



2023



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

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How to use this investment package

The Global Fund 2023-2028 Strategy, *Fighting Pandemics and Building a Healthier and More Equitable World* describes Community-led Monitoring (CLM) as a priority intervention for evidence-based programs and policies. It also promotes the use of innovative digital approaches for data generation and use. Subsequently the Global Fund has updated its modular framework, information notes, and application materials to encourage applicants to include CLM in funding requests.

This investment package can be used by applicants preparing Global Fund funding requests which will include OneImpact CLM for tuberculosis (TB) and the associated activities to support the digitalization process of CLM. Of note is that OneImpact can be used for TB but also HIV and Malaria. Importantly, the CLM intervention and, consequently, the descriptive narrative and budget in the funding request, will need to be tailored to how OneImpact CLM will be used to meet the specific TB programmatic needs of the country.

The funding request should include a full description and costed budget for the planned CLM intervention, inclusive of activities related to digitalization. Applicants can consult the document [Community-Led Monitoring of Programs and Policies Related to HIV, TB and Malaria: a guide to support inclusion of CLM in funding requests to the Global Fund](#) developed by the International AIDS Society (IAS) for additional support, as well as the [Stop TB Partnership website](#) which includes the [OneImpact CLM conceptual and implementation framework](#) and the features of the OneImpact approach and platform.

Why invest in the OneImpact community-led monitoring?

National Tuberculosis Programs (NTPs) continue to face challenges of service availability, accessibility, and quality, commodity supply and distribution, and other human rights barriers that negatively affect health outcomes and program targets.

Community-led monitoring is an intervention through which affected TB communities systematically and routinely report and analyze data on service provision and quality, as well as stigma and human rights violations from service delivery sites and along the pathway of care. This information can provide deep and unique insights on service delivery gaps, human rights and stigma barriers preventing access and on targeted action to improve services and the experience of people affected by TB, resulting in better health outcomes for individuals and the broader community. CLM is therefore an intervention that can overcome the service delivery and human rights barriers which negatively affect health outcomes and program targets.

Importantly, CLM is complementary to national health management information systems (HMIS) and, together, these data can also inform national strategic and operational planning for TB programs to improve overall implementation and mitigate programmatic risks.

OneImpact Community-led Monitoring is the innovative, rights-based approach to community participation, and accountability in TB, [endorsed by the global, regional and national TB communities](#). It leverages technology to optimize community engagement, data collection and analysis, responses, and systems for a rights-based response to TB. Built on the principles of community leadership, country ownership, people centeredness, institutionalization, and evolution, the OneImpact CLM approach has been designed, led, and implemented by affected TB communities, with strategic guidance, support, and continuous engagement from national TB programmes for accountability. It draws on 6 years of implementation experience across 26 countries.

UN Political Declaration on TB

Informed by the End TB Strategy¹ and the Global Plan to End TB¹, the United Nations High Level Meeting Political Declaration on TB, provides an explicit and prominent articulation of national governments' desire and commitment to meaningfully engage civil society and affected communities in the planning, implementing, monitoring, and evaluating the TB response¹. This commitment formally acknowledges the relevance of community accountability mechanisms as part of the TB response.

Participation and accountability are key components of a rights-based approach to TB¹. Participation means ensuring that national stakeholders – including non-state actors such as non-governmental organizations, people affected by TB – are meaningfully involved in all phases of TB programming: assessment, analysis, planning, implementation, monitoring and evaluation, while accountability provides oversight on progress towards ending TB and the protection and promotion of the right to health, to this end¹.

Scope

OneImpact CLM is an implementation framework for a rights-based approach to TB (See Figure 1). Through government and NTP commitment to promote and protect the rights of people affected by TB and a CRG approach to TB, the availability of accountability mechanisms and the active participation of people affected by TB, community and health systems can be strengthened, information and partner exchanges and responsiveness to barriers can be heightened, innovations can improve efficiencies, reach and impact, accountability can be enhanced and most importantly the missing people with TB, especially the key and vulnerable populations, can be found.

In practice the OneImpact CLM approach enables community empowerment and engagement for rapid community and health system action and responses, to ensure that quality TB care and support services are available, accessible, acceptable for all. In so doing it establishes a common participation and accountability platform for systematic information exchange and collaboration between people affected by TB and key decision makers in the TB response.

