing services. ONEIMPACT can therefore support national TB responses to ensure that TB services available, accessible, people centered and effective in reaching those who may otherwise go undiagnosed and untreated. This collaborative approach, with people affected by TB at its core is key in reducing the number of people missing with TB so that all people with and affected by TB get the care they need.

ONEIMPACT Implementation I Framework



Political leadership, service providers, community advocates and recipients of care, with people affected by TB at the centre.



OneImpact CLM relies on strong community structures through which it embeds comprehensive orientations, trainings, adaptation and M&E processes.



OneImpact digital intervention is a core building block of CLM approach to maximize reach and to provide people centric care.

ONEIMPACT Building Blocks

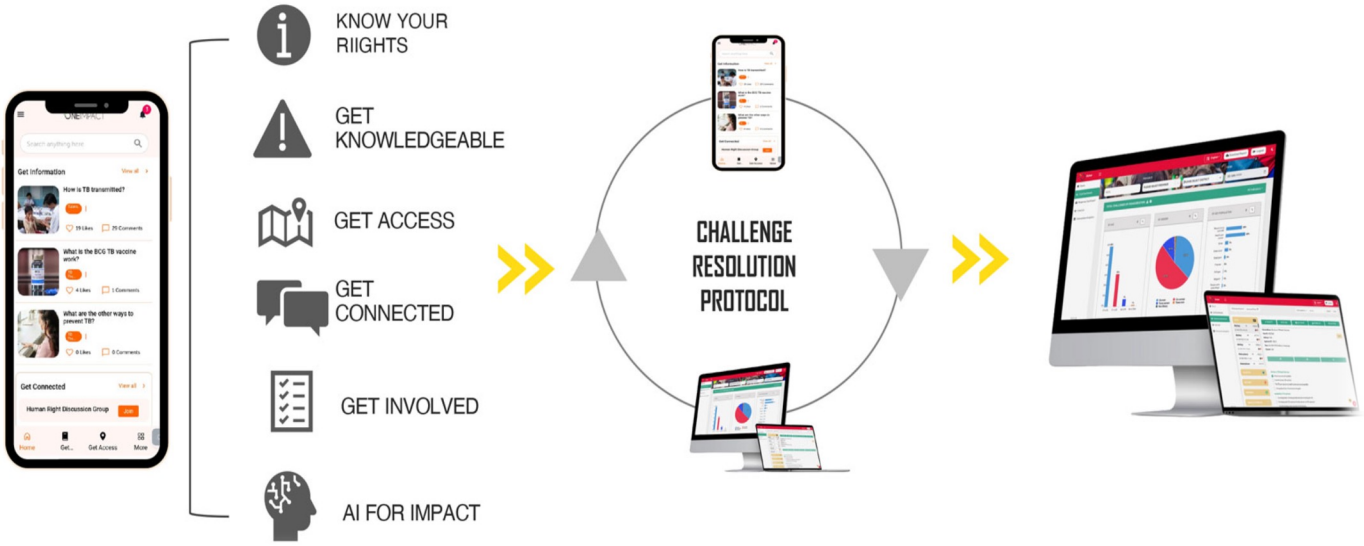
ONEIMPACT is built on three key pillars:

1. **People** – Engaging political leaders, healthcare providers, and community advocates to ensure TB-affected individuals remain at the center of decision-making and care.

2. **Structures and Processes** – Strengthening community-led systems through training, adaptation, and robust monitoring and evaluation (M&E) for sustainable impact.

3. **Technology** – Leveraging digital innovation to enhance accessibility, scalability, and real-time community engagement in TB care.

ONEIMPACT Technology



Tool for people affected by TB | Response Module | Accountability Dashboard

Tool For **People Affected By Tb**, Available On Multiple Channels

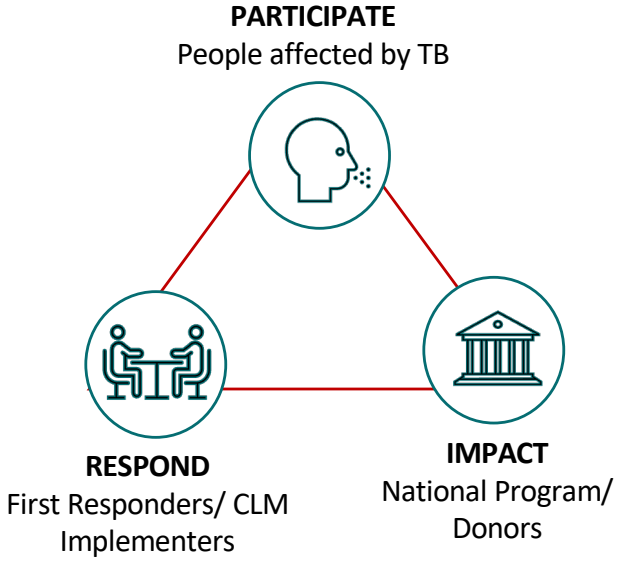
People affected by TB can access different services (information on TB and TB services, community support groups, report challenges) and via multiple channels such as an App, Social Media etc. Community Health Workers/Peer Educators can also report challenges for people through the Assisted model.

Response Module Used By **First Responders**

Once the challenges are reported, the first responders can immediately view and validate them. Once validation is done, they use their country developed protocols to respond working together with other partners to resolve the challenges reported, both at local and national levels.

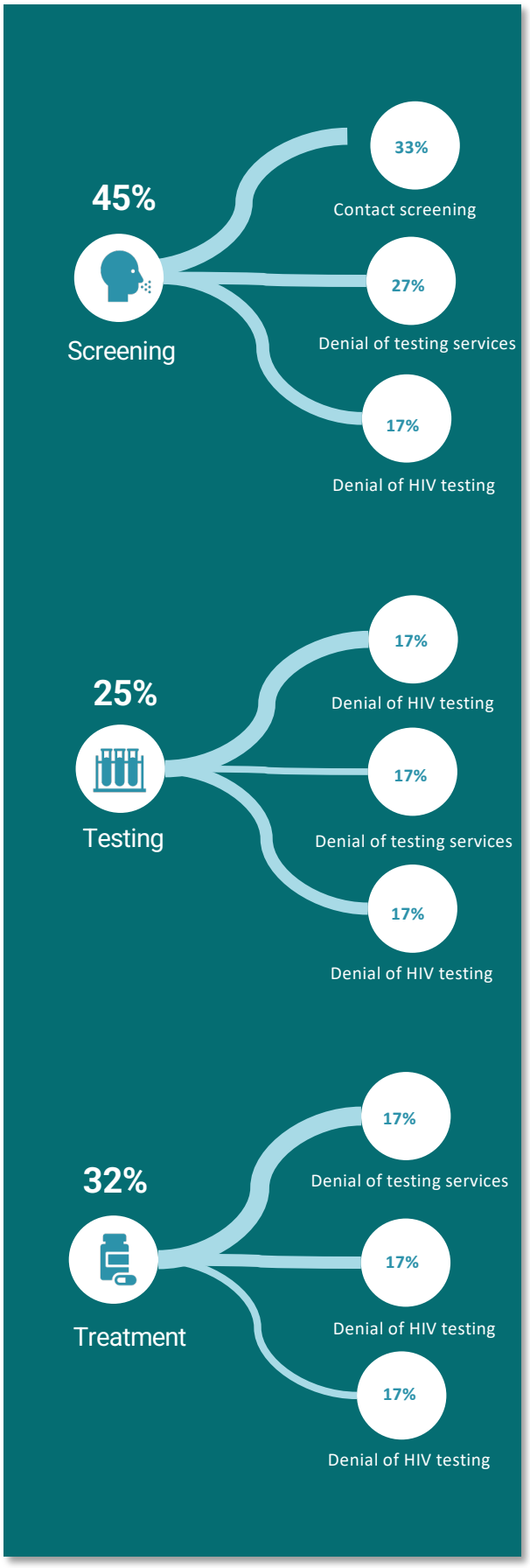
Accountability Dashboard For **Community Advocates And Naitonal Tb Programmes**

The data collected through ONEIMPACT is automatically analysed and represented on country dashboards where community advocates and national TB programmes, at a glance can identify the top challenges, their magnitude and location, for evidence-based decision making and action.



To know more visit: https://stoptbpartnershiponeimpact.org/

Rationale for OneImpact Indicators



The ONEIMPACT Community-Led Monitoring (CLM) framework assists the communities to collect the critical barriers faced by individuals in accessing TB services across the screening, testing, and treatment continuum of care. Addressing these challenges is essential to ensuring equitable access and improving TB outcomes.

1. **Screening: Identifying Individuals at Risk**

Screening is the first step in TB detection, aimed at identifying individuals with symptoms or known exposure. Some of the barriers to effective screening include:

- Lack of Information: Limited awareness about TB.
- Self-Stigma: Fear or shame prevents individuals from seeking screening.
- Contact Investigation Gaps: Household contacts of TB patients are not systematically screened.

2. Testing – Confirming TB Diagnosis

Individuals identified through screening require timely and accurate diagnostic testing. Some of the barriers include:

- Testing Unavailable: Lack of accessible testing facilities.
- Testing Denied: Individuals are refused testing due to factors such as gender or social status.
- Delayed Results: Long waiting times for test results hinder timely diagnosis and treatment initiation.

3. Treatment: Ensuring Continuity of Care

Once diagnosed, TB patients require uninterrupted treatment to ensure cure and prevent drug resistance. Some of the barriers Include:

- Drug Stock-Outs: Unavailability of TB medications at treatment centers.
- Unauthorized Fees: Patients being charged for TB treatment despite policies ensuring free services.
- Stigma and Discrimination: Social and workplace stigma affecting adherence to treatment.

In summary, barriers at any stage of the screening, testing, and treatment cascade contribute to delayed diagnoses, increased transmission, and poor health outcomes. ONEIMPACT CLM framework provides real-time insights to address these gaps, ensuring a community-driven response to TB care and prevention.

ONEIMPACT CLM Indicators

OI_OD	OneImpact CLM Indicators	CLM Indicator Category (Right to Health Framework)	Cascade of Care	QUESTIONS
OI_01	TB drug stock-out	Availability	Treatment	My treatment center/DOTS center does not have required drugs for my treatment.
OI_02	Side Effects	Quality	Treatment	My TB medicines are causing side effects.
OI_03	Inadequate Support for TB Drug side effect management	Quality	Treatment	I am not getting enough help to manage side effects from my TB medicines.
OI_04	Unauthorized fee for TB treatment	Accessibility	Treatment	I was asked to pay for TB treatment whereas the services are supposed to be free of cost.
OI_05	Treatment Facility is far	Accessibility	Treatment	I can't continue treatment because the facility is too far.
OI_06	Treatment counselling not provided	Lack of support	Treatment	I didn't get counseling for TB treatment.
OI_07	Lack of information on TB	Availability	Screening / testing / treatment	There is little or no information about TB symptoms, testing, or treatment.
OI_08	TB Status Revealed	Human Rights Violation	Treatment	The health facility staff shared my TB status without my permission.
OI_09	Case transfer not done	Quality	Treatment	I moved to a new place, but my case wasn't transferred.
OI_10	Uncomfortable only men providing TB counselling	Acceptability	Treatment	Only male health workers are available for counseling, and it makes me uncomfortable.
OI_11	TB medication forced	Human Rights Violation	Treatment	I was forced to take TB medicines without my consent.
OI_12	Treatment Denied	Human Rights Violation	Treatment	I was denied TB treatment because of my identity (ethnicity/religion/gender/social status)
OI_13	Lack of access to available financial support	Lack of support	Treatment	I don't have financial help to continue treatment.
OI_14	Lack of access to available nutritional support	Lack of support	Treatment	I don't have nutritional help to continue treatment.
OI_15	Lack of access to legal aid	Human Rights Violation	Treatment	I am being discriminated against and I can't get legal help
OI_16	Self-stigma	Stigma	Screening / testing / treatment	I feel scared or ashamed because I have or might have TB.
OI_17	Family stigma	Stigma	Treatment / post treatment	My family avoids me because I have or had TB.
OI_18	Community level stigma	Stigma	Treatment / post treatment	My community avoids me because I have or had TB.
OI_19	Health facility stigma	Stigma	Treatment / post treatment	The health facility staff treats me badly because of TB.
OI_20	Workplace stigma	Stigma	Treatment / post treatment	I was excluded at work after sharing my TB status.
OI_21	Testing Facility is far	Accessibility	Testing	I can't get tested because the facility is too far.
OI_22	Unauthorised fee for TB testing	Accessibility	Testing	I was asked to pay for TB testing whereas the services are supposed to be free of cost.
OI_23	Testing Unavailable	Availability	Testing	TB testing is unavailable where I was sent.
OI_24	Testing Results not shared	Availability	Testing	I haven't received my TB test results after 2 weeks.
OI_25	Latest testing methods unavailable	Quality	Testing	TB testing center does not have modern testing methods such as Genxpert or TruNat.
OI_26	Testing Denied	Human Rights Violation	Testing	I was denied TB testing because of my identity.((ethnicity/religion/gender/social status)
OI_27	Lack of gender sensitive care	Acceptability	Screening / testing / treatment	Only male doctors/health workers are at the facility, and I feel uncomfortable.
OI_28	Contact investigation gaps	Availability	Screening	My center didn't screen my household after I was diagnosed with TB.

ONEIMPACT Governance Indicators

1. INPUT

To meet your scale up and institutionalization targets

Number of first responders, and their profile (Community Health workers)

Number of people involved in OneImpact app content updates (updating 'Get Information')

Number of people involved in OneImpact app moderated session on chat forum (using 'Get Connected')

Number of people involved in data analysis and report generation and dissemination

Number of people trained (First responders, Community Healthcare workers, Health facility managers, NTP team)

Any Gaps in your OneImpact CLM program you would like to highlight?

