Keeping TB on the agenda, a role for all

UGANDA STOP TB PARTNERSHIP (USTP)

Program Report Form Summary

Organization Name:	**Uganda Stop TB Partnership**			
ANNUAL REPORT 2018				
REPORTING PERIOD:	**January-December 2018**			
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Note:	***This report provides summaries of what transpired within the year.***			

LIST OF ACRONYMS

CB-DOT	Community Based Directly Observed Therapy
CSOs	Civil Society Organisations
CT	Contact Tracing
DHO	District Health Officer
DHT	District Health Team
DLFP	District Laboratory Focal Person
DTLS	District TB & Leprosy Supervisor
GMU	Grants Management Unit
HIV	Human Immunodeficiency Virus
HL	High Level Meeting HW Health Worker
IEC	Information Education and Communication
IPs	Implementing Partners
IPT	Isoniazid Preventive Therapy
JMS	Joint Medical Stores
M & E	Monitoring and Evaluation
MOH	Ministry of Health
NCC	National Coordination Committee
NMS	National Medical Stores
NTLP	National TB and Leprosy Program
NTRL	National TB Reference Laboratory
OCA	Organisational Capacity Assessment
PM	Program Manager
RRH	Regional Referral Hospital
PPM	Public Private Mix
SDA	Safari Day Allowance
TASO	The AIDS Support Organisation
TB	Tuberculosis
USAID	United States Agency for International Development
CPD/CME	Continuous Professional Development or Medical Education

EXECUTIVE SUMMARY

This report covers the calendar year January 1st to December 31st , 2018 which also marks the first year of implementation of the Uganda Stop TB Partnership grant under TASO Grants Management Unit. USTP aims to achieve and sustain the NTLP case finding and cure rate targets and to provide accurate information about TB and the fight against TB.

USTP is a platform for coordination of agencies and stakeholders to contribute to the fight against TB. The organization exist to maintain relationship and subscribe to objectives of the Global Stop TB Partnership and it help promote advocacy, communication and social mobilization for TB Control

USTP program team were engaged in a number of activities in 2018 including setting atmosphere that was critical for USTP to kick start activity implementation under the new funding mechanism from TASO Global Fund Grant Management Unit.

The program team started the year by welcoming the TASO GMU team that came in the first quarter of the year for the Organization Capacity Assessment and this was successfully completed with the key findings that needed response shared for the management response and action.

The organization then supported the world TB day event for 2018 which took place in Arua in March 24, 2018. The subsequent activities that followed World TB day were district entry meetings that involved visiting 14 different districts across the country that are they main TB treatment centres in the country. These included Masaka, Mbarara, Kabale, Kabarole, Hoima, Arua, Gulu, Lira, Soroti, Napak, Mbale, Iganga and Jinja. In this meetings, 95% of the target participants attended.

Following the above meeting, USTP conducted 5 trainings of community health workers on TB contact tracing. These were in the districts Masaka, Mbarara, Gulu, Lira and Jinja. For each of these trainings that targeted 40 trainees, 97% of the participants were trained.

USTP supported districts to conduct TB contact tracing. A total of 1703 TB index patients were followed in the year of which 22% were MDR TB patients and 78% were drug susceptible TB. From the 378 MDR Patients followed for TB contact tracing in the community, 2190 contacts were screened and 1.5 % were diagnosed with TB. For DS-TB, 1325 patients were followed with 5878 contacts screened and 2.9% were diagnosed with TB.

There was also implementation of PPM that included mapping of private health service providers, training of the health service providers on TB management and providing them on-site mentorship

so that they are able to screened, diagnosed, treat and follow up TB patients. In total, 5 trainings were conducted in Mbarara, Masaka, Jinja, Gulu and Mbale.

USTP was involved in a number of advocacy activities including participating in the UN High level meeting for TB in New York-United State in September 2018. There were two Parliamentary TB Caucus Knowledge Update meetings, two TB Constituency engagement meetings and two joint visits by National TB Coordination Committee (NCC) and Parliamentarians for Social Accountability in 2018.

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INTRODUCTION

The report highlights the activities which were implemented by USTP from January to December, 2018, the accomplishments, challenges and the recommendations. The report also provides an overview of the planned activities for the following year -January to December, 2019.

TB CONTACT TRACING

District Entry meetings

The district entry meetings were activities that directly brought USTP team together with the districts and the implementing partners in different parts of the country.

These meetings were held as shown in the table below. In total, 14 districts were visited from April 3rd, 2018 through to 12th April, 2018. The coordinators of the meetings were Dr. Paddy Busulwa and Moses Odongo who went to different routes as indicated in the table below. The cadres of persons met included DHT, District political leaders (RDC, CAO, LC5 Chairpersons, and Secretary for Health), Directors of RRH, Sub county TB Focal persons, representatives of regional IPs among others.

Table showing how District entry meeting were scheduled and held.

S/N	Visit date	Destination	People met	Target		People met	Target
		Team 1			**Team 2**		
01	3rd/04/2018	Jinja	9	20	-		
02	4th/04/2018	Mbale	19	20	Masaka	9	20
03	5th/04/2018	Soroti	18	20	Kabale	20	20
04	6th/04/2018	Iganga	29	20	Mbarara	23	20
05	9th/04/2018	-	-	20	Mubende	18	20
06	10th/04/2018	Napak	9	20	Hoima	20	20
07	11th/04/2018	Gulu	20	20	Kabarole	13	20
08	12th/04/2018	Lira	21	20	Arua	38	20

- **The objectives for the districts entry meetings were as listed below:**
- Laying ground for supporting TB services in the districts by Uganda Stop TB Partnership.
- Identifying the missing linkages in the TB contact tracing and getting possible remedies from the stakeholders
- To find avenues for formalizing and scaling up public private mix for TB care and prevention in the Districts visited.

Key issues noted during the entry meetings

- There were a number of issues that arose from the meeting and some are for the attentions of USTP, NTLP, District and regional implementing partners.

Table showing some of the issues and action points from District entry meetings

Key Issues	Action point	Responsible persons
The concern of who would supervise the TB contact tracing activity. Is it the entire DHT or some members of the team?	This was clarified that since TB falls under the docket of DTLS, he should be responsible for this activity together with the DLFP under the guidance of the DHO	
Previous program used to support tracing only MDR TB contacts. Would it be the same with USTP?	USTP would support tracing of both susceptible TB and MDR TB patients' contacts	
The stock out of A-95 mask, buffer reagents such as sulphuric acid as well as INH for IPT	USTP would procure some of these supplies. But there is need to work with the regional IP to ensure some of these supplies are procured. Items were then procured and some have already been supplied.	
The criteria for generating list of health workers to be trained on TB contact tracing was not clear The category of community health workers to engage in contact tracing varied among various districts	It was agreed upon by the teams (from USTP, DHTs and referral hospital) that the facility identifies the health worker who spearheads TB activities and also community resource persons who qualify to work as community health workers to support in the TB contact tracing	DTLS
There was an issues that TB contact tracing would increase workload on the lab team. How would they be motivated to do more?	The issue needed further discussion. But for contact tracing, transport refund and SDA were the only funds to be given to Health workers moving out to the field. The lab team once in a while could also go and do contact tracing in the field.	Facility in-charge
The irregularity in sending global fund money that had been seen in the past if repeated, it was feared, could delay the activity.	Irregularities would be mitigated since the approaches employed are now quicker. The districts were also asked to respond quickly to minimise any delays.	USTP/DHO
It was noted that congregate settings like schools should be visited and carry out intensified TB case finding even before patients are identified in these	As long these settings have patients, they would be visited. AS for visiting to look for 'index' patients, this would be a different arrangement under mass screening. The districts were advised to approach other IPs	DHO& USTP

settings. In the case of schools most are overcrowded, and the nurses are not trained on TB management	to support this. USTP also promised to support by doing resource mobilization where possible	
There was an issue of following patients who seek treatment in the RRH, and yet they come from the neighbouring districts. Following up such patients sometimes poses challenges	As was already the practice, some of these patients would be handed to the DTLS of the respective districts to carry out contact tracing with guidance from the TB unit of the RRH. As for DR TB patients who have to continue seeking care from the RRH, this arrangement would continue but the contact tracing would still be carried out by the respective district where the patient stays.	RRH/DTLS
Occurrence of TB cases being high among health workers. The 2017 data from DHIS-2 reported more than 100 health workers diagnosed with TB	There is need to support infection prevention by emphasizing and supporting implementation of TB infection control measures at all stages of care and prevention	MOH/DHO/DTLS /USTP
There has been challenges of keeping records on TB contact tracing	The teams agreed that registers for CT be printed and distributed so that these act as primary data source for TB contact tracing. The registers were later procured by USTP and distributed accordingly	USTP
It was also noted that so many lab personnel and other HWs have knowledge gap in TB management. Some HWs end up develop negative attitude in handling TB patients.	There was a request for refresher training of these lab cadres on TB diagnostics. The IPs and NTLP would be contacted	DHO and USTP respectively
The DHOs emphasized the need for interventions towards TB prevention in the HFs and in the communities	This should be through massive sensitization, team planning/work and intensive feedback, reviews and information sharing	All stakeholders in TB management (DHT, IPs)
So many private facilities are not in the District inventory list. Most are not registered.	Support registration of all private facilities and update inventory list	DHO
The District political leaders said the communities in the districts have inadequate knowledge on TB. This is because of limited sensitization through IEC	The districts to include ACSM activities targeting the wider communities in subsequent planning. There is funding for this according to NTLP	DHO

materials, radio talk shows and drama presentations.		
The DTLS lack transport means to support TB activities. They need a specific motor cycle for the TB activities.	The districts are to avail means of transport to support supervision of the planned contact tracing. The approach would be through integration with other sectors	DHO
Inadequate supply for anti-TB drugs and also INH preventive therapy. This was attributed to a number of reasons at various levels including consumer (district) and supplier (NMS/JMS)	Find the root cause and address accordingly. Share findings with NTLP	DHO, USTP respectively
Some districts like Mubende have basically no factional DOT services and yet they have many cases of TB in the outskirts/community. About 18 persons support DOT in Mubende district	Find out the root cause and address accordingly	DHO

Lessons Learned/New or Emerging Opportunities

From the many issues above, many lesson were learnt:

- Involvement of the District political leadership and other IPs in the TB fight could be a very good platform in reaching greater part of the community and spreading messages about TB, its prevention etc. and the role of the society in TB care and control
- All the different districts visited appreciate the role of USTP in managing TB through facilitating CT and capacity building. They all said the project was very welcome and USTP should know that the (TB) area it supports has many other issues in addition to CT.
- The other lesson was that no IP can work in isolation in supporting TB care and control. There is need for effective collaboration and clear understanding and appreciation of one another's role in the fight against TB.
- The demand for more funding for TB is very real. The current funding under USTP does not cover TB lab TB infrastructures, lab items, reagents, TB preventive gears like N-95 mask, the printing of IEC materials for TB among others. Yet funding gaps still exist. Furthermore, legislators under the Parliamentary TB Caucus need funding to reach all the communities on TB related cases.