OneImpact CLM Implementation Framework for a rights-based approach to TB

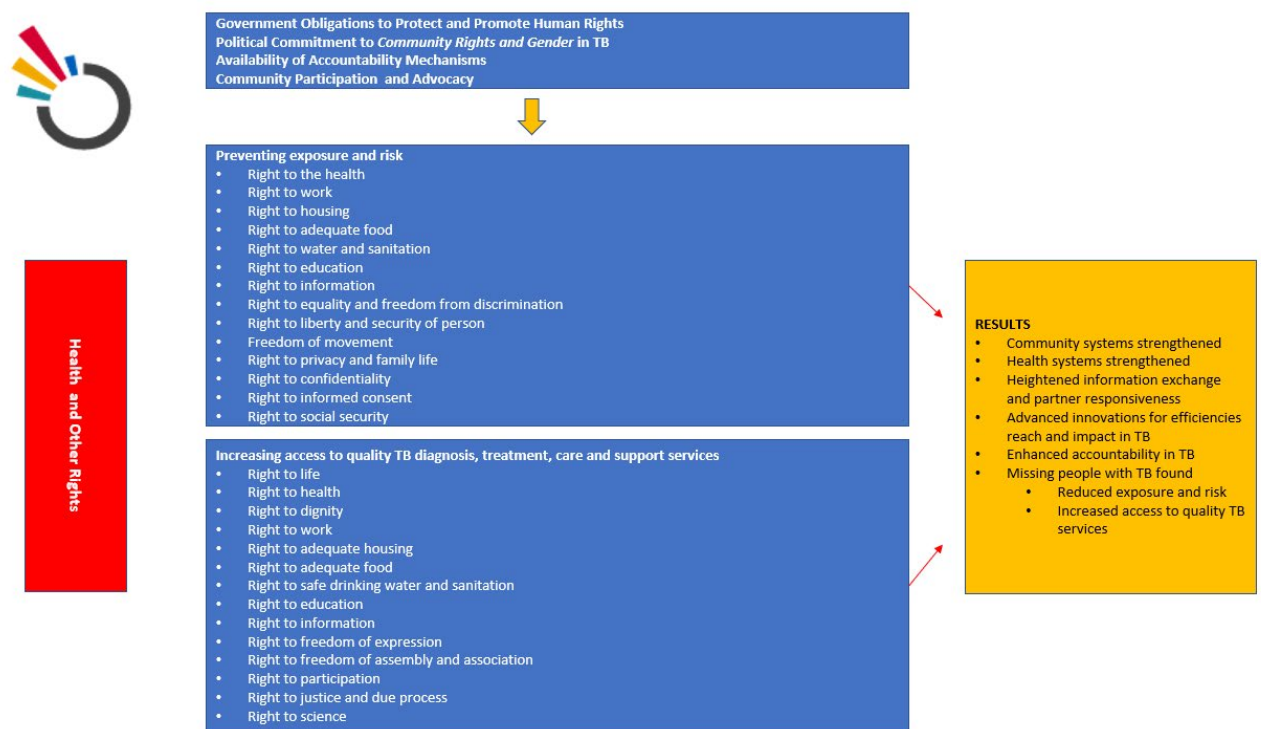


Figure 1: OneImpact CLM Implementation Framework for a rights-based approach to TB

Another strength of OnelImpact is that it relies on digitalized data and digital platforms which helps accelerate, integrate, and improve efficiencies in the reporting, collection, analysis, and use of data demonstrating good value for money and optimizing community responses and systems. The potential of real time data and remedial action when things go wrong is a powerful enabler for community action. The OnelImpact Platform consists of 3 modules:

- 1) **App for people with TB** – 5 modules which provides opportunities for people with and affected by TB to be informed and to participate in online dialogues and in reporting barriers to access.
- 2) **First Responder Dashboard** – it allows first responders to monitor barriers reported and to take and coordinate action to overcome the challenges reported in the short term.
- 3) **Accountability Dashboard** – it allows CLM implementers to monitor and analyze the CLM indicators and to swiftly identify areas for systemic responses to meet the needs of the most key and vulnerable populations in the long term.

