

Community-based monitoring of the TB response, using the OneImpact digital platform

INVESTMENT PACKAGE

COMMUNITY, RIGHTS & GENDER

WORKING DOCUMENT

Contents

1. Why invest in community-based monitoring of the TB response?
2. Scope
3. Objectives
4. Areas of Intervention
5. The Process
6. Expected Results
7. Resources Needed
8. Global Fund Support
9. Annex

Why invest in community-based monitoring of the TB response?

Meaningful engagement of civil society and affected communities in the planning, implementation, monitoring and evaluation of the TB response has been emphasised by the political declaration of the UN General Assembly high-level meeting on the fight against tuberculosis (TB), which provided the most recent, explicit and prominent articulation of this commitment.¹ The declaration formally acknowledged the relevance of community accountability mechanisms as part of the TB response.

Participation and accountability are key components of a rights-based approach to TB². Participation means ensuring that national stakeholders – including non-state actors such as non-governmental organizations and people affected by TB – are meaningfully involved in all phases of TB programming (assessment, analysis, planning, implementation, monitoring and evaluation) while promoting accountability provides oversight on progress towards ending TB and supports the right to health, one of the principles of a human rights-based approach to TB³.

Community-based monitoring (CBM), driven by community participation and needs as well as local information, is one form of community oversight that helps increase accountability for the availability, accessibility, acceptability and quality of services within the TB response. By monitoring these four essential elements to enjoying the right to health, communities can generate evidence that can be used to address human rights barriers which in turn can reduce peoples' vulnerability to TB infection, increase access to TB services and improve TB treatment outcomes.

In 2017, the Stop TB Partnership developed *OneImpact*, a digital solution to facilitate the implementation of CBM interventions. The tool is expected to be used by National TB Programmes (NTP) and community-based organizations (CBO) to monitor (in real time), and overcome, the human rights barriers that are undermining and hampering efforts to end TB.

¹ Political Declaration of the high-level meeting of the General Assembly of the fight against tuberculosis [Available from: https://www.un.org/en/ga/search/view_doc.asp?symbol=A/RES/73/3]

² Tuberculosis and Human Rights. Stop TB Partnership. [Available from: <http://www.stoptb.org/assets/documents/global/hrtf/Briefing%20note%20on%20TB%20and%20Human%20Rights.pdf>]

³ idem

Scope

Using the Stop TB Partnership *OneImpact* digital platform, monitor the human rights barriers faced by people affected by TB in real time as a form of community oversight to increase accountability for the **availability, accessibility, acceptability** and **quality** of services within the TB response.

The *OneImpact* platform consists of 3 parts:

- 1) **TB Affected People App** – 4 modules which provide information on TB, TB services, a way to connect with others from the TB community and to report any barriers that they face in accessing care or treatment
- 2) **First responder dashboard** – a platform to allow first responders to monitor barriers reported by people affected by TB and to prompt the coordination of a response
- 3) **Accountability dashboard** – a platform for the community and other TB stakeholders to monitor CBM indicators that will inform the design of programmatic interventions and facilitate the evaluation of interventions that address the barriers to access, enhancing accountability in the TB response

By reporting and monitoring the barriers preventing people from being diagnosed, treated and reported in **real time**, countries can generate evidence that can be used to **immediately** address human rights barriers and in turn reduce people’s vulnerability to TB infection, increase access to TB services and improve TB treatment outcomes.

Through CBM interventions using the *OneImpact* platform, countries can also seek ways to reform policies and practices to reduce vulnerability and increase access to essential TB services in the **longer term** based on data and evidence collected over time, as shown in Figure 1⁴. This human rights approach to TB framework shows that the right to health is interlinked with freedoms and entitlements that make it possible to prevent TB and increase access to quality TB diagnosis, treatment, care and support.