Arua DHT and political heads attending District entry meeting on 12th April 2018 in DHO offices

Training community Health workers on TB contact tracing

The training of health workers on TB contact tracing started on May 9th, 2018 with Mbarara and Lira and ended on May 24th, 2018 with Gulu.

The training was aimed at: explaining the purpose of a TB contact tracing & investigation, describing the core concepts and skills that are required to conduct a TB contact tracing & investigation, identifying people with TB disease and initiate treatment early, provide individual/ family education and counselling to people at risk of infection on infection control, describing the systematic approach to conducting a TB contact tracing & investigation , how to follow up contacts of TB patients and how to ensure proper recording, reporting and filing the TB contact information. From the training feedback, these training objectives were met as the participants provided positive feedback at the end of the three day trainings in different venues

Table showing details of training conducted on TB contact tracing in five Districts

Training dates	**District**	**Number trained**	**Target**	**Venue-**
8th-10th May 2018	Lira	36	40	Palms Paradise Resort
9th-11th May 2018	Mbarara	36	40	Classic Hotel Mbarara
15th-17th May 2018	Masaka	43	40	Garden Courts Hotel
15th-17th May 2018	Jinja	42	40	Bax Conference and Recreation Centre
22nd -24th May 2018	Gulu	38	40	Lamaco White House Hotel
Total trained		**195 (97.5%)**	**200**	

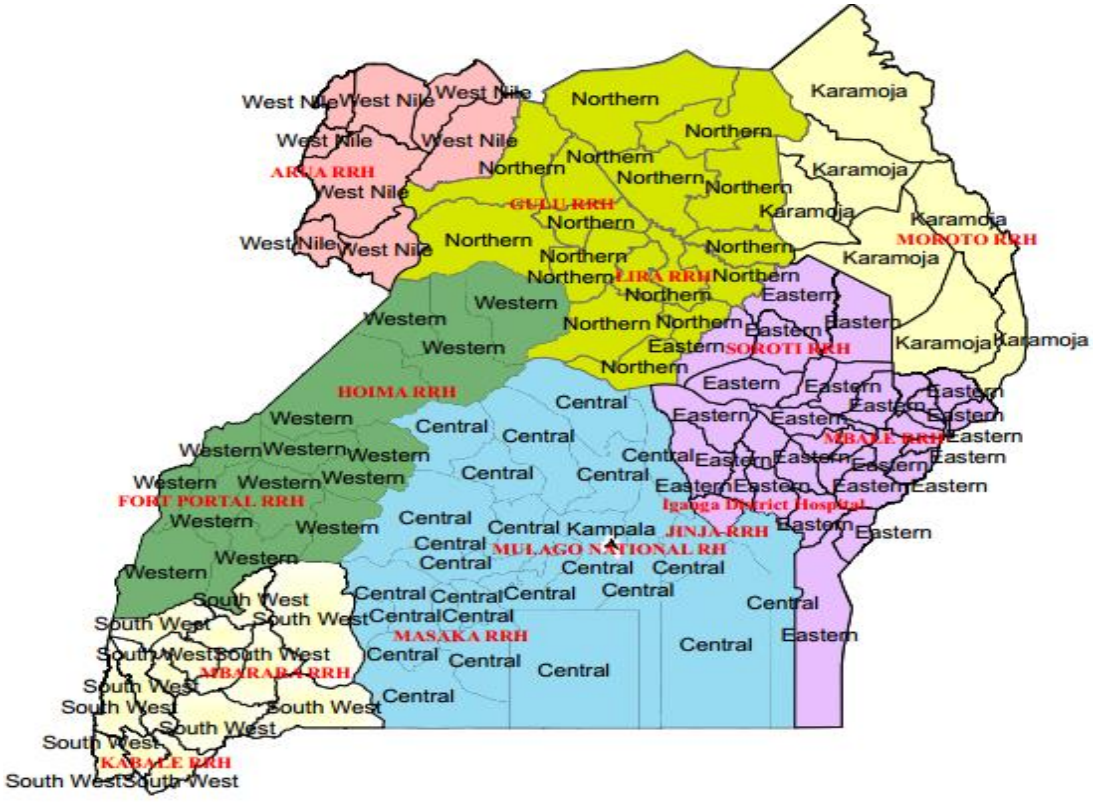
During the trainings, the DHO and DTLS were very much involved and encouraged their respective health workers to ensure this activity of expanding TB care to the community through contact tracing and investigation is a success.

DHO Mbarara giving a present to a participant who improved greatly in post-test May 11th 2018

CONTACT TRACING AND SCREENING FOR CONTACTS OF DIAGNOSED PBC AND MDR TB PATIENT

During the year, USTP facilitated contact tracing and screening in the Districts of Jinja, Mbale, Lira, Gulu, Arua, Hoima, Kabarole, Iganga, Masaka, Mubende, Napak, Soroti and Kabale

Map of Uganda showing Key Districts (with RRH in RED) of focus for TB Contact Tracing



RESULT TABLE: USTP YEAR 1 PERFORMANCE AGAINST TARGETS

		Annual results					
Indicator/Technical Area	**Annual Target**	**Jan-Mar**	**Apr-Jun**	**Jul-Sept**	**Oct-Dec**	**Annual Achievement**	**Percentage annual Achievement**
TB CONTACT TRACING (Drugs susceptible and MDR TB)							
District Entry meetings	14	0	14	0	0	14	100%
The participants for District entry meeting	280	0	280	0	0	266	95%
Training community Health workers on TB contact tracing	5	2	3	0	0	5	100%
Number of DS TB Index patients visited for Contact Tracing	1200	0	76	941	209	1226	102%
Number of MDR TB Index patients visited for Contact Tracing	800	0	12	107	245	364	46%
Total number of Contacts of DS- TB patients screened for TB	6000	0	334	3990	2007	6331	106%
Total number of Contacts of MDR TB Patients screened for TB	4000	0	102	1227	906	2235	56%
Number of contacts of DS TB patients diagnosed with TB	600	0	12	86	73	171	29%
Number of contacts of MDR TB patients diagnosed with TB	400	0	0	18	15	33	8%
PPM for private Facilities (Health Facilities, Pharmacies, Laboratories and CSOs)							
Mapping and Assessment of Facilities for PPM support	2	0	2	0	0	2	100%
PPM training of the Private health service providers	5	0	0	3	2	5	100%
Follow up mentorship for the PPM sites	5	0	0	0	3	3	60%

Advocacy, Resource mobilisation and Networking							
The Parliamentary TB Caucus Knowledge Update/Advocacy	2	0	1	0	1	2	100%
Engagement of the TB Constituency	2	0	1	0	1	2	100%
The joint visit by National TB Coordination Committee (NCC) and Parliamentarians for Social Accountability	2	0	1	0	1	2	100%
Preparing, involvement in the implementation of World TB Day events	1	1	0	0	0	1	100%
Hold Quarterly USTP Board meeting							
Data Management, Monitoring and Evaluation							
Support Supervision & Monitoring visits by USTP program team	4	1	1	1	1	3	75%
Lead in the compilation of quarterly program reports	4	1	1	1	1	4	100%
Conduct quarterly performance review of the program activities implemented by USTP	2	0	1	0	1	0	0

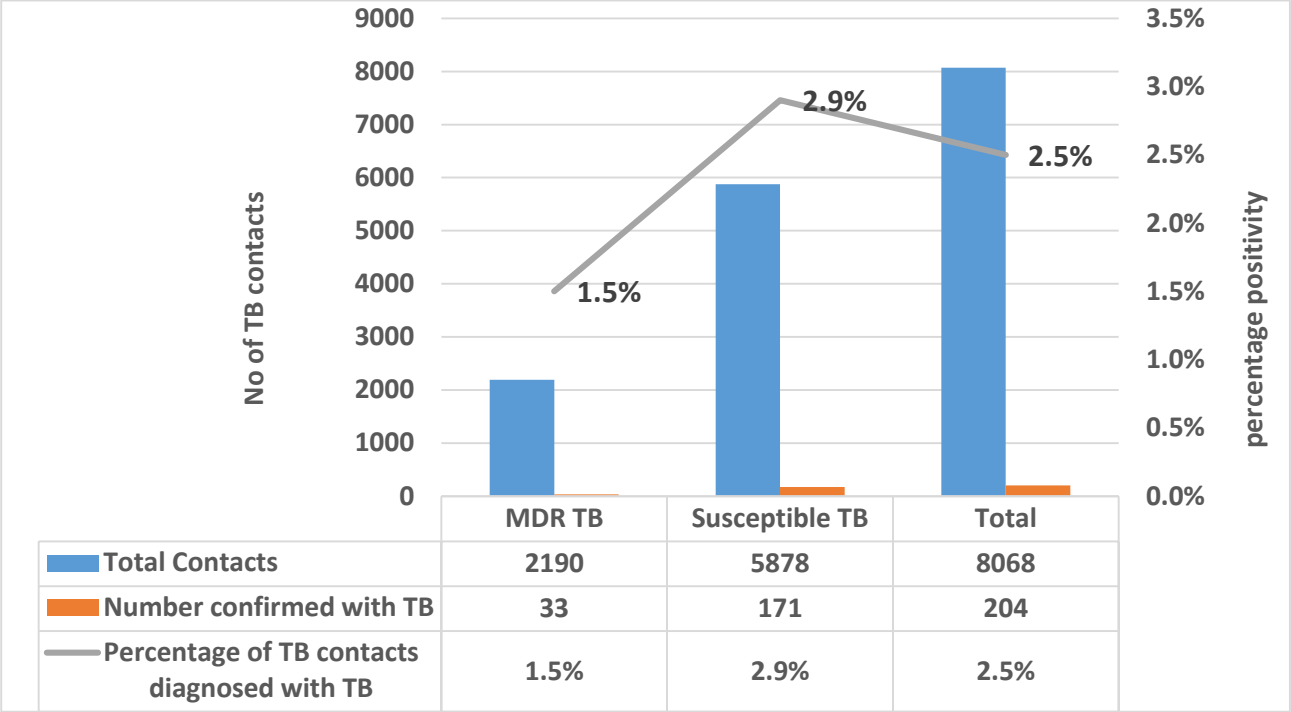
PBC Vs MDT TB Patients for Contact Tracing: Coverage

