ONEIMPACT

For a TB free community
FRANCOPHONE IMPACT REPORT 2025

Developed By

Stop **TB** Partnership

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OVERVIEW & INTRODUCTION

WHAT IS ONEIMPACT?

ONEIMPACT, developed by the Stop TB Partnership and powered by Dure Technologies, 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

EMPOWERING COMMUNITIES TO END TB
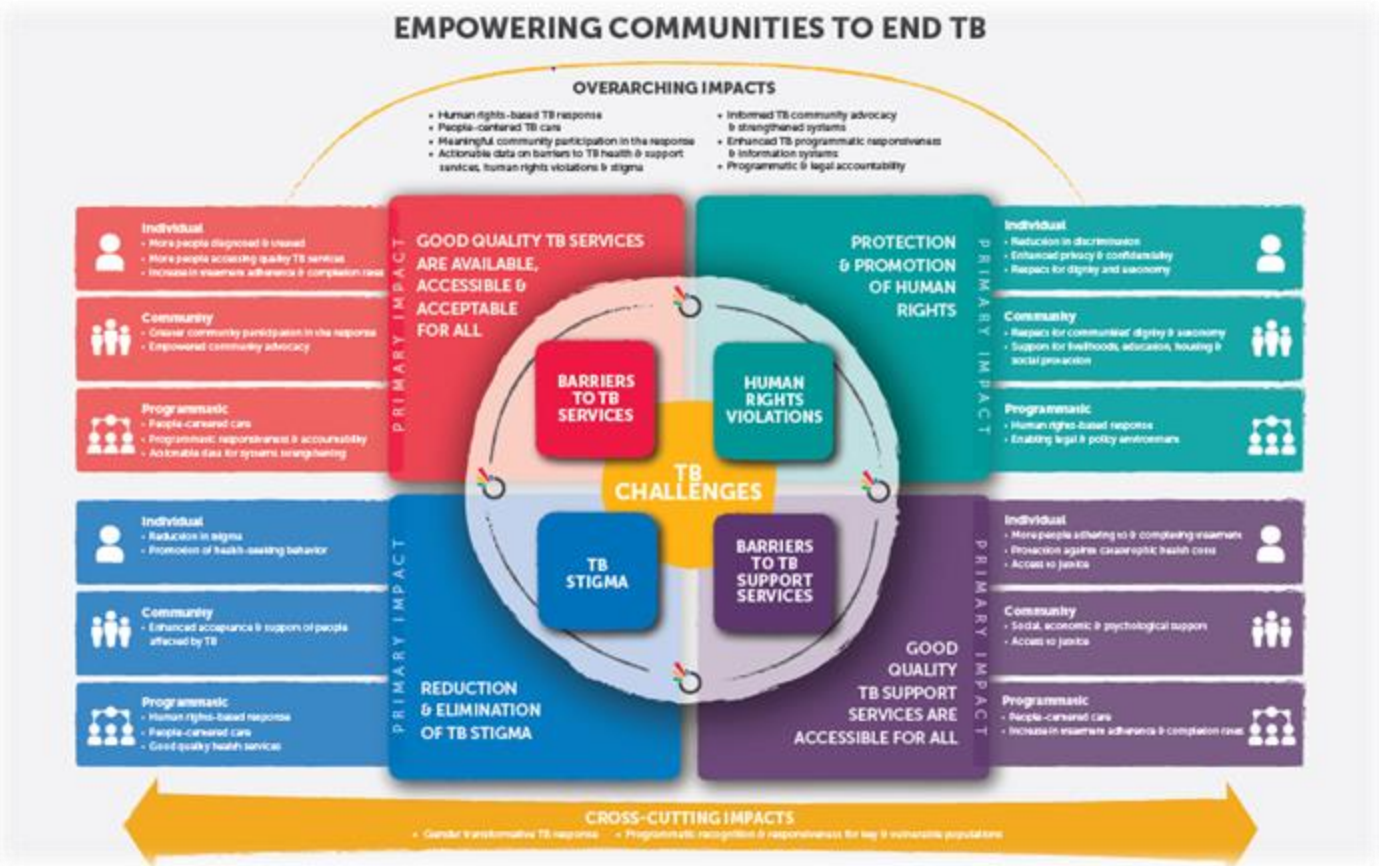
ONEIMPACT vision is a TB Free Community!

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 l Framework

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

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

TECHNOLOGY — 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.
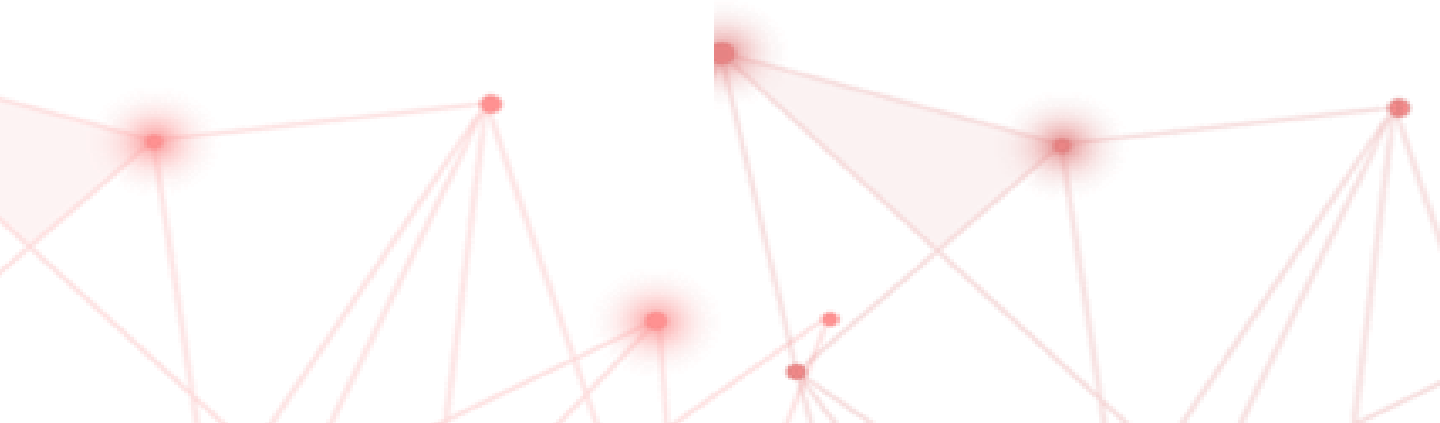
ONEIMPACT Technology