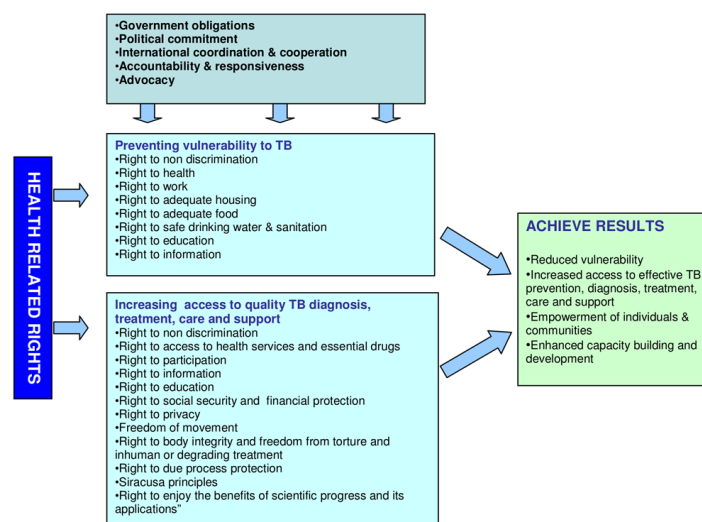


Figure 1: Human rights approach to TB Framework

⁴ idem

The *OneImpact* CBM intervention is guided by the NTP and driven by the TB-affected community. It also requires multi-stakeholder involvement to ensure that there is broad buy-in, a coordinated multi-sectoral response and uptake of the recommendations at the highest level.

Objectives

Ensuring a higher level of accountability for the availability, accessibility, acceptability and quality of services in the TB response will be facilitated by:

1. Empowering individuals and communities:

- a. To increase the capacity and capability of communities to identify local priorities and monitor and advocate for improvements in the TB response

2. Enhancing capacity building and development:

- a. To strengthen community-level data on the barriers that prevent people from being diagnosed, treated and reported in the TB response
- b. To strengthen community advocacy and increase the community's level of accountability for the TB response

3. Increasing access to effective TB prevention, diagnosis, treatment, care and support and reducing vulnerability:

- a. To inform the design of interventions to remove barriers in the TB response
- b. To evaluate interventions in the TB response based on the community-level data
- c. To overcome barriers that impede the TB response

Areas of Intervention

The *OneImpact* CBM intervention is guided by the NTP and led and driven by the TB-affected community. It requires multi-stakeholder involvement to ensure that there is broad buy-in, a coordinated multi-sectoral response and uptake of the recommendations at the highest level. The CBM intervention leverages five primary groups of TB actors: (1) people diagnosed with TB, (2) peer supporters, (3) community health workers and/or lead community-based organization, (4) TB health care workers, and (5) the NTP. CBM can be done at national or subnational levels, following the requirements for calculating the representative sample size. Areas of intervention revolve around 9 recommended phases of implementation, in accordance with the World Health Organization *Handbook for the use of Digital Technologies to support TB medication adherence*⁵.

No	Phase of Intervention	Area of intervention
1	Feasibility and Needs Assessment to implement <i>OneImpact</i> CBM	Determining the need for and feasibility of implementing a CBM intervention using <i>OneImpact</i> requires a country situational assessment, developing a stakeholder framework, mapping current digital health activities and conducting a needs analysis of the TB journey from the perspective of people affected by TB
2	Adaptation of <i>OneImpact</i> Digital Platform	Adaptation of the <i>OneImpact</i> digital platform into local language and context, based on the outcome of the feasibility and needs assessment
3	Development of <i>OneImpact</i> Digital Solution	Development of <i>OneImpact</i> digital solution based on outcomes of the adaptation phase
4	<i>OneImpact</i> User Training	Training 1) People affected by TB to use the <i>OneImpact</i> , 2) First Responders to use the First Responder Dashboard, 3) Community, the National TB Programme and other national stakeholders on the Accountability Dashboard
5	<i>OneImpact</i> launch	To raise awareness and encourage use of the <i>OneImpact</i> platform
6	Ongoing and real time data collection and community responses	People with TB report barriers to access in real time using the App and community actors coordinate responses to meet the needs of people affected by TB
7	Ongoing monitoring and data use	Lead CBO monitors and analyses the data being collected and generates reports on barriers to access for appropriate stakeholders for action
8	<i>OneImpact</i> CBM evaluation	Leveraging the <i>OneImpact</i> Dashboard and Google Analytics to determine whether targets are met and to evaluate the outcome of the <i>OneImpact</i> intervention on the TB response
9	<i>OneImpact</i> CBM Scale up	Dependent of the outcome of the evaluation countries develop and scale-up plans for the <i>OneImpact</i> CBM intervention