District	MDR TB	Susceptible TB	Total
Jinja	13	47	60
Mbale	78	124	202
Lira	82	126	208
Gulu	0	121	121
Arua	69	239	308
Hoima	0	203	203
Masaka	25	122	147
Kabale	5	66	71
Soroti	9	78	87
Napak	0	76	76
Mubende	0	47	47
Kabarole	20	0	20
Mbarara	29	76	105
Iganga	48	0	48
Grand Total	**378**	**1325**	**1703**
Target	**800**	**1200**	**2000**
%age	**47%**	**110.4%**	**85%**

TB Contact Tracing: Patients visited, Results and Targets

District	MDR TB	Susceptible TB	Total
Patients Visited	**378**	**1325**	**1703**
Total Contacts	**2190**	**5878**	**8068**
Number confirmed with TB	**33**	**171**	**204**
Target	**800**	**1200**	**2000**
Percentage of target achieved	**47%**	**110.4%**	**85%**
Percentage of TB contacts diagnosed with TB	**1.5%**	**2.9%**	**2.5%**

The Graph showing results for TB Contacts traced vs numbers confirmed with TB



The contact Tracing Results for the 14 Districts (both DS & MDR TB)

Variable	Q2	Q3	Q4	Annual Sum
Number of index patients registered in the quarter	88	**1048**	**432**	1568
Total number of contacts	436	**5217**	**3018**	8671
No. of contacts reached by the health workers	427	**5089**	**3010**	8526
No. of contacts screened	402	**4753**	**2913**	8068
Number with presumptive TB	139	**1085**	**628**	1852
Number of presumptive cases linked to facility	128	**1231**	**237**	1596
Number of presumptive cases received at facilities	125	**964**	**237**	1326
Number tested with microscopy	21	**454**	**1**	476
Number tested with X-pert	124	**619**	**331**	1074
Number sent for X-ray	5	**38**	**20**	63

Number of with X-ray suggestive of TB	3	**7**	**14**	24
Number confirmed with TB	13	**103**	**88**	204
Started on treatment	13	**100**	**88**	201
Number of contacts HIV positive	63	**202**	**98**	363
Number of contacts HIV negative	355	**2823**	**675**	3853
Number of contacts HIV unknown	18	**1067**	**823**	1908
No. of HIV positive in care	66	**200**	**102**	368
Number eligible for IPT	51	**326**	**122**	499
Number started on IPT	30	**93**	**39**	162
Number referred for care (referred for other care)	5	**117**	**14**	136

Table showing contact tracing yield per district

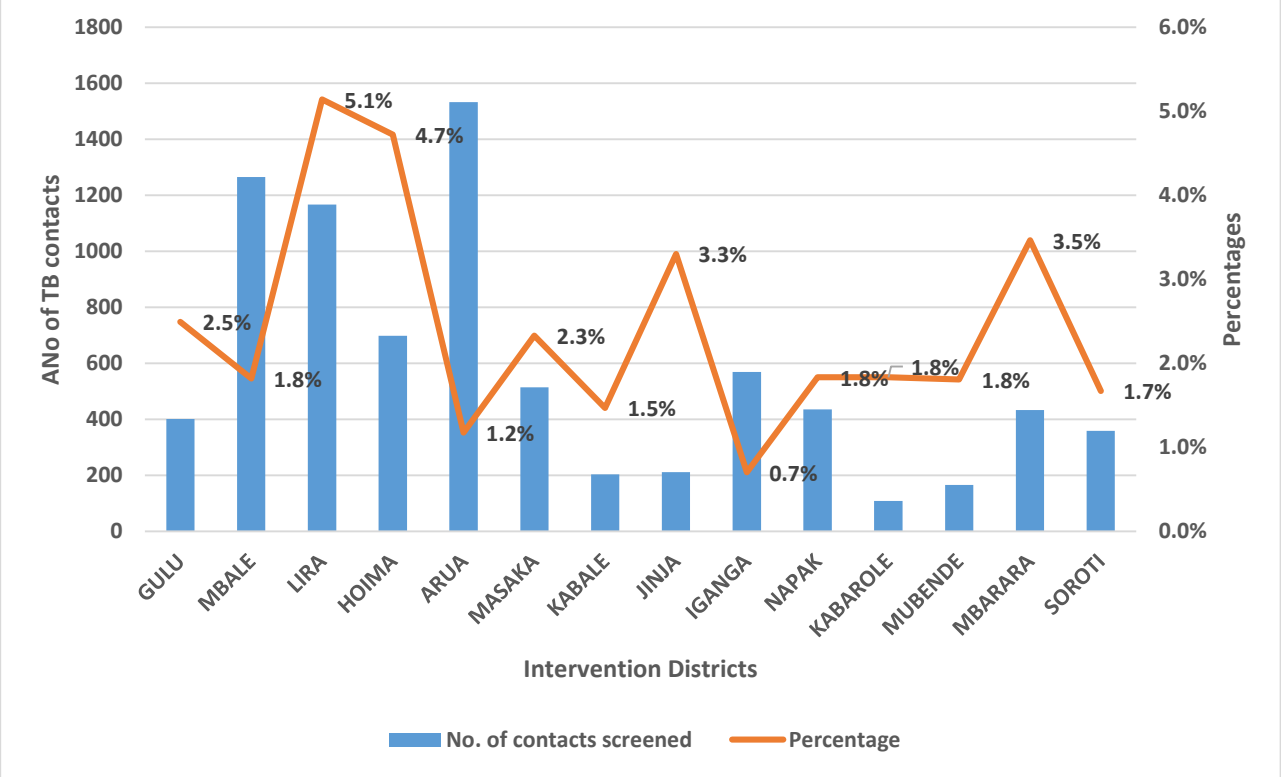
Variable	Number of index patients registered in the quarter	No. of contacts screened	Number with presumptive TB	Number confirmed with TB	Started on treatment	Number started on IPT
GULU	107	401	79	10	9	11
MBALE	198	1265	256	23	23	2
LIRA	206	1167	295	60	60	17
HOIMA	207	699	125	33	32	13
ARUA	213	1533	489	18	18	5
MASAKA	148	515	86	12	12	38
KABALE	61	204	50	3	3	8
JINJA	62	212	82	7	6	0
IGANGA	48	569	30	4	4	0
NAPAK	76	436	123	8	8	27
KABAROLE	20	109	9	2	2	0
MUBENDE	47	166	23	3	3	0
MBARARA	105	433	170	15	15	30
SOROTI	70	359	35	6	6	11
TOTAL	1568	8068	1852	204	201	162

Tabular presentation of contact tracing yields by Districts

CT Results with Gulu Data inclusive

Variable	Total number of contacts	No. of contacts screened	Percentage of contacts positive	Number confirmed with TB	Started on treatment
GULU	460	401	2.5%	10	9
MBALE	1295	1265	1.8%	23	23
LIRA	1261	1167	5.1%	60	60
HOIMA	784	699	4.7%	33	32
ARUA	1682	1533	1.2%	18	18
MASAKA	536	515	2.3%	12	12
KABALE	220	204	1.5%	3	3
JINJA	243	212	3.3%	7	6
IGANGA	569	569	0.7%	4	4
NAPAK	440	436	1.8%	8	8
KABAROLE	109	109	1.8%	2	2
MUBENDE	166	166	1.8%	3	3
MBARARA	547	433	3.5%	15	15
SOROTI	359	359	1.7%	6	6
TOTAL	8671	8068	2.5%	204	201

Graphical presentation of contact tracing yields by Districts



Challenges met in the contact tracing

- Sometimes a day's visit to the field may not necessarily mean getting the contacts home. Some go for other activities like market, digging, drinking and others.
- Wrong address or change of location making it expensive to locate them.
- Not all clients were followed. Some results are still pending, especially lower facilities like in Arua and Hoima.
- The issues of patients with criminal records who are not free to give their correct locations for contact tracing.
- Mobile population like Karamojong and refugees who keep moving for many reasons.
- The challenge associated with mobile money payments. Some participants could hardly admit that they got the money for the activity. In some cases, they think the money is from other IPs. So this delays following contacts.
- The issues of the delayed accountability by some health workers affect reporting.

PPM FOR PRIVATE FACILITIES (HEALTH FACILITIES, PHARMACIES, DRUGSHOPS, LABORATORIES AND CSOS)

One of the core mandate of USTP is to ensure a system is in place for both the private and public health facilities actively involved in TB management (sensitization, screening, diagnosis, treatment and referrals). As a result, USTP has scheduled a number of activities aimed at engaging private facilities in TB management. This was also another activity implemented in 2018.

Early Implementation of PPM for TB`

A number of activities including mapping of PPM new sites, the training of the private health service providers from these mapped sites and the follow up on-site mentorship were among the activities implemented.

Coordinating and completion of writing of National Guidelines for PPM for TB as well as National Guidelines for TB Contact Tracing

USTP coordinated two important national level activities that included completing producing draft versions of the national guidance on TB contact tracing and engaging the private sector into offering TB care and prevention services. The last workshop on completing the TB Contact Tracing Guidelines had been held in November 2017 and way forward had been drawn consisting of making additions and subtractions where necessary as well as making edits in various sections. The second engagement was completing the National TB Contact Tracing Guidelines meant to guide TB case finding among contacts of TB patients. USTP's responsibility was to spearhead these two activities. The tasks were completed in 2018 and the draft documents were presented to the Ag. Assistant Commissioner, NTLP for submission to the necessary offices in the MoH.