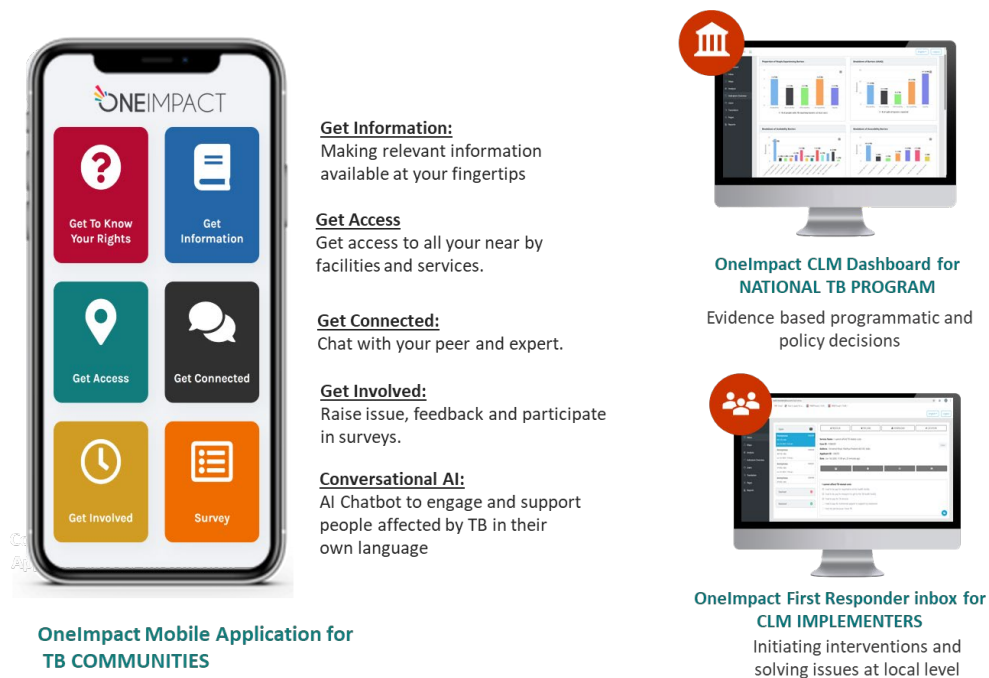


Figure 2: OnelImpact Digital Platform

In addition, the OneImpact platform can also be used to integrate all CLM initiatives and methods of data collection, bringing and streamlining them into one national CLM system (Warehouse). This beneficial for the scale-up of CLM as well as the integration of different disease components.

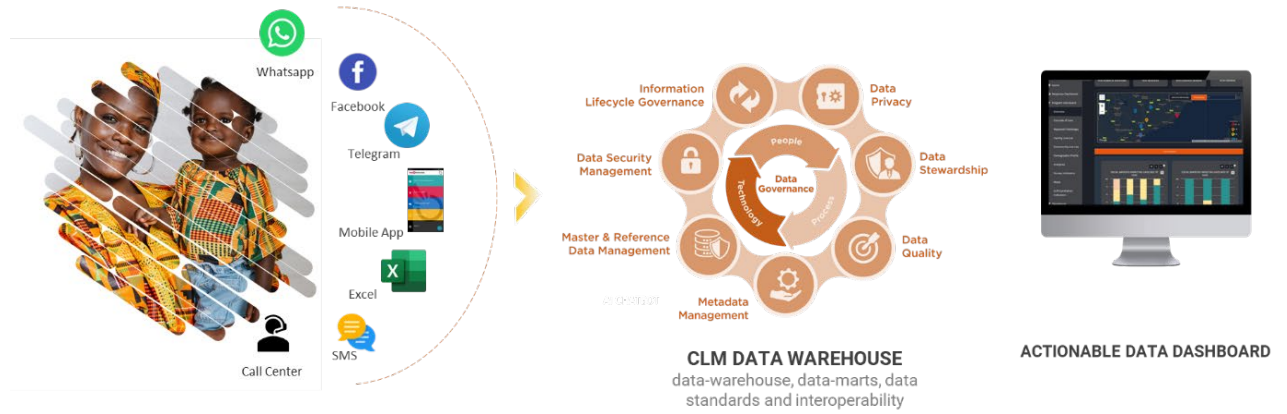


Figure 3: CLM Data Warehouse

Objectives

The OneImpact CLM approach has the following primary, crosscutting, and overarching objectives. See **Figure 4** for the OneImpact CLM conceptual framework.

Primary Objectives

- 1. To promote and protect the rights of people affected by TB through:**
 - Enhanced Community Participation.
 - Rapid community and health system actions.
 - Programmatic responses to overcome the systematic barriers to access.
- 2. To ensure that quality TB services and available, accessible, acceptable for all through:**
 - Enhanced Community Participation.
 - Rapid community and health system actions.
 - Programmatic responses to overcome the systematic barriers to access.
- 3. To ensure that quality support services are accessible for all through:**
 - Enhanced Community Participation.
 - Rapid community and health system actions.
 - Programmatic responses to overcome the systematic barriers to access.
- 4. To eliminate TB Stigma for all through:**
 - Enhanced Community Participation.
 - Rapid community and health system actions.
 - Programmatic responses to overcome the systematic barriers to access.

Cross cutting objectives

1. To enhance gender sensitive and transformative TB services and programmes
2. To enhance programmatic recognition and responsiveness for TB key and vulnerable populations.

Overarching objective

1. To transform the TB response to be people centered, rights-based and gender transformative, equitable and accountable.