3. OUTPUT

Number of people engaged on OneImpact CLM platform in this quarter

Number of people who reported TB challenges on OneImpact in this quarter

Number of challenges reported on OneImpact in this quarter

Number challenges resolved in this quarter

Number of meetings held with the health facility managers to discuss the challenges reported on OneImpact

Number of meetings held on CLM with National CLM Working Group involving NTP

Number of meetings held on CLM with communities for community advocacy

Number of meetings held on CLM with NTP at Sub-National level

Number of CLM presentations done for the CCM and working groups

Number of times the CLM reports (dashboard) was shared with NTP, CCM, health facility managers, local community group & other key stakeholders. Mention them separately

2. PR0CESS

How many people affected by TB were actively reached out to be aware about OneImpact

What is the role of health staff to promote/connect people affected with TB with OneImpact CLM

What key interventions were implemented to reach and enroll more people affected by TB

Number of new content updated in OneImpact Get Information module

Number of people engaged from health staff or people responsible to solve the challenges

4. OUTCOME

What was your advocacy priority based on CLM data analysis

What actions were taken at the community level

What actions were taken at the health facility level

What actions were taken to update TB strategies, policies, laws, guidelines and resources informed by CLM data

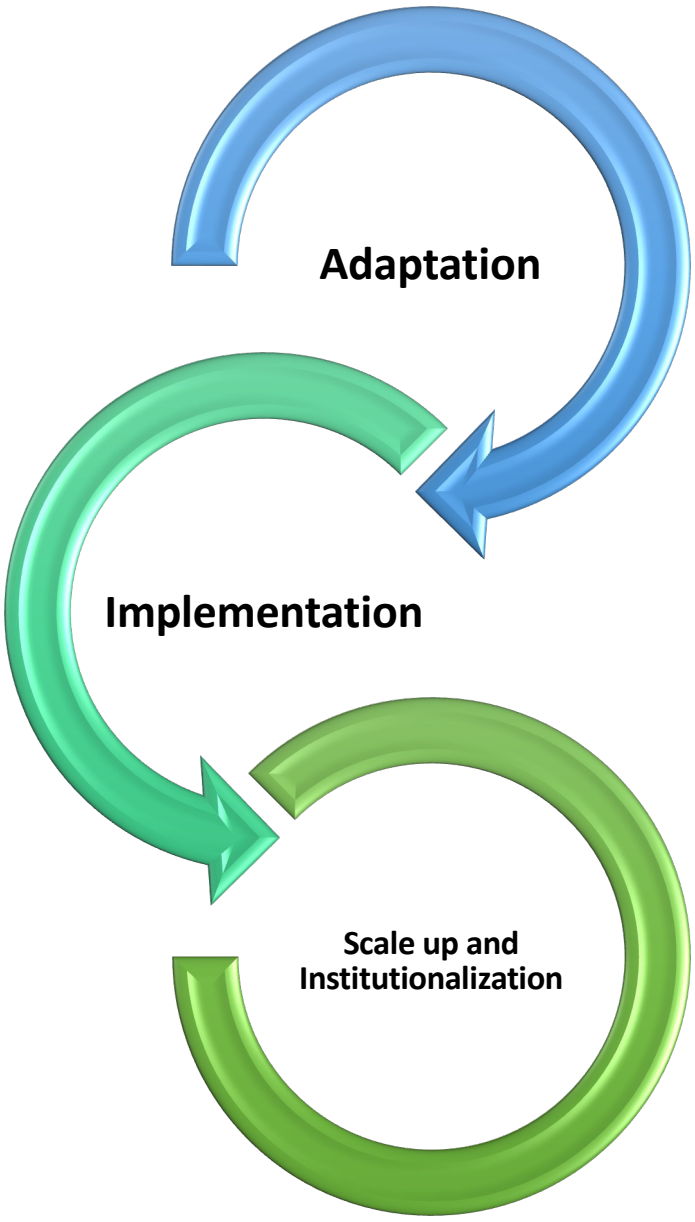
ONEIMPACT STORIES

Describe a challenge which was reported by an individual through OneImpact

Describe a major challenge indicated by OneImpact that was highlighted at Community level/Facility level

Describe a major challenge indicated by OneImpact that was highlighted at National and Sub-national level

ONEIMPACT Implementation phases and support Tools



Adaptation Tools

The adaptation process involves adapting different components of the OneImpact platform such as questionnaire, information content, registration details, community forums, dashboard indicators and much more.

Implementation Tools

Once the adapted platform has been reviewed by all the stakeholders including the NTP, the platform is launched and implemented in the country for people to engaged and kick start the engagement.

Scale-up and Institutionalization Tools

The platform is scaled up to maximize its reach across all TB-affected communities nationwide. Various strategies, such as social media promotion, integrating access links into TB treatment cards, and leveraging National TB Program (NTP) communication mechanisms, are implemented. Once feedback from country stakeholders is incorporated, the platform is institutionalized as a core intervention within the National TB Program, including its integration into the National Strategic Plan (NSP).

Case Studies

Global Uptake of ONEIMPACT

Geographic Presence

38 Countries

Total People Engaged

299,000+

Total Challenges Raised

135,000+

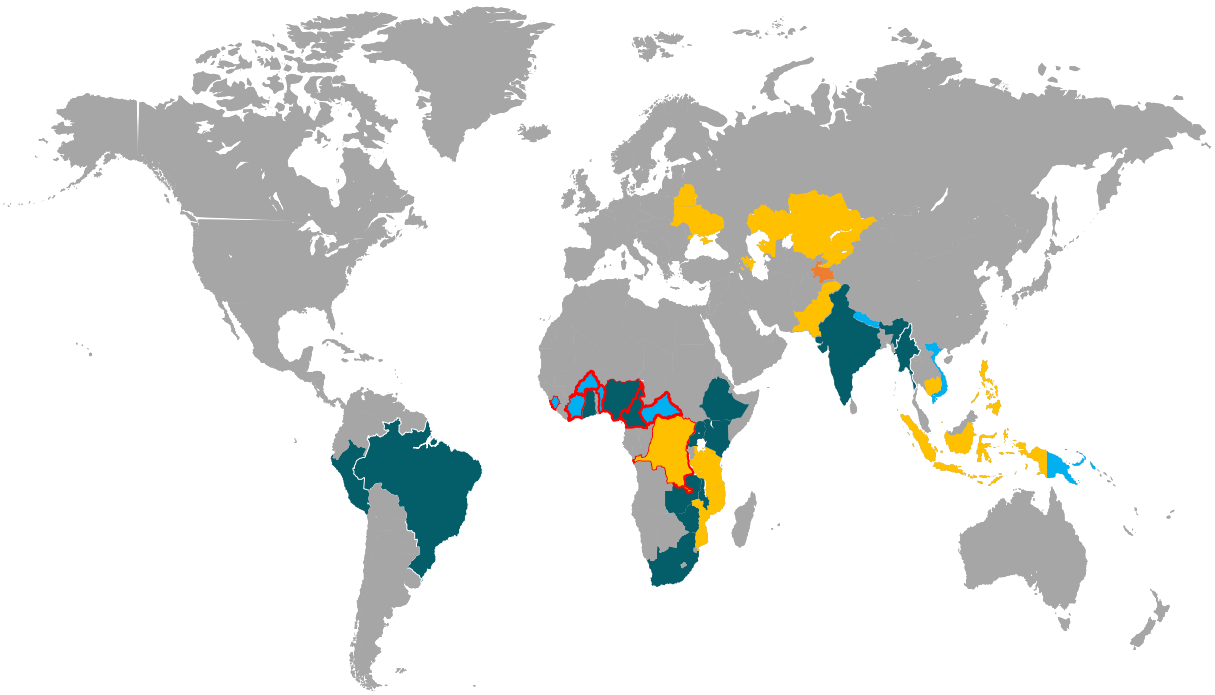
Gender Disaggregation

51.4% Men 48% Women
0.6% Others

KVP Disaggregation

35% Rural and Urban Poor
22% Person with HIV 21% Miners

ONEIMPACT Countries



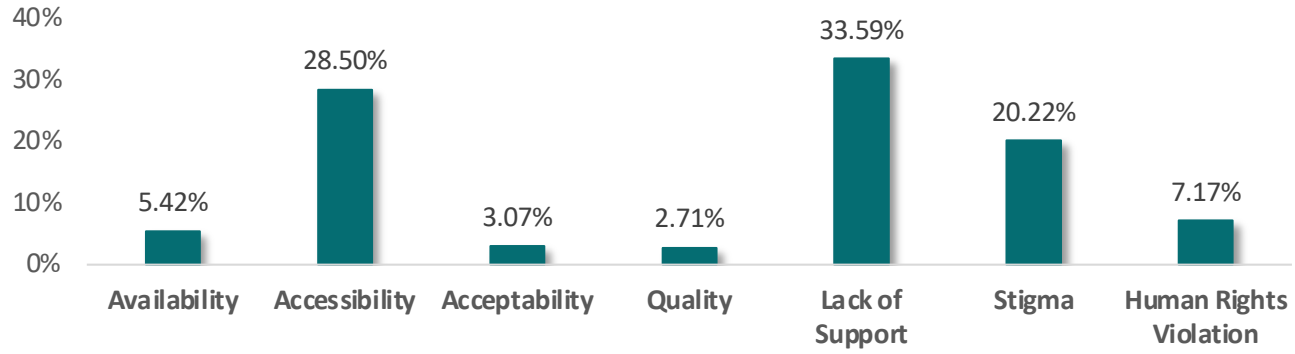
First Pilot (TAJIKISTAN) in 2017

First adopting countries 2017-2020

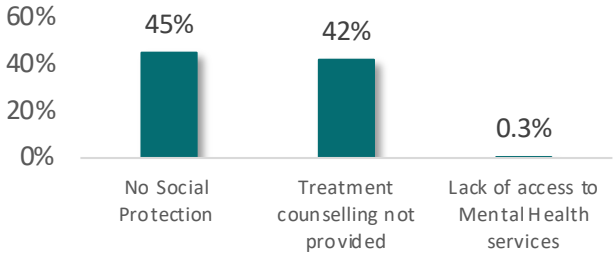
New countries 2021-2025

ONEIMPACT Global CLM data and Analytics

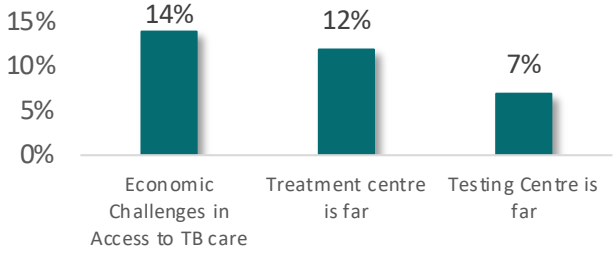
Distribution of major challenges reported across categories defined by CLM framework (AAAQ + Social barriers). The top 3 challenges reported by 53,983 number of people across 38 countries were 1) Lack of support services (33.59%) 2) Inaccessible services (28.50%) 3) Stigma (20.22%) .



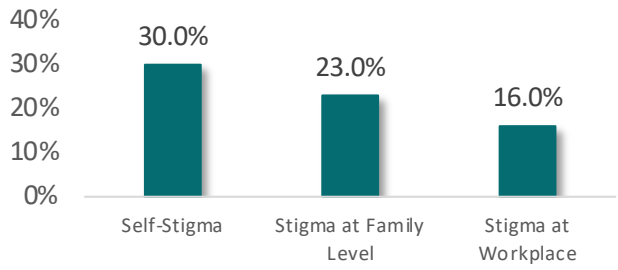
Lack of Support



Accessibility



Stigma



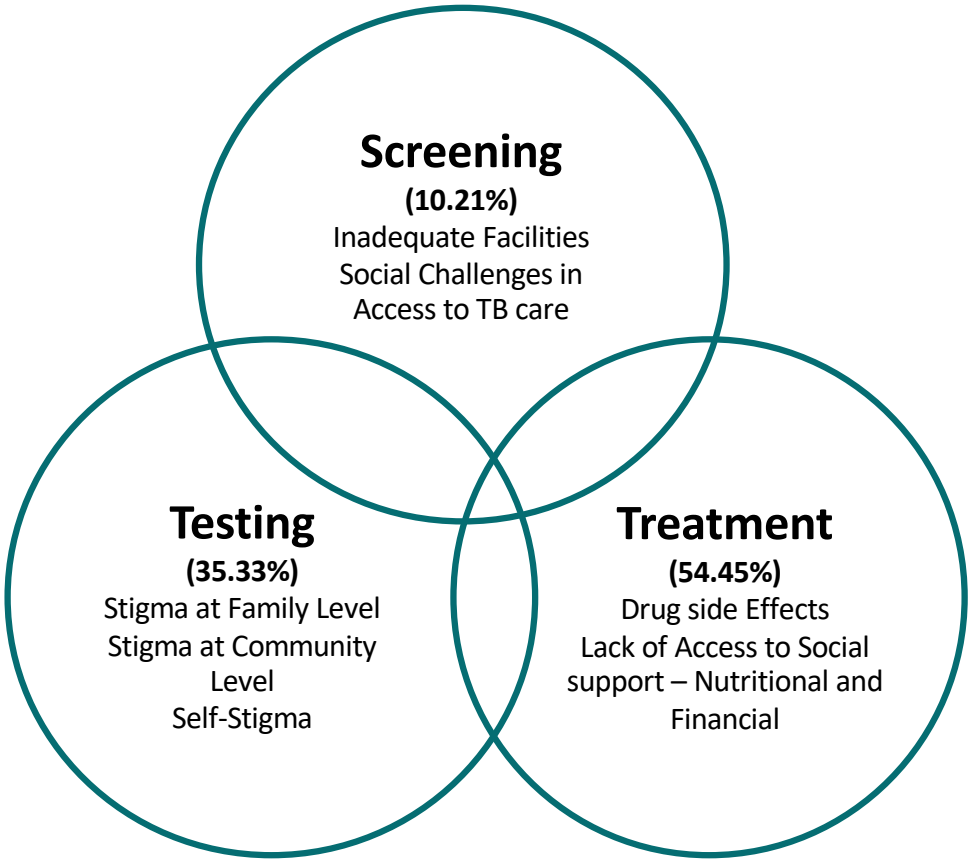
A further examination of the framework barriers revealed that the top reported stigma, support and access barriers related to: 1) lack of access to social support 2) self stigma 3) stigma and family level and 4) proximity to treatment centre.

Lack of Support: No social protection (45%) is the most prominent support-related barrier. Lack of treatment counseling (42%) hinders patient adherence and care. Limited mental health support (0.3%) is the least reported but still noteworthy.

Accessibility: Economic difficulties (14%) are a major barrier to accessing TB care. Distance to treatment centers (12%) is another significant issue. Testing centers being far (7%) also contributes to accessibility problems.

Stigma: Self-stigma (30%) is the highest concern in this category. Stigma at the family level (23%) affects patients' emotional well-being. Stigma at workplace (16%) is present but comparatively lower.

ONEIMPACT Global CLM data and Analytics



OneImpact Global CLM Data and Analytics

Analyzing global data from the OneImpact Community-Led Monitoring (CLM) platform highlights key issues across the TB cascade of care- Screening, Testing, and Treatment.

Screening (10.21%):
Inadequate facilities and social challenges limit access to early TB detection.

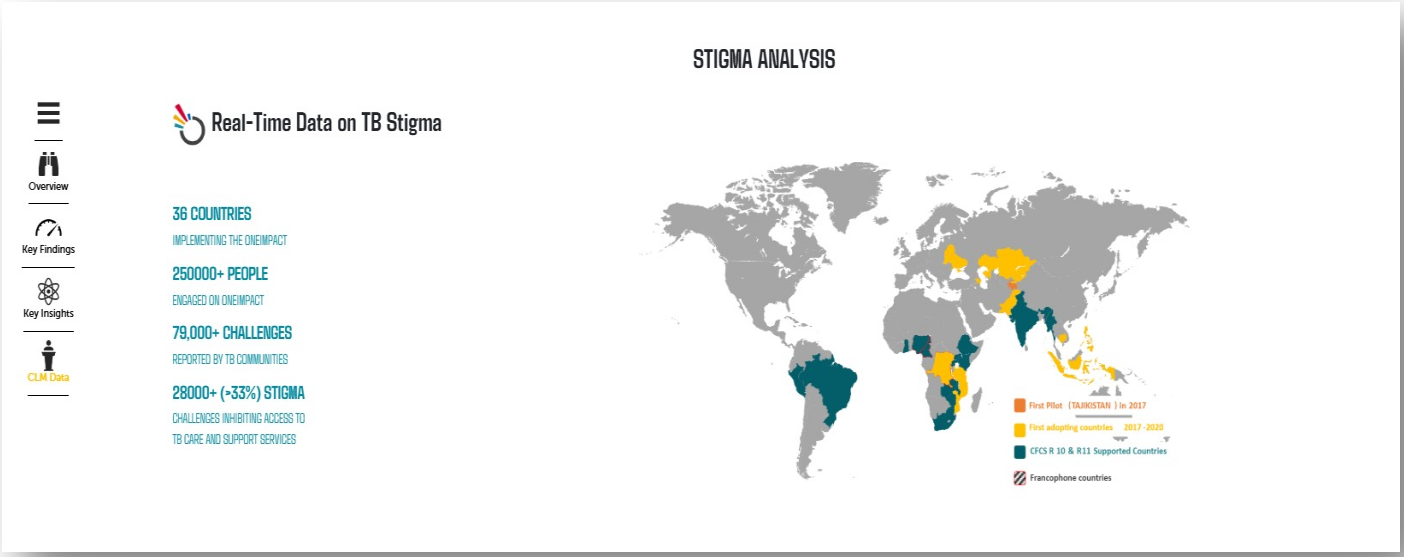
Testing (35.33%):
Stigma remains a major barrier, with individuals experiencing discrimination at the family, community, and personal levels.

