Keeping TB on the agenda, a role for all

UGANDA STOP TB PARTNERSHIP (USTP)

Program Report Form Summary

Organization Name:	**Uganda Stop TB Partnership**			
USTP ANNUAL REPORT 2019				
REPORTING PERIOD:	**January to December 2019**			
DATE OF SUBMISSION:	**30th January 2020**			
Report Compiled by:	**Moses Odongo**	**M & E Specialist**	**0775401966**	**odongomo2021@gmail.com**
	Dr. Paddy Busulwa	**Technical Advisor**	**0772615664**	**pbusulwas@gmail.com**
Approved by:	**Dr. Paul Isiko**	**The Executive Director**	**0772428225**	**paulisiko@hotmail.com**
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
HH	Households
IEC	Information Education and Communication
IPs	Implementing Partners
IPT	Isoniazid Preventive Therapy
M & E	Monitoring and Evaluation
MOH	Ministry of Health
MOU	Memorandum of Understanding
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
TOC	Table of Contents
USAID	United States Agency for International Development
CPD/CME	Continuous Professional Development or Medical Education

TABLE OF CONTENTS

TOC

EXECUTIVE SUMMARY

This report covers the calendar year January 1st to December 31st, 2019 which marks the second year of implementation of the Uganda Stop TB Partnership grant under Principal Recipient 1 (PR1) 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 exists to maintain relationship and subscribe to objectives of the Global Stop TB Partnership and it helps promote advocacy, communication and social mobilization for TB Control

USTP management and program team were engaged in a number of activities in 2019 including holding the board meeting, meeting with MPs, TB contact tracing and PPM activities.

The management team started the year by holding the first board meeting in the year on 19th January 2019, and this was followed a knowledge update meeting for MPs who are members of the health committee of parliamentary to discuss issues in the budget framework paper. These included the team generating the final annual workplan and budget for 2019 which were then shared with its key stakeholders (TASO-GMU, MOH/NTLP, CCM and the districts of operation).

The secretariat supported the world TB day commemoration event for 2019 which took place in Ntungamo in March 24, 2019. USTP team then embarked on supporting districts to conduct TB contact tracing and PPM activities. A total of 2822 TB index patients were followed in the year of which 33% were MDR TB patients and 67% were drug susceptible TB. From the 921 MDR Patients followed for TB contact tracing in the community, 8538 contacts were screened and 258 (3.0% of the contacts) were diagnosed with TB. For DS-TB, 1901 patients were followed with 8830 contacts screened and 225(2.5%) were diagnosed with TB.

The secretariat continued with implementation of PPM that included mentorship support directed to private health facilities, in attempts to ensure they scale up their involvement in TB case detections, treatments, follow-up and referrals.

USTP was involved in a number of advocacy activities: two Parliamentary TB Caucus Knowledge Update meetings, two TB Constituency engagement meetings and one oversight visit by National Coordination Committee for TB (NCC) and Parliamentarians for Social Accountability in 2019

INTRODUCTION

The report provide highlights and details of the activities that were implemented by USTP from January to December, 2019. It gives insights into the set annual targets, accomplishments, challenges, lessons learnt and recommendations. The report also provides an overview of the planned activities for the following year, 2020.

RESULT TABLE: USTP YEAR TWO (2019) PERFORMANCE AGAINST TARGETS

Indicators	Annual Target	Results	% Target Achieved
TB CONTACT TRACING (MDR TB)			
Number of MDR TB Index patients visited for Contact Tracing	800	921	115%
Total number of Contacts of MDR TB Patients screened for TB	4000	8538	213%
Number of contacts of MDR TB patients with presumptive TB	880	1771	201%
Number of contacts of MDR TB patients diagnosed with TB	120	258	215%
TB CONTACT TRACING (Drugs susceptible TB)			
Number of DS TB Index patients visited for Contact Tracing	1200	1901	158%
Total number of Contacts of DS- TB patients screened for TB	6000	8830	147%
Number of contacts of DS TB patients with presumptive TB	1320	2187	166%
Number of contacts of DS TB patients diagnosed with TB	180	225	125%
PPM for private Facilities			
Follow up mentorship visits for the PPM sites trained	**2**	**2**	**100%**
Presentation of PPM guideline approval to technical team (2 planned: 1 presentation and 2nd being the final version for endorsement)	**2**	**1**	**50%**
Advocacy, Resource mobilisation and Networking			
The Parliamentary TB Caucus Knowledge Update/Advocacy meeting	2	**2**	**100%**
Engagement of the TB Constituency	2	**2**	**100%**
The joint visit by National TB Coordination Committee (NCC) and Parliamentarians for Social Accountability	1	**1**	**100%**
Preparing, involvement in the implementation of World TB Day commemoration events	1	**1**	**100%**
Data Management, Monitoring and Evaluation			
Support Supervision & Monitoring visits	4	**5**	**125%**
The compilation of quarterly and annual program reports	5	**5**	**100%**