Tool for people affected by TB   Response Module   Accountability Dashboard
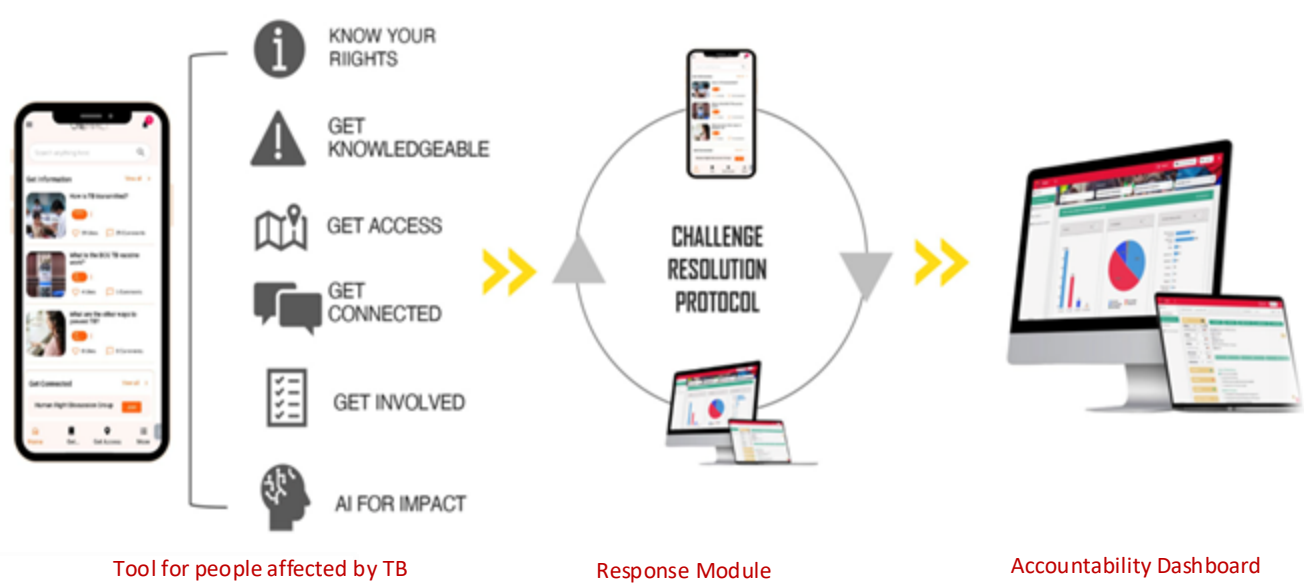
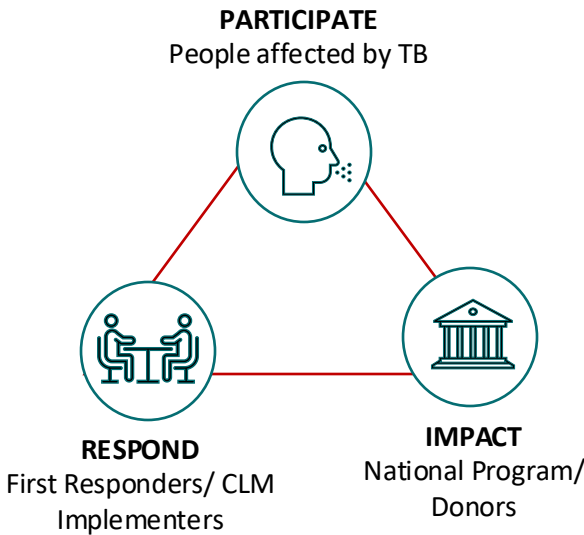Tool For **People Affected By Tb**, Available On Multiple Channels

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.

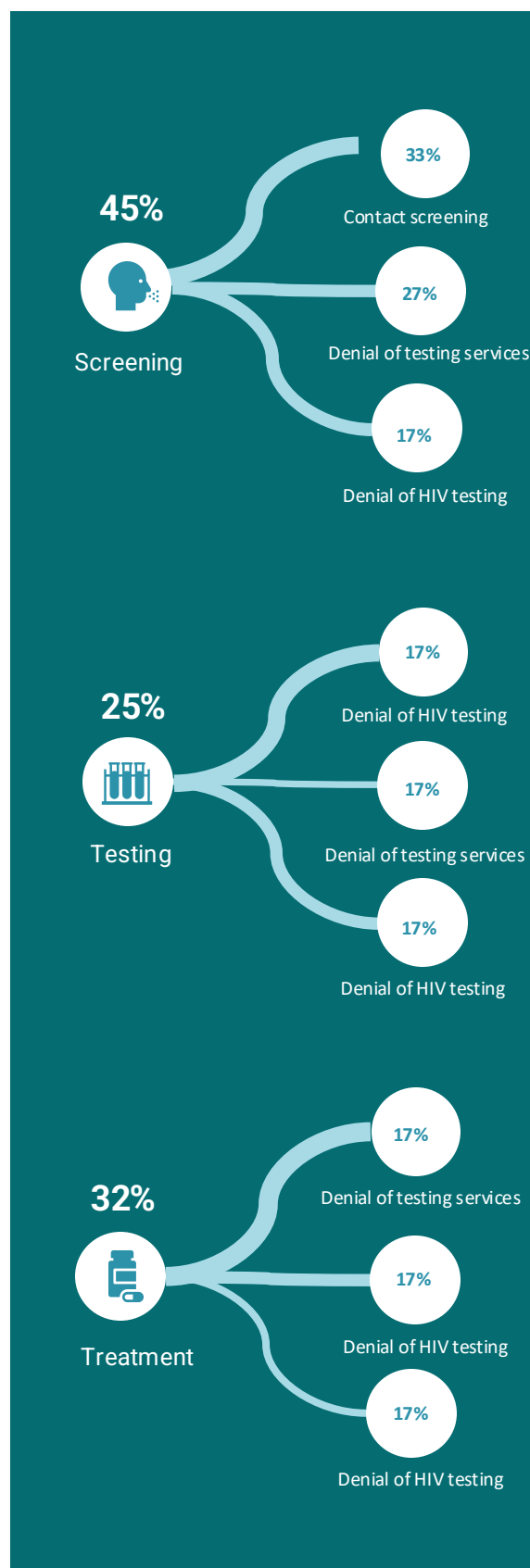Response Module Used By **First Responders**

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.