OneImpact CLM Conceptual Framework

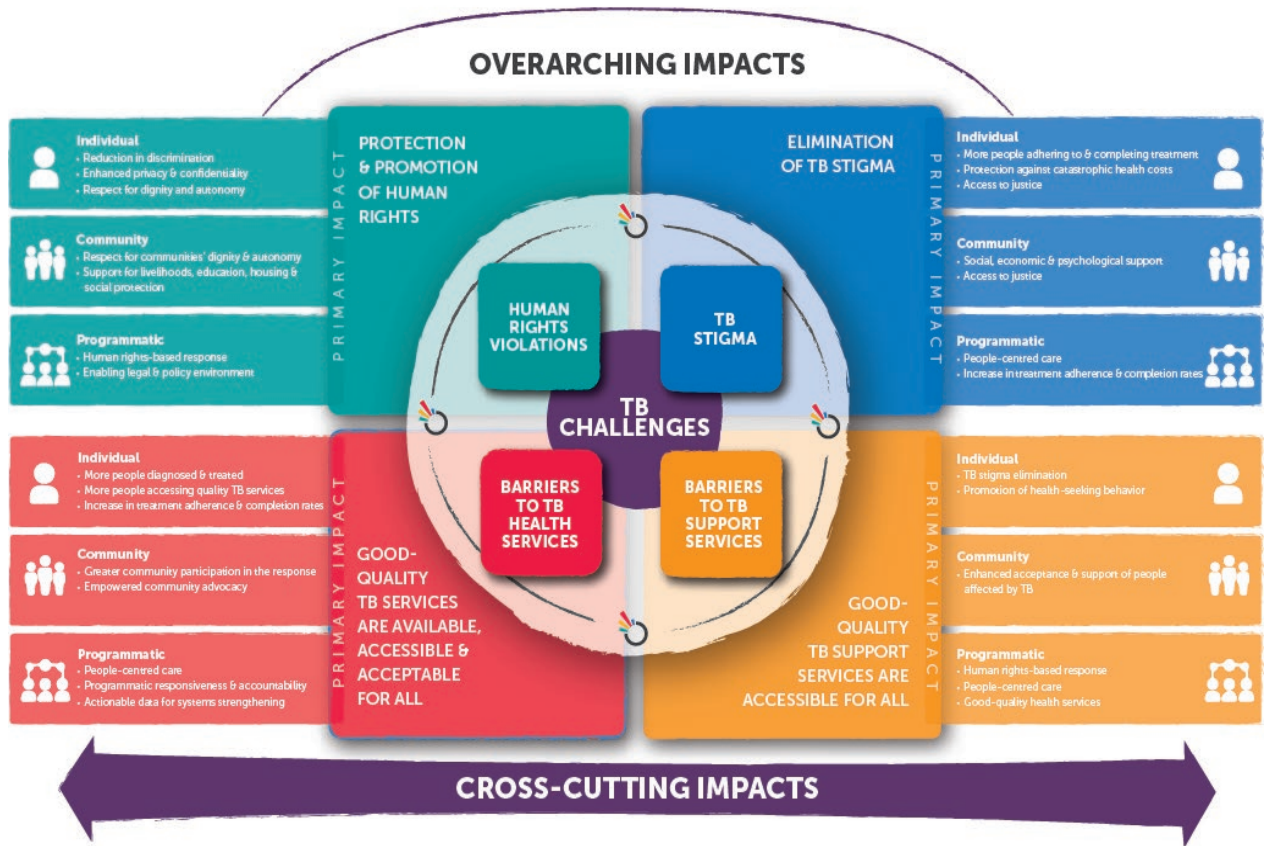


Figure 4: OneImpact CLM Conceptual Framework

Expected Results

Investments in OneImpact CLM are expected to generate clear outcomes. Improved efficiencies in data collection, analysis and use will enable CLM implementers to better identify challenges and offer actionable solutions and evidence-based recommendations to improve the effectiveness, efficiency, and equity of TB care and support services. Following are some of the key results that OneImpact is expected to generate:

- 1. Finding the missing people with TB for an equitable rights-based TB response:** It focuses on reaching, engaging, and supporting TB key and vulnerable populations (missing people with TB), and linking them to screening, testing, treatment, and support services, thus transforming the TB response to be equitable, rights-based and people centred.
- 2. Community Empowerment and system strengthening:** It empowers, mobilizes, and increases affected community-engagement in the TB response, thus advancing community led and driven responses in TB. It leverages existing community and health responses, thus strengthening community responses to TB.
- 3. Health System Strengthening:** It generates new and complementary information, from people affected by TB to foster community and health system capacities and to support the screening, testing and treatment targets of National TB Programmes, thus improving the overall performance of health services and strengthening one of the main health system functions – responsiveness to people’s needs and expectations. While TB can be the entry point OneImpact CLM is adaptable can integrate challenges facing other key and vulnerable populations, such as people living with HIV, people at risk for COVID-19 etc. Therefore, CLM contributes to building capacity and resilience of the health systems for effective disease control including preparedness and response to future pandemics.
- 4. Heightened Partner Engagement, Information Exchange, and Accountability:** It provides a platform for systematic information exchange and collaboration between affected TB communities, national TB programmes and other key decisions makers, thus enhancing accountability in TB.
- 5. Advanced innovations for efficiencies, reach and impact in TB:** It facilitates real time data collection, thus propelling rapid reactions and responses to overcome TB challenges in a timely manner. It generates new and complementary information to systematically reach the missing people with TB, with tailored responses. It can leverage technology, thus facilitating timely and efficient data collection, analysis, and reporting. With the OneImpact approach all CLM tools (social audits, budget monitoring, scorecards, surveys) and data collection methods (paper, APPS, excel, call centers) can be used and unified under one common warehouse for CLM, thus creating opportunity for CLM mainstreaming and scale-up.

Areas of Intervention

It is an intervention guided by the National TB Programme, led, and driven by the affected TB 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.

OneImpact CLM can be done at national or subnational levels.

Areas of intervention revolve around 4 recommended areas of implementation.

1. **Orientation:** This involves orientation of all key stakeholders such as NTP managers, CCM, other CLM implementers on the OneImpact CLM approach and processes. Typically, there will be periodic orientation and dissemination workshop that will be organized to bring different stakeholders together.
2. **OneImpact adaptation and TA:** This would involve ongoing adaptation of the OneImpact platform based on feedbacks from different stakeholder consultations. This would also involve dedicated project governance and technical support to ensure smooth functioning of the OneImpact CLM platform.
3. **Operations and scale up:** This would involve operationalization of the platform on the ground including and scale up OneImpact through active dissemination and promotion. This would also involve key activities such as training, national program engagement and many more.
4. **M&E:** This would involve monitoring progress and monitoring and evaluating CLM data being collected through OneImpact CLM and help consolidate learnings, develop case studies and advocacy and policy documents. This would also involve base line and end line surveys and documentation.

Completing the Global Funding Request for CLM

Section 1 asks applicants to prioritize their requests and categorize the proposed interventions. CLM can be funded through Global Fund grants that are focused on Resilient and Sustainable Systems for Health (RSSH) or within components of disease-specific grants focused on HIV, TB, or Malaria. Within the RSSH Modular Framework, CLM activities should be included as a part of the community systems strengthening (CSS) module, under the community led monitoring intervention. This includes OneImpact and the specific activities related to the digitalization of CLM.

Importantly, CLM should also be linked with and reinforce of many other interventions including the funding request, including disease-specific interventions focused on HIV, TB, TB/HIV and malaria, human rights and gender equity interventions, and quality of care, for example. This linkage can be referenced in the narrative of the associated modules/interventions.

1.1. Prioritized Request

Module #	Module Name: Community System Strengthening
Intervention(s)	Community Led Monitoring
Population, geographies and/or barriers addressed	<ul style="list-style-type: none"> The digital CLM program will focus on the following locations: [insert detail] The identified locations have been selected because of the disease burden and their significant role in providing services to key and vulnerable populations that demands improving quality and outcomes of services at these sites. In these locations, the CLM program will use OneImpact, a digital CLM platform, to identify barriers to TB services (i.e., availability, accessibility, acceptability, and quality), stigma, human right violations, and support services faced by TB affected communities, in particular key and vulnerable populations. In addition, OneImpact will enable sourcing CLM data directly from TB affected communities through a range of channels that include social media channels, mobile apps and web apps, for example, thus maximizing reach to key and vulnerable populations beyond the traditional facility and CHW catchment areas. This CLM program will engage the following populations in the intervention design and implementation [insert description of demographics – genders, ages, prevalent health issues and rights- related and contextual challenges].