A workshop for PPM process and accreditation

It was organised to develop and implement systems for accrediting private health facilities to implement PPM. This workshop was held in Collin Hotel, Mukono District from June 18th-22nd, 2018.

The workshop had three main objectives which are listed below:

- ✓ Producing guidelines for certification of Private Health Facilities-PHFs for PPM for TB management in the country.
- ✓ Producing guidelines for establishing a system for incentivizing and enabling PHFs to implement PPM for TB
- ✓ Reviewing documents to use in training Health workers in PHFs on TB

The workshop targeted various stakeholders of PPM for TB including the custodian of PPM (government, represented by NTLP including NTRL), donor organizations and the private health sector representatives including umbrella organizations, faith-based medical bureaus as well as individual private health practitioners. All categories were represented apart from the bureaus which registered their apologies and promised to contribute to the drafts through reviewing if found necessary.

Table showing key stakeholders who participated in the development of PPM guidelines

Name	Organization	Designation
Mr. Chris Bakiika S	UCBHCA	Executive Director
Dr. Kyokutamba Hellen	DEFEAT TB	Pediatric TB Advisor
Mr. Awongo Chaiga Peter	NTLP	Laboratorian
Dr. Mukuye Andrew	-	Public Health Specialist
Dr. Lukoye Deus	CDC/UG	Public Health Specialist
Mr. Jauhar Zubair Kisambira	FAMILY CLINIC	Clinical Officer
Mr. Nsubuga Richard	NTRL	Lab Mentor
Dr. Kasuli Zinda	PRIVATE FACILITY	Medical Doctor
Dr. Muchuro Simon	DEFEAT TB	TB Prevention
Ms. Linda Ruvwa	NTLP/MOH	Health Promotion Dept. MOH
Dr. Turtyahabwe Stavia	NTLP/MOH	Asst. Commissioner

This activity was coordinated by the USTP team including the Technical Advisor Dr. Paddy Busulwa, the Executive Director Dr. Paul Isiko in partnership with Dr. Matilda Kweyamba, the PPM coordinator from Defeat TB and it was a very big step in the right direction in the PPM development roadmap. As a result of the above technical meeting, a draft guideline has been developed, and a workable version has been sent to the MOH/NTLP Program manager for final review and approval.

Dr. Paddy and Dr. Matilda were tasked to ensure that they coordinate with the National TB program and other stakeholder to ensure final PPM doucments are endorsed, printed and shared with the rest of the stakeholders for proper management of PPM for TB in the country.

Ag. Assistant Commissioner -NTLP and other stakeholders pictured during the PPM guideline Development on 20th June 2018 at Collin Hotel, Mukono District-Uganda.

A: Mapping and Assessment of Facilities for PPM support

USTP carried out the mapping exercise of the private health service facilities in the Districts of Jinja, Iganga, Mbale and Tororo. The activity achieved two objectives –

- To establish the geographical areas/institutions where TB and TB/HIV services are or may be implemented by private provider.
- To ascertain the technical capacity of the various private facilities to offer TB and TB/HIV care services
- To ascertain the implementation of for TB infection control in the facilities being assessed

Facilities visited for mapping are listed in the table below for Jinja and Iganga Districts.

SITES VISITED FOR PPM ASSESSMENT: JINJA NOV 14TH-16TH 2018	
1. AOET medical centre	8. St Benedict medical centre
2. Getwell medical centre	9. Family care Medical centre
3. Bugembe people's clinic	10. ALMECA Medicare
4. Kakira Sugar Limited Hospital	11. Jinja medical clinic
5. Bugembe Consultation clinic	12. Whisper magical-Paediatric hospital
6. Sure Faith Medical centre	13. Family Hope Centre (HIV/AIDS Centre)
7. Buwenge Hospital	14. Jinja Islamic medical centre

SITES VISITED FOR PPM ASSESSMENT: IGANGA NOV 12TH-13TH 2018	
1. New hope hospital	8. Mercy medical centre
2. Musana medical centre	9. Nasuti health centre
3. Reproductive Health Uganda (RHU), Iganga branch	10. Shorom medical centre
4. Bethane medical centre	11. Tiensi centre
5. Joy medical centre	12. Pearl medical centre
6. God cares medical centre	13. Dr Plaza medical centre
7. Iganga Islamic medical centre	

Other facilities visited for mapping were in the Districts of Mbale and Tororo and the details are in the mapping reports shared by the team that conducted the mapping exercise.

In general terms, the following were noted in the areas assessed

Administration and logistical support

All the visited health facilities had current operational licences for the year 2018. This was also true for most technical staff. However, in regards to functional management and governance structures, some facilities had no record of minutes for the last management meeting. These facilities were majorly in the category of sole proprietorships. Medicines, supplies management and OPD were adequate for most of the facilities.

TB diagnostic services, data management and patient referral systems

TB diagnostic services relying only on sputum microscopy were specifically available in 30% of health facilities. All the facilities visited emphasised relying on symptom screening and referral of presumed cases to nearby public healthcare TB diagnostic and treatment health facilities. All the facilities were mapped on to the district/MOH-HMIS and DHIS2 reporting systems, though none was reporting TB related data in the case of Iganga district. No facility had TB related HMIS tools. Only those performing TB sputum microscopy had TB laboratory registers, but again, not reporting. Networking for patient care and referral existed between the private healthcare facilities and the public healthcare facilities but was not adequately documented.

TB infection control issues

Some foe facilities had health workers with some knowledge on TB infection control, but this was inadequate. Some facilities had good designs for TB IC but majority had very poor designs that encouraged TB spread. Generally, even when architectural designs were adequate, TB infection control measure were not in practice. There were no infection control plans in most facilities neither did functional infection control committees exist.

Willingness to participate in PPM for TB

The management of all the assessed facilities expressed willingness to participate from the majority of the health facilities. But most were also requesting that government also adequately plays its roles including managing a steady supply of diagnostic and treatment logistics as introduced to them.

Lessons learnt and recommendations
PPM is feasible, if the private healthcare sector is provided with adequate provision of enablers - capacity building, regular TB supplies and logistics among others and incentives. Cost sharing seemed to be acceptable. Data management for TB services and functional referral systems between the private and public healthcare must be strengthened.

For drug shops and pharmacies, the following are the observations and recommendations:

- Emphasis is put on dispensing drugs (mainly sales), hence limited attention is given to providing health education to clients, except for advice on alternative medicines to buy and prices.
- The majority of clients in pharmacies come to buy drugs when they have had a clinical encounter already and have prescriptions, they only want to buy drugs. There are few clients on self-medication, and most pharmacy attendants have no medical training.
- The teams received minimal attention from the people running the pharmacies.
- There in need for a better understanding of the trade dynamics in the pharmacies and drug shops and mobilisation of the business managers and proprietors on how best they can be engaged in TB care service delivery.

Agreed Way Forward from the PPM implemented activities

Way forward after mapping and assessment:

- While assessment was going on some knowledge on TB basics including screening, referral and infection control was shared. The assessed facilities were to go ahead and implement activities possible with the knowledge shared
- Facilities that were already implementing activities were, in addition, given knowledge on how to improve on the services offered. These were left with areas where they could improve.

B: PPM training of the Private health service providers

There were trainings of private health service providers in the five regions (South Western, Central, Eastern, East-Central and in Northern regions) with training venues in Bushenyi, Mbarara, Iganga, Mukono and Lira respectively.

Objectives of the training:

- The trainings were meant to give technical capacity to the private healthcare providers to able **to:**offer health education on TB basics
- describe screening for TB & identify presumptive TB patients
- know how to manage a TB and TB/HIV patient till cure
- know how to record and report TB data
- describe the rights & responsibilities of TB patients and
- describe PPM for TB and the functions of the NTLP

Table showing how the trainings were conducted against the set targets

Training dates	District (s)	Number trained	Target	Venue
19th-21st Sept 2018	Masaka, Lwengo and Kalungu	24	25	Classic Hotel, Mbarara
20th-22nd Aug 2018	Mbarara, Kabale andRubanda	22	25	Cielo Inn, Bushenyi
4th- 6th Sept 2018	Gulu and Kitgum	27	25	Gracious Hotel, Lira
11th-13st Dec 2018	Iganga and Jinja	26	25	Ridar Hotel, Seeta-Mukono
11th-13st Dec 2018	Mbale and Tororo	23	25	Mum Resort Hotel, Iganga
Total trained		**119 (95.2%)**	**125**	

This activity was coordinated by the Technical Advisor at USTP, Dr. Paddy Busulwa with support from USTP Executive Director, Dr. Paul, the MOH/NTLP Program manager Dr. Stavia and further guidance from TASO MGU technical team.

A section of the trainees after a day's sessions (in Mbarara on 20th Sept 2018)

Photo at the PPM training at Ridar hotel on 11th Dec, 2018 (Photo by Dr. Paddy Busulwa)

Way forward following the training:

The trainees are to:

- Support other health workers/facilities to give Health Education talks about TB at the Health units.
- Counsel Patients whenever possible.
- Link presumptive TB or confirmed TB patients to further care
- Support facilities to carry out their activities above
- Liaise with IPs and coordinate needed support
- Implement infection control practices and/or support others to do so

C: Follow up mentorship for the private facilities implementing PPM activities

The PPM follow on mentorship sessions were done in October and November, 2018 in the Districts of Gulu, Kitgum, Masaka, Lwengo, Mbarara, Rubanda and Kabale by representatives from District health team-DHT, USTP, RTLS and NTLP.

The mentorship was aimed at improving the performance of the private practitioners in TB care and to ensure they carry out sensitisation of the trained private facilities. It also meant to meet and interact with the owners of the facilities, introduce the PPM approach to them and build their support for integration of TB management into their day to day activity work plan. During the same activity public facilities near the private ones mentored were visited and linkages were created between the two.

Table showing facilities where PPM mentorship was conducted in the year 2018.