PARTICIPATE
People affected by TB

RESPOND
First Responders/ CLM Implementers

IMPACT
National Program/ Donors

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

Rationale for OneImpact Indicators

45% Screening
- 33% Contact screening
- 27% Denial of testing services
- 17% Denial of HIV testing

25% Testing
- 17% Denial of HIV testing
- 17% Denial of testing services
- 17% Denial of HIV testing

32% Treatment
- 17% Denial of testing services
- 17% Denial of HIV testing
- 17% Denial of HIV testing

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. PROCESS

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

Implementation

Scale up and Institutionalization

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
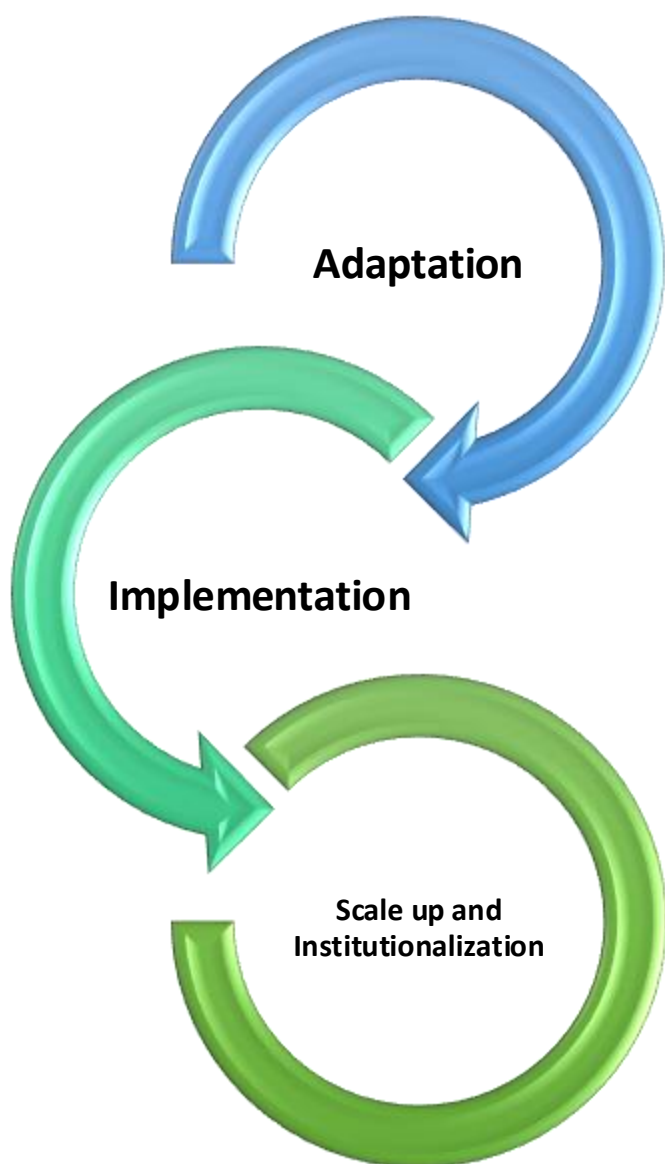
Global Uptake of ONEIMPACT