Indicators	Annual Target	Results	% Target Achieved
TB CONTACT TRACING (MDR TB)			
Conduct performance review of the program activities implemented by USTP	2	**1**	**50%**

RESULT TABLE: USTP CUMULATIVE PERFORMANCE AGAINST TARGETS

Indicators	Overall Target	Year 1 Results	Year 2 Results	Cumulative Results	Percentage Results
TB CONTACT TRACING					
District Entry meetings	14	14	-	14	100%
The participants for District entry meeting	280	280	-	280	100%
Training community Health workers on TB contact tracing	7	5	-	5	71%
TB Contact Tracing (MDR TB)					
Number of MDR TB Index patients visited for Contact Tracing	2400	364	921	1285	54%
Total number of Contacts of MDR TB Patients screened for TB	12000	2235	8538	10773	90%
Number of contacts of MDR TB patients with presumptive TB	2640	930	1771	2701	102%
Number of contacts of MDR TB patients diagnosed with TB	360	33	258	291	81%
TB Contact Tracing (Drugs susceptible TB)					
Number of DS TB Index patients visited for Contact Tracing	3600	1226	1901	3127	87%
Total number of Contacts of DS- TB patients screened for TB	18000	6331	8830	15161	84%
Number of contacts of DS TB patients with presumptive TB	3960	927	2187	3114	79%
Number of contacts of DS TB patients diagnosed with TB	540	171	225	396	73%
PPM for private Facilities					
Mapping and Assessment of Facilities for PPM support	2	2	-	2	100%
PPM training of the Private health service providers	5	5	-	5	100%
Follow up mentorship visits for the PPM sites trained	6	2	2	**4**	**67%**
Presentation of PPM guideline approval to technical team (2 planned: 1 presentation and 2nd being the final version for endorsement)	4	1	1	**2**	**50%**

Indicators	Overall Target	Year 1 Results	Year 2 Results	Cumulative Results	Percentage Results
Advocacy, Resource mobilisation and Networking					
The Parliamentary TB Caucus Knowledge Update/Advocacy	4	**2**	**2**	**4**	**100%**
Engagement of the TB Constituency	4	**2**	**2**	**4**	**100%**
The joint visit by National Coordination Committee for TB (NCC) and Parliamentarians for Social Accountability	2	**2**	**1**	**3**	**125%**
Preparing, involvement in the implementation of World TB Day events	2	**1**	**1**	**2**	**100%**
Hold Quarterly USTP Board meeting	6	**3**	**1**	**4**	**67%**
Hold Annual General Meeting (AGM) for USTP Partner's forum	3	**0**	**0**	**0**	**0%**
Data Management, Monitoring and Evaluation					
Support Supervision & Monitoring visits by USTP program team	12	**3**	**5**	**8**	**67%**
The compilation of quarterly and annual program reports	15	**5**	**5**	**10**	**67%**
Conduct performance review of the program activities implemented by USTP	6	**2**	**2**	**4**	**67%**