Treatment (54.45%):
The most significant concerns include drug side effects and lack of access to essential social support, such as nutritional and financial assistance.

These findings emphasize the urgent need for targeted interventions to improve access, reduce stigma, and strengthen support systems for TB-affected individuals worldwide.

ONEIMPACT : Informing Global Policy Advocacy on Stigma

Informed by ONEIMPACT CLM and TB Stigma assessments conducted in 21 countries, Stop TB Partnership launched the Stigma Portal tbstigma.org in December 2024 during the 38th Stop TB Board Meeting , where countries can share their data on TB stigma and actions they are taking to eliminate it.





Board decision point

Strongly urges the Secretariat to work in close collaboration with the World Health Organization to explore modalities for collecting and integrating data on TB stigma in the annual Global TB Reports.

ONEIMPACT : Collecting Global CLM data for Policy Advocacy



Based on the unique perspectives of people affected by TB and the challenges being reported to suggest access barriers Stop TB Partnership developed a global dashboard on barriers to screening, testing and treatment services which is being used for policy advocacy.

ONEIMPACT – Asia and the Pacific Region

Geographic Presence



6 Countries

Total People Engaged



105,100+

Total Challenges Raised



14,952+

Gender Disaggregation



50.4% Men| 48.7% Women| 0.9% Others

KVP Disaggregation



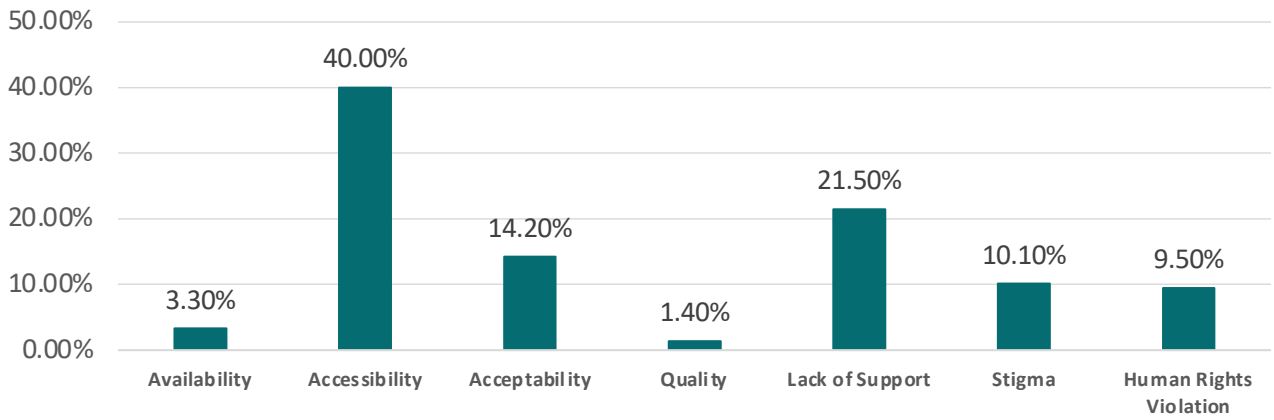
46.7% Rural and Urban Poor| 5.4% Health Care Worker| 3.1% Ethnic Minority

ONEIMPACT Asian Countries

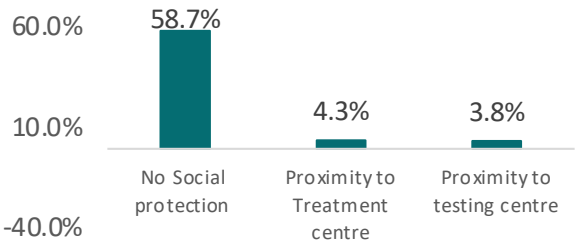
Countries	Stage
India	Scale-Up
Indonesia	Scale-Up
Cambodia	Scale-Up
Philippines	Scale-Up
Myanmar	Orientation
Pakistan	Scale-Up
Bangladesh	Implementation

ONEIMPACT Asia CLM data and Analytics

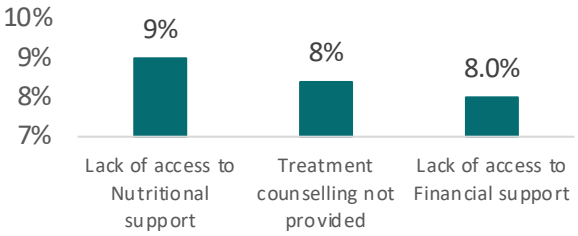
Distribution of Major challenges reported across categories defined by CLM framework (AAAQ + Social barriers)



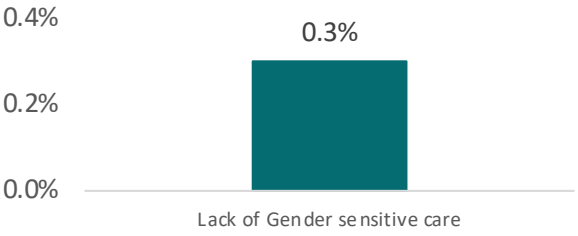
Accessibility



Lack of Support



Acceptability



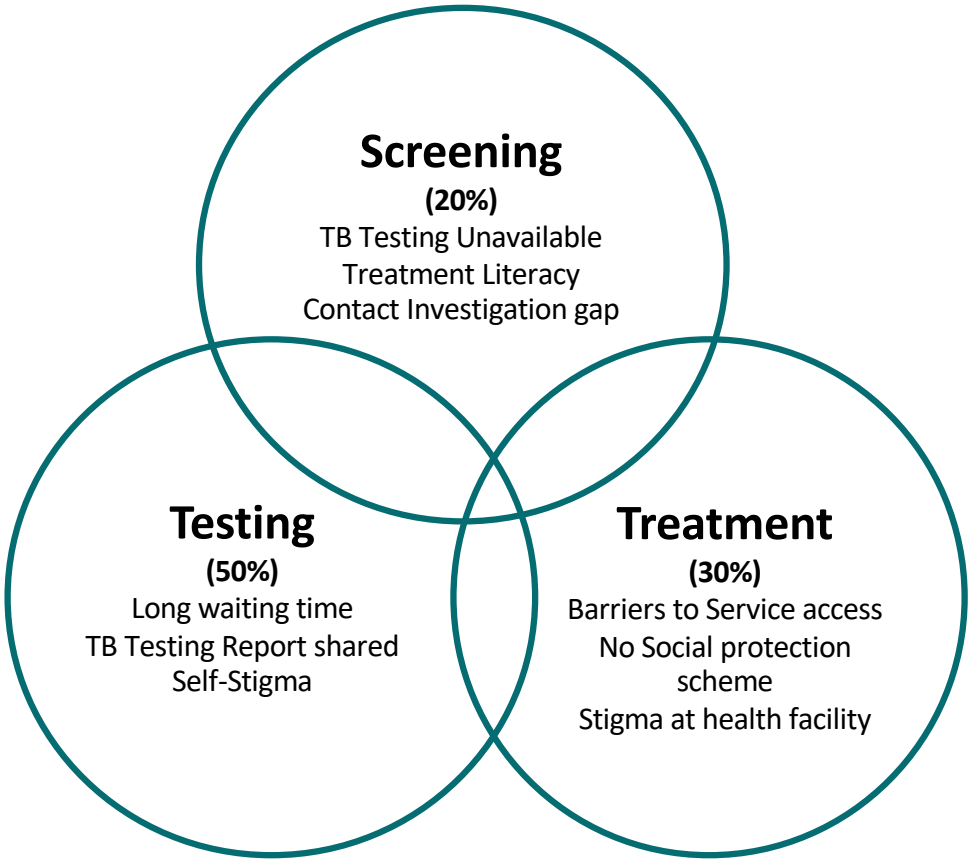
A further examination of the framework barriers revealed that the top reported stigma, support and access barriers related to: 1) Accessibility 2) Lack of Support and 3) Acceptability.

Accessibility Challenges: No social protection (58.7%) is the most significant barrier, indicating a critical gap in financial and social safety nets for TB patients. Proximity to treatment centers (4.3%) and proximity to testing centers (3.8%) are also reported as access barriers, though at lower levels.

Lack of Support: Lack of access to nutritional support (9%) is a significant concern, affecting patient recovery and treatment adherence. Treatment counseling not provided (8%) suggests gaps in essential patient education and adherence support. Lack of access to financial support (8%) underscores economic barriers affecting treatment affordability.

Acceptability: Lack of gender-sensitive care (0.3%) is noted as a barrier, highlighting the need for more inclusive healthcare services.

ONEIMPACT Asia CLM data and Analytics



OneImpact Asia CLM Data and Analytics

Analyzing global data from the OneImpact Community-Led Monitoring (CLM) platform highlights key issues across the TB cascade of care- Screening, Testing, and Treatment.

Screening (20%): 15.7% TB Testing Unavailable| 3.7% Treatment Literacy| 0.2%Contact Investigation gap

Testing (50%): 12.2% TB Test Report sharing| 10.1% Self Stigma| 13.0% Long waiting time

Treatment (30%): 8.9% Barriers to Service access| 8.7% No Social protection scheme| 4.4% Stigma at health facility

These findings emphasize the urgent need for targeted interventions to improve testing quality, reduce stigma, and strengthen support systems for TB-affected individuals in Asia region

ONEIMPACT Pakistan Informing JPRM Processes and Recommendations



OneImpact Pakistan Dopasi

Institutionalizing the outcomes of CRG assessment in the National Strategic Plan for TB in Pakistan

Pakistan, with an estimated 510,000 new TB cases emerging each year, is ranked fifth among the high-burden countries worldwide. The National Strategic Plan 2020-23 highlights the importance of reaching missing people with TB, especially among the key and vulnerable population (KVPs). The NSP also emphasizes the importance of engaging and empowering communities in all aspects of TB response.

In the year 2021, in support of the NSP, DOPASI Foundation, a non-profit organization initiated the implementation of OneImpact, community-led monitoring solution for TB communities with the support of Stop TB Partnership's (STP) Challenge Facility for Civil Society (CFCS). The following year DOPASI Foundation, in collaboration with the National TB Programme conducted a CRG Assessment, using OneImpact as a means of data collection. This assessment was conducted as part of and to inform the Joint Program Review Mission (JPRM), 2022.

The quantitative part of the CRG assessment was conducted through a cross-sectional survey. Data was collected from over 1000 TB affected people in four provinces of Pakistan (Sindh, Punjab, Khyber Pakhtunkhwa and Balochistan) using ONEIMPACT Dashboard. The real-time data analysis and excel export led to findings and recommendations which were incorporated into the JPRM report, thus facilitating the indirect inclusion of over 1000 people affected by TB in the JPRM. This was the first time so many people with TB were engaged in a JPRM. Since then, OneImpact Pakistan has been engaging more and more communities and today nearly 21,000 people affected by TB are engaged in CLM.

ONEIMPACT PAKISTAN DOPASI AT A GLANCE

Lead CLM Implementer: Dopasi Foundation

Operational since: 2022

Key and vulnerable populations targeted: Prisoners, Refugees, Urban Poor, Slum dwellers, Transgenders

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

20,878
TOTAL PEOPLE AFFECTED BY TB ENGAGED

17737
TOTAL PEOPLE REGISTERED

1370
TOTAL CHALLENGES REPORTED

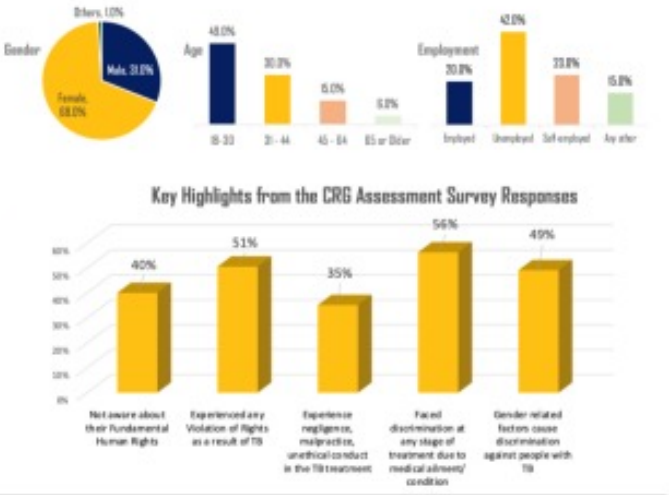
1400+
CRG ASSESSMENT RESPONSE

6 Provinces
COVERED UNDER CRG ASSESSMENT

ONEIMPACT Pakistan Informing JPRM Processes and Recommendations

ONEIMPACT RASING THE VOCIES OF AFFECTED COMMUNITIES IN THE JPRM 2022

The minimum required representative sample size was calculated as 385 to capture all the required information from the TB affected population, at 95% confidence interval. Data from 809 TB affected people was successfully collected, analyzed and used. The figure beside shows the distribution of the people engaged in the assessment by gender, age and employment while the key highlights show the barriers reported by people (% of total number people took the survey).



The survey module allowed DOPASI Foundation to reach hundreds of people with TB. It also allowed them to perform a swift data analysis at a click of a button. OneImpact thus provided a unique and effective way to collect, analyze, and present large amounts of data from a large amount of people to the NTP and Joint Program Review Mission stakeholders. During the JPRM 2022 the CRG mission experts leveraged this data and presented the findings and subsequent recommendations to the mission team, who validated and included them in the final report. Findings and recommendations included; Acknowledgment of the NTP and the PTPs in supporting CRG as a key intervention area, and the needs to; institutionalize CRG through the appointment of a CRG focal point in NTP, scale up OneImpact, conduct size estimations of all KVPs, conduct the stigma assessment and to develop guidelines for on gender sensitive care in TB.



Image 1: A still from the CRG Data analysis meeting

OneImpact therefore proved to be an effective tool to maximize community engagement in program activities and strategic decision making, thus making them equal partners in the TB response in Pakistan.

DOPASI Foundation with NTP support will now scale-up and institutionalize OneImpact solution and further expand into other geographical areas. OneImapct was also recently presented to the First Lady of Pakistan. She praised OneImpact extensively for its informative content and the support it is providing to communities. In response to a special request from the Presidency, a dedicated breast cancer module was also incorporated into the platform.