Geographic Presence

38 Countries

Total People Engaged

299,000+

Total Challenges Raised

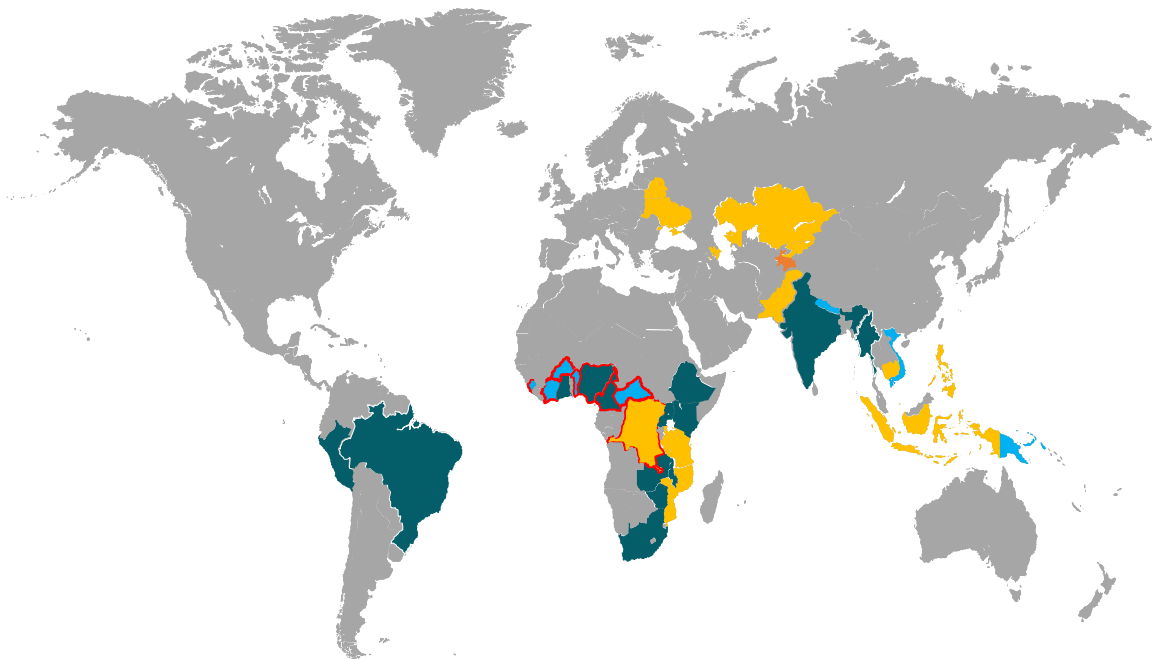**13,500+**

Gender Disaggregation

**51.4% Men 48% Women
0.6% Others**

KVP Disaggregation

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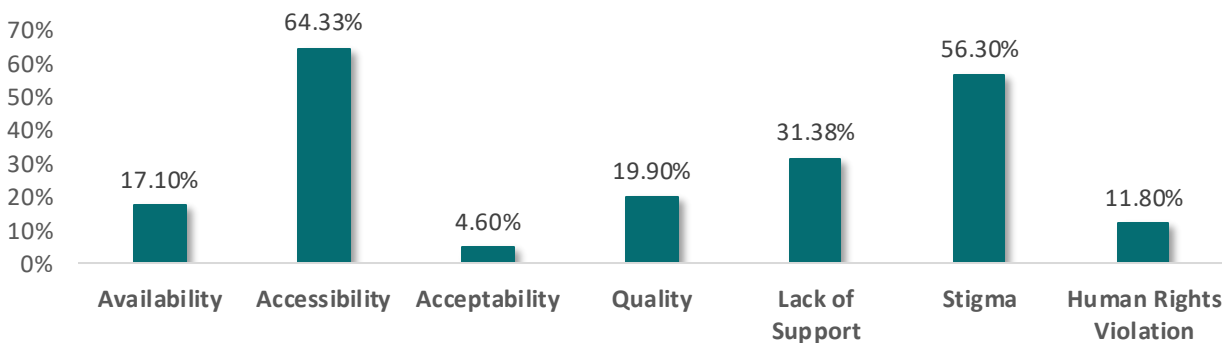22% Person with HIV 21% Miners**
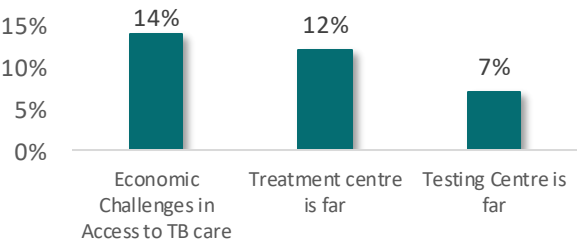
ONEIMPACT Countries

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) Stigma (32.98%) 2) Lack of support services (28.43%) 3) Inaccessible services (20.01%).


Bar chart values:
- Availability: 17.10%
- Accessibility: 64.33%
- Acceptability: 4.60%
- Quality: 19.90%
- Lack of Support: 31.38%
- Stigma: 56.30%
- Human Rights Violation: 11.80%

Accessibility

- Economic Challenges in Access to TB care: 14%
- Treatment centre is far: 12%
- Testing Centre is far: 7%

Lack of Support

- No Social Protection: 17%
- Treatment counselling not provided: 8%
- Lack of access to Mental Health services: 0.3%

Stigma

- Self-Stigma: 4.5%
- Stigma at Family Level: 1.2%
- Stigma at Community level: 0.8%

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.

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.
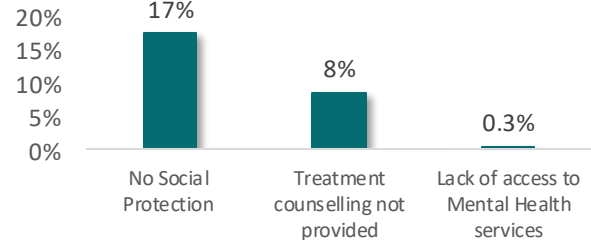
Lack of Support:No social protection (45%) is the most prominent support-related barrier. Lack of treatment counseling (42%) hinders patient adherence and care. Limited mental health support (0.3%) is the least reported but still noteworthy.
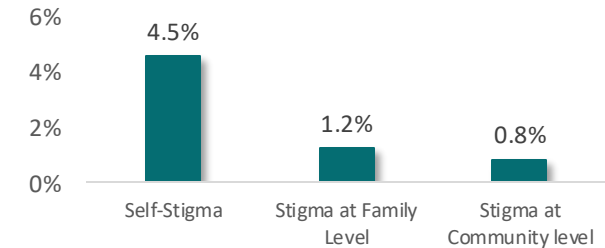
Stigma:Self-stigma (4.5%) is the highest concern in this category. Stigma at the family level (1.2%) affects patients' emotional well-being. Community-level stigma (0.8%) is present but comparatively lower.

ONEIMPACT Global CLM data and Analytics
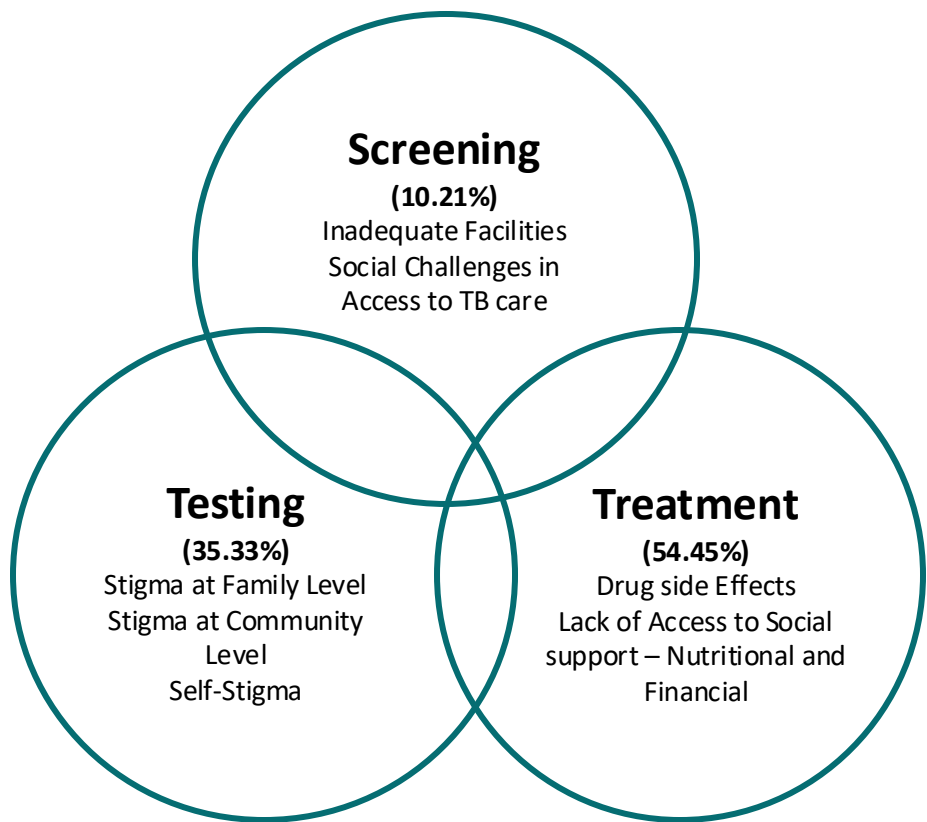
OneImpact Global CLM Data and Analytics

