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 cantered 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)

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

02 GLOBAL PLAN TO END TB
- **Community** and **people centered** approaches
- **Human Rights** and **Gender** Based Approaches

03 INVESTING TO END EPIDEMICS
- Promote and Protect Human Rights and Gender Equality

04 TB & Human Rights
- Person and affected communities placed at the center as equal partners
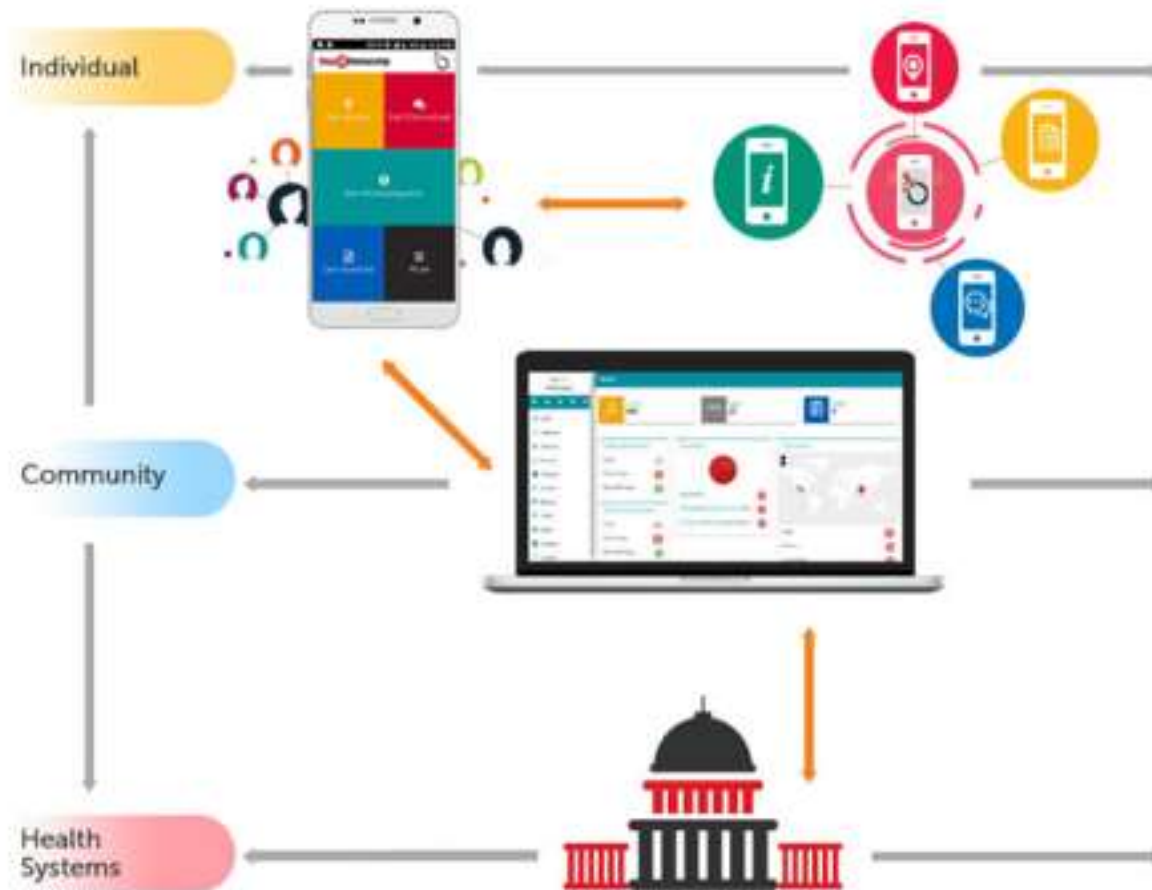
End TB Strategy	Global Plan to End TB	Investing to End Epidemics	TB & Human Rights Briefing Note

Alignment

Intervention Objectives

Patient Care

OneImpact : Enhancing people centered approaches to TB

- Designed by and around the needs of people affected by TB. OneImpact 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

OneImpact : Advancing community-driven responses in TB

- OneImpact 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
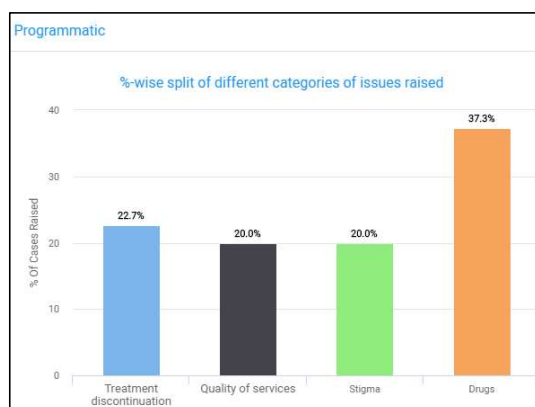
Innovation and Strategies