TB Contact Tracing

The contact Tracing Results by Districts (for DS TB)-2019

		Number of contacts screened for TB					
SN	**District**	**Jan-Mar**	**Apr-Jun**	**Jul-Sep**	**Oct-Dec**	**District Total**	**Contacts diagnosed with TB**
1	ARUA	0	0	513	0	513	24
2	LIRA	0	0	486	0	486	17
3	SOROTI	0	236	276	310	822	10
4	NAPAK	272	607	217	697	1793	63
5	MBALE	207	175	498	0	880	24
6	IGANGA	247	0	0	199	446	11
7	JINJA	272	257	334	429	1292	31
8	MASAKA	0	119	568	0	687	7
9	MBARARA	0	223	230	138	591	7
10	KABALE	102	0	81	0	183	1
11	KABAROLE	66	0	0	0	66	2
12	KIKUUBE	0	251	0	0	251	4
13	HOIMA	0	0	202	0	202	16
14	MUBENDE	0	385	237	0	622	8
	Grand Total	**1166**	**2253**	**3533**	**1773**	**8830**	**225**

The contact Tracing Results for the 14 Districts for MDR TB (2019)

		Number of contacts screened for TB					
SN	**District**	**Jan-Mar**	**Apr-Jun**	**Jul-Sep**	**Oct-Dec**	**District Total**	**MDR TB Contacts diagnosed with TB**
1	ARUA	349	0	568	0	917	29
2	GULU	247	0	196	22	465	1
3	LIRA	1060	1089	428	360	2937	135
4	SOROTI	449	46	103	0	598	7
5	MBALE	207	171	275	244	897	27
6	IGANGA	336	269	256	167	1028	11
7	JINJA	30	97	0	24	151	0
8	MASAKA	52	170	31	0	253	7
9	MBARARA	114	0	162	52	328	9
10	KABALE	38	0	0	0	38	1
11	KABAROLE	122	126	118	97	463	20
12	MOROTO	0	130	0	0	130	4
13	KITGUM	114	109	49	0	272	7

14	MUBENDE	61	0	0	0	61	0
	Grand Total	**3179**	**2207**	**2186**	**966**	**8538**	**258**

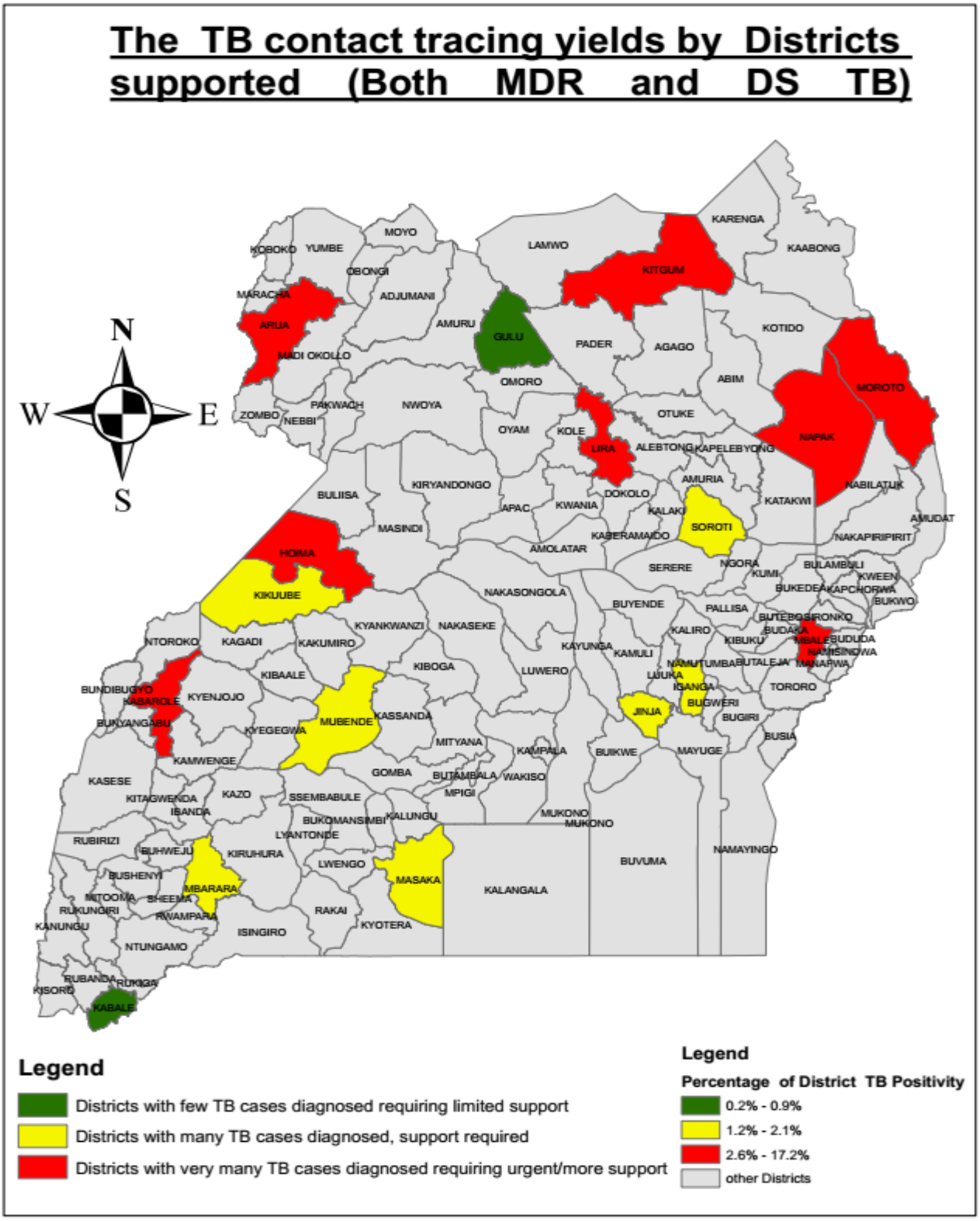
The contact tracing yields by Districts for all 17 Districts supported (MDR and DS TB)