Districts/ Region	Facilities visited	Dates
Kitgum	BMJ MEDICAL CENTER II ; CAPRICON MEDICAL CENTER; YOTKOM Medical Centre III - NGO; Kitgum Maternity and Medical Centre III ; Irene Gleeson Foundation; Bregma Medical Centre III &	26th-27th Nov 2018
Gulu	Konyewo Clinic; Konyewo Clinic; Charity Clinic ; Flama – Uganda Medical Centre ; Mola Medical Centre ; Glanhormed Clinic Health Centre II; Good Hope Medical Centre Health Centre III; Paicho medical centre; Fitzmann clinic; and Victory Medical Centre Health Centre II	28th-30th Nov 2018
Mbarara	Kathel Medical Centre; Community Medical Centre, Nyihanga, Ndeija; Sheema Clinic; DIISI Medical Centre; Mbarara Muslim; Good Samaritan Medical Centre;	8th-9th Nov 2018
Kabale/Rubanda	North Star Alliance; Buhara HC III, NGO; John C. Kelly ; Trust Kabale Municipality; Buhara NGO HC III; Mwesigye Clinic; Kishanje HC II; St Stephen's Rubanda; Heal Medical Centre ;	5th-7th November 218
Lwengo/Masaka	Mbirizi Moslem HC III, Asiika obulamu medical centre; Engeye HC II, Bukoto Pentocostal, Munathamati HC III & St Francis Mbirizi HC III, Mukwaya Clinic, Ssuna HC III, Byansi Clinic, Butende Health Centre III – NGO-UCMB, Bulamu clinic, Nakasojjo Integrated HC III	26th-30th Nov 2018
Mbale/Tororo	Mbale: ST. Martins clinic, ST. Austin Health Centre II, IUIU HC II, Marie Stopes Health Center, Montana Hospital, Hope Medical Center, Vaena, Mbale Parents Clinic, Reproductive Health Uganda-Mbale, Mbale People's Clinic, Tobin Clinic, Mbale General Clinic, Zam Zam Rehema Clinic, IMC, Ahamadiya Hospital and Mount Elgon Hospital. Tororo: Devine Mercy Hospital, Doctors' Place, Jowil Medical Services, JCRC Medical Chambers, Medilink Medical Centre, Reproductive Health Uganda (Rhu), ST Valentine Medical Centre, ST John Kayoro HC II, Vienna Medical Clinic & Lab, People's General Clinic and Ddembe Medical Centre	

Photo taken during PPM mentorship at Ruhara HCIII, Kabale.

HW and the facility Admin at Yotkom Medical Centre–Kitgum after PPM mentorship in TB-27th Nov 2018

Way forward following mentorships:

The districts were to

1. Continue and link the private facilities with neighbouring public or PNFP ones for TA, referrals and exchange of TB –related items
2. Carry supplies and tools (such as reagents and registers) and needed by facilities during visits so as to supplement the facilities stocks
3. Support the private facilities to start reporting TB data Advocacy, Resource mobilisation and Networking

Three main activities were implemented under this section:

- The Parliamentary TB Caucus Knowledge Update/Advocacy

TB Constituency engagement meetings

- The joint visit by National TB Coordination Committee (NCC) and Parliamentarians for Social Accountability

A- THE PARLIAMENTARY TB CAUCUS KNOWLEDGE UPDATE/ADVOCACY MEETINGS

The activity overview

The Uganda Parliamentary TB Caucus was formed to address advocacy challenges in TB care and prevention activities especially at national level. But for members to effectively carry this out, they need knowledge on TB and the various determinants of the disease. Thus before they carry out their expected mandate, the Caucus members would first be met in sensitization meeting in which they would be given information on TB issues. The meetings expected to deliberate on various issues on TB necessary for good advocacy. The objectives of the meetings held were;

1. Sensitize MPs on TB and equip them with messages and information needed to implement the Parliamentary TB Caucus TB Strategic Plan.
2. Review progress since Parliamentary TB Caucus was launched and adopt better focused strategies to address any challenges
3. Introduce to the MPs the UN High Level Meeting schedules took place in September
4. Update the parliamentarians on the current TB situation in the country and control approaches.
5. Discuss highlights and resolutions from the UN High Level Meeting and come up with a Ugandan domesticated guidance.
6. Determine the Top ten TB program priorities to be handled by parliamentarians.

The table showing the meetings held for the Parliamentary TB Caucus

S/N	Venue	Target categories	Date	No of participants	Target
1	Source of the Nile Hotel, Jinja	MPs	20 August 2018	14	15
2	Source of the Nile Hotel, Jinja	MPs	23 November 2018	15	15
	Total			**29(97%)**	**30**

Some of the heated discussions during the Parliamentary TB Caucus update meetings

Observations and findings from the field visits show that awareness is still a very huge problem in communities so MPs should be given summarized leaflets with TB messages, this would help them have talking points whenever an opportunity arises within and outside their constituencies. The MoH is already in the process of developing advocacy packages for different groups. There is need to engage with different players, have programs on TVs and radios, involve everyone during world TB day commemoration events.

There was an issue in one of the presentations made, TB treatment success rate was low in 2016 despite increased funding. Members wondered what could have caused this, they were informed that treatment success rate is determined by a number of factors, there could have been issues with recording or it might have been caused by other factors.

What mechanisms have been put in place to ensure GF funds are well utilized and not taken back to Geneva? Members were informed that the burn rate has greatly improved, and utilizing to impact is always emphasized. The concerned parties always consult Geneva and make sure all the modalities are well understood so that funds are not misallocated. The problem still lies within the government structures where procurements take long but this would also be solved soon.

About the 3% domestic funding for TB is because MoH has not prioritized TB so do not expect MPs to push. The ministry should come up with the priority list and the MPs would start from there. HIV has benefited a lot because they invested a lot in advocacy and awareness creation. Districts may not have the funds to contribute since most of what they receive is for administrative costs like salaries and the little that remains goes to other priorities like infrastructure. However, every district is expected to commit at least 1%, out of their budget, there is need to find out if they do.

Members of Parliament should make engagements with districts, find out the burden of TB, share information, and engage the entire DHTs. Find out what programs there are for TB. See to it that TB is not left out, use this information when doing M and E, check lab services etc.

We must get a strategy to bring the President on board. Like the Presidential Fast Track initiative, can TB have such a strategy? Let's launch an advocacy forum and get him on board.

Nutrition is very key to patients, how do you ensure that TB patients feed well? Members were informed that health workers try to teach families about nutrition and Global Fund is also providing enablers to MDR –TB patients.

Members recommended that there is need to engage projects/implementing partners to integrate TB activities in their programs. How about the integrated management of other associated diseases. Why not have a platform to discuss all the diseases e.g. TB, HIV, Cancer etc.

Have strategic information, there is need to strengthen the Chairperson's office, get the committee/caucus supported to work with CSOs.

Members were concerned that the country had over concentrated on HIV/AIDS and Malaria and neglected TB. That's why TB has become a huge problem, it actually seems more threatening than HIV. Communities need to be more responsible, demanding for the services and suspecting and referring TB patients, this will help reduce the number of missed cases.

TB-HIV collaborative settings are opportunities for health workers to get more TB cases at the HIV clinic

There is need to carry out a national survey for MDR-TB since the last one was conducted in 2009.

The Ministry of Health should ensure that TB is on the curriculum so that the health workers and clinicians are confident when they get to the field.

Members should advocate for contact tracing to be funded

More resources are needed to support the transportation of samples from districts to the laboratory in Butabika – currently samples are picked twice a week with support from CDC.

The key agreed actions from Parliamentary TB Caucus updates

1. USTP to share with all members of the parliamentary TB caucus electronic copies of the TB strategic plan and the TB Manual.

2. USTP to work with NTLP on the priority list then the Ministry presents the issues to parliament.

3. USTP to explore avenues to support further engagements of parliamentary TB caucus so as to implement their strategic plan

Some of the participants in a group photo after one of the Parliamentary TB Caucus update meeting-August 2018

Presentation on behalf of the Ag. Assist. Commissioner, Linda making a presentation during one of the meetings (Photo taken from the meeting venue at source of the Nile Hotel, Jinja)

B- TB CONSTITUENCY ENGAGEMENT MEETINGS

The Uganda Country Coordinating Mechanism (UCCM) of the Global Fund, supports its constituencies including among others the TB, HIV and Malaria constituencies to hold meetings with their constituency members and address issues pertaining to the control of the 3 diseases in the country. Through these meetings, participants are not only updated on the Global Fund processes and running grants, but they also get an opportunity to discuss successes, opportunities and challenges in regard to HIV, TB and Malaria activities and services supported by the Global Fund. The two TB Constituency engagement meetings coordinated by USTP were held during the year with details in the table below:

The table showing the engagement of TB constituencies in the TB management

S/N	Venue	District	Districts that Participated	Date	No of participants
1	Mbale Resort Hotel	Mbale	Mbale, Butaleja, Bulambuli, Kapchorwa, Manafwa, Sironko, Bududa, Budaka, and Tororo	21 June 2018	30
2	Mbarara Classic Hotel	Mbarara	Masaka, Kalungu, Kyotera, Rakai, Lwengo, Lyantonde, Mbarara, Ibanda, Ntungamo, Bushenyi, Rukungiri, Rukiga and Kabale	25 October 2018	27
	Total		**22 Districts**		**57**

The TB constituency engagement meetings had the following objectives:

- ✓ Orienting and sensitizing participants on matters about the Global Fund.
- ✓ Providing a platform for the TB Constituency in the region to contribute to the identification and prioritization of the country's needs
- ✓ Identifying the current TB and TB/HIV needs in the region
- ✓ Updating participants on the current developments in TB including findings of the prevalence survey.
- ✓ Establishing barriers to beneficiaries' getting the intended GF support
- ✓ Obtaining views that would inform the new Global Fund grant application process.
- ✓ Soliciting for avenues of engaging CSOs in the TB response

The photo for the team involved in Constituency engagement meeting in Mbale-June 21, 2018

Among the concerns that the meeting pointed out that needs responses from program management included

- ➢ Stock outs are becoming a very big problem and members are failing to adhere due to this great challenge.
- ➢ About what strategies had been put in place so that Uganda doesn't loose GF money which was approved in 2017?
- ➢ CBOs should be funded to carry out TB activities in communities

Some of the responses were that GF/MOH/MOFPED have made some changes in the management of Global funds. The two principle recipients are also engaging sub recipients to make sure that there is increased implementation of activities so that the communities can be easily reached with the vital services. TASO is currently handling the treatment enablers (food ratios and transport refund) for MDR-TB patients in the country. This will ensure that the MOH is left with the responsibility of providing technical supervision, guidance and ensuring quality service provision to the patients.