	<ul style="list-style-type: none"> • This CLM program will be led by [insert key or vulnerable population] and implemented by [insert community organizations]. • These organizations are selected because of their experience with the relevant TB affected key and vulnerable populations, community education and community research and advocacy. These partners will emphasize involvement and leadership by key and vulnerable populations who are not yet benefitting from TB services, with the aim of helping the Ministry of Health, health providers and program implementers understand people’s reasons for avoiding such services or being unable to access such services.
List of activities	<p>The digital CLM program will include the following activities [to adapt and insert]:</p> <ul style="list-style-type: none"> • National orientation and buy in on OneImpact CLM, with leadership from the National TB Program and OneImpact CLM Implementers. • Engage affected communities, including key and vulnerable populations to identify the gaps, needs and priorities expressed by those communities and individuals. • Form/renew governing bodies and advisory groups at local and national levels to oversee the conceptualization and design of CLM and to review and act on CLM findings. • Co-create community response protocols and processing in joint consultations with key stakeholders like NTP, CCM, community champions, etc. • Adapt and co-create OneImpact, a digital CLM platform for the local context. The specific features of the platform will be designed based on the identified needs in the community but could include [to adapt and insert based on identified needs]: a multi-channel mechanism to report barriers to TB services, stigma, human rights violations and lack of support services; a facility locator feature; social behavior changes communications; community surveys; a response module and a CLM dashboard. Technical assistance will be needed for this activity. • Implement a digitalization process to ensure OneImpact is appropriately introduced and adopted for sustained use. This will include [insert specific needs]: user field testing and support for the implementation and operationalization of the platform on the ground. TA will be needed for this activity.

	<ul style="list-style-type: none"> • Conduct trainings and orientations on OnelImpact APP to orient people affected by TB on their rights, and their right to participate and engage in the TB response and feedback to the communities on the information being generated, shared and acted upon. • Conduct TOT based training of first responders and peer support networks to respond to community needs. • Establish dedicated local project governance, field management, and operational and technical support to ensure smooth functioning of the OnelImpact CLM platform. TA will be required initially with the aim to build local capacity over time for sustainability. • Perform continuous data management, data analysis, data reporting and communications and data use to positively influence provider practices and drive service delivery redesign at point of service, as well as shape evidence-based decisions and policies by the NTP. This would include, but not be limited to, joint meetings with key stakeholders such as NTP, CCM and other community leaders to analyze and review reported CLM data and devising joint action plans to address key community challenges and needs through collaborative efforts and evidence-based decisions. • Disseminate key messages generated by OnelImpact data to maximize the CLM program’s reach to TB affected communities. This would include dissemination through various channels such as social media, radio, television, print and media. This would also involve working closely with the existing NTP communication strategies and channels. • Monitor the quality of CLM data being collected through OnelImpact. • Perform an annual assessment of needs, issues and impact of CLM activities. Consolidate learnings, develop case studies and advocacy and policy documents.
<p>Amount requested</p>	<p>The proposed digital CLM projects a cost of [to adapt and insert] approximately USD 15,000 per location monitored, for a total of USD xx across xx locations, with key cost elements being human resources (50% of costs), local transportation and meetings (20%), technical assistance (20%) and CLM implementer overheads (10%). [Note, these are just suggested percentages and will need to be adapted to the context of the program.]</p> <ul style="list-style-type: none"> • Human resources (50% of requested funding amount) would support the following: first responders/peer support network,

	<p>technical program staff, data management specialists and support for financial, personnel, administrative and program management. Applicants should also budget for the following human resources as they relate to digital data collection, analysis and reporting: X first responder, one dedicated project manager, senior M&E expert, community moderators, content creator and field operation managers.</p> <ul style="list-style-type: none"> • Local transportation and meeting costs (20%) would support orientations, training, supervision, data collection, data review, results dissemination, and advocacy. • Technical assistance (20%) from a digital innovation provider with expertise in CLM that would support the conceptualization, design, adaptation, initial training, testing, field implementation, and operational and technical support for OneImpact. A strong emphasis will be placed on local capacity building in these areas as well to ensure sustainability. • CLM implementer overheads (10%) which will also include any necessary costs associated with connectivity, hardware, etc. [
<p>Expected outcome</p>	<p>OneImpact CLM generates data and supports the community response. The expected outcome from the digitalization process is improved efficiencies in data collection, analysis and use which will enable CLM implementers to better identify challenges and offer actionable solutions and evidence-based recommendations to improve the effectiveness, efficiency and equity of health services.</p> <p>During the Global Fund funding period, the proposed digital CLM program expects to generate the following outcomes: [to adapt and insert]</p> <ul style="list-style-type: none"> • Improvements in availability, accessibility, acceptability and quality of TB care and support services, in particular for key and vulnerable populations. • Reduced TB related stigma. • Reduced human rights and gender related barriers to TB services, in particular for key and vulnerable populations. • Strengthened community leadership and systems. • Strengthened health systems. • Improved awareness about TB disease and TB infection within TB affected communities. • Improvements in service provider competencies in interacting with service users. • Improved service uptake by the TB affected communities, in particular key and vulnerable populations.