Innovation

Digital solutions

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

APP

Accountability Dashboard

CHW 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

Monitoring, Surveillance, Advocacy

Surveillance, Programmatic Response

Health Services	Affected Communities	Community Health Workers	Lead Community Organization (CAD)	National TB Program
	People Report Problems	CHWs Respond – link patients to relevant services to ensure treatment adherence	Lead CBO monitors & reports barriers to access for advocacy	National TB Program surveil and use data for programmatic decisions

Implementation Science, Implementation Phases*

1. Feasibility / Needs Assessment
2. Adaptation
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
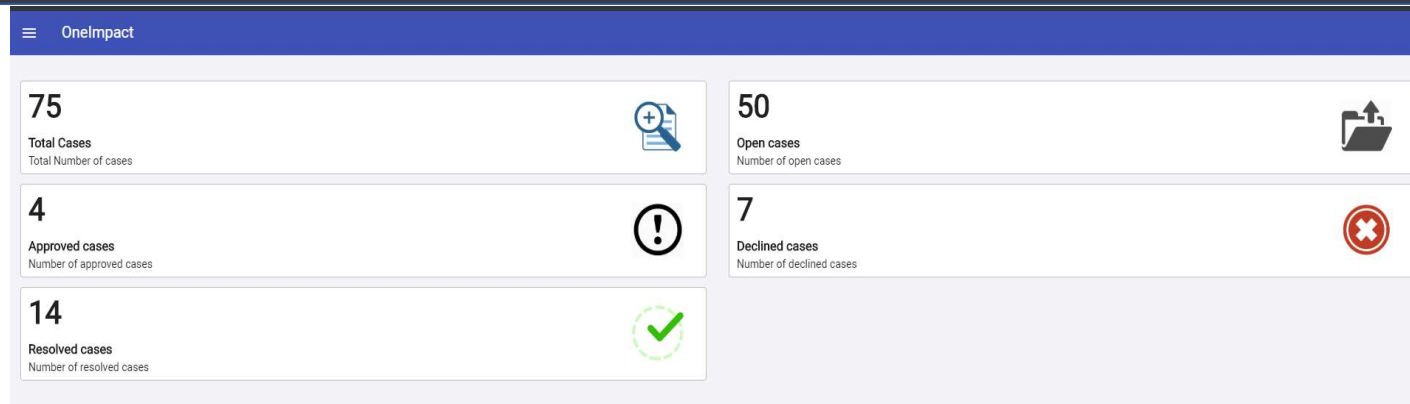
Implementation site

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.
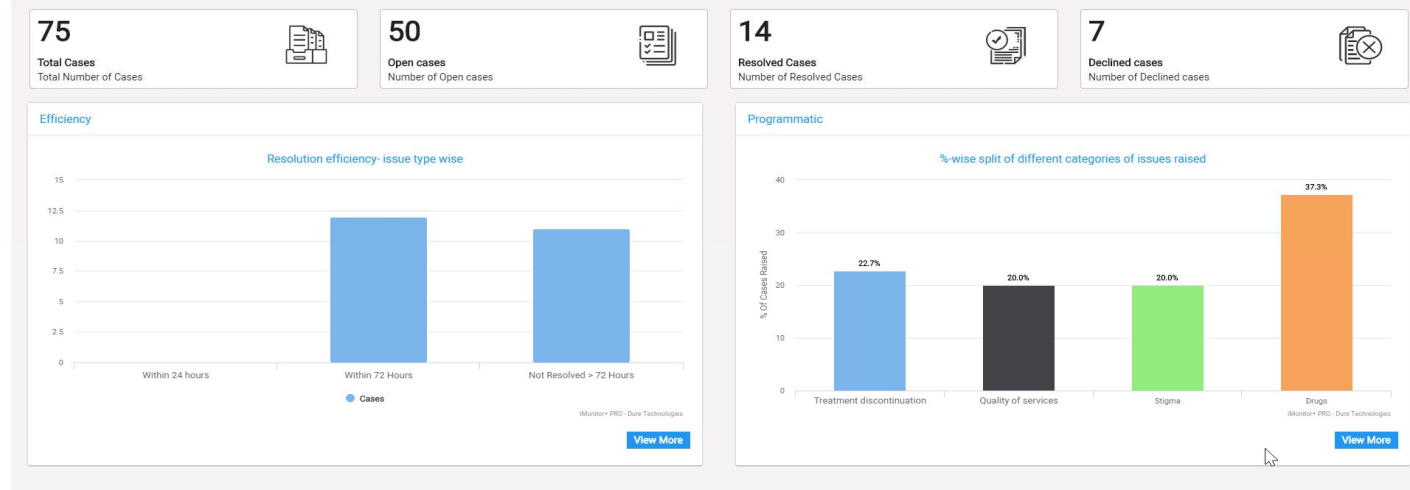
Dashboard Homepage