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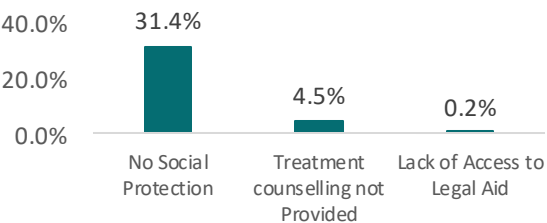
Distribution of Major challenges reported across categories defined by CLM framework (AAAQ + Social barriers)
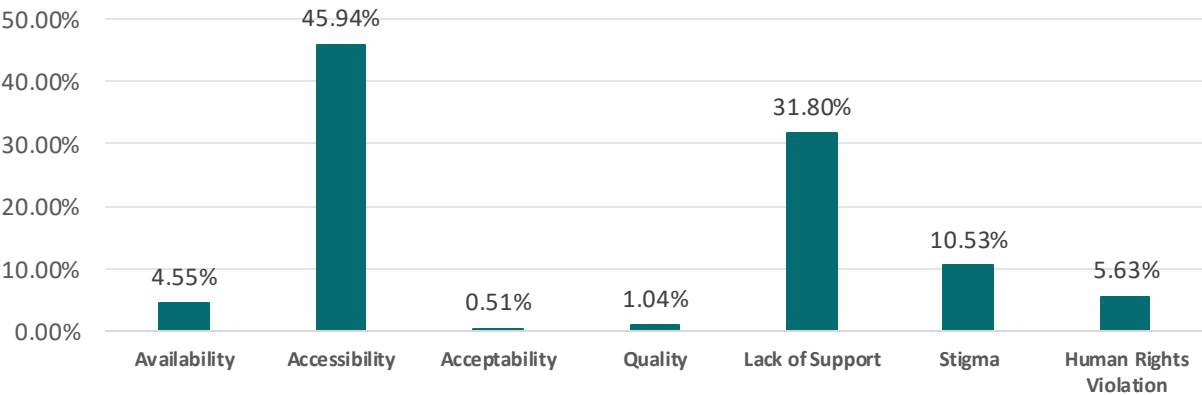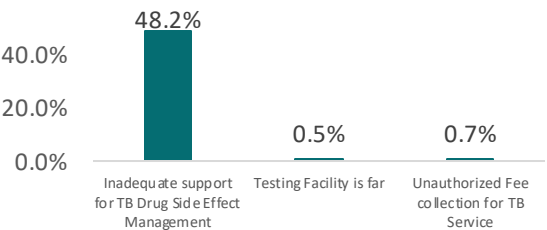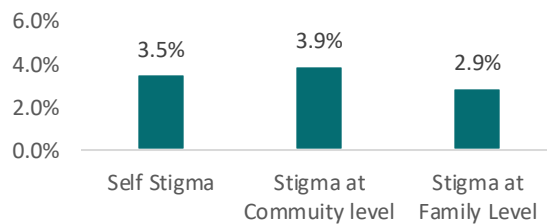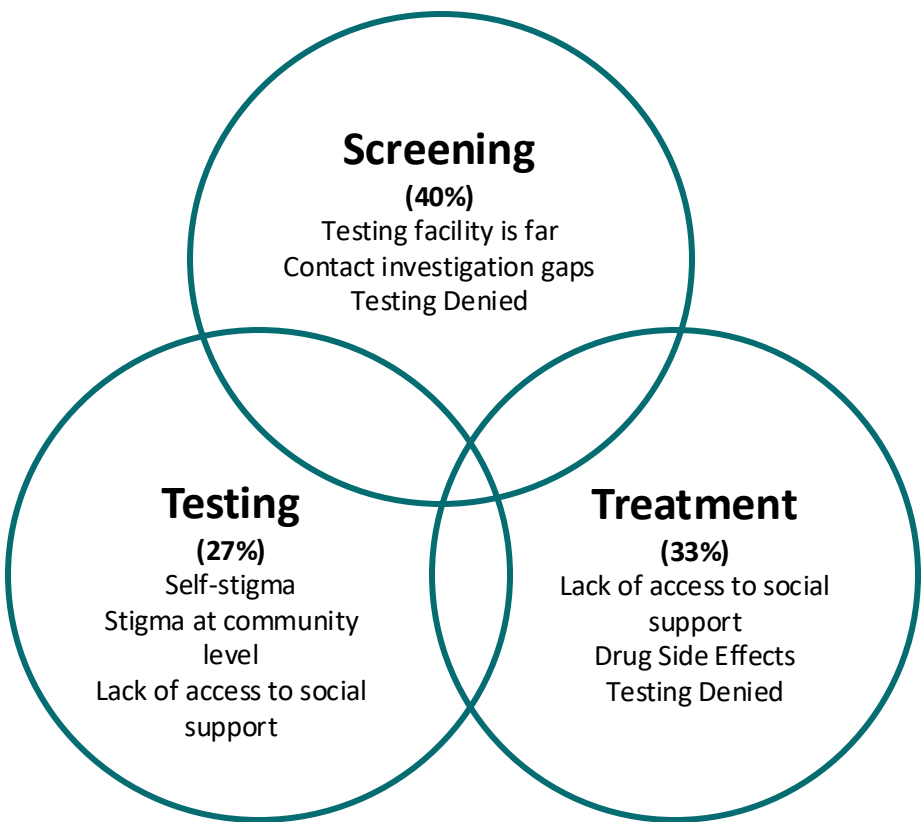

A further examination of the framework barriers revealed that the top reported stigma, support and access barriers related to: 1) Accessibility 2) Lack of Support and 3) Stigma.

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

Screening
(40%)
Testing facility is far
Contact investigation gaps
Testing Denied

Testing
(27%)
Self-stigma
Stigma at community
level
Lack of access to social
support

Treatment
(33%)
Lack of access to social
support
Drug Side Effects
Testing Denied

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 the country. 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 (implementor in DRC) CAD played a key role in monitoring and supporting this shift using OneImpact. Through real-time tracking, CAD ensured that patients 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)

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. To improve accessibility, instructional videos in local languages guided users in responding to the survey.

