Africa Regional TB summit
4-6 March, 2019 | Kigali, Rwanda

Theme: It’s time for Africa to step up efforts to find all missing people with TB
Community-based monitoring for social accountability
Pilot

Maxime Lunga, Club des Amis Damien, DR Congo
Step up Efforts to Find All People with TB, Kigali, Rwanda, 04 March 2019
Problem Statement

1. **No systematic data collection of human rights related barriers** that TB patients experience when accessing TB services at a primary health care level.
   - Uninformed planning that does not respond to patient specific needs (patient centered care).
   - Difficulties in evaluating services due to absence of data.
   - Difficulties in justifying a multi-sectoral approach and linkages to different services that support TB patients.

2. **Unavailable real time (timely) data** on patient care, surveillance and monitoring of TB services and the programmatic management of TB.
   - Late (untimely) responses that address the barriers to access (e.g. drug stock outs, which can lead to treatment interruptions and death)
Intervention: Community-based monitoring

*Engaging TB patients and the affected communities* to report the barriers they experience, to strengthen the TB M&E system, improve the responsiveness, equity and quality of TB services and hold TB service providers to account. (Global Fund)
Intervention Objectives

Patient Care

**Onelinkt: Enhanced people-centered approaches to TB**
- Designed by and around the needs of people affected by TB, Onelinkt empowers people and communities affected by TB with knowledge, with ways to connect with peers and services and ways to report problems.
- Informed and empowered communities will create demand for TB services.

Monitoring, Surveillance, Advocacy

**Onelinkt: Advancing community-driven responses in TB**
- Onelinkt strengthens community data and management systems.
- Information generated can lead to shorter feedback loops and quicker community responses.

Surveillance & Programmatic Management

- Evidence generated is used to take corrective action to improve TB policies, programmes, and services.
Innovation and Strategies

Innovation

Digital solutions
1. Patient Free App
2. Community Health Worker Dashboard
3. Accountability Dashboard

Strategies

- Community-led advocacy to obtain buy-in from NTP and other strategic partners
  - Endorsing, approving and supporting the pilot and scale-up of intervention (Global Fund, USAID, WHO, CORDAID, Global EGPAF, Stop TB DRC, UCOP+, LNAC, Fondation Femme Plus)

- Generation of strategic information to inform human rights and gender responses to TB

- Implementation science approach – learning as we go
Accountability Framework

Patient Care

Health Services

Affected Communities

People Report Problems

Community Health Workers

CHWs Respond – link patients to relevant services to ensure treatment adherence

Monitoring, Surveillance, Advocacy

Lead Community Organization (CAD)

Lead CBO monitors & reports barriers to access for advocacy

Surveillance, Programmatic Response

National TB Program

National TB Program surveil and use data for programmatic decisions
Implementation Science, Implementation Phases*

1. Feasibility / Needs Assessment
2. Adaptation Development
3. Solution Development
4. Training & launch
5. Maintenance
6. M&E

*Follows the WHO Handbook on Digital Technologies for TB
Aligns with End TB Strategy, Global Plan to End TB, TB and Human Rights, National Strategic Plan
Implementation site

**Pilot**
- Kinshasa
- 30 TB Health Centres (Staff)
- 300 TB Patients
- 60 Trained CHWs
- CAD (10 people)
- NTP

**Targets**
- **Usability (patient care)**
  - 100% active App users
  - 85% of active App users satisfied with the App
- **Efficiency (patient care)**
  - 85% community response implemented within 72 hours
- **Programmatic (monitoring, surveillance, advocacy)**
  - 1 report / month with information on drug stock outs, stigma, accessibility and quality of services submitted to NTP
- **M&E**
  - Report on feasibility of using the App, its usability, acceptability, scalability and any resulting social change documented.
- Summarized view of progress of issues raised
- Gives break up of Open, Closed and Resolved Cases

**Dashboard Homepage**

<table>
<thead>
<tr>
<th>75</th>
<th>50</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Cases</td>
<td>Open cases</td>
</tr>
<tr>
<td>4</td>
<td>Number of cases</td>
</tr>
<tr>
<td>14</td>
<td>Number of approved cases</td>
</tr>
<tr>
<td>7</td>
<td>Number of declined cases</td>
</tr>
</tbody>
</table>

**Indicators Overview**

- Efficiency indicators
  - Focus on issue resolution time

- Programmatic indicators
  - Focus on Issues Raised by Type
  - Break of Issues with Type, sub-type
- Geo-Located Map view to review areas from where cases have been created
- Easy method to plan for intervention based on areas from cases created
## Best practices, Lessons Learnt, Next Steps

### Best practice
- **Patient driven** (principle) – what is monitored is decided by affected communities
- **Alignment with NTP Policy Guidelines** (Get Knowledgeable)
- **Integration** into existing CHW model
- **Multisectoral approach** to increase feasibility of scale up and use of data, and technical assistance
- **Multi disciplinary** team for TA on issues of confidentially, data quality, integration into different technology platforms
- **Country owned data**

### Lesson learnt
- It can be **adapted** to local settings to meet patient needs
- Information from **CRG reports** can inform the adaptation process (Get Involved)
- **Flexibility**; Pilot uses an assisted model due to limited cell phone coverage

### Next Steps
- **Gradual Scale-up**
  - 5 priorities provinces (MDR-TB and TB/HIV co-infection)
  - Other 15 provinces.
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