⁵ Handbook for the use of Digital Technologies to support TB medication adherence. World Health Organization [Available from: <https://apps.who.int/iris/bitstream/handle/10665/259832/9789241513456-eng.pdf;jsessionid=90176D89F5978A46D19C218F3CF0AC89?sequence=1>]

The Process

The *OneImpact* CBM intervention is a 12-month, 19 step process, guided by the human rights principles of universality, indivisibility and interdependence, equality, non-discrimination, accountability, and participation. Guided by the NTP and driven by the affected TB community, the intervention also requires multi-stakeholder involvement.

Steps	Details
Month 1: Feasibility and Needs Assessment	
1. Lead Community-based organization (CBO) conducts the needs and feasibility assessment	<ul style="list-style-type: none"> Lead CBO works with multiple partners to conduct the assessment Lead CBO validates the findings with the National TB Programme
2. Lead CBO and National TB Programme (NTP) mobilize Core Group (Technical Working Group / oversight for CBM)	<ul style="list-style-type: none"> Lead CBO, in collaboration with the NTP, sends an email with Terms of Reference to the selected organizations to appoint focal people to the Core Group Lead CBO convenes and facilitates the first meeting of the Core Group to present the concept note on CBM using <i>OneImpact</i>, results of the needs and feasibility assessment and agree on the project workplan
3. Lead CBO convene the Core Group and prepares the multi-stakeholder CBM meeting.	<ul style="list-style-type: none"> Lead CBO convenes the Core Group to prepare the multi-stakeholder meeting Lead CBO invites participants agreed upon and finalizes the agenda
Month 2: Adaptation Process	
4. Lead CBO, with strategic guidance from the NTP, convenes the multi-stakeholder meeting.	<ul style="list-style-type: none"> Lead CBO convenes the multi-stakeholder meeting with strategic guidance from the NTP People affected by TB are the primary target audience The meeting orients people to CBM using <i>OneImpact</i>; the rationale for doing CBM, orients participants to the <i>OneImpact</i> platform and shares the results of the needs and feasibility assessment, and workplan The meeting seeks consensus on the workplan, adaptation needs, project indicators, i.e. what will be monitored, where the intervention will be implemented and the M&E plan
5. Lead CBO secures approval from respective assessment sites.	<ul style="list-style-type: none"> Lead CBO shares project plan with targeted audiences from respective sites to seek approval to conduct the CBM Intervention
6. Lead CBO and NTP finalize the adaptation process	<ul style="list-style-type: none"> The Lead CBO manages the adaptation process, working with the developers of the <i>OneImpact</i> solution The NTP approves the content of the final product, what will be monitored (i.e. priority barriers to access, based on affected community feedback) and where
Month 3: Development of <i>OneImpact</i> Digital Solution	
7. Lead CBO works with solution developers to ensure that all adaptation requirements are incorporated into local solution	<ul style="list-style-type: none"> Lead CBO shares (in written format) all changes that need to be made to customize the solution to local setting with the solution developers Lead CBO shares final product with NTP NTP approves the final product
8. Lead CBO and NTP host a meeting of the Core Group to share and seek validation of adapted platform	<ul style="list-style-type: none"> NTP and CBO finalize agenda for the Core Group Meeting CBO invites and hosts a meeting of the Core Group to share final solution and seek validation Lead CBO facilitates the incorporation of any changes requested from the Core Group