ONEIMPACT – Francophone Africa Region

Geographic Presence



7 Countries

Total People Engaged



27,700+

Total Challenges Raised



9,500+

Gender Disaggregation



56.4% Men 41.7% Women
1.9% Others

KVP Disaggregation



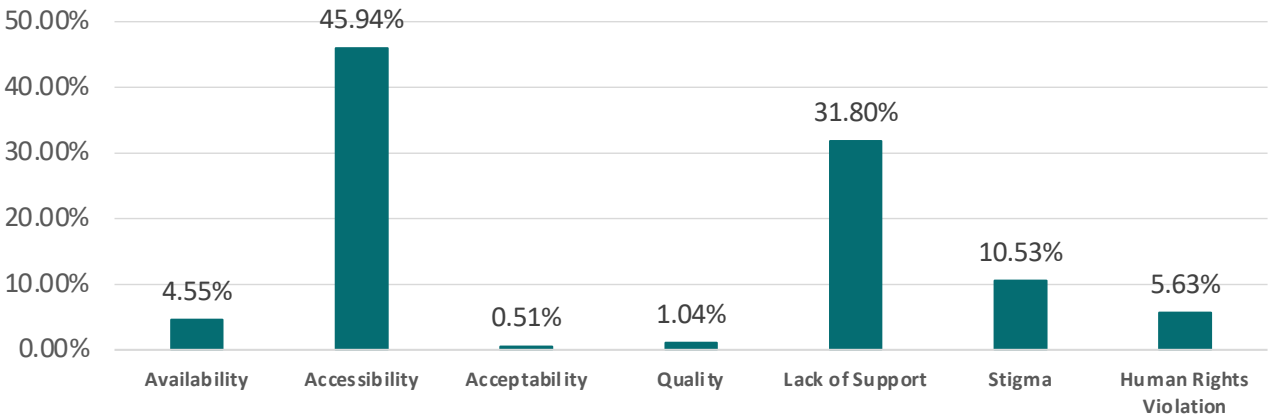
80% Rural and Urban Poor
7% Person with HIV
7% Health Care Workers

ONEIMPACT Francophone Africa Countries

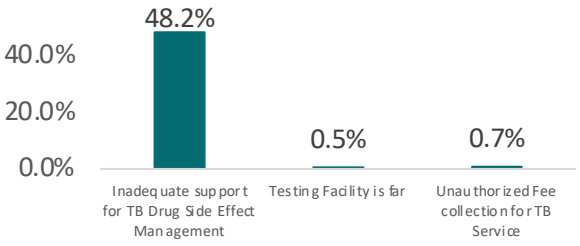
Countries	Stage
Benin	Adaptation
Burkina Faso	Adaptation
Cameroon	Scale-Up
Central African Republic	Adaptation
Cote d'Ivoire	Scale-Up
DRC	Scale-Up
Niger	Adaptation

ONEIMPACT Francophone CLM data and Analytics

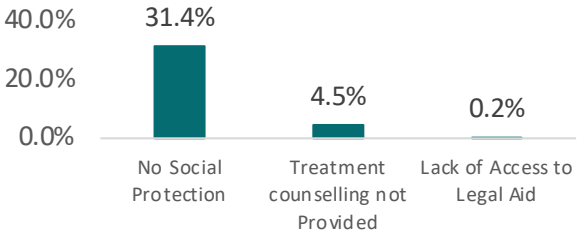
Distribution of Major challenges reported across categories defined by CLM framework (AAAQ + Social barriers)



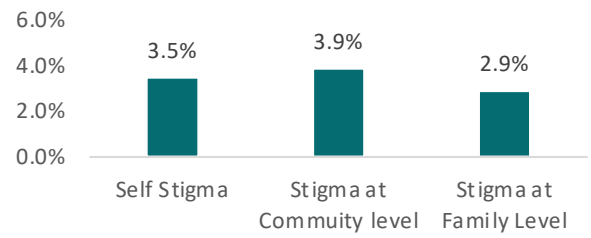
Accessibility



Lack of Support



Stigma



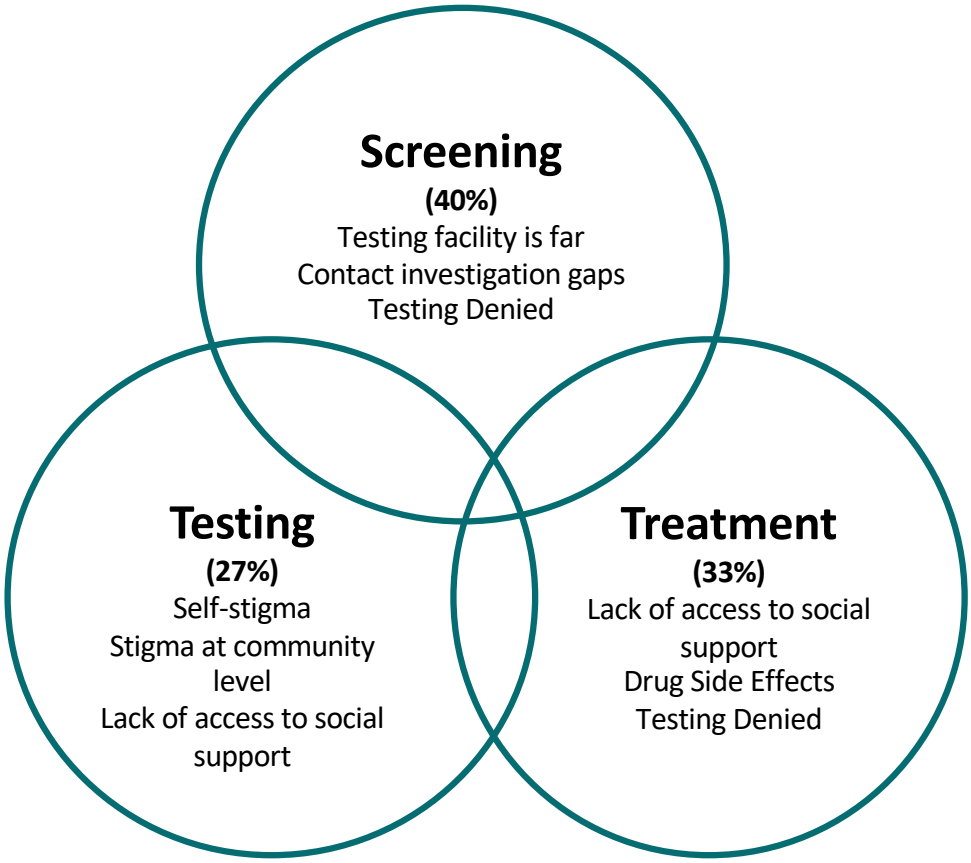
A further examination of the framework barriers revealed that the top reported stigma, support and access barriers related to: 1) Accessibility 2) Lack of Support and 3) Stigma.

1. Accessibility: Inadequate support for TB drug side effect management (48.2%) is a major issue, indicating a lack of medical and counseling services to help people with TB cope with treatment. Testing facility is far (0.5%) suggests a minor geographical barrier. Unauthorized fee collection for TB services (0.7%) highlights financial exploitation, which could discourage individuals from seeking care.

2. Lack of Support: No social protection (31.4%) is a significant concern, emphasizing the need for better financial and social assistance programs. Treatment counseling not provided (4.5%) reflects a gap in patient education and emotional support. Lack of access to legal aid (0.2%) is a less frequently reported issue but could be crucial for those facing discrimination or workplace issues.

3. Stigma: Community-level stigma (3.9%) is the most reported stigma-related barrier, indicating discrimination within society. Self-stigma (3.5%) suggests internalized shame and fear among TB patients. Family-level stigma (2.9%) highlights challenges in receiving support from close relatives.

ONEIMPACT Francophone CLM data and Analytics



OneImpact Francophone CLM Data and Analytics

Analyzing Francophone data from the OneImpact Community-Led Monitoring (CLM) platform highlights key issues across the TB cascade of care- Screening, Testing, and Treatment.

Screening (40%): 12.4% Testing facility is far|11.2% Contact investigation gaps|
7.4% Testing Denied

Testing (50%): 5.0% Self-stigma| 4.7% Stigma at community level| 3.5% Lack of access to social support|

Treatment (30%): 7.0% Lack of access to social support| 7.6% Drug Side Effects|
5.7% Testing Denied

These findings emphasize the urgent need for targeted interventions to improve screening and testing, and strengthen support systems for TB-affected individuals in Francophone region

KEY ACHIEVEMENTS & IMPACT STORIES

DRC – Drug Stock Out 2024.

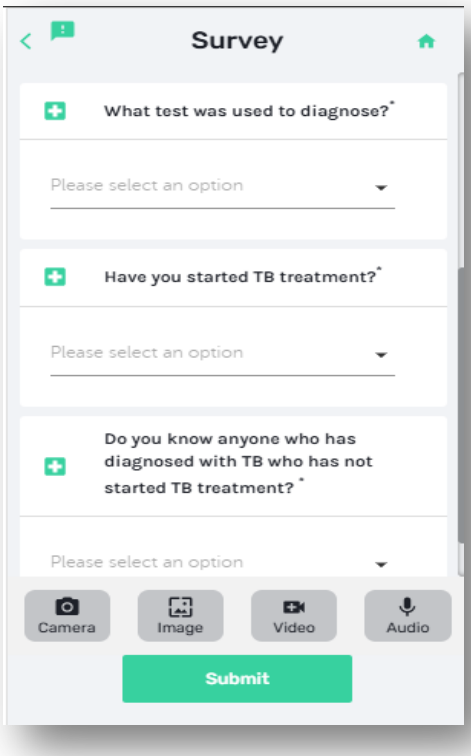
Background: Since July 2024, a TB drug stock-out crisis has affected DR Congo. To ensure uninterrupted supply, the General Secretariat for Health temporarily assigned distribution responsibilities to PR FM/Malaria SANRU, pending a new PR selection by CCM-RDC. This transition was crucial in maintaining treatment continuity.

Club des amis Damien main (implemnter in DRC) CAD played a key role in monitoring and supporting this shift using OneImpact. Through real-time tracking, CAD ensured that people with TB on waiting lists could start treatment and those affected by interruptions could resume care. On August 24, 2024, in collaboration with STP, CAD launched a survey via CLM OneImpact across Kinshasa, Haut Katanga, Tshopo, Kongo Central, and Kasai Central. The survey provided real-time data to help decision-makers swiftly restore TB treatment access.

Methodology: CAD designed and conducted two surveys, leveraging community health workers and the assisted model:

1. **TB Drug Stock-Out Survey** – Assessed availability and accessibility of TB medications across provinces, gathering data on:
Patient Demographics & Diagnosis – Province, TB type, and diagnostic test used.
Treatment Status & Interruptions – Treatment initiation, completion, and drug shortages.
Current Access to Medication – Availability, reasons for shortages, and duration.
Unmet Treatment Needs – Patients yet to start treatment and waiting period.

2. **Daily Assessment Survey** – Tracked real-time access to TB medications at health facilities to detect shortages and guide interventions. The stock-out survey provided an initial assessment, followed by daily monitoring to track NTP's response. OneImpact enabled real-time data visualization, with CAD delivering weekly reports to the NTP for prompt action.





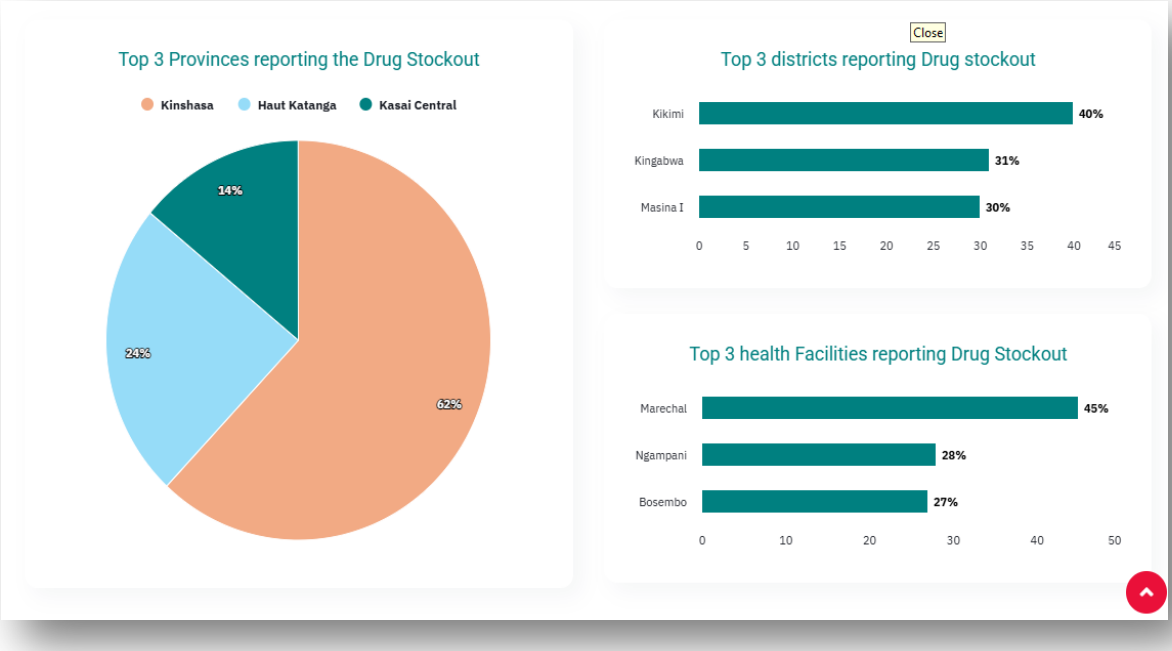
KEY ACHIEVEMENTS & IMPACT STORIES

Democratic Republic of the Congo (DRC)

1.TB Drug Stock-Out Survey -- Assessed availability and accessibility of TB medications across provinces, gathering data on:
Patient Demographics & Diagnosis: Province, TB type, and diagnostic test used.
Treatment Status & Interruptions: Treatment initiation, completion, and drug shortages.
Current Access to Medication – Availability, reasons for shortages, and duration.
Unmet Treatment Needs – People yet to start treatment and waiting period.

1867
Number of people Participated in the Survey

343 (18%)
Number of people Reporting Drug Shortage



2. **Daily Assessment Survey** – Tracked real-time access to TB medications at health facilities to detect shortages and guide interventions. The stock-out survey provided an initial assessment, followed by daily monitoring to track NTP's response. OneImpact enabled real-time data visualization, with CAD delivering weekly reports to the NTP for prompt action.

	Access to Drug Yes	Access to Drugs No
Sep-24	385	18
Oct-24	97	17
Nov-24	74	8
Dec-24	96	2
Jan-25	20	4

Democratic Republic of the Congo (DRC)

Results: CAD's support has been pivotal in addressing the TB drug stock-out crisis. Weekly reports and meetings with the NTP enabled targeted medication deployment, which resulted in tangible improvements.





ONEIMPACT – Anglophone Africa Region

Geographic Presence



10 Countries

Total People Engaged



99,000+

Total Challenges Raised



85,000+

Gender Disaggregation



50.8% Men 48.9% Women
0.3% Others

KVP Disaggregation



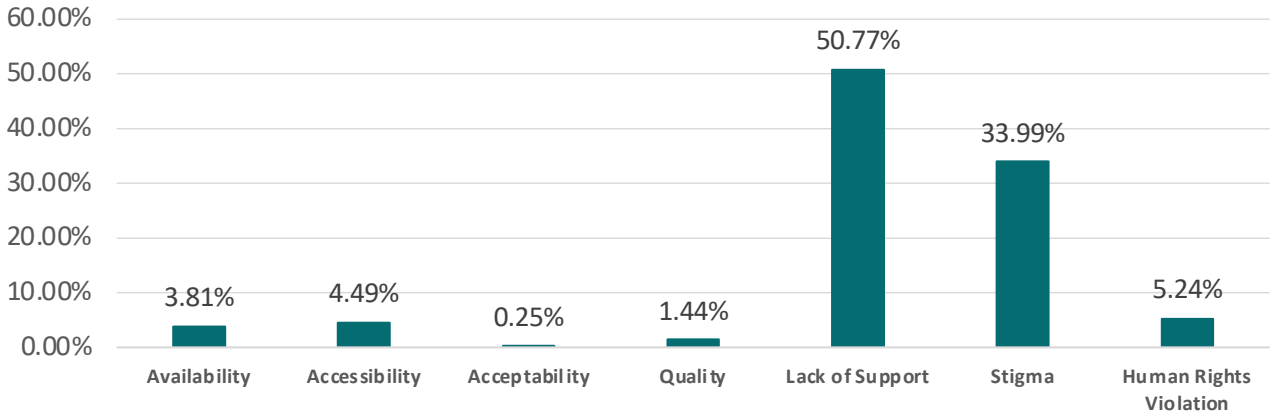
19% Rural and Urban Poor|
24% Person with HIV| 13% Miners

ONEIMPACT Anglophone Africa Countries

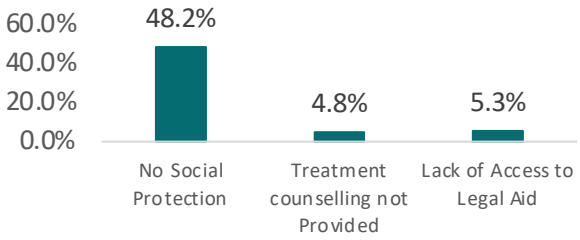
Countries	Stage
Tanzania	Scale-Up
Nigeria	Scale-Up
Zimbabwe	Scale-Up
Ethiopia	Scale-Up
Ghana	Scale-Up
Zambia	Scale-Up
South Africa	Scale-Up