- ❏ Summarized view of progress of issues raised
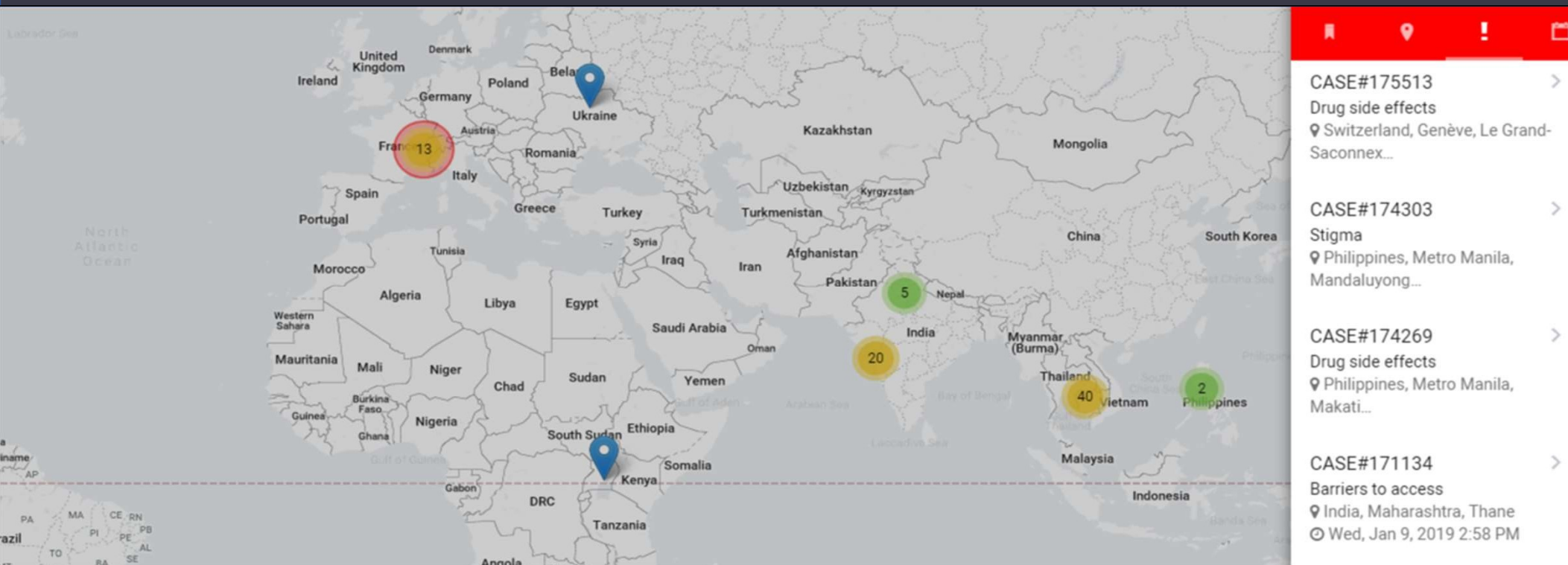- ❏ Gives break up of Open, Closed and Resolved Cases

☰ OneImpact

75 Total Cases — Total Number of cases	**50** Open cases — Number of open cases
4 Approved cases — Number of approved cases	**7** Declined cases — Number of declined cases
14 Resolved cases — Number of resolved cases	

Indicators Overview

- ❏ Efficiency indicators
    - ❏ Focus on issue resolution time

- ❏ Programmatic indicators
    - ❏ Focus on Issues Raised by Type
    - ❏ Break of Issues with Type, sub-type

| **75** Total Cases — Total Number of Cases | **50** Open cases — Number of Open cases | **14** Resolved Cases — Number of Resolved Cases | **7** Declined cases — Number of Declined cases |

Efficiency

Resolution efficiency- issue type wise

(bar chart: Within 24 hours, Within 72 Hours, Not Resolved > 72 Hours)
● Cases

iMonitor+ PRO - Dure Technologies
View More

Programmatic

%-wise split of different categories of issues raised

(bar chart: Treatment discontinuation 22.7%, Quality of services 20.0%, Stigma 20.0%, Drugs 37.3%)

iMonitor+ PRO - Dure Technologies
View More

Map View

- ❑ 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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