Steps	Details
	<ul style="list-style-type: none"> • Lead CBO and NTP finalize agenda for the multi-stakeholder group to share adapted product and plans for use
9. Lead CBO and NTP organize a meeting of the multi-stakeholder group	<ul style="list-style-type: none"> • Lead CBO and NTP invite and host a meeting of the multi-stakeholder group to share the final adapted product and plans for use.
Month 4: <i>OneImpact</i> User Training	
10. Lead CBO are trained by solution developers on <i>OneImpact</i> digital platform (App, First Responder Dashboard and Accountability Dashboard)	<ul style="list-style-type: none"> • Solution developers share training materials and host training of the lead CBO
11. Lead CBO adapts training materials and plans to local context	<ul style="list-style-type: none"> • Lead CBO adapts training materials for each user of the <i>OneImpact</i> platform 1) App users 2) Responder Dashboard Users 3) Accountability Dashboard Users • Lead CBO shares materials and plans for training with NTP for approval • Lead CBO and NTP agrees on supervision procedures
12. Lead CBO hosts user trainings with 1) People affected by TB on APP 2) First Responders / CHWs on First Responder Dashboard 3) National Stakeholders on Accountability Dashboard	<ul style="list-style-type: none"> • Lead CBO hosts separate trainings with all 3 different user groups • Lead CBO seeks and incorporates user feedback on trainings • Lead CBO shares supervisory plans with users
Month 5: <i>OneImpact</i> Launch	
13. Lead CBO and NTP publicly launch the <i>OneImpact</i> CBM intervention	<ul style="list-style-type: none"> • Lead CBO adapts communication materials to promote the use of <i>OneImpact</i> among people affected by TB and the overall intervention • NTP publicly launches in the <i>OneImpact</i> intervention
Month 5-11: Ongoing and real time data collection and community responses	
14. Lead CBO implements the baseline assessment	<ul style="list-style-type: none"> • Lead CBO adapts the Stop TB Partnership <i>OneImpact</i> baseline assessment and shares results with NTP
15. Lead CBO monitors First Responder Dashboard to ensure that community responders are responsive to problems being reported.	<ul style="list-style-type: none"> • Lead CBO monitors First Responder Inbox • First responder coordinates a response to each problem reported • Once the problem is reported as resolved First Responders reports problem as being solved
Months 5-11 <i>OneImpact</i> Maintenance and CBM monitoring and supervision and data use	
16. Lead CBO works with users to identify technical problems and challenges implementing the CBM intervention.	<ul style="list-style-type: none"> • Lead CBO implements the supervisory plan and works with user to identify and overcome challenges • All challenges are documented • Lead CBO shares regular (monthly) reports on project indicators (1) Usability of the App 2) Efficiency of the First Responder Response and 3) CBM / programmatic indicators with appropriate stakeholders and documents how the data gets used
Month 12 Evaluation of the <i>OneImpact</i> CBM intervention	

Steps	Details
17. Lead CBO conducts the end of project evaluation	<ul style="list-style-type: none"> • Lead CBO adapts the Stop TB Partnership <i>OneImpact</i> end of project evaluation and shares these and monitoring results with NTP • NTP validates results • Lead CBO develops action plan to address results • NTP validates the action plan
18. Lead CBO and NTP organize a meeting of the Core Group	<ul style="list-style-type: none"> • Lead CBO and NTP invites and hosts meeting of the Core Group to share findings, action plan and scale up plan • Lead CBO incorporates feedback from Core Group into action and scale-up plan
Month 12 OneImpact CBM Scale up	
19. NTP and Lead CBO host meeting of the multi-stakeholder group to discuss and prepare scale up plans.	<ul style="list-style-type: none"> • Lead CBO and NTP invite and host a meeting of the multi-stakeholder working group to present the action plan and scale up plan • Actions required to scale up intervention are documented and validated

Expected Results

The *OneImpact* CBM intervention provides **real time data and information** on the most frequently reported human rights barriers experienced by people affected by TB with the aim to increase accountability for the availability, accessibility, acceptability and quality of services within the TB response. It also generates information on the usability of the *OneImpact* App and monitors the efficiency of the First Responders in addressing the barriers reported. Of note is that the data generated can be disaggregated by age, gender and key population (self-identified). The “% of people” noted below refers to those enrolled in the *OneImpact* CBM intervention.