Mr. Nakibumba Robert making a presentation in the TB Constituency engagement meeting-in Mbarara

Key highlights and Recommendations from the constituency engagement meeting

- Global Fund should support skilled man power/VHTs to support communities offer guidance and counselling to TB patients
- Districts should fill the unfilled posts of health workforce
- There is need to strengthen referral network systems at community level
- Stock outs of drugs should be put to an end
- Global Fund should increase funding for TB, it's still the least funded among the 3 diseases
- Community members who are ready to volunteer should be facilitated with transport refund to sensitize both local and spiritual leaders about TB.
- Intensified community mobilization for early screening and adherence on treatment should be prioritized
- Community based organizations should be funded to implement TB activities
- Hold constituency engagement meetings frequently to educate the masses on TB and GF
- Ensure there are enough laboratory equipment in facilities

C- THE JOINT VISIT BY NATIONAL TB COORDINATION COMMITTEE (NCC) AND PARLIAMENTARIANS FOR SOCIAL ACCOUNTABILITY

Visit 1 – visiting Bunyangabu and Kabarole districts

The International Union against Tuberculosis and Lung Disease, USTP and the Global TB Caucus coordinated a delegation of parliamentarians from Lesotho, Malawi, Namibia and Tanzania to Uganda. This delegation was joined by 5 MPs from Uganda's Parliamentary TB Caucus with the following objectives;

a) Conduct a three-day parliamentary delegation of 9 parliamentarians to gather facts about the childhood TB epidemic and learn innovative solutions that other countries can replicate.

b) Equip parliamentarians to advocate for childhood TB at the UN High Level Meeting on TB—a historic opportunity to mobilize global action on behalf of children.

c) Benchmark achievements and lessons learnt from the DETECT Child TB Project implemented by the UNION

It was critical that during this activity, policymakers learnt about solutions for ending the childhood TB epidemic in advance of the September 2018 United Nations High-Level Meeting (HLM) on TB. At the HLM, world leaders would make specific commitments to ending the TB epidemic. Those commitments would be endorsed within a landmark Political Declaration on TB. A concrete commitment to find and treat children with TB is critical to mobilizing global action to end this silent epidemic among children, and to meet the Sustainable Development Goal to end TB. If the approaches observed in the field visits were replicated broadly, they would have a major impact against the global epidemic of childhood TB.

In a statement to media following the trip, The Minister of Health for Uganda, the Hon. Jane Ruth Aceng indicated that, among the key interventions for ending TB in Uganda, the DETECT TB Model should be adopted. Her statement was reproduced in full in the New Vision newspaper on 15 August 2018.

Left: (middle) Chairperson of the parliamentary TB caucus at Bunyangabu HC III - right: a health worker explaining some issues to honorable members

The table showing the meetings details of the site visits by NCC & Parliamentarians

S/N	Districts visited	Date(s)
1	Kabarole and Bunyangabu	6th-8th August 2018
2	Mbale and Pallisa	18th-21st Dec 2018

Visit 2 – Mbale and Pallisa districts

Officers from USTP, NTLP, National Coordination Committee (NCC), media together with members of the Parliamentary TB Caucus agreed to visit the districts of Mbale and Pallisa from December 18th to 21st, 2018 and carried out the following activities;

1. Visited district headquarters to introduce the issue to the district authorities
2. The district teams made presentations on the status of TB and TB/HIV in their respective

districts so as to agree on corrective strategies to improve the TB situation in each area.

3. Together with some district officers visited selected facilities offering TB and/or TB/HIV

Above: The visiting team together with Mbale district leaders in a group photo after the meeting

The team visited Busiu Health Centre III in Mbale, Pallisa Town Council HC II and Pallisa Hospital.

Issues at Busiu were as follows;

Issue	**Facility name: Busiu HCIV: Key findings/Observations**
Number of staff at the facility and those trained on TB	Lab technician and lab assistant available CMEs are done
Availability of a TB focal person	TB focal person available
Availability of a TB ward	• No TB ward • Gene xpert present
Status of TB infection control measures	• No infection control plan • No isolation room • The lab was found to be too congested • The N95 respirators were not available DTLS to help the facility develop an infection control plan
Support from the district	PHC funds used – very limited
Support from implementing partners	RHITES E had reportedly not given support
Any issues of stock outs	• In case of stock outs, medicine was got from other facilities • TB drugs are ordered for online. Sometimes if the system broke down it would be an issue and also access to the system was not so easy.
Community issues	• Outreaches were carried out especially towards World TB Day • We worked with VHTs but they are still not supported
Any other challenge	• Contact tracing was not adequately supported • Ordering for medicines but getting less than what was requested

	• There was a poor reporting system
Advice from the visiting team	The facility should address challenges that were within their reach.

Above; members discussing after visiting the Busiu HC III –December 2019

Key observations from facilities visited at facilities in Pallisa district

Issues	**Facility**	
	Pallisa Town Council HC III	**Pallisa hospital**
Availability of an officer in charge of TB	Total number of health workers was 19 and 3 were trained on TB. CMEs were done especially when an MDR case is detected but there was no evidence of the these CMEs	Total number of staff was 136 and only 5 trained on TB
Number of patients received per month	About 1350	About 2800, 106 were TB patients
Availability of a TB focal person	TB focal person available	TB focal person available
Availability of a TB ward	No TB ward	No TB ward (See patients on different days for example; HIV, TB, Diabetes, Hepatitis B, hypertension etc)
Availability of trained lab officers on TB	The lab officer only attends CMEs	Some are trained
Status of TB infection control measures	• No infection control plan • No isolation place at the facility • The lab was too small • The respirators were not available at the time of the visit • DTLS to help the facility develop an infection control plan	TB infection plan available – pinned in the HIV clinic No isolation place in the facility TB patients visit the hospital on Fridays and are attended to under a tree

		Health workers normally use protective gears but at that time there were no N95 respirators
Support from the district	PHC funds used – very little support	PHC funds (150,000/=) per quarter used to facilitate the health educator support CB Dots, visit facilities, follow up newly diagnosed patients
Support from implementing partners	At the time of the visit, the facility was not receiving enough support from RHITES E, only facilitated a meeting once around mid-year. RHITES E had promised to expand the laboratory but they had not come back by December 2018.	RHITES E offered some funds to the health educator for contact tracing
Stocking levels for TB medicines	At that time all medicines were available	At that time all medicines were available
Community issues	No facilitation for TB activities but a few activities on EPI (Expanded p Programme on Immunisation) were being carried out	Poor facilitation for community workers DOTs not supported
Any other challenge	MDR cases sent by initiation sites at times fail to turn up for DOTs The laboratory is too small	The facility is very small compared to the number of patients received. They had submitted a new plan which was approved, the team from MoH visited but no action yet No support for contact tracing especially families to transport all members to the facility to be screened

The interaction of the visiting team with site health workers on TB issues-Pallisa Hospital

PREPARATIONS AND INVOLVEMENT IN WORLD TB DAY COMMEMORATION EVENTS

World TB Day, falling on March 24th each year, is designed to build public awareness about tuberculosis disease. On World TB Day the world commemorates the day in 1882 when Dr. Robert Koch astounded the scientific community by announcing that he had discovered the cause of tuberculosis, the TB bacillus. Despite this scientific breakthrough, TB still remains a big public health challenge in much of the world, causing the deaths of nearly one and-a-half million people each year, mostly in developing countries. In the case of Uganda, the country misses about 50% of the about 90,000 people who develop TB every day. The country use the day to mobilize stakeholders to join the fight against this killer disease. Communities are educated about the disease, advocacy is carried out and political decision are made during a period of two weeks.

In year 2018, the Ministry of Health (through the National TB and Leprosy Program), Arua district together with Uganda Stop TB Partnership secretariat, partners and all stakeholders organized a series of activities for the World TB Day, 2018 under the Theme and slogan: ***Leaders for a TB-free Uganda*** and ***Act to End TB*** respectively. USTP spearheaded the national level activities and also supported the district to implement activities at that level. Activities implemented include the following:

National level activities: (TB advocacy week).

- Press release
- Press conference
- Television and Radio talk shows (on various areas of TB care and prevention Childhood Community role in TB control including Active TB case finding, Changes in the TB epidemic, TB/HIV, prevention, TB Diagnostics, drug resistant TB among others
- Airing of message from the Regional Director–WHO
- Newspaper pull out
- Organizing a TB Symposium supported by TRACK TB
- Launching of various strategies to fight TB

District level activities: (mainly in the week prior to the day)

- Service delivery outreaches integrated with HIV
- Film shows
- Radio Talk shows
- Moving truck and DJs–educating the community
- Expert clients giving testimonies.

National commemoration on March 24, 2018

- Some of the actives above
- Edutainment shows, testimonies
- Exhibitions on stalls
- Speeches, among others Launch of the TB communication strategy
- Awarding of certificates to successfully treated MDR-TB patients, the best performing and most improved districts in TB control.
- Breakfast meeting with policy makers supported by Defeat TB

The participants of world TB day after the breakfast meeting at Desert Breeze Hotel, Arua: March 2018

Maintaining coordination between USTP and NTLP

USTP continued to work with the NTLP through the weekly, monthly and quarterly planning meetings to review activity implementation as well as to plan for subsequent activities. Participating in these meetings helps to nurture a harmonious working relationship between NTLP and USTP. It also allows for liaison between the various public and private players in TB care and control.

Coordination activities with stakeholders

In addition, it was also seen fit to meet with regional and other IPs involved in the TB fight for effective coordination so to identify potential areas where conflict of interest, duplication of efforts, among other issues, could arise. Among the IPs met in the coordination meetings were Defeat TB, RHITES-N Acholi, RHITES-N Lango, RHITES-EC, RHITES-E, RHITES-SW, IDI-Hoima, IDI-Arua and RHSP (Masaka Region). These meetings helped guide the way USTP planned and implemented its activities throughout 2018. One of the outcomes of this coordination meetings ensured that USTP leave Defeat TB to implement TB activities in Kampala, Mukono and Wakiso Districts.