		Number of contacts screened for TB						
SN	**District**	**Jan-Mar**	**Apr-Jun**	**Jul-Sep**	**Oct-Dec**	**Total contacts screened**	**Contacts diagnosed with TB**	**Percentage of District TB Positivity**
1	**ARUA**	349	0	1081	0	1430	53	3.7%
2	**GULU**	247	0	196	22	465	1	0.2%
3	**LIRA**	1060	1089	914	360	3423	152	4.4%
4	**SOROTI**	449	282	379	310	1420	17	1.2%
5	**NAPAK**	272	607	217	697	1793	63	3.5%
6	**MBALE**	414	346	773	244	1777	51	2.9%
7	**IGANGA**	583	269	256	366	1474	22	1.5%
8	**JINJA**	302	354	334	453	1443	31	2.1%
9	**MASAKA**	52	289	599	0	940	14	1.5%
10	**MBARARA**	114	223	392	190	919	16	1.7%
11	**KABALE**	140	0	81	0	221	2	0.9%
12	**KABAROLE**	188	126	118	97	529	22	4.2%
13	**KIKUUBE**	0	251	0	0	251	4	1.6%
14	**HOIMA**	0	0	93	0	202	16	7.9%
15	**MOROTO**	0	130	0	0	130	4	3.1%
16	**KITGUM**	114	109	49	0	272	7	2.6%
17	**MUBENDE**	61	385	237	0	683	8	1.2%
Grand Total		**4345**	**4460**	**5719**	**2739**	**17372**	**483**	**2.8%**

Legend Key

Districts with many TB cases diagnosed, support required	Districts with very many TB cases diagnosed requiring urgent/more support	Districts with few TB cases diagnosed requiring some support

Map showing contact tracing results for 17 Districts supported in 2019 by USTP



Contact tracing in the refugee camp-Kikuube District

During the year, USTP was able to facilitate TB contact tracing in the refugee camp in Kikuube District (Maratatu HCII, Kyangwali refugee camp)

Maratatu HW & VHT conducting a TB contact tracing session in one of the households in the camp on 12th June 2019

The support supervision to the TB contact tracing team in Kikuube District on 13th June 2019

The contact tracing in this camp targeted 81 patients. During the exercise, 71 patients were successfully followed, 251 contacts were screened for TB of which 68 were presumptive TB cases and 4 contacts were diagnosed with TB (including 1 MDR TB) and all started on treatment.

Challenges (specific to Kikuube refugee camp)

- The scheduled date for the exercise was adjusted which interfered with the original planning/timing.
- The public holiday for refugees and food distribution exercises coincided with the contact tracing days, the activity was prolonged and a mop up was done during the subsequent week. This was not catered for in terms of facilitation.
- The three selected community health workers were not familiar with all the eight villages and this led to waste of time locating the homes of the TB clients.
- Village/block chairmen were not included in our planning and these could have been very resourceful in tracing homesteads.