1. CBM Programme Indicators (sample)

Availability

- **% of people affected by TB for whom of TB treatment care and support services are unavailable**
 - % of people who never got tested and never got a TB test result
 - % of people diagnosed with TB who reported not starting treatment
 - % of people diagnosed with TB who cannot access TB treatment

Access

- **% of people with TB who experience human rights barriers that prevent access to services in the TB response**
 - % of people with TB who cannot access TB services because of financial barriers
 - % of people with TB who cannot access TB services because of geographical barriers

Acceptability

- **% of people with TB who find TB treatment care and support services unacceptable**
 - % of people with TB who experience stigma in health care settings
 - % of people with TB who experience stigma in community settings
 - % of people with TB who experience stigma in family settings
 - % of people with TB who experience self-stigma
 - % of people with TB who experience discrimination due to TB
 - % of people whose right to confidentiality was violated.

Quality

- **% of people with TB who find the quality of TB treatment care and support services poor**
 - % of people with TB who found TB health facilities unhygienic
 - % of people with TB who had to wait too long for TB services
 - % of people with TB who cannot manage TB drug side effects

2. CBM Indicators (APP Usability)

- **No. of App users**
- **% of Active users**
- **% of Repeat users**
- **Usage quality**

3. CBM Indicators (Efficiencies of the First Responders)

- **Resolution status-issue type wise**
- **Resolution efficiency- issue type wise**

Finally, the process will result in a **Costed Action Plan** to address the most frequently reported human rights barriers in the longer term.

Resources Needed

(A) Item	(B) Details	(C) Unit	(D) Number of Units	(E) Unit Costs (US\$)	(F) Amount (US\$) (D) x (E)
(1) CBM Community Project Leader	Full-time compensation	Months	12	Xx	Xx
(2) OneImpact platform Developer and ongoing TA	Part-time compensation	Months	6	Xx	Xx
(3) Digital inputs	SMART phones	Months	12		
	Tablets	Months	12		
	Data Packages	Month	12		
(4) Core Group Orientation and Validation Meetings (x2)	Venue (e.g., local community hall or NGO office) hire per day	Day(s)			
	Lunch and refreshments	Person-days			
	Public transportation	Person-days			
	Lunch				
(5) Multi-stakeholder Orientation and Validation Meetings (x2)	Venue (e.g., local community hall or NGO office) hire per day	Days			
	Lunch and refreshments	Person-days			
	Public transportation	Person-days			
	Lunch	Person-days			
(3) Trainings - (1-day workshop for 3 sets of users X people)	Venue (e.g., local community hall or NGO office) hire per day (trainees return home at the end of Day 1, no hotel needed)	Days	X	Xx	Xx
	Lunch and refreshments	Person-days	X x X	Xx	Xx
	Public transportation	Person-days	X x X	Xx	Xx
(4) Launch	Venue	Person-days	X	Xx	Xx
	Development and dissemination of launch materials	Person-days	X	Xx	Xx
	Lunch	Interviews	X	Xx	Xx
(5) Baseline and end of project evaluations	Venue (e.g., local community hall or NGO office)	Days	X	Xx	Xx
	Lunch and refreshments	Person-days	X x X	Xx	Xx
	Public transportation	Person-days	X x X	Xx	Xx
(6) Results dissemination	Report writing and design (graphics, Action Plan)	Consultancy	X	Xx	Xx
	Printing of report	Reports	X	Xx	Xx
				TOTAL	XXXX

Global Fund Support

The Global Fund to Fight AIDS, Tuberculosis and Malaria (TGF) is the most important source of external funding for TB and it is increasingly supporting Community, Rights and Gender (CRG) work related to TB prevention and care. The Stop TB Partnership strongly encourages countries to include CRG priorities in their applications (Funding Requests) to TGF. It is highly recommended that, prior to applying to TGF, countries properly reflect these priorities in the National TB Strategic Plans (NSPs).