THE USTP BOARD MEETINGS

There were 4 USTP Board meetings that were scheduled for 2018, one every quarter. The composition of the board members for USTP is highlighted in the table below

The table showing USTP board composition by the end of 2018

Name	Position in the USTP Board
Dr. Francis Adatu	Chairperson

Ms. Roselline Achola	Vice Chairperson, BOD (chaired the meetings)
Dr. Joseph Kawuma	Executive Secretary
Mr. Rogers Paul Kamugasha	Chair of ACSM Working Group, BOD Treasurer
Dr. Paul Isiko	Executive Director, USTP and Secretary, BOD
Robert Nakibumba	CCM Substantive, TB constituency
Dr. Walusimbi Simon	Chairperson, TB/HIV Working group
Dr. Kaggwa Mugagga	Representative from Who (Ex-official)
Dr. Stavia Turyahabwe	Ag. Assistant Commissioner- NTLP (Ex-officio)
Mr. Martin Okello	Chair of DOTS Expansion Working group

During the year, three Board meetings were held as detailed in the table below

The table showing the USTP Board meetings held in 2018

S/N	Venue	Target categories	Activity Date	Number of meeting	Target
1	USTP Boardroom	Board members	25 January 2018	1	1
2	USTP Boardroom	Board members	10 July 2018	1	1
3	USTP Boardroom	Board members	14 December 2018	1	1
	Total			**3**	**3**

RESOURCE MOBILIZATION

USTP was involved in the UN HLM with the sole aim of mobilization of resources to help TB fight in the country. The USTP Executive Director was among the delegates who went for this meeting in New York City, USA. The activity took place from September 24th to 26th, 2018, and the TB issues were very well presented to the UN General assembly. It pledged to raise funding for TB to the tune of $13bn by 2022 globally. The fund is to help in the TB treatment, research and awareness among others.

DATA MANAGEMENT, MONITORING AND EVALUATION

HMIS tools for TB Contact tracing

The USTP is working closely with MOH through the TB Program and other IPs in ensuring the uniform HMIS tools for managing TB contacts are printed and distributed by MOH. Among the latest list of HMIS tools to be printed early 2019. TB contact tracing register has been added .Also contact tracing indicators have been added in HMIS 106a quarterly report form. This will greatly improve the tracing of issues relating to TB contacts.

A series of meetings to revised HMIS tools for TB have been held to revise the TB indicators. In Butabika reference lab, the meeting was held from 14th-16th May 2018 and it was organized by NTLP and funded by USAID-Defeat TB. USTP was part of this meeting.

Managing data for TB contact Tracing

The draft version of the register for TB contact tracing has been printed to support recording and proper storage of the TB contact information in the main TB diagnostic units. The registers have been distributed to Masaka, Gulu, Hoima, Arua and Lira. In total 80 registers were printed and distributed in the quarter. The numbers printed were very few compared to the needs on the ground.

Support by TASO GMU M&E team

As part of the induction process, the M&E team from the Grant Management unit provided the technical support supervision to USTP, targeting M&E related areas. This support was on 26th July, 2018 led by Dr. Charles Ngobi, the M&E manager.

Issues agreed during support supervision

- Submission of fully signed reports to TASO GMU
- List of patients for TB contact tracing to be shared with TASO before the fund is sent.
- All training data to be entered into the training database
- USTP to improve filing of documents for easy retrievals
- M&E to review all documents before it is filed.
- Any inconsistencies in data should be clearly explained
- All accountabilities should be retired within 14 days as per USTP policy.
- During the quarter, the TASO Grant Management Unit personnel supported USTP and provided feedback on the finance and compliance issues to USTP team.

The internal audit team also supported USTP during the year and key areas that the organization were audited on were highlighted for management action.

The table showing the support supervision and internal audit team visits to USTP by TASO GMU

Name	Title	Support Date/ Period	Tel No	Email Address
Kabanda Richard	ITM Officer	July 26th, 2018	0752777173	kabandar@tasouganda.org
Namwanje Anne Desire	Intern		0701653715	annedesytina@gmail.com
Kathungu Vakekya	Intern		0759922535	evelynevakenya@gmail.com
Sarah Mbaki	Intern		0703993886	sarahmbaki1@gmail.com
Dick AInomugisha	M & E Spec		0752774154	ainomugishad@tasouganda.org
Dr. Charles Ngobi	M & E Manager		0752774913	ngobic@tasouganda.org
Charles Emesu	Compliance Officer		0750452160	emesuc@tasouganda.org
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SUPPORT SUPERVISION & MONITORING VISITS BY USTP PROGRAM TEAM

The support supervision conducted during year took place in the month of June, August, September and December 2018.

Table showing Places visited during the first support supervision by USTP team: June 2018

S/N	Dates of support supervision	Districts visited	Support supervision No.
1	19th-21st June 2018	Masaka, Mbarara, Iganga, Jinja, Mbale and Soroti	First visit
2	20th August 2018 to 4th September 2018	Masaka, Mbarara, Kabale, Hoima, Arua, Gulu, Lira, Mbale and Jinja	Second visit
3	17th-22nd Dec 2018	Jinja, Iganga, Soroti, Napak, Mubende, Kabarole, Hoima and Arua	Third visit

Table showing Places visited during the first support supervision by USTP team: June 2018

Date	Places visited		Issues supported
	Group 1	Group 2	
19th June 2018	Masaka DHO's office, Masaka RRH	Jinja DHO's office, Jinja DTLS	Shared the contact tracing forms for generating list of clients, delivered signed copy of MOU to the district
20th June 2018	DHO's offices in Mbarara and Kabale then	DHO's offices in Mbale and Soroti	Met Kabale Health workers who were in a TB review meeting, delivered signed copy of MOU to the districts. Supported the team on how to complete contact tracing register (Mbarara). Supported Soroti RRH on generating the list of

	Kabale Health workers		index TB patients for follow up. DTLS of Kabale and Soroti taken through the processes for conducting TB contact tracing and how USTP wouldsend the facilitation.
21st June 2018	Mbarara Municipal Council HCIV, Mbarara Regional RRH	Iganga DTLS, DHO's office	Generated list of patients for follow up (Iganga), signed copies of MOU delivered. DTLS Iganga taken through the processes for conducting TB contact tracing and how USTP would send the facilitation.

The second support supervision by USTP team: August/September 2018

S/N	District	Sites/Facilities visited	Visit Dates
01	Masaka	Masaka DHO's Office, Masaka RRH, RHSP, Police HCIII, Kitovu Mobile HCIII, TASO Masaka and Uganda Cares	20/8/2018
03	Mbarara	Mbarara Municipal HCIV, Mbarara Main prison HCIII & Ndeiga HCIII.	21st & 22nd August 2018
02	Kabale	Kabale DHO'S office, Kabale RRH & Maziba HCIV	22/8/2018
03	Mbarara	Mbarara Municipal HCIV, Mbarara Main prison HCIII & Ndeiga HCIII	21st & 22nd August 2018
04	Hoima	Hoima DHO's office, Hoima RRH, IDI offices, Butema HCIV, Azur HCIV, Kikuube HCIV, Bujumbura HCIII & Kigorobya HCIV	23rd, 24th & 25th August 2018
05	Arua	Arua DHO's office, IDI Arua offices, Oli HCIV, Omugo HCIV, Kuluva Hospital & Arua RRH.	27th & 28th August 2018
06	Gulu	Gulu RRH, Lacor Hospital, Gulu DHO's office and TASO Gulu.	29th August, 2018.
07	Lira	DHO's office Lira, PAG HCIV, Lira RRH, Ayago HCIII, RHITES-N-Lango & Agali HCIII	30th & 31st August, 2018
08	Mbale	DHO's office Mbale, Mbale RRH, Bungoko Mutoto HCIII, Namakwekwe HCIII, RHITES-E, Namatala HCIV & Busiu HCIV	3rd and 4th Sept 2018
09	Jinja	Jinja DHO's office & Jinja RRH	4th Sept 2018

Destinations and Dates of places visited during third round support supervision

Group 1		Group 2	

Sites to visited	Dates		Sites visited	Dates
Mubende RRH				
Kabarole RRH	Dec 17th		Jinja RRH	
Hoima RRH & Rivenyawara HCIV	Dec 18th			
			Iganga Hospital	Dec 17th
Hoima-Arua	Dec-19		Soroti RRH, Princes Diana HCIV & Tiriri HCIV	Dec 18th
Arua: Omugo HCIV	Dec-20		Soroti-Napak	Dec-19
			Napak: MATANY HOSPITAL & IRIIRI HC III & LORENGECORA HC III	Dec-20
Arua: Ocea HCII & Arua RRH	Dec-21		Napak: KANGOLE HCIII, LOPEEI HC III	Dec-21

Objectives:

In line with USTP objectives this activity was carried out to help improving National Tuberculosis and Leprosy indicators and strengthening TB control activities in the communities and Districts supported.

- To provide joint support required to implementing TB contact tracing in sites supported by USTP in the District
- To provide technical guidance to District and health workers and ensure the logistics required for contact tracing are in place in the right quantities (like contact tracing registers/form, report summary forms, the accountability forms, the SOPs for contact tracing and the ICF form among others). This is to ensure uniformity in ways of conducting TB contact tracing by all the districts supported.
- To ensure there is coordinated working relationship with the key TB/HIV IPs in the districts by again sharing with them the USTP implementation strategies so as to avoid any duplication and double reporting in this activity.
- To follow up on some few districts that have not signed and submitted the MOUs to USTP since the previous visits.
- To conduct spot checks with DHTs on contact tracing exercise that is ongoing in different DTU in the districts visited.