Lesions learnt (Kikuube)

- Some of the homes visited, the TB clients had relocated to other villages meaning every time clients come for drug refill, they would have to update their addresses.
- For most of the homes visited during morning hours, clients were not found at home so, it's preferred that contact tracing be planned for afternoon hours.
- The community health workers were not familiar with all the homes of the clients especially those outside their own villages, therefore, a need to involve block chairmen.

Recommendations (Kikuube)

- Include the village chairmen in planning for similar interventions in the future
- Increase the number of screening days depending on the number of clients targeted and these must be fewer per day since its preferred to do the screening in the evening and only (approximately 3 homes can be visited in an evening).
- More community health workers should be involved in the contact tracing exercise in the next screening camp.
- Block/village chair persons should be included in the contact tracing exercise since they have an updated village register, this will enhance quick client location in the community

The support supervision objectives

- To provide joint support to the districts implementing TB contact tracing supported by USTP aimed at improving the quality of contact tracing activity implemented in the households/communities.
- To ascertain number of TB patients in the RRH and other facilities to guide the decision of USTP/NTLP on TB contact tracing.
- To enhance the capacity of the site team on financial tools, managing accountability and proper reporting as per global fund requirements/ standards and guidelines.
- 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. This will include sharing the details of support from USTP to the target facilities.

- To ensure proper documentations and filing of field results for TB contact tracing and those found positive linked to care and treatment.
- To provide specific support to facilities/Districts that had issues with completing contact tracing accountability forms like Hoima, Arua, Gulu and Lira among others and the main target for this very objective. Some of these districts had accountability issues that were even for 2018.
- To distribute medical logistics for TB contact tracing like sputum mugs, Mask, Zip-lock bags, registers among others.
- To ensure the districts and facilities that are conducting TB contact tracing this quarter are well supported and prepared to implement the activity as per expected targets.
- To ensure there is utmost adherence to the stipulated SOPs for the TB contact tracing in the communities.

Items distributed during support visits

- SOPs for TB contact tracing
- The TB contact tracing registers including other key forms for contact tracing
- The TB contact tracing accountability forms
- The Zip-lock bags
- The sputum mugs (also distributed to the some PPM sites)

The key outputs/findings from these support visits

- Improved documentations and filing of TB contact tracing data. Most facilities were provided with technical support on proper filing of TB contact tracing records for easy follow up and reporting.
- The facilities were provided with onsite skills on reporting MDR and DS TB separately for easy tracking.
- Shared tools required for TB contact tracing were provided to the field team
- Accountability documents for the previous contact tracing facilitations were collected to the tune of more than 80% coverage.
- The support to the PPM sites was able to provide first-hand information as to why most of them are not treating TB and reporting through DHIS-2.
- The support team were able to gather issues affecting TB management in the community that would help inform the NTLP programing.
- The team was able to find out the extent to which the lower level team adhere to the TB contact tracing guidelines/SOP.

Challenges identified during support supervision exercise

- There are still so many cases of DS-TB patients that are in urgent need for TB contact tracing. This is the case at Lacor Hospital in Gulu, TASO Gulu, Iganga, Jinja, Soroti and Kikuube that USTP was not able to fully cover in the July - Sept quarter.
- Challenges with following patients from out of the district. Coordination issues due to limited funding. Some lower facilities expect too much funding to do contact tracing.
- The registers for contact tracing are not enough due to so many TB contacts in the community.

- The limited supply of TB preventive therapy in PPM sites, public facilities and in PNFP facilities noted.
- The limited supply of anti-TB like RH and RHZE
- The concern of delayed results from NTRL (this was mainly from Northern districts of the country)
- Some facilities have no TB contact tracing guidelines. This is because USTP printed few copies during the trainings for TB contact tracing. More copies needs to be printed and shared with lower level facilities.
- The limited TB contact tracing registers and other stationeries for reporting and accountabilities.
- Some Clients deliberately dodge health workers who go to conduct contact tracing due to stigma issues.