Currently, TGF is receiving applications for the new allocation cycle 2020-2022, where the majority of grants will be implemented between 2021 and 2023. The application modalities and materials are available on <https://www.theglobalfund.org/en/funding-model/applying/materials/>

Under the TB component there is a special Module where most CRG interventions should be included (table below).

Model interventions for TGF TB Module 'Removing human rights and gender related barriers to TB services'

<i>Intervention</i>	<i>Scope and description of intervention package</i>
Stigma and discrimination reduction	Activities to reduce stigma towards people with TB: <ul style="list-style-type: none"> • Situational analysis and assessments, for example, Stop TB-CRG assessment, and TB Stigma Assessment • Media and edutainment activities on TB and stigma such as integration of non-stigmatizing language into TB communication materials, radio shows • Engagement with religious and community leaders and celebrities • Peer mobilization and support developed for and by people with TB and affected communities aimed at promoting wellbeing and human rights
Human rights, medical ethics and legal literacy	For communities affected by diseases, key populations and CSOs: <ul style="list-style-type: none"> • Peer outreach on human rights and legal literacy in the context of TB • Development of communication materials on TB patient rights • "Know-your rights" programs For (community) health care workers: <ul style="list-style-type: none"> • Medical ethics and human rights specialized TB training
Legal aid and services	Activities related to legal aid and services, including but not limited to: <ul style="list-style-type: none"> • Establishment of peer para-legal activities, for example, street lawyers, Hotlines • Legal aid, legal support through pro bono lawyers, human rights organizations to increase access to justice • Engagement with community and religious leaders for dispute resolution based on human rights and gender equity
Reform of laws and policies	It includes activities related to legal reforms including, but not limited to: <ul style="list-style-type: none"> • Engagement with parliamentarians, Ministry of Justice, Interior, Corrections, religious and community leaders, among others, for advocacy and sensitization • Training of parliamentarians on human rights and the role of protective legal frameworks in the TB response • Legal audit, legal environment assessment • Community mobilization and community-led advocacy and monitoring support • Monitoring of laws and policies, including compliance
Community mobilization and advocacy	Activities related to community mobilization and advocacy: <ul style="list-style-type: none"> • Community-led outreach campaigns to address harmful gender norms and stereotypes and other human rights-related barriers • Community-based monitoring of service delivery quality, including stigma, discrimination, confidentiality and privacy and informed consent • Patient group mobilization and building capacity/supporting community-led advocacy efforts

Examples of CRG-related indicators in TGF's Modular Framework are given below:

CRG-related indicators in the list of Core Indicators for TB components

<i>Type of indicator</i>	<i>Indicator</i>	<i>Disaggregation categories</i>
Outcome	Percentage of people diagnosed with TB who experienced self-stigma that inhibited them from seeking and accessing TB services	Gender (female, male)
Outcome	Percentage of people diagnosed with TB who report stigma in health care settings that inhibited them from seeking and accessing TB services	Gender (female, male)
Outcome	Percentage of people diagnosed with TB who report stigma in community settings that inhibited them from seeking and accessing TB services	Gender (female, male)
Coverage	Number of TB cases (all forms) notified among prisoners	
Coverage	Number of TB cases (all forms) notified among key affected populations/ high risk groups (other than prisoners)	Target / Risk population group (Migrants/ refugees/ IDPs, Other population group)
Coverage	Number of notified TB cases (all forms) contributed by non-national TB program providers – private/non-governmental facilities	
Coverage	Number of notified TB cases (all forms) contributed by non-national TB program providers – public sector	
Coverage	Number of notified TB cases (all forms) contributed by non-national TB program providers – community referrals	

The Global Fund offers a variety of resources to help applicants prepare their funding requests. Materials for the 2020-2022 period are available on this page:

<https://www.theglobalfund.org/en/funding-model/applying/resources/>

Key CRG-related information materials the applicants may find useful when preparing the Funding Requests are listed below.