Field data collected via OneImpact has driven evidence-based decisions, with survey reports serving as key policymaking tools.

How is CAD using the OneImpact platform?

- **Regular Monitoring & Evaluation**: The drug stock-out survey will be conducted regularly to ensure ongoing assessment.

- **Early Warning System:** The platform will now track stock-outs as an early warning indicator for faster response to supply chain disruptions.

- **National Scale-Up**: Expanding the platform nationwide will provide a comprehensive view while reducing reliance on field visits.

- **Stronger Stakeholder Collaboration:** CAD will enhance coordination with NTP, community health workers, and supply chain partners for real-time data sharing and joint decision-making.

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 – Patients yet to start treatment and waiting period.

1867
Number of people Participated in the Survey

343
Number of people Reporting Drug Shortage
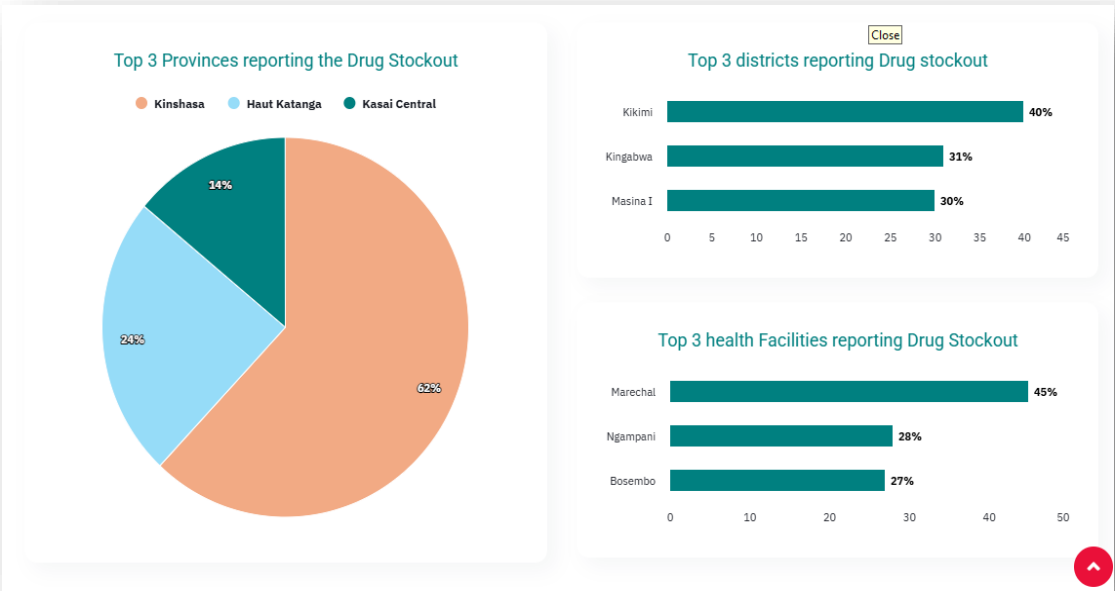
2. **Daily Assessment Survey** – Tracked real-time access to TB medications at health facilities to detect shortages and guide interventions. The stock-out survey provided an initial assessment, followed by daily monitoring to track NTP's response. OneImpact enabled real-time data visualization, with 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

OneImpact Cameroon

OneImpact CAMEROON

OneImpact Community-led Monitoring (CLM) : An innovative collaborative solution for community and health systems to find the missing children with TB in Cameroon

BACKGROUND

Cameroon is one of the 32 countries with the highest tuberculosis (TB) burden, having reported incidence rate of 157 cases per 100,000 people (WHO data, 2021). The review of the National Strategic Plan (NSP) 2024-2026 reveals that all TB control interventions should be carried out with a focus on screening for pediatric TB, raising the proportion to 10-12%, compared with the 6% still observed today. According to the Cameroon Community-Right and Gender Assessment (2020), children should be a priority target population in the fight to end TB, as is the meaningful and more systematic engagement of people affected by TB to overcome barriers to access in the response.

In 2021 in response to these two particular findings and the recommendations to introduce community-led monitoring as a key strategy for community engagement, Cameroon, with the support of Challenge Facility for Civil Society adapted the OneImpact solution. Leveraging the example and OneImpact CLM work conducted by ADPP Mozambique, to investigate possible gaps in household screening (children <15 years).

Cameroon administered the Childhood TB survey using OneImpact to identify gaps in contact investigation services. The survey has been carried out in the central region, covering 15 health facilities in 8 health districts with the active collaboration of health facilities to find those lost to follow-up and cases missing focused on tracing contact children of 0-5 and co-infected children aged 6-15 years escaping the system of systematic treatment.

ONEIMPACT CAMEROON AT A GLANCE

Lead CLM implementer: For Impacts in Social Health (FIS).

CLM Strategic Partner: National Tuberculosis Programme (NTP) and Ministry of Health (MOH)

Implementing partners: TB People Cameroon, OCAS (Catholic health action organization)