	<p>Together these will help the NTP achieve its goals of [to adapt and insert] scaling-up and sustaining community outreach for active TB case finding, systemic screening and early detection of TB among people at high risk, preventive treatment for all people living with HIV and others at high risk and treatment of all people testing positive for TB.</p>
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1.2 Rationale

Applicants are required to summarize their priorities and will need to be clear about how CLM overall will contribute to progress toward specific country goals and global goals related to TB. Suggested language for the inclusion of OneImpact is as follows:

- *OneImpact CLM is an evidence-informed intervention through which communities affected by TB and service users generate data to help TB program managers and providers improve services, programs and policies. More precisely OneImpact CLM, through community participation, will provide deep and unique insights on service delivery gaps, human rights and stigma barriers preventing access and on targeted actions to improve TB services and the experience of people affected by TB, resulting in better health outcomes for individuals and the broader community and support NTPs in reaching program goals.*
- *Digitalization has a critical role in improving health information systems. It uses data to inform and improve service delivery. OneImpact uniquely combines the power of digital technology with community engagement. Digitalized data and this digital platform will help accelerate, integrate, and improve efficiencies in the collection, analysis, and use of data. The potential of real time data and remedial action when things go wrong will be a powerful enabler for community action to end TB.*
- *This CLM proposes focusing on the following documented service and health system gaps to the delivery of TB care **[insert detail – pulling from the CRG assessment if available]**.*
- *By involving and empowering recipients of care in the collection of data about TB services, OneImpact CLM will engage key and vulnerable populations affected by TB to identify the barriers to access they face and to enable strategic targeting of TB interventions for Key and vulnerable populations.*
- *CLM and the use of OneImpact was prioritized in consultations and dialogues and in program reviews and evaluations **[insert who and where]***

1.4 Lessons Learned

It will be important to note any lessons learned from past experiences implementing CLM, particularly if digitalization (i.e., the introduction of OneImpact) will be a new aspect of an existing CLM program. For example:

- *Based upon the lessons learned to date, the CLM program will transition from a paper-based approach to digitalized data collection, analysis and use with the OneImpact platform. The process of digitalization has been identified as a critical enabler for CLM implementers to identify challenges and offer actionable solutions more rapidly and comprehensively.*
- *The smart configuration of OneImpact with the three digital tools will enable CLM implementers to constantly update and adapt the platform (i.e., data variables, information content, health facility details, etc.) based on the evolving needs of the community. This will foster local ownership and sustainability from the outset.*

Section 2: Maximizing Impact

In Section 2 applicants will be asked to address the following. Below it is suggested language.

- How Global Fund support of the program(s) will advance the primary goal of ending AIDS, TB and malaria:
 - *The potential of OnelImpact CLM to strengthen the national disease control program and the underlying health system to improve TB outcomes is established. The OnelImpact platform proposed in this CLM program will facilitate the timely collection, aggregation and visualization data empowering communities affected by TB to be responsive and action-oriented in real time.*
- How investments will strengthen overall health and community systems:
 - *OnelImpact CLM empowers, mobilizes, and increases affected community-engagement in the TB response, thus advancing community led and driven responses in TB. It leverages existing community and health responses, thus strengthening community responses to TB. It also generates new and complementary information, from people affected by TB to foster community and health system capacities and to support the screening, testing and treatment targets of National TB Programmes, thus improving the overall performance of health services and strengthening one of the main health system functions – responsiveness to people’s needs and expectations.*
- How investments will maximize the engagement and leadership of the most affected communities:
 - *OnelImpact CLM empowers, mobilizes, and increases affected community-engagement and leadership in the TB response, thus advancing community led and driven responses in TB.*
- How investments will reduce human rights- and gender-related barriers to services:
 - *OnelImpact CLM will provide deep and unique insights on human rights and gender barriers preventing access and on targeted actions to improve TB services and the experience of people affected by TB, resulting in better health outcomes for individuals and the broader community and support NTPs in reaching program goals.*
- How investments will build capacities to prevent, detect and respond to infectious disease outbreaks
 - *While TB can be the entry point OnelImpact CLM is adaptable can integrate challenges facing other key and vulnerable populations, such as people living with HIV, people at risk for COVID-19 etc. Therefore, CLM contributes to building capacity and resilience of the health systems for effective disease control including preparedness and response to future pandemics.*

Section 3: Implementation

Section 3 of the funding request form asks a series of questions about the proposed program implementation, including the following:

- If Global Fund funding is awarded, how will program implementation change?
- Will effectiveness, efficiency or equity be improved?
- Will past programmatic gaps be addressed?
- Will connections between programs or sectors be improved?

What actions will be taken to strengthen the roles of community-led and community-based organizations, civil society organizations and non-governmental implementers?