Information Notes

Tuberculosis Information Note: download in [English](#) | [Español](#) | [Français](#)

Building Resilient and Sustainable Systems for Health through Global Fund Investments Information Note: download in [English](#) | [Español](#) | [Français](#)

Frequently Asked Questions

2020-2022 Funding Cycle Frequently Asked Questions: download in [English](#) | [Español](#) | [Français](#)

Technical Briefs

Assessment and Best Practices of Joint TB and HIV Applications: download in [English](#)

Community Systems Strengthening Technical Brief: download in [English](#) | [Español](#) | [Français](#)

Gender Equity Technical Brief: download in [English](#) | [Español](#) | [Français](#) | [Русский](#)

Human Rights and Gender Programming in Challenging Operating Environments Guidance Brief: download in [English](#) | [Español](#) | [Français](#)

Programming at Scale with Sex Workers, Men who have Sex with Men, Transgender People, People who Inject Drugs, and People in Prison and Other Closed Settings: download in [English](#) | [Español](#) | [Français](#)

Tuberculosis, Gender and Human Rights Technical Brief: download in [English](#) | [Español](#) | [Français](#) | [Português](#) | [Русский](#)

Case Study - How We Engage: Stories of Effective Community Engagement on AIDS, Tuberculosis and Malaria: download in [English](#) | [Español](#) | [Français](#)

Community, Rights & Gender Technical Assistance

<https://www.theglobalfund.org/en/funding-model/throughout-the-cycle/community-rights-gender-technical-assistance-program/>

The CRG Technical Assistance Program is a Global Fund Board-approved strategic initiative. The initiative aims to ensure that all people who are affected by the three diseases can play a meaningful role in TGF processes and ensures that grants reflect their needs. This programme provides support to civil society and community organizations to meaningfully engage in the Global Fund model, including during:

- Country dialogue
- Funding request development
- Grant-making
- Grant implementation

Under this programme, national civil society and community organizations can apply for technical assistance in a range of areas, such as:

- Situational analysis and planning
- Participation in country dialogue
- Program design
- Oversight and monitoring of grant implementation
- Engagement in sustainability and transition strategy development

Some examples of technical assistance requests include:

- Support to design, plan and implement a consultation process to identify key population priorities for HIV funding request development
- Designing and budgeting for community systems strengthening programmes as part of the grant-making process
- Facilitating a funding request review among youth organizations to identify gaps and propose appropriate interventions for inclusion
- Proactive, peer-led community engagement support to civil society and community in sustainability and transition planning

Technical assistance is provided by nongovernmental organizations – including key population networks, universities and civil society organizations – that were selected through an open tender process for their demonstrated skills and capacities on CRG competencies.

CRG Technical Assistance Program Providers List: download in [English](#)

The program currently does not support:

- Strengthening Country Coordinating Mechanisms
- Long-term capacity building of civil society organizations
- Funding request writing

Organizations can request CRG technical assistance at any time throughout the funding cycle. The following resources are available to learn more about CRG technical assistance:

CRG Technical Assistance Program Frequently Asked Questions

download in [عربي](#) | [English](#) | [Español](#) | [Français](#) | [Português](#) | [Русский](#)

CRG Technical Assistance Program Request Form

download in [عربي](#) | [English](#) | [Español](#) | [Français](#) | [Português](#) | [Русский](#)

Annex

- *OneImpact* App
 - Available from: App Store and Google Play
- Feasibility and needs assessment template
 - Available from <https://stoptbpartnershiponeimpact.org/>
- *OneImpact* user training
 - Available from <https://stoptbpartnershiponeimpact.org/>
- *OneImpact* launch materials
 - Available from: <https://stoptbpartnershiponeimpact.org/>
- *OneImpact* Monitoring and Evaluation
 - Available from: <https://stoptbpartnershiponeimpact.org/>