Operational since: 2021

Target Key and vulnerable populations targeted: Children

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

148
TOTAL PEOPLE AFFECTED BY TB ENGAGED IN SURVEY

15
PEOPLE TRAINED ONEIMPACT (FOR CHILHOOD SURVEY)

15 HEALTH FACILITIES & 8 DISTRICTS
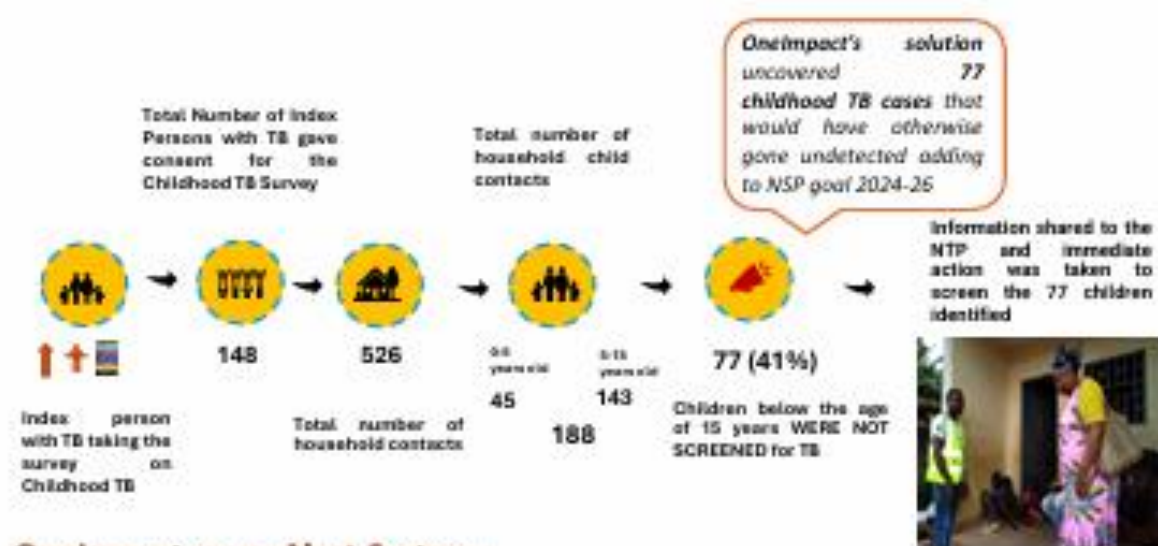COVERAGE IN CAMEROON MAINLAND

77 (41%)
MISSING TB CHILDREN FOUND

OneImpact Cameroon

SURVEY IMPLEMENTATION BY CHWs USING ONEIMPACT

From April to June 2024, 15 community health workers (CHWs) conducted a survey among 148 consenting people with TB during routine household visits, **across eight health districts in Yaoundé: Efoulan, Biyem-Assi, Djoungolo, Nkolbisson, Odza, Nkolndongo, Mvog-ada, and Cité Verte.**

ONEIMPACT CLM DATA ON THE TB CHILDHOOD SURVEY

Total Number of Index Persons with TB gave consent for the Childhood TB Survey

Total number of household child contacts

OneImpact's solution uncovered 77 childhood TB cases that would have otherwise gone undetected adding to NSP goal 2024-26

Information shared to the NTP and immediate action was taken to screen the 77 children identified

Index person with TB taking the survey on Childhood TB

148

526

Total number of household contacts

0-5 years old **45**

5-15 years old **143**

188

77 (41%)

Children below the age of 15 years WERE NOT SCREENED for TB

OneImpact as an Alert System

The OneImpact TB childhood survey successfully identified 526 household contacts, among the 148 consenting adults with TB, leading to the identification of 77 children who had not been screened for TB across eight health districts in Yaoundé: Efoulan, Biyem-Assi, Djoungolo, Nkolbisson, Odza, Nkolndongo, Mvog-ada, and Cité Verte. This information was immediately shared with the respective health districts, which resulted in immediate action been taken: the 77 children were screened and referred for appropriate treatment and care, as needed.

Furthermore, FIS used this data to inform their communication and advocacy work; they mobilized their community network to raise **awareness about Childhood TB in the respective districts, based on the evidence generated.**

The findings and data from this pilot were also **shared with the National Tuberculosis Program (NTP) and presented to the Ministry of Health (DLMEP).** Additionally, the results were **showcased at the UNION workshop in Benin as part of the CETA program in 2024.**

Conclusion

OneImpact Cameroon is an effective solution for rapid, evidence-based community and health responses, **providing unique and real time insights** into service gaps and opportunities for effective collaborative health and community responses to find the **missing children affected by TB in Cameroon.**

INNOVATIONS AND WAY FORWARD
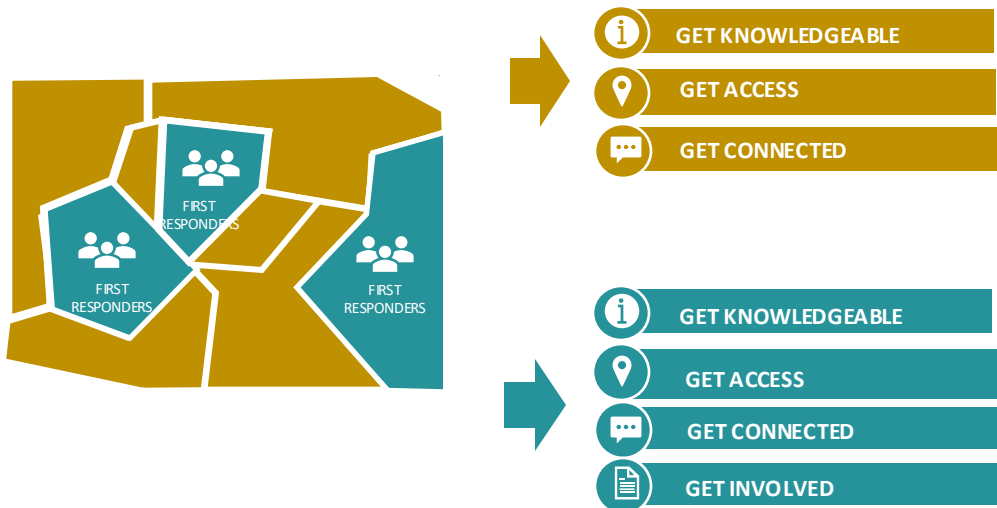
ENHANCE REACH
THROUGH CONVERSATIONAL AI ON WHATSAPP

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.
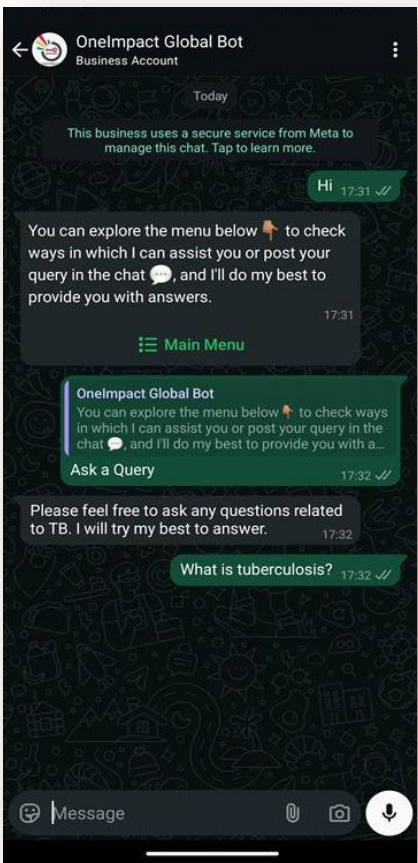
NATIONAL SUPPORT THROUGH HYBRID MODEL

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.