ONEIMPACT Anglophone CLM data and Analytics

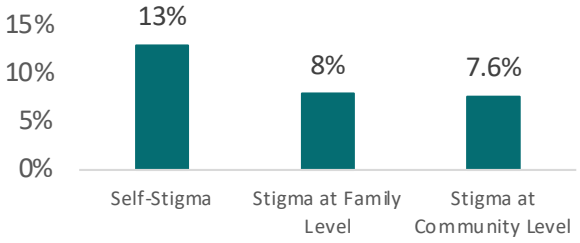
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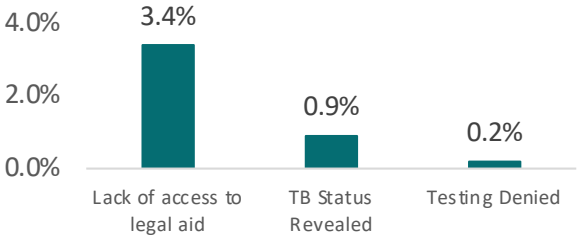
Lack of Support



Stigma



Human Rights Violations



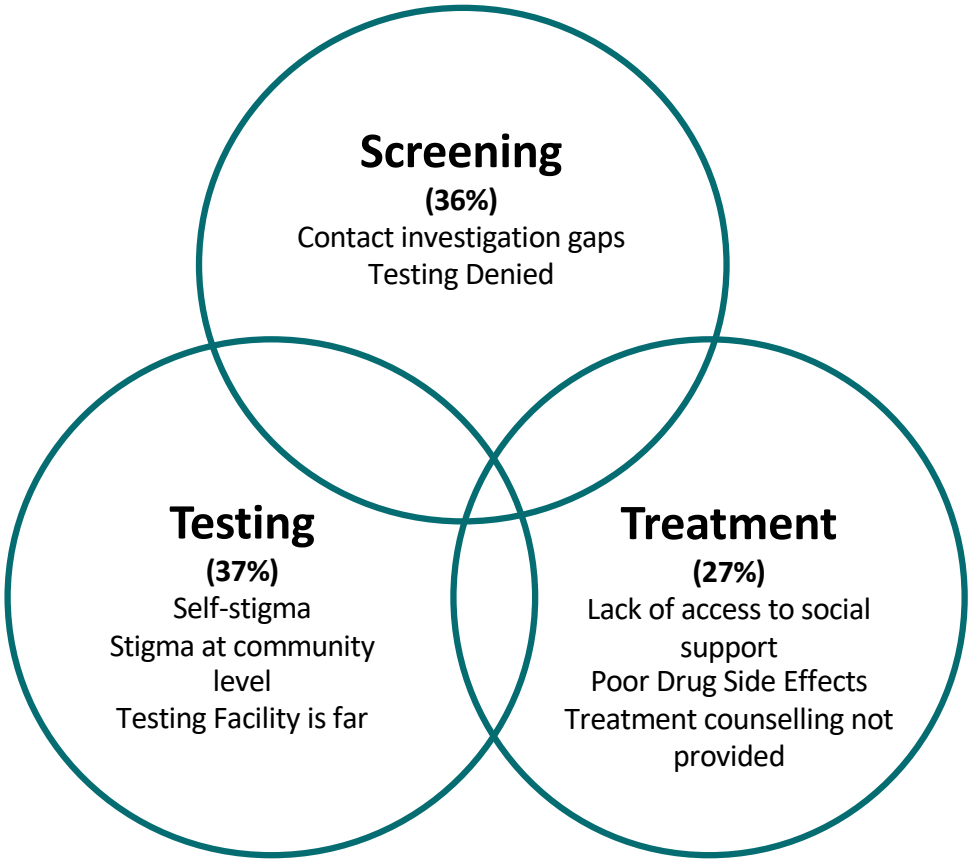
A further examination of the framework barriers revealed that the top reported stigma, support and access barriers related to: 1) Lack of Support and 2) Stigma.

1. Lack of Support: No social protection (48.2%) is a significant concern, emphasizing the need for better financial and social assistance programs. Treatment counseling not provided (4.8%) reflects a gap in patient education and emotional support. Lack of access to legal aid (5.3%) is a less frequently reported issue but could be crucial for those facing discrimination or workplace issues.

2. Stigma: Community-level stigma (3.9%) is the most reported stigma-related barrier, indicating discrimination within society. Self-stigma (3.5%) suggests internalized shame and fear among TB patients. Family-level stigma (2.9%) highlights challenges in receiving support from close relatives.

3. Human Rights Violations: Lack of access to legal aid (3.4%) is one of the highest reported challenge in HRV category, followed by Tb status revealed(0.9%) and testing denied(0.2%).

ONEIMPACT Anglophone CLM data and Analytics



OneImpact Anglophone CLM Data and Analytics

Analyzing Francophone data from the OneImpact Community-Led Monitoring (CLM) platform highlights key issues across the TB cascade of care- Screening, Testing, and Treatment.

Screening (36%): 20.8% Contact investigation gaps| 15.1% Testing Denied

Testing (37%): 18.5% Self-stigma| 6.6% Stigma at community level| 4.5% Testing Facility is far

Treatment (27%): 24.9% Lack of access to social support| 1.7 % Drug Side Effects| 0.7% Testing Denied

These findings emphasize the urgent need for targeted interventions to improve screening and testing, and strengthen support systems for TB-affected individuals in Anglophone region

KEY ACHIEVEMENTS & IMPACT STORIES

Tanzania

Tanzania, among the 30 high-burden TB countries, is integrating OneImpact Community-Led Monitoring (CLM) into its National TB and Leprosy Strategic Plan (2020-2025) to strengthen community engagement. MKUTA, in collaboration with the National TB and Leprosy Program (NTLP) and seven community partners, has mobilized 30,000+ people affected by TB through OneImpact "TB Kiganjani."

Key Challenges Identified Through CLM:

- Lack of Treatment Counseling: This leads to poor adherence, treatment failure, and an increased risk of drug resistance.
- Limited Access to Social Protection: Currently, only people with multi-drug-resistant TB (MDR-TB) receive social support. Self-Stigma and Community Stigma : Self-stigma alone was reported in 2,815 cases, while 1,350 individuals reported experiencing stigma within their communities and 1,177 from family members.

Solutions and Impact:

- **Strengthening TB Counseling Policy:** NTLP committed to updating the national treatment counseling policy in 2024 after CLM data highlighted 7,637 reports of gaps in TB counseling.
- **Impact NTLP Political Buy-In** – Institutionalizing OneImpact in the NSP 2020-2025 has driven 42 percent national coverage.
- **CHW Network Integration** – MKUTA's 5,600 CHWs are critical in responding to TB-related challenges.
- **Addressing TB Stigma** – OneImpact CLM identified 5,500 stigma-related challenges, leading to community-led stigma reduction efforts supported by CHWs and local leaders.
- **Partnerships** – Collaboration with seven CBOs strengthens OneImpact outreach.



For further information please click here to read the case study



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.

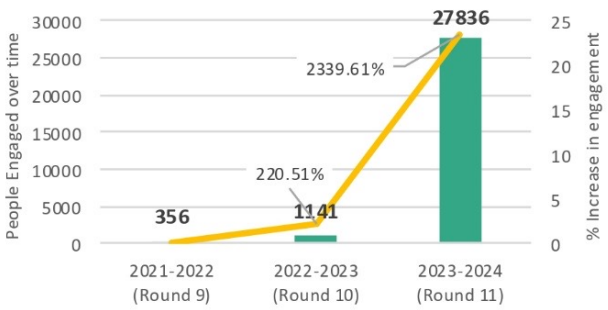


Fig1. OneImpact TBKiganji Scale-up Trend analysis

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.

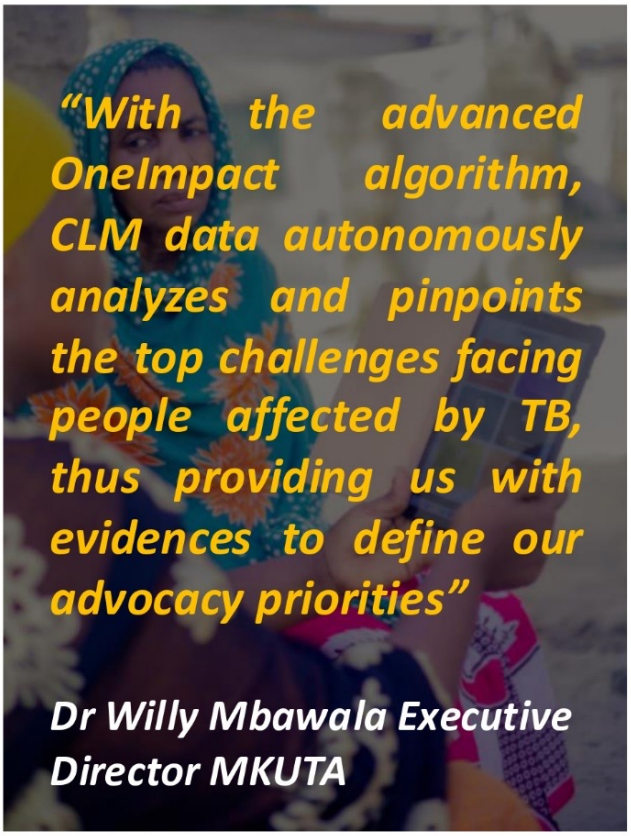
Inform the National Social Protection Policy: Poverty disproportionately affects the poor in Tanzania, and undernutrition is an important risk factor for developing active disease (WHO 2022 – NSP Tanzania 2020-2025). With limited infrastructure people are also forced to travel long distances. High cost 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.*

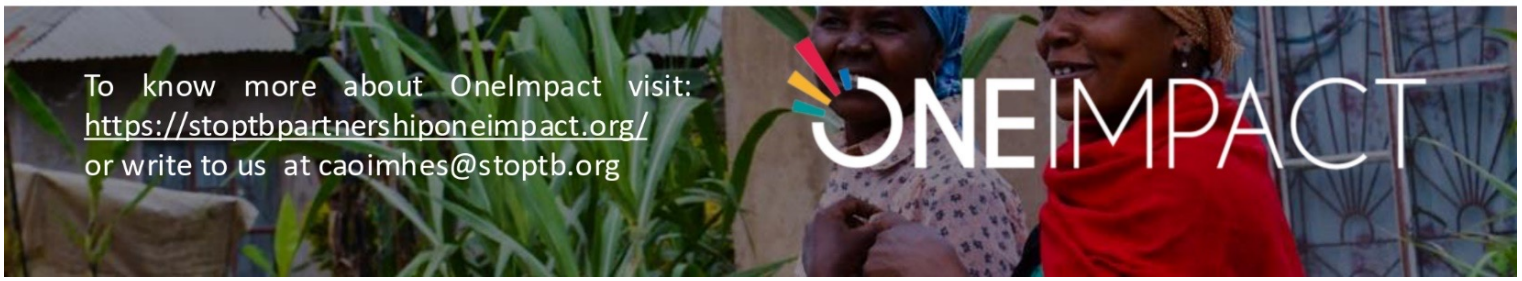


WAY FORWARD FOR ONEIMPACT CLM SCALE-UP SUPPORTING COMMUNITIES ACROSS THE NATION

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 – Lusophone Region

Geographic Presence



2 Countries

Total People Engaged



21,850+

Total Challenges Raised



9,760+

Gender Disaggregation



51.6% Men 48.3% Women
0.1% Others

KVP Disaggregation



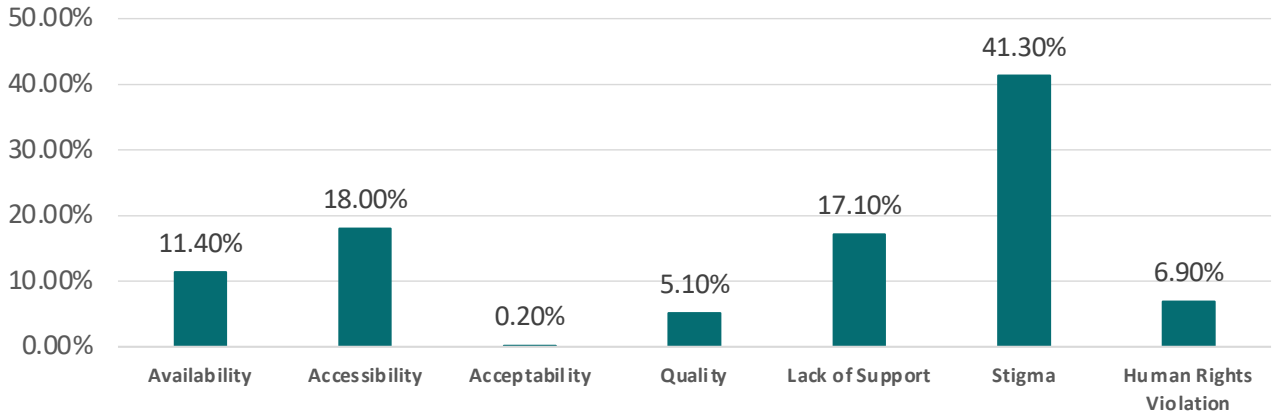
58% Rural and Urban Poor|
11.6% Person with HIV|
2.5% Person who uses Drugs

ONEIMPACT Lusophone Countries

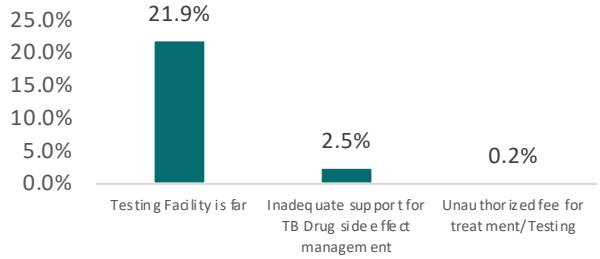
Countries	Stage
Mozambique	Scale-Up
Brazil	Scale-Up

ONEIMPACT Lusophone CLM data and Analytics

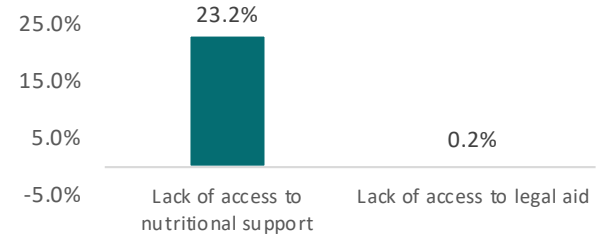
Distribution of Major challenges reported across categories defined by CLM framework (AAAQ + Social barriers)