  To ensure proper documentations and filing of field results for TB contact tracing and those found positive linked to care and treatment

Description of how the activity was conducted

- The activity involved visiting DHO's offices, Health Unit in-charges and Facility in-charge to explain purpose of the visit and registering our presence to the relevant authorities
- We held Face to face interaction with the health workers implementing the TB contact tracing activity, sharing TB investigation and contact tracing implementation process, challenges and achievements so far experienced.
- Reviewing and Discussing relevant TB contact Tracing tools
- Provided technical support and guidance on how the contact tracing exercise is implemented, the preparations required before and after the exercise. The team composition during the exercise and how to get the best out the exercise.
- Supplied TB investigation and Contact Tracing register
- Reviewed the facility main TB tools such as
    - The health facility Unit TB Register
    - The facility Laboratory TB register
    - The presumptive TB register
    - TB Medicine Stock Cards in respect to anti-TB drugs availability and the TB preventive therapy-IPT
    - The TB lab request form
    - The TB treatment card-yellow card
- We guided the facility team on the importance of coordination in this exercise with other stakeholders and IPs. This activity should be a joint effort of all the units in the facility: the lab (for managing sputum samples collected, provision of sputum mugs, conducting the actual sputum extermination), ART clinic (for ensuring that the contacts are screened for HIV by their participation, provision of HIV testing kits, starting the co-infected patients on ART treatment), the community (for follow up and ensuring the patients adhere to treatment till the end, organising index patients for contact tracing) and the administration (to ensure the contact tracing activity implementation is well integrated into the health unit workplan and well supervised by the facility in-charge.

Photo taken during the support supervision on 22/08/2018 at Kabale RRH. (Photo by Gizamba Ivan)

Accomplishments:

- Reviewed TB contact tracing tools with staff members at site implementing TB investigation and contact tracing regional referral Hospitals.
- We were able to confirm that all the health workers received money for TB contact tracing through their mobile phones.
- Distributed the TB Contact Tracing Registers and other medical logistics to the health facilities visited.
- Discussed management of the disbursed funds from USTP i.e. SDA and Transport refund, how the facilities should utilize the fund and maximise results.
- Discussed SOPs for the contact tracing processes at both health facility and place of stay.
- The facility and district team were provided with technical capacity to support and carry out the activity till the completion. The team met were taken through the tools to be used in the exercise including how to complete the forms for both activity and accountability purpose.
- The exercise was a very good avenue for us to interact with the regional IPs team who were very happy with USTPs for joining in the TB fight.
- The exercise ensured we were able to ascertain the trend of TB patients enrolment from various facilities visited. This was as a result of reviewing the updates in the unit TB registers and we were able to take note of the total number of TB patients registered in

care from January 2018 till the time of the visit. We isolated the number of PBC TB patients and MDR (for RRHs). This provided the picture of the extends of support needed for contact tracing by the facilities/districts.

Health workers at Soroti RRH supported on completing the TB contact tracing tools during the visit exercise by USTP/NTLP and DTLS of the District on 18th Dec 2018.

Contributing to the writing of the NTLP Annual Report 2017/2018

Over this same period USTP contributed to the production of a few outputs under the NTLP including reviewing policy documents as well as contributing to periodic publication

FINANCE, ADMINISTRATION AND HUMAN RESOURCE

During The year, USTP received the OCA feedback from TASO GMU and it provided responses to it. Most of the issues pointed regard to setting clear guidelines for the different program areas, having the policies and making sure the organization staff clearly understand and observe them in the day to day implementations, having program targets, workplan, having right financial policies, systems and documents in place, and USTP should have an updated version of its strategic plan among others. USTP appreciated the assessment and it has greatly improved its ways of doing things.

The finance department was able to acquire a new accounting system "QuickBooks" during the quarter. The system is now being populated with all the required information for this grant starting from January 2018.

MOU with Beyonic Mobile money Payment Company

USTP has agreed to work with the above company to facilitate payments of health workers conducting TB contact tracing. This happened during the year

MOU between CHIMS & USTP

This MOU was signed to formalize a working relationship with the company (CHIMS) to provide transportation to USTP while implementing its program activities in the field.

MOU with Districts

For formalization of working relationship in implementing USTP activities, MOU has been signed with the target districts for closely working with USTP in its activity implementation. The Districts with signed MOU are: Mbarara, Masaka, Lira, Arua, Jinja, Mbale, Iganga, Soroti, and Hoima among others.

Fund release for the Activities

The funds for activities were released on a quarterly basis. Some of the planned activities were not implemented because the required SOPs and guiding documents were still undergoing the approval processes by the PM-NTLP-MOH.

Procurement and Logistics Management

The following items/Assets in the table below were procured and engraved during the year:

Asset description	Responsible Officer/Office	Serial Number	Date of arrival
Laptop - Dell	M & E Specialist	CS5YVJ2	19/06/2018
Power stabilizers	1.Finance Assistant 2.Administrative Assistant	1. 3B1724X03946 2. 3B1713X08449	19/06/2018
Router	Finance Department	RD501HC010791	19/06/2018
Modem	USTP Office	IMEI:356793034130401	19/06/2018

Projector - Dell	USTP Office	CN-031XC6-S0081-79R-0544	19/06/2018
Filling Cabinet	Finance Department		02/05/2018
Table	M & E Specialist		02/05/2018
Low back office chair	M & E Specialist		02/05/2018
2 reception chairs – Fabric material, metallic without arms	USTP Office		02/05/2018

Procurement and Logistics Management

A number of medical logistics were procured during the year to facilitate TB management in the facilities. Some items were distributed to the needy facilities that were identified from the previous support supervision exercises. Below is the table showing the items procured;

No.	Item	Quantity
1	Ordinary Masks: Aura FFP2 9320	100 packs
2	Ziplock bags: size "6*9"	100 packs
3	Sputum Containers/mugs: disposable, transparent plastic, waterproof, wide mouthed with diameter ≥35mm, volume 40-50 ml,	6874 pcs
4	Respirators N95 1860 regular	20 boxes

Photo taken during the support supervision on 18th/12/2018 at Soroti RRH. (The TB clinic In-charge receiving the Medical logistics for TB management provided by USTP)

Human resources

The two vacancies of an M&E Specialist and Finance Assistant were filled. The new staff went through the induction process and got on well in the new working environment at USTP.

The Human resource policy

The last board meeting approved the revised version of the HR policies and the staff have been taken through the revised policies and adherence to these policy guidelines.

Capacity Building through CME/CPD

The team held CPD on HR and Finance policies to ensure its staff clearly understands the operations of USTP, the required code of conducts and the guiding policies. This is to ensure strict adherence to the SOPs, policies, rules and the organization norms. USTP takes this event very seriously because it is the avenue for enlightening her staff on the key changes in the policies and changes in SOPs and guidelines.

APPENDIX1

Activity workplan (Jan-Dec 2019)

BUDGET FOR IMPLEMENTATION OF UGA-C-TASO GRANT ACTIVITIES BY USTP _2018 - 2020															
Grant name:			**UGA-C**												
Implementation period: 2019			**Year 2019**												
Implementer			**USTP**												
Implementer No.															
Months			**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Budget**	Source of funding
Budget line	**Activity**	**Target**														
48	Contact tracing and screening for contacts of diagnosed MDR Patient (transport and SDA), Target is No. of routes made, delivered from No. of index patients	800 visits	X	X	X	X	X	X	X	X	X	X	X	X	54,145,000	GF
51	Conduct Joint visits with National coordination committee and Parliamentarians for social accountability Target is no. of visits	1 visit							X						17,751,000	GF
52	TB Parliamentary Caucus knowledge update/ advocacy - (2 meetings in YI , 2 meetings in YII and 1 meeting in YIII). Target is No.of meetings No. of routes made, delivered from No. of index patients	2 meetings	X					X							19,925,000	GF

56	Facilitate the Health workers and Community health workers to conduct contact tracing to all contacts of confirmed pulmonary TB patients and children. Target is	1200 visits	X	X	X	X	X	X	X	X	X	X	X	X	102,368,000	GF
	Support supervisition of TB Contact tracin				X			X			X			X		
Total program Costs															**194,189,000**	GF
	Enagaeent of the private health sector in TB															
	Regionl level perfomance review meetings in 5 regions (in Kampala,	20		X				X					X		***98,500,000***	CPHL/ NTLP
	Holding quarterly review me	4			X				X					X	**84,400,000**	CPHL/ NTLP
	Monthly Supervision & Moni	60	X	X	X	X	X	X	X	X	X	X	X	X	**117,528,000**	CPHL/ NTLP
	Supplies (to be provided to the private facilities - main				X				X					X	**35,000,000**	CPHL/ NTLP
	Total CPHL/NTLP budget														**335,428,000**	
	World TB Day & Leprosy Da	1	X	X	X										**50,000,000**	
	TB Constituency engagement and community dialogu					X						X			**16,000,000**	CCM
HR & admin costs																
53	Support Human reseources for the USTP Salary calculations (USD)	Amount	X	X	X	X	X	X	X	X	X	X	X	X		GF
54	Support for USTP Rent and Uti		X	X	X	X	X	X	X	X	X	X	X	X		GF
	Support for other USTP Administrative Costs - one-off costs		X	X	X	X	X	X	X	X	X	X	X	X		GF
	Support for other USTP Administrative Costs - recurring costs		X	X	X	X	X	X	X	X	X	X	X	X		GF
Total HR & admin costs																
	Grand Total															

APPENDIX 2

TB activities funded by GF through TASO for the GF Grant GF's PR 2 TASO_2018_2020

SN.	Activities
1	Contact tracing and screening for contacts of diagnosed MDR Patient (transport and SDA)
2	Conduct Joint visits with National Coordination Committee and Parliamentarians for social accountability
3	TB Parliamentary Caucus knowledge update/ advocacy - (2 meetings in YI , 2 meetings in YII and 1 meeting in YIII)
4	Facilitate the Health workers and Community health workers to conduct contact tracing to all contacts of confirmed pulmonary TB patients and children
5	Training community Health workers for contact tracing
6	Conduct a Mapping exercise of private health facilities CSOs Pharmacies and drug shops for PPM accreditation.
7	Hold workshop for 3 days, for 15 people to develop and implement system for accrediting private health facilities to implement PPM.
8	Conduct 4 trainings of health workers from Private health facilities, Pharmacies, CSOs and drug shops.
9	Support Human resources for the USTP Salary calculations (USD)
10	Support for USTP Rent and Utilities:
11	Support for USTP Administrative Costs