GET KNOWLEDGEABLE

GET ACCESS

GET CONNECTED

GET KNOWLEDGEABLE

GET ACCESS

GET CONNECTED

GET INVOLVED

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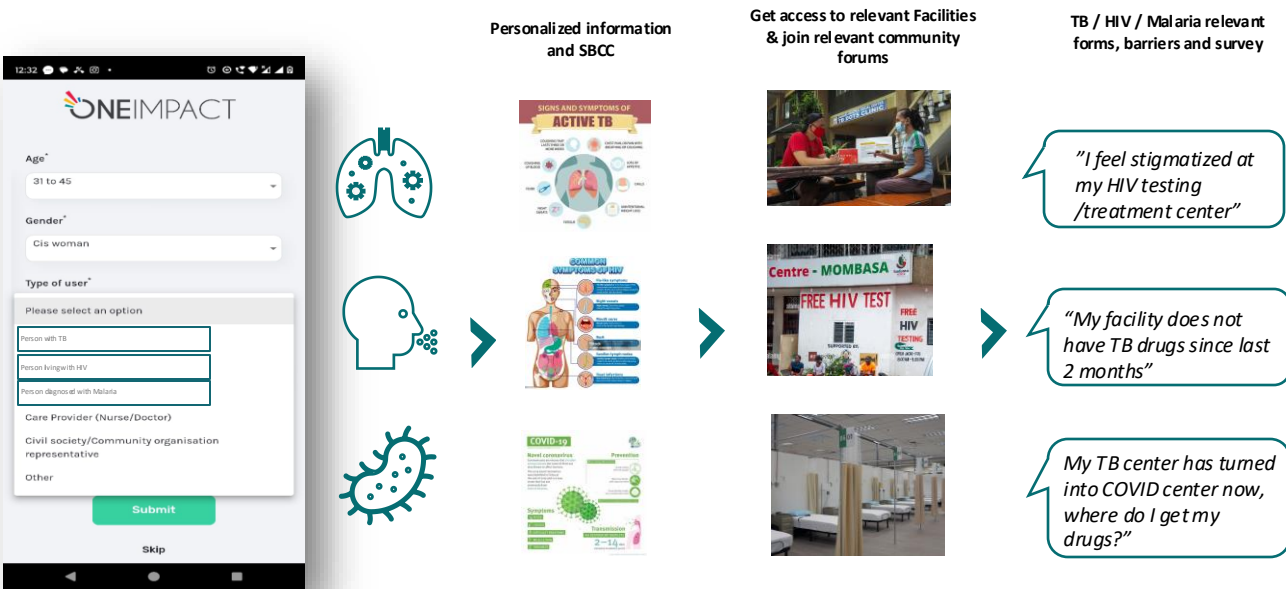. While the data is collected on seperate form through a personalized interface, the CLM data can be aggregated on a single CLM dashboard.
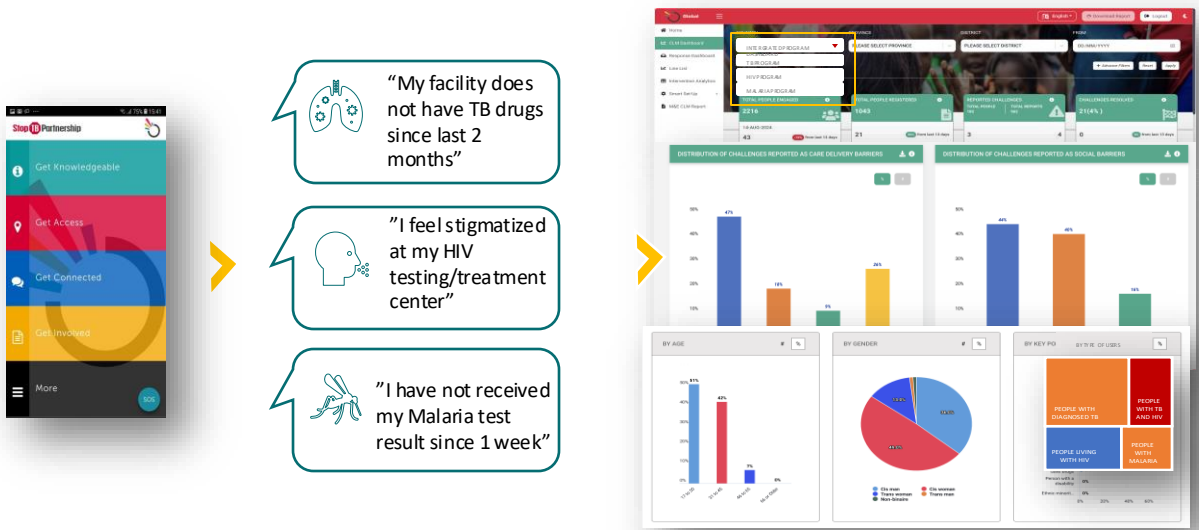
Global And Program Specific Filters For Data Analysis

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

Personalized information and SBCC

Get access to relevant Facilities & join relevant community forums

TB / HIV / Malaria relevant forms, barriers and survey

"I feel stigmatized at my HIV testing /treatment center"

"My facility does not have TB drugs since last 2 months"

My TB center has turned into COVID center now, where do I get my drugs?"

ONEIMPACT Vision

ONEIMPACT JOURNEY
SUPPORTED THROUGH STOP TB PARTNERSHIP CHALLENGE FACILITY FOR CIVIL SOCIETY (CFCS)

50

45

35

25

15

10

05

0

COUNTRIES

50+countries,
1M TB people

38 countries,
300K TB people

25+ countries,
100K TB people

14+ countries,
25K TB people

1 country,
2K TB people

CFCS Round 09

CFCS Round 10

CFCS Round 11

CFCS Round 12 (CURRENT ROUND)

CFCS Round 13

LEARNINGS and ways forward:

- ONEIMPACT THIS IS LARGEST CLM PLATFORM IN TB
- ONEIMPACT is ONLY CLM PLATFORM REACHING AFFECTED TB COMMUNITIES DIRECTLY
- ONEIMPACT is PAVING THE WAY FOR CLM INTEGRATION