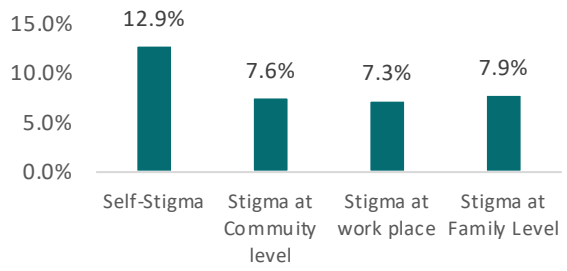
Accessibility



Lack of Support



Stigma



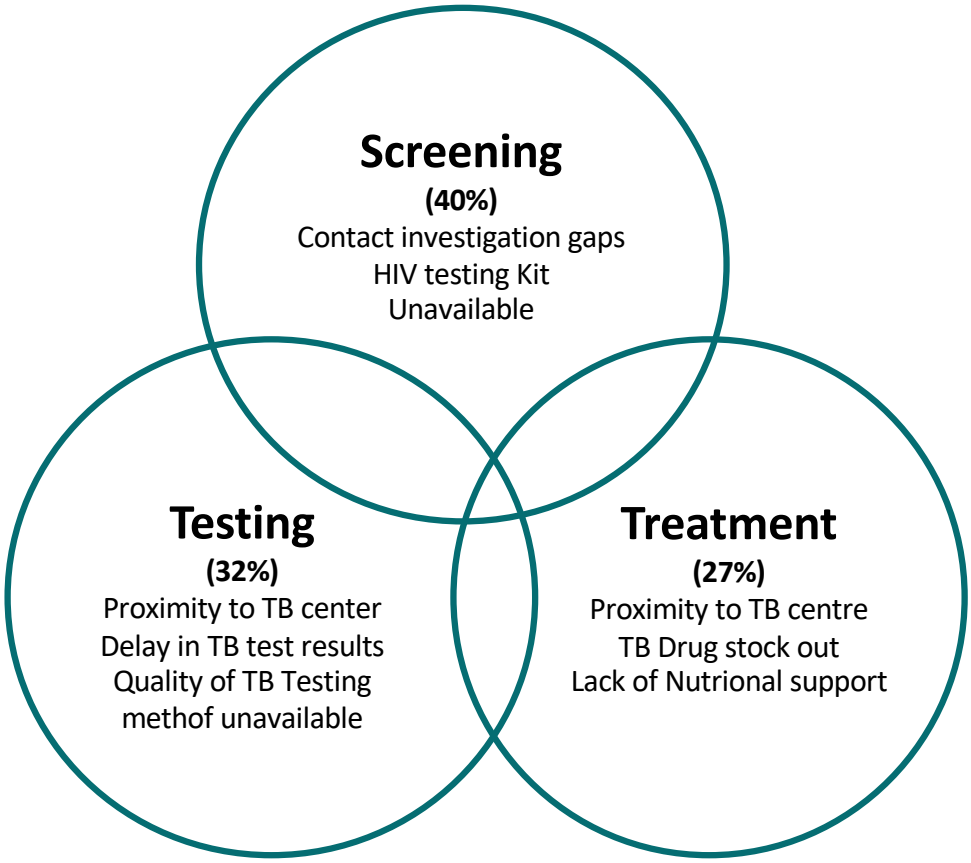
A further examination of the framework barriers revealed that the top reported stigma, support and access barriers related to: 1) Accessibility 2) Lack of Support and 3) Stigma

1. Accessibility Challenges: Testing facility is far (21.9%) is the most significant accessibility issue, indicating that geographical distance remains a major barrier. Inadequate support for TB drug side-effect management (2.5%) suggests a lack of medical and counseling services for patients experiencing treatment-related side effects. Unauthorized fee collection for treatment/testing (0.2%) is reported at a lower level but still poses a financial burden on patients.

2. Lack of Support: Lack of access to nutritional support (23.2%) is the highest reported issue, underscoring the need for food assistance programs for TB patients.Lack of access to legal aid (0.2%) is a minor but relevant concern, particularly for individuals facing discrimination or workplace issues.

3. Stigma: Self-stigma (12.9%) is the most reported stigma-related barrier, indicating that internalized fear. Community-level stigma (7.6%) and family-level stigma (7.9%) show that social discrimination remains a significant challenge. Stigma at the workplace (7.3%) highlights potential discrimination in professional settings, impacting employment and financial stability.

ONEIMPACT Lusophone CLM data and Analytics



OneImpact Lusophone CLM Data and Analytics

Analyzing Lusophone data from the OneImpact Community-Led Monitoring (CLM) platform highlights key issues across the TB cascade of care- Screening, Testing, and Treatment.

Screening (40%): 27.4% Contact investigation gaps| 13% HIV testing kit unavailable

Testing (32%): 18.5% Self-stigma| 6.6% Stigma at community level| 4.5% Testing Facility is far

Treatment (27%): 20.2% Proximity to TB testing centre| 6.5% Delay in TB test results| 5.6% Quality of TB Testing method unavailable

These findings emphasize the urgent need for targeted interventions to improve screening and testing, and strengthen support systems for TB-affected individuals in Lusophone region

ONEIMPACT Mozambique



THE CHALLENGE

According to World Health Organization (WHO) between 2018 and 2020, 1.4 million (approximately) children were diagnosed and notified globally, which is only 41% of the 2022 target of 3.5 million. Two areas where substantial challenges exist relate to the prevention of and TB case finding among children.

Likewise in Mozambique the prevention, detection and follow-up of childhood TB cases are major challenges. Low rates of contact screening and case detection is due mainly to limited resources to reach and meet the needs of all people, especially those who are marginalized, as well as geographical and financial challenges faced by families in accessing health care.

PROJECT BACKGROUND

Established in 1982 Ajuda de Desenvolvimento de Povo para Povo (ADPP), is a local Mozambican NGO created that works across health, education, economic strengthening, and environment.

In 2019, with the support of the Stop TB Partnership through the Challenge Facility for Civil Society (CFCS), and a technical partnership with Dure Technologies, ADPP introduced and integrated

OneImpact community-led monitoring (CLM) into local communities and health responses for community empowerment, participation, and accountability in TB.

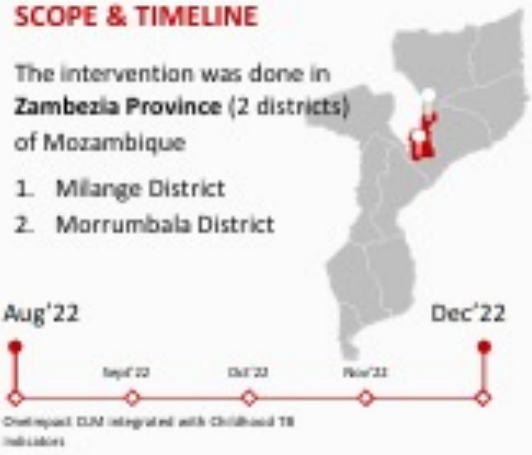
Through OneImpact, informed and empowered people affected by TB highlight the extent and the root causes of the challenges preventing vulnerable and marginalized populations from accessing TB care and support services, for rapid and sustained health and community system responses, to find the missing people with TB.

Leveraging OneImpact CLM, ADPP adapted the intervention to focus on Childhood TB, working in collaboration the National TB Program, Case Managers, and Activists.

SCOPE & TIMELINE

The intervention was done in **Zambezia Province** (2 districts) of Mozambique

1. Milange District
2. Morrumbala District



ONEIMPACT Mozambique

THE INTERVENTION

Using OneImpact, ADPP developed a targeted survey to identify potential gaps in childhood TB services. The survey was administered by case managers (first responders) and OneImpact Community Coordinators to a total of 2486 people (50% of people with TB in catchment area) during routine patient visits. The people who did not respond either did not have children or did not have challenges to report.

Fig 1. Number of people with TB who reported challenges



RESULTS

397 children less 15 years were screened for Tuberculosis (TB)

04 health facilities impacted by by TPT stockouts received support from the local TB program to replenish stocks and strengthen stock management systems

04 people who reported resistance to initiating their children on preventive therapy, changed their minds and started their children on preventive therapy, as a result of having more information on the benefits of preventive therapy.

ADPP activists continue to support treatment follow-up and adherence for all the people who were diagnosed with TB.

ACTION TAKEN

Based on the information shared by people with TB, ADPP alerted the TB program and relevant health facilities about the gaps reported by people with TB and opportunities to facilitate rapid access to TB prevention and diagnostic services in the catchment area with a focus on children.

As a result, the health facilities with support from ADPP:

- Conducted **8 community health fairs** to disseminate information on quality childhood TB services.
- Organized **household-based screening and 1157** (760 adults and 397 children less than 15 years) people were screened during a one-month period.

CONCLUSION

*If informed and empowered people affected by TB are key actors in the TB response. The OneImpact digital platform is an **effective alert system for rapid, evidence-based community and health responses,** providing unique and real time insights into service gaps and opportunities for health and community responses **to find the missing children** affected by TB in Mozambique.*

ONEIMPACT- EECA Region

Geographic Presence



6 Countries

Total People Engaged



43,000+

Total Challenges Raised



11,697+

Gender Disaggregation



53.8% Men 46% Women
0.1% Others

KVP Disaggregation



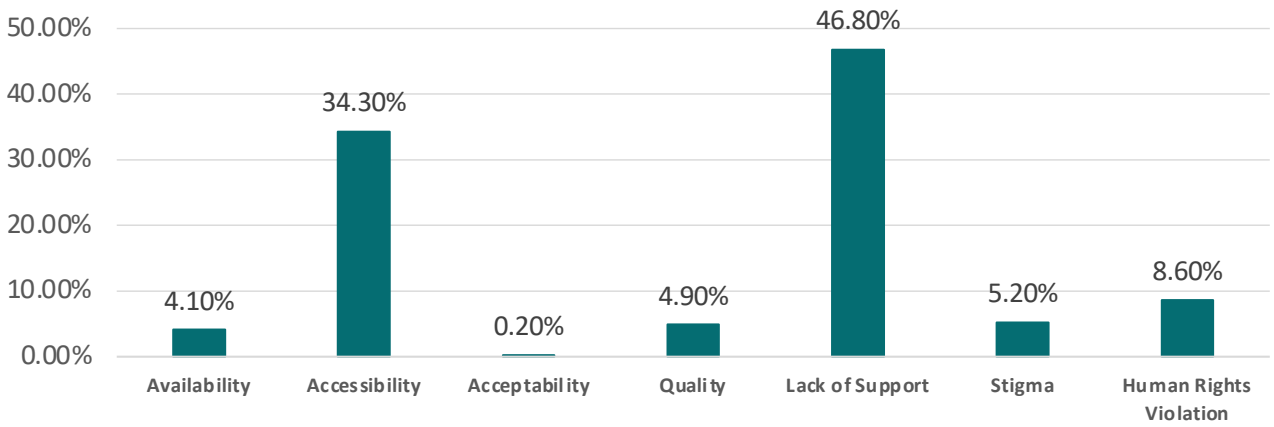
17.7% Healthcare workers
3.5% People with HIV 62.9% Others

ONEIMPACT EECA Countries and Stage of Progress

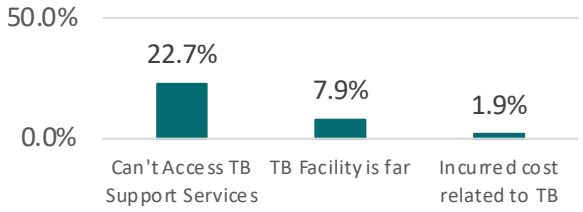
Countries	Stage
Kazakhstan	Scale-Up
Kyrgyzstan	Scale-Up
Tajikistan	Scale-Up
Ukraine	Scale-Up
Azerbaijan	Scale-Up
Uzbekistan	Implementation

ONEIMPACT EECA CLM data and Analytics

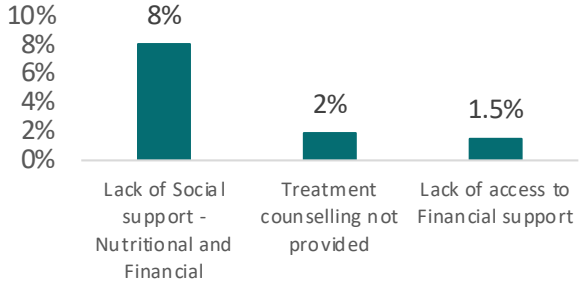
Distribution of Major challenges reported across categories defined by CLM framework (AAAQ + Social barriers)



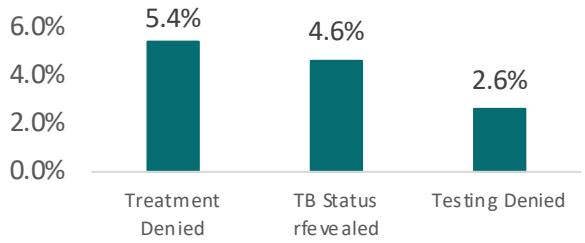
Accessibility



Lack of Support



Human Rights Violation



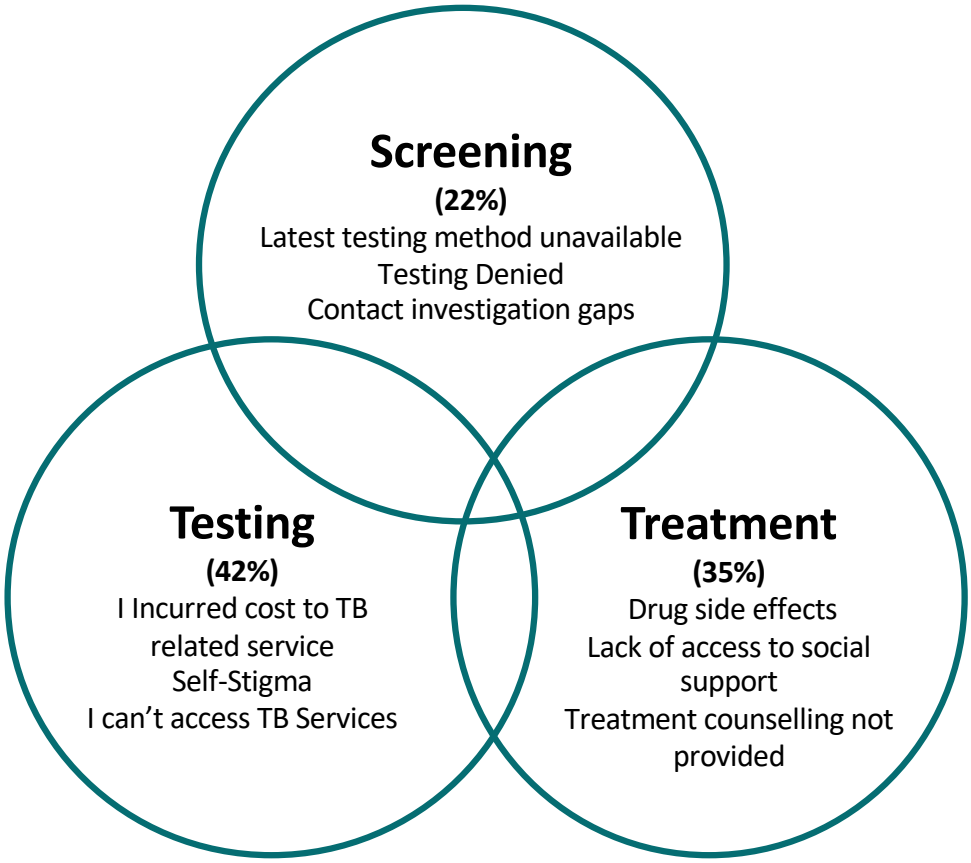
A further examination of the framework barriers revealed that the top reported stigma, support and access barriers related to: 1) Accessibility 2) Lack of Support

Accessibility Challenges: No social protection (58.7%) is the most significant barrier, indicating a critical gap in financial and social safety nets for TB patients. Proximity to treatment centers (4.3%) and proximity to testing centers (3.8%) are also reported as access barriers, though at lower levels.

Lack of Support: Lack of access to nutritional support (9%) is a significant concern, affecting patient recovery and treatment adherence. Treatment counseling not provided (8%) suggests gaps in essential patient education and adherence support. Lack of access to financial support (8%) underscores economic barriers affecting treatment affordability.

Human Rights Violation: Treatment for TB denied was (5.4%), TB Status revealed (4.6%) and Testing denied (2.6%)**.**

ONEIMPACT EECA CLM data and Analytics



OneImpact EECA CLM Data and Analytics

Analyzing Lusophone data from the OneImpact Community-Led Monitoring (CLM) platform highlights key issues across the TB cascade of care- Screening, Testing, and Treatment.