OnelImpact CLM offers many opportunities to redress program implementation and promote better greater efficiency and effectiveness. The following is suggested language for OnelImpact:

- *OnelImpact CLM generates real-time data that helps TB managers and providers improve effectiveness, efficiency and equity in services and programs. As data shifts from a paper-based system to a digital platform there is an opportunity for the OnelImpact platform to leverage the insights drawn through the interplay of data captured from multiple different sources and leverage the synergy of the three digital tools (i.e., mobile application, first responder dashboard and accountability dashboard).*
- *Through digitalization, new partnerships with the private sector, lawyers, social services, among others will be catalyzed, presenting meaningful opportunities for multi-sectoral engagement in TB.*
- *OnelImpact CLM empowers, mobilizes, and increases affected community-engagement in the TB response, thus advancing community led and driven responses in TB. It leverages existing community and health responses, thus strengthening community responses to TB. It also generates new and complementary information, from people affected by TB to foster community and health system capacities and to support the screening, testing and treatment targets of National TB Programmes, thus improving the overall performance of health services and strengthening one of the main health system functions – responsiveness to people’s needs and expectations.*

Section 3 also asks applicants to explain what actions will be taken to minimize risks, including risks due to: inadequate procurement and supply management, inadequate data quality and data security, and inadequate financial management.

Digital CLM’s role in risk mitigation should be highlighted in the funding request. Sample language includes the following:

- *Overall, OnelImpact CLM is a strategy to identify and mitigate risks due to inadequate procurement and management of health products, including stock-outs, inadequate equipment or infrastructure or human resources challenges. Importantly, OnelImpact will generate an independent stream of data and provides unique insights, thus mitigating risks due to inadequate quality of quantitative data from service delivery sites.*
- *The introduction and scale-up of OnelImpact CLM will play an important role in catalyzing national discussions on data governance, including cyber security and data privacy to ensure the confidentiality, integrity and safe accessibility of digital health information.*

Budget

A multi-year budget for the CLM program, inclusive of the costs for the digitalization, should be included reflect the intended spending on specific activities. Key Global Fund budget categories include the following:

- Human resources
- External professional resources
- Travel and meeting costs
- Equipment (primarily non-health equipment)
- Communication material and other supplies
- Indirect and overhead

Consideration should be given to the costs associated with the orientation, adaptation, operations and scale-up and M&E of the proposed CLM program and budgeted appropriately across each of these categories.

Applicants can consult the document [Community-Led Monitoring of Programs and Policies Related to HIV, TB and Malaria: a guide to support inclusion of CLM in funding requests to the Global Fund](#) developed by the International AIDS Society (IAS) for additional guidance on how to plan and budget for the overall CLM program.

Below is an outline of the additional costs to consider for the inclusion of OnelImpact and the digitalization process. The costs should be adjusted upward or downward to the scale and scope of the proposed CLM program.

Cost Category	Details	Year 1	Year 2	Year 3	Total
Human Resources	<p>In addition to routine HR needs (a sample CLM staffing chart is available in the IAS guidance document), the following positions are needed for to support the design and implementation of OnelImpact:</p> <ul style="list-style-type: none"> • 1 dedicated project manager • 1 senior M&E expert • X community moderators • 1 content creator • X field operation manager • X first responder 				
External professional resources	<p>The scope for TA will include support for the following activities:</p> <ul style="list-style-type: none"> • Conceptualization of the digital CLM program • Technical design and adaptation of OnelImpact • Initial training (TOT) 				

Cost Category	Details	Year 1	Year 2	Year 3	Total
	<ul style="list-style-type: none"> • Testing and adaptation of OnelImpact • Field implementation • Ongoing operational and technical support • Capacity building of local partners <p>You will need a document that describes the scope of the TA.</p>				
Travel and meeting costs	<ul style="list-style-type: none"> • National Orientation Meeting. • Initial TOT activities and subsequent cascade trainings for first responders and xxxx • Routine supervision meetings with xxxxxx You will need to explain the training and supervision needs so that they can be costed appropriately. • Meetings (including per diems or food and local transport) of stakeholders and partners, including focus group discussions to design the CLM, subsequent regular CLM data review meetings, CLM data and results dissemination meetings, and advocacy planning meetings 				
Equipment (primarily non-health)	<p>The OnelImpact platform has been designed to be hardware light. However, the CLM program overall may need computers, tablets and/or mobile phones to xxxxxx.</p> <p>You will need a document and describes all the equipment needs.</p>				
Indirect and overhead	<p>This will include running costs for the CLM program overall (which may be impractical to itemize), such as: space rental, security, phone and data airtime subscriptions and utilities. In addition, costs may be associated with website maintenance of the CLM implementer(s) and digital security.</p>				

Annex

- OneImpact Conceptual and Implementation Framework
 - Available [here](#)
- The Bangkok TB Community-led Monitoring Statement
 - Available [here](#)
- 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/>