Screening (40%): 8.1% Latest testing method unavailable| 8.1% Testing Denied| 6.1% Contact investigation gaps

Testing (32%): 13.5% I incurred cost to TB Related service|9.0% I can't access to tb services or facilities|12.6% Self-stigma

Treatment (27%): 18.1% I Am Experiencing Drug side effects|1.4% The quality of TB care and services are poor|11.3% Lack of access to social support

These findings emphasize the urgent need for targeted interventions to improve screening and testing, and strengthen support systems for TB-affected individuals in EECA region

KEY ACHIEVEMENTS & IMPACT STORIES

Kyrgyzstan

OneImpact Kyrgyzstan, led by Public Foundation "AFEW" with support from Stop TB Partnership and Dure Technologies, empowers TB-affected communities to report challenges and drive action. With over **10,000 people engaged** since 2019, the initiative has become a key driver of patient-centered TB care.

The Challenge

- Kyrgyzstan is among the 30 high-burden countries for drug-resistant TB.
- Undernourishment is the leading risk factor for TB, yet nutritional support is not included in national policy.
- 81% of reported challenges related to lack of support services, with 93% specifically concerning food insecurity, especially in Osh, Jalal-Abad, and Batken regions.

Solutions & Impact

- **Data-driven advocacy** – OneImpact CLM data prompted three high-level meetings with the National TB Program.
- **Emergency food assistance** – Over **1,700 people with TB** in remote areas received food kits.
- **Community engagement** – 154 training sessions reached **3,000+ people**, including patients, families, and healthcare workers.
- **Scaling OneImpact** – A **134% increase in engagement** in 2024 reinforcing its role in improving TB support.
-

Looking Forwad: AFEW continues leveraging OneImpact CLM data to advocate for policy change and expand support for drug-resistant TB patients, demonstrating the power of digital tools in shaping equitable health policies.



For further information please click here to read the case study



OneImpact Kyrgyzstan

Data to Action: Community Led Monitoring (CLM) Transforming Nutritional Support in TB Care in Kyrgyzstan

According to the Global Tuberculosis Report, Kyrgyzstan is one of the 30 high-burden countries for drug-resistant (MDR/XDR) TB. [1] The 2020 CRG Assessment in Kyrgyzstan identified significant barriers to TB care, including limited community engagement especially among vulnerable populations. [2]

In 2021, the NTP initiated the development of the National TB VI Strategy for 2022-2026, which was endorsed in March 2023. The strategy promotes collaboration between community organizations and primary healthcare providers, targeting screening, referrals, DOT, and counselling for vulnerable groups. [3]

In addition, the WHO Global TB Report-Kyrgyzstan underscores that undernourishment is the leading risk factor contributing to the majority of TB cases in the country, outpacing other factors like smoking, diabetes, HIV, and alcohol use disorder. [1]

To address these issues, community-led monitoring (CLM) has been recognized as a critical tool for engaging and empowering community members to voice their challenges. Informed by the NSP and CRG Assessment recommendations, Public Foundation "AFEW," supported by StopTB Partnership, collaborated with the National Tuberculosis Programme (NTP) to scale up the OneImpact platform. This community engagement solution, has mobilized and empowered over 8,500 people affected by TB, achieving a 134% scale-up in CFCS 11. (Fig 1)

[1] WHO Global Tuberculosis Report Kyrgyzstan 2022 https://cdn.who.int/media/docs/default-source/hq-tuberculosis/countryprofiletbreport2023/who_global-tb-report_2022_country-profile_kgz.pdf
[2] CRG Assessment Kyrgyzstan 2020 (https://www.stoptb.org/sites/default/files/country_profile_kyrgyzstan_0623.pdf)
[3] National TB VI Strategy for 2022-2026 (https://cbd.minjust.gov.kg/53-324/edition/12339/42/ru)

ONEIMPACT KYRGYZSTAN AT A GLANCE

Lead CLM implementer: Public Foundation "AFEW'' since 2019.

Key and vulnerable populations targeted: Patients, former patients, close relatives, health workers

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

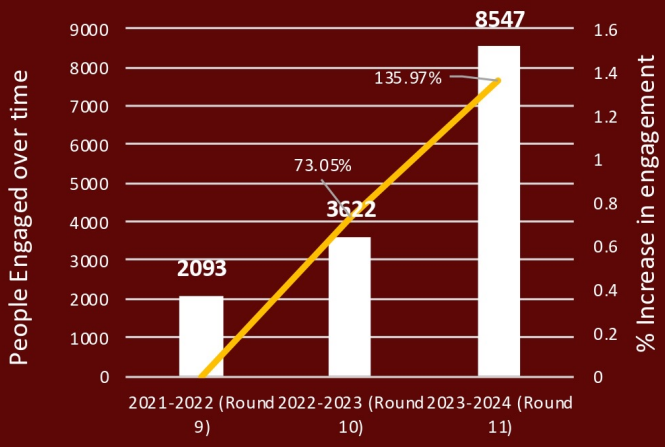


Fig 1. OneImpact Kyrgyzstan Scale-up

8546
TOTAL PEOPLE AFFECTED BY TB ENGAGED

3000+
NUMBER OF PARTICPANTS IN 154 TRAINGS

4 REGIONS (57%)
COVERAGE IN KYRGYZSTAN

2400+
CHALLENGES REPORTED

8,100+ (20%)
CHALLENGES RESOLVED

Above data represents aggregate count from 2019 to 2024

Between January 2023 and June 2024, the OneImpact CLM platform recorded 814 challenges reported by 736 people affected by TB across Kyrgyzstan. The majority of these challenges (81%) were related to the inability to access support services, with 93% of those specifically pertaining to lack of nutritional support.

Further analysis, the CLM data highlighted that these nutritional support gaps were majorly reported from these three regions: Osh, Jalal-Abad, and Batken.

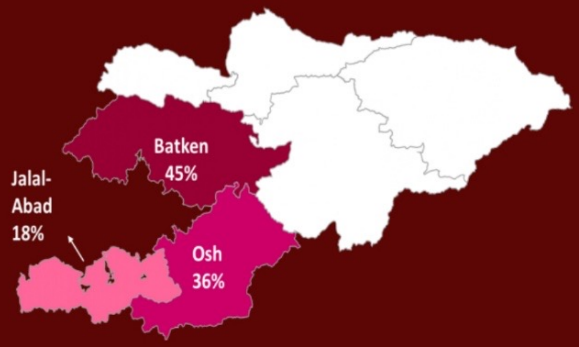


Fig 2. Distribution of Nutritional Support Challenges Across the Top 3 Affected Regions in Kyrgyzstan

AFEW systematically presented the OneImpact real-time CLM dashboard analysis in three consecutive meetings to the National TB Program. This actionable data, detailing specific barriers and geographical insights, empowered the national program and communities to implement evidence-based interventions promptly.



Image 1. AFEW presenting CLM Report to NTP

Action Taken:

The current national policy does not include provision to provide nutritional support for people affected by TB. However, as the CLM data highlighted, it is one of the major barriers to access TB support services. To address this, AFEW, in **collaboration with the NTP**, **provided food kits** to over **1,700 people affected by TB** in the remote regions of **Osh, Jalal-Abad, and Batken** areas where TB morbidity rates are particularly high, and living conditions are challenging with high rates of labor migration.



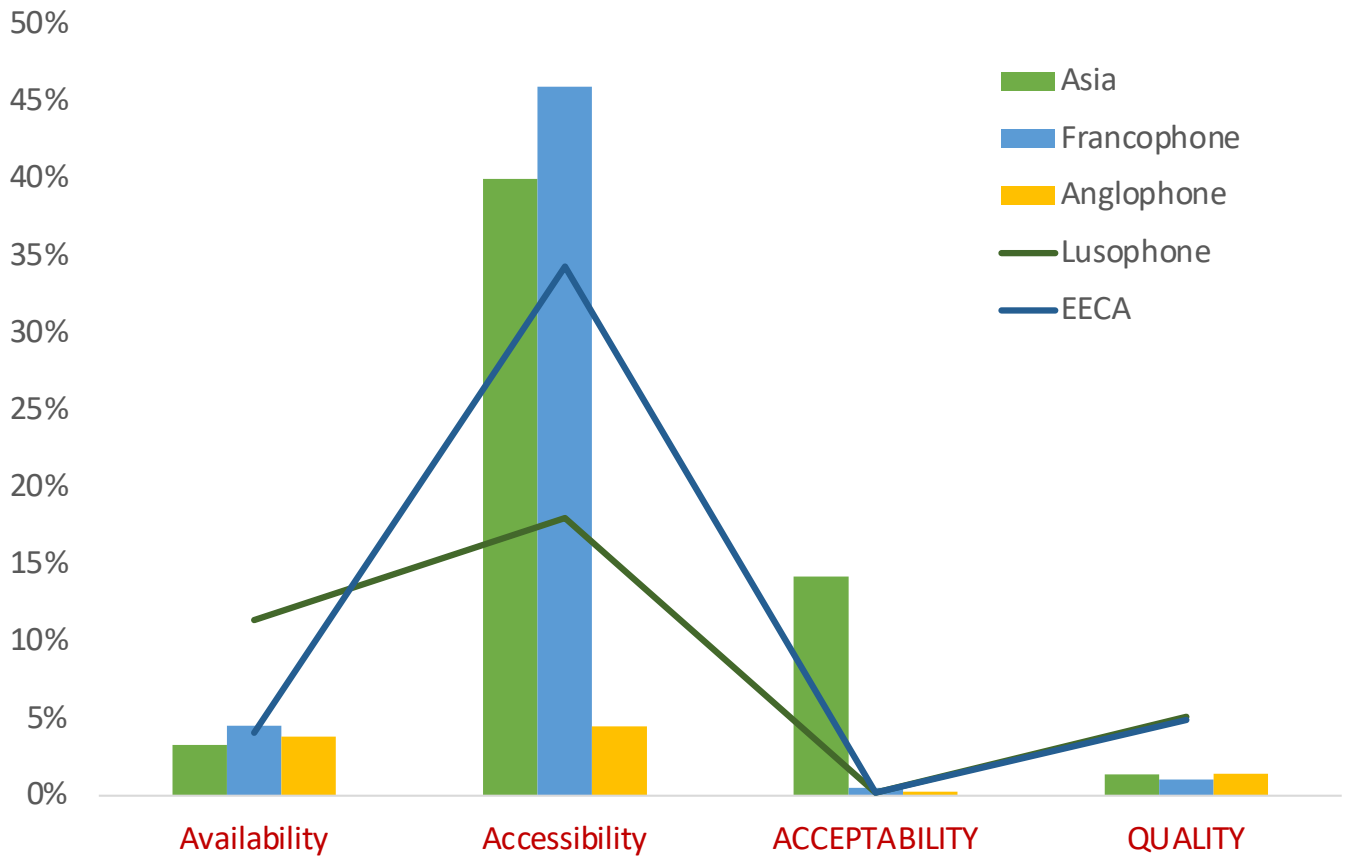
Image 2. AFEW volunteer handing food kit to a TB patient

Additionally, over **3,000 individuals a**ffected by TB, along with their close relatives, medical staff, and other stakeholders, **were reached through 154 sessions** organized by AFEW with support from regional TB center health staff and the NTP wherein volunteers **delivered food kits directly to their homes** and provided guidance on how to connect with them using the OneImpact Mobile App.

Way Forward:

By leveraging OneImpact CLM data, AFEW showcased the powerful impact of digital tools and CLM in improving TB support. AFEW is now focused on scaling up efforts and tackling the challenges faced by drug-resistant TB patients, with continued support from the NTP. This highlights how the OneImpact CLM tool can be instrumental in shaping and informing future health policies.

ONEIMPACT CLM Indicator Analytics - AAAQ FRAMEWORK – Comparison across Regions



Accessibility & Availability:

Availability is highest at the global level (64.33%) but varies significantly across regions, being the lowest in Anglophone countries (4.49%).
Accessibility is relatively low worldwide, with the highest in Lusophone regions (11.40%) but only 3.30% in Asia.

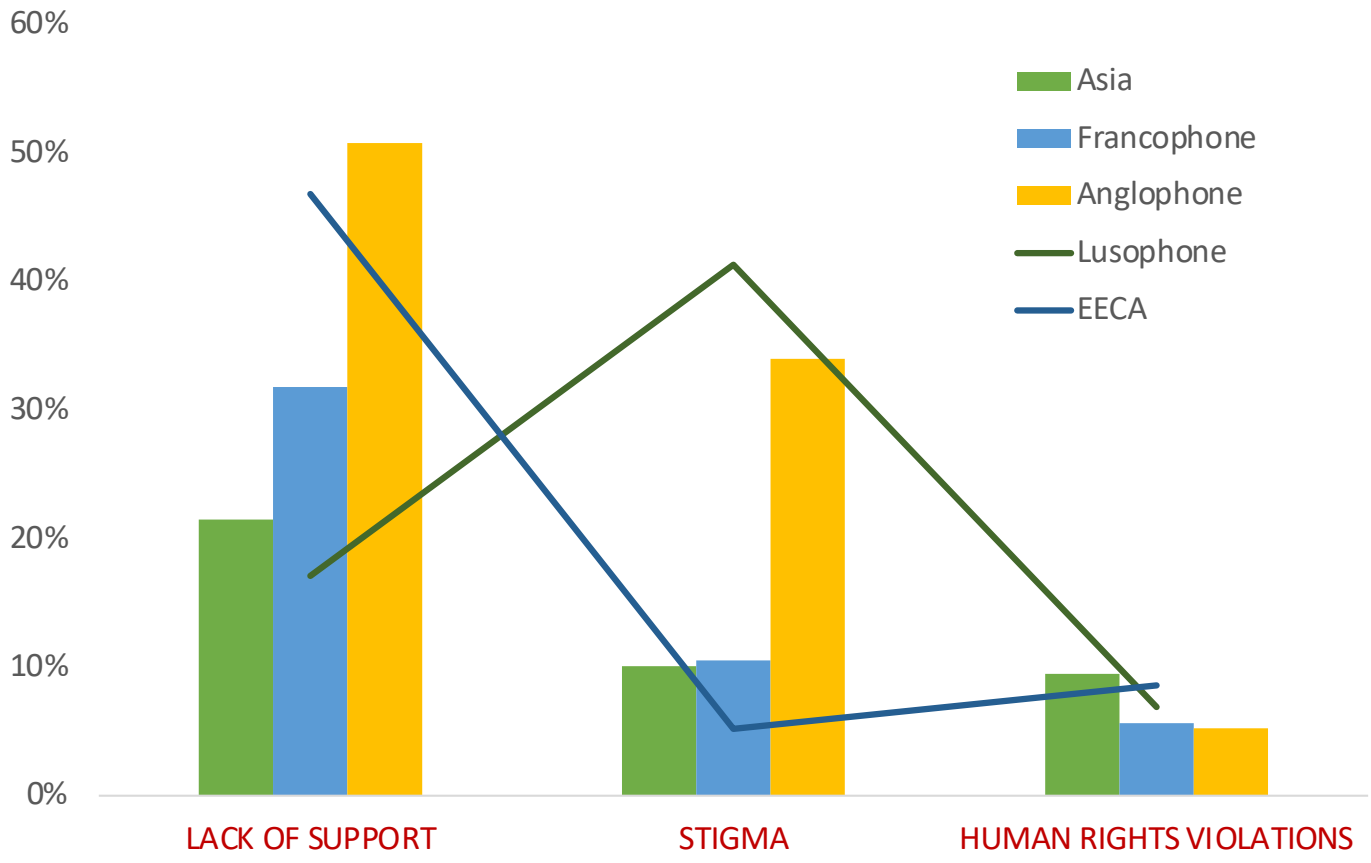
Acceptability & Quality:

Acceptability is very low globally (4.60%) and particularly low in Anglophone and Lusophone regions (0.25% and 0.20%).
Quality is also unevenly distributed, with Asia having the lowest quality score (1.40%).

Barriers to TB Services:

Lack of Support: Anglophone (50.77%) and EECA (46.80%) regions report the highest levels.
Stigma: A significant issue globally (56.30%), with the highest burden in Lusophone regions (41.30%) and Anglophone (33.99%).
Human Rights Violations (HRV): While lower than stigma, it still affects all regions, with Asia (9.50%) reporting higher HRV rates than others.

ONEIMPACT CLM Indicator Analytics – Human Rights and Social Support Barriers– Comparison across Regions



Lack of Support is a significant issue globally (31.38%), with the highest prevalence in Anglophone (50.77%) and EECA (46.80%) regions, indicating major gaps in patient assistance.

Stigma is the most widespread barrier worldwide (56.30%), particularly high in Lusophone (41.30%) and Anglophone (33.99%) regions, while Asia (10.10%) and EECA (5.20%) report much lower levels.Human

Rights Violations (HRV) are observed globally (11.80%), with Asia (9.50%) reporting the highest regional level, followed by EECA (8.60%) and Lusophone (6.90%), though the rates remain lower than other barriers.

Key Learnings

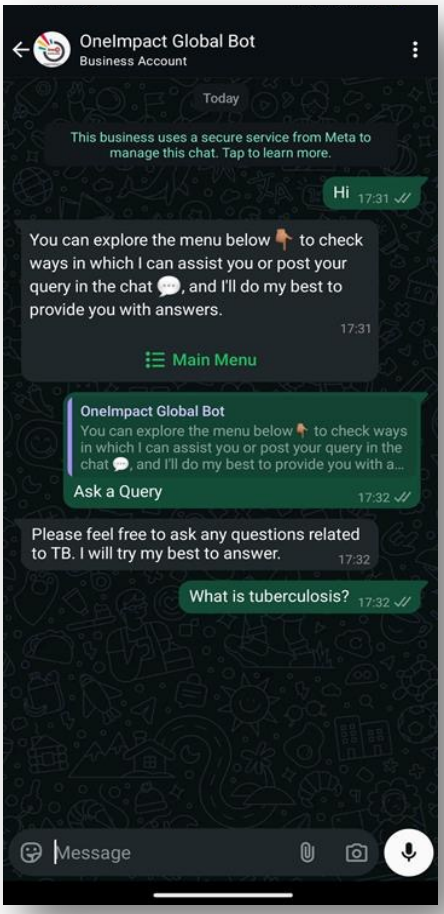
- **ONEIMPACT** is the **largest community-led monitoring initiative** in the fight against TB, underscoring the transformative power of engaging communities in monitoring and improving TB care and support services.
- **Dynamic: ONEIMPACT** is a dynamic flexible platform that can accommodate CLM integration and the integration of other data collection tools and innovation. It has evolved continuously to meet the needs of countries and communities.
- **Retention:** It is important to have a content manager of **ONEIMPACT** to keep the platform "sticky" and interesting to clients, so that those engaging in the TB response are retained.
- **Country owned:** It is important that **ONEIMPACT** is regarded as a country platform that can be used by different stakeholders for different reasons, e.g. NTP can use it for information dissemination, communities can use it to generate information for evidence-based advocacy and to connect with each other. The platform should be entirely adaptation to meet country and community specific needs, in particular, the needs of the most vulnerable groups. Engagement of service providers is important for its uptake and use. While there might be a lead implementer it can only be sustained if owned by the country, i.e. NTP contributes and engages, as do all community partners, including those who are supporting vulnerable populations.
- **Scale up and institutionalization:** for maximum uptake of **ONEIMPACT** it should be integrated into the national communication strategy and all partners should be made aware of it. A commitment at a national level to using and responding to the information generated is also required. Commitment from the highest level for its use is also required and across Ministries.
- **Supporting national responses to TB: ONEIMPACT** is an alert system which can highlight potential barriers and gaps in services. As such the data collected must be actionable so that it can concretely contribute to breaking down barriers to quality TB care. The data collection model must be flexible to accommodate all settings.

INNOVATIONS AND WAY FORWARD

ENHANCE REACH THROUGH CONVERSATIONAL AI ON WHATSAPP

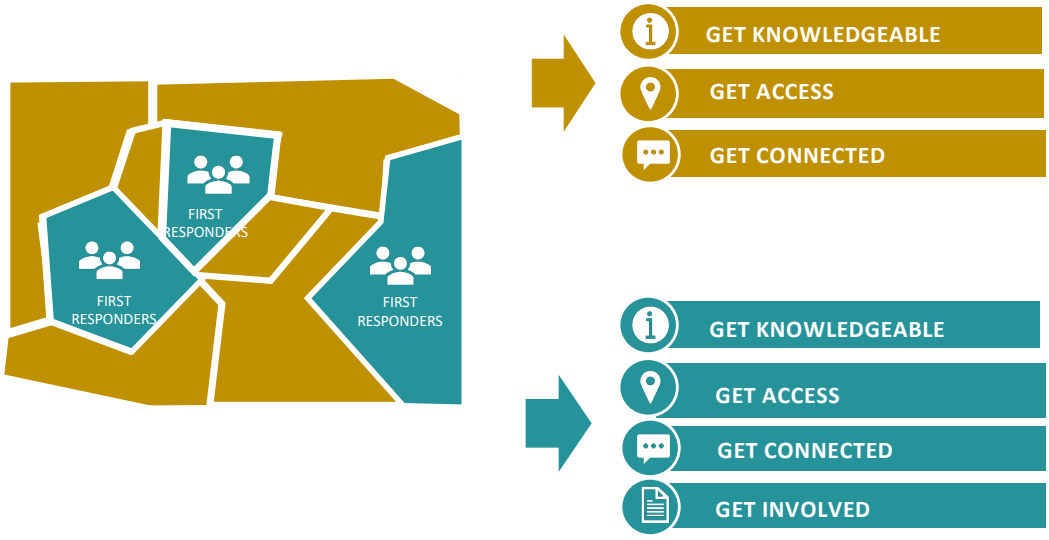
The OneImpact AI chatbot serves as a virtual assistant, providing users with accurate TB-related information, and guidance on accessing healthcare services. Integrated within the app's ecosystem, the chatbot enhances user engagement by answering queries, offering educational content, and directing individuals to appropriate resources.

By facilitating real-time interactions, it empowers community members and TB-affected individuals to navigate their rights, report barriers, and connect with support networks, ultimately strengthening community-led monitoring and advocacy efforts.



NATIONAL SUPPORT THROUGH HYBRID MODEL

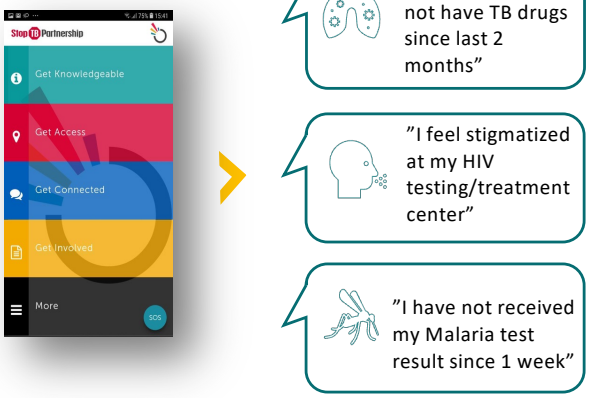
A model that provides location specific Digital CLM services. i.e. services needing response capacity can be limited to specific geographies. This will help CLM implementers to drive national scale up of Digital CLM without worrying about capacity to respond and resolve issues beyond existing operational districts/provinces. This ensures no people affected with HIV/AIDS/TB is left behind.

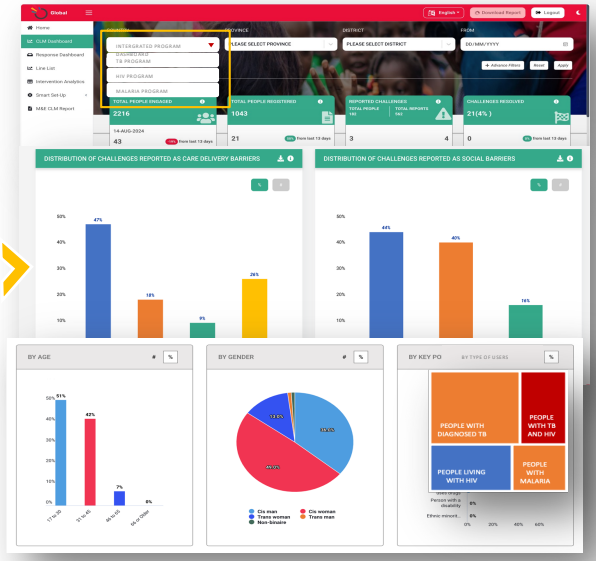


INNOVATIONS

INTEGRATED ONEIMPACT CLM DATA DASHBOARD

The OneImpact CLM real-time Dashboard provides analysis based on defined indicators based on the program via the Smart-setup. While the data is collected on seperate form through a personalized interface, the CLM data can be aggregated on a single CLM dashboard.

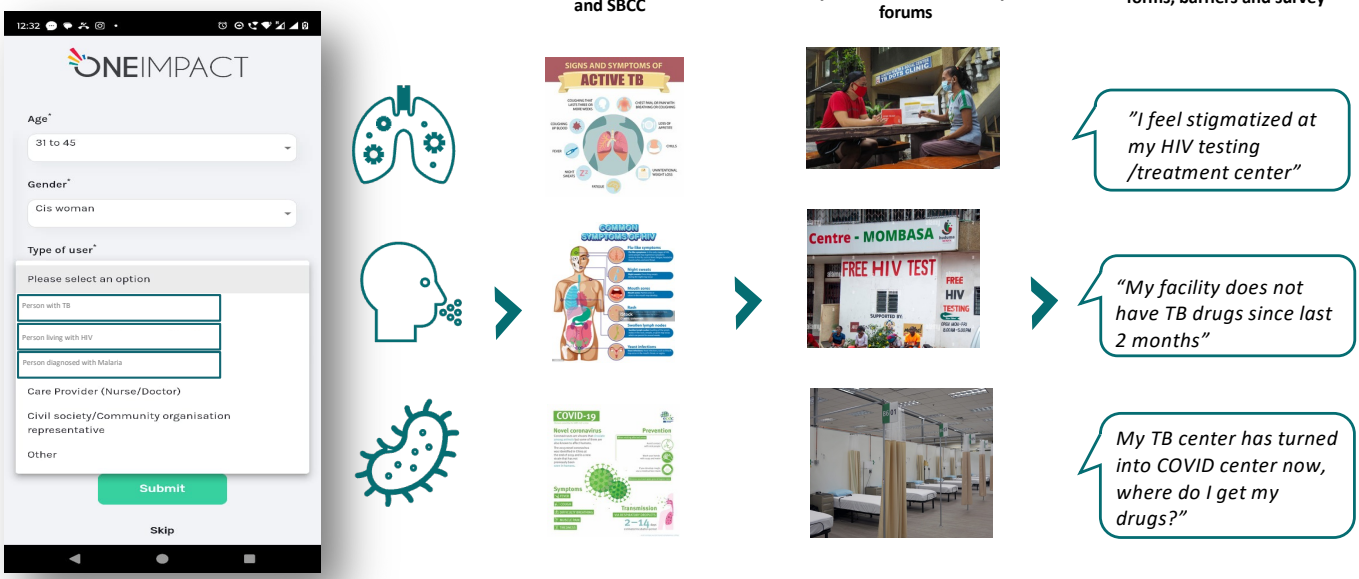




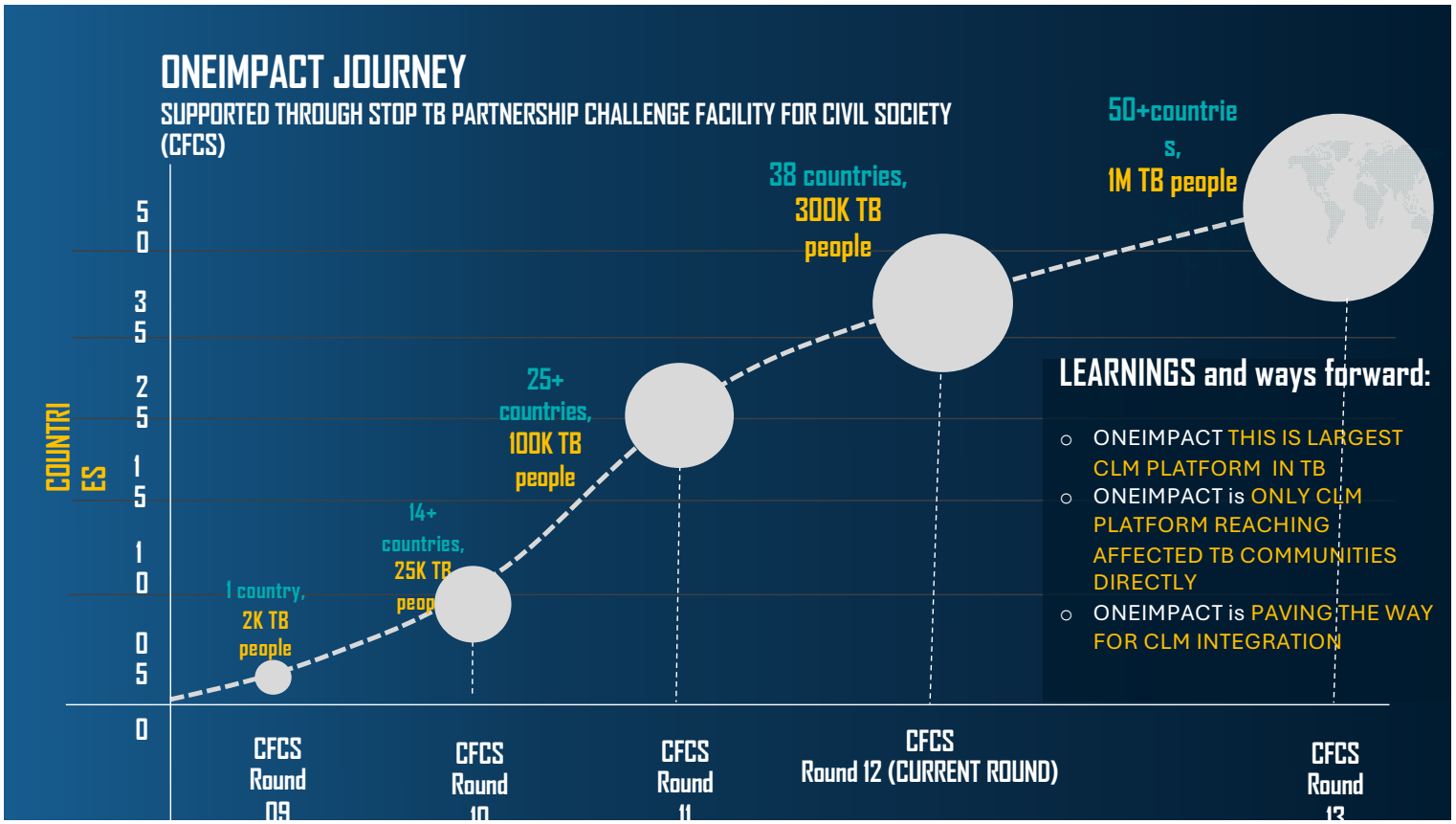
Global And Program Specific Filters For Data Analysis

ONEIMPACT CLM DEVELOPED FOR TB, INNOVATED FOR EVERYBODY

OneImpact CLM develops into a single platform for all the communities, all the 6 modules would be defined based on the registration of the user; HIV, TB or Malaria - personalized feed



ONEIMPACT Vision



THANK YOU

Stop TB Partnership