Recommendation from the support supervision

- There should be a considerable amount of funds provided to USTP so that they can ably support the facilities do quality TB contact tracing. The transport issues have been reported throughout the support visits made. This should be taken seriously if any new funding opportunity comes in. it should be noted that there are very many DS-TB cases that the current funding cannot allow USTP to reach them. Quantitatively, USTP support has only reached 17 Districts out of 122 in the country and yet all the other remaining 105 Districts are eligible for support. And besides, even in the 17 districts, just a handful of support are directed for DS TB that are very many and requiring urgent attention.
- For TB contact tracing guidelines, more copies should be printed and shared with lower level facilities. USTP should work with NTLP and the regional IPs to ensure the sites have these SOPs/guideline in place in hard copies.
- The support supervision team to should always share the issue of stock out of anti-TB and INH with NTLP leadership so that it may be handled accordingly
- The CT team to map out accurate expenditure of the clients and forward to USTP so that transport cost is appropriately calculated
- The DTLS should do more in support supervision they provide during the TB contact tracing exercise. There have been issues that most DTLS receive money for supporting their health workers do conduct quality contact tracing, but actually they only choose to visit nearby facilities. This practice should stop because far off facilities end up not being supported.
- CT team should wear uniform including any IDs for easy identifications including T-Shirts or aprons (USTP should support this dress codes)

Lessons Learned/New or Emerging Opportunities:

- Regular support supervision is very key in improving the implementation of TB contact tracing activity.
- Many patients are on TB treatment or even complete treatment with no TB contact tracing ever being done especially PBC TB cases. This area still needs to be looked to critically in the subsequent support to the Districts.
- The site interaction with PPM site team TB contact tracing team was very helpful in building their confidence in the support being provided by USTP and NTLP

- This integrated support supervision demonstrated that, it is actually very feasible to provide support to both the PPM facilities and the Public facilities, only that, it requires more time for each of these sectors are very demanding in terms of technical support required.

Photo taken on Oworogo village, Moroto District during support supervion of TB contact tracing, 28th June 2019

Contributing to the writing of the NTLP Annual Report 2018/2019

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

Support Supervision & Monitoring Visits By USTP Program Team

The support supervision conducted during year took place throughout the 4 quarters. See the table below:

Table showing details of visits made for support supervision by USTP team: 2019

S/N	Dates of support supervision	Districts visited	The visit focus
1	Feb 2019	Masaka, Hoima, Arua, Gulu, Lira, Soroti, Mbale, Iganga, Jinja	TB contact tracing
2	March 2019	Mbarara, Kabale, Mubende and Kabarole	TB contact tracing
3	June 2019	Kikuube	TB contact tracing in the refugee settlement
	June-July 2019	Masaka, Mubende, Mbarara and Kabarole, Jinja, Iganga, Mbale, Soroti, Moroto, Napak, Lira and Gulu	TB contact tracing

4	Sept 2019	Masaka, Mbarara, Kabale, Kabarole, Soroti, Hoima, Napak, Jinja and Iganga, Arua, Lira, Kitgum, Gulu and Mbale	TB contact tracing and PPM facilities
5	Dec 2019	Masaka, Mbarara, Kabale, Kabarole, Soroti, Hoima, Napak, Jinja and Iganga, Arua, Lira, Kitgum, Gulu and Mbale	TB contact tracing and PPM facilities

The Cumulative TB contact tracing data

The District Specific TB Contact Tracing results by Quarters (2018-2019)

MBARARA				
Period	**Index TB patients**	**HH members screened for TB**	**Presumptive TB**	**TB diagnosed**
APR-JUN 2018	96	392	135	13
JUL-SEP 2018	0	0	0	0
OCT-DEC 2018	17	111	31	2
JAN-MAR 2019	13	114	60	5
APR-JUN 2019	30	223	84	3
JUL-SEP 2019	64	392	147	6
OCT-DEC 2019	32	190	36	2
TOTAL FOR 6 QUATRERS	**252**	**1422**	**493**	**31**
Positivity rate		**2.2%**	**6.3%**	
KITGUM				
Period	**Index TB patients**	**HH members screened for TB**	**Presumptive TB**	**TB diagnosed**
JUL-SEP 2018	0	0	0	0
OCT-DEC 2018	0	0	0	0
JAN-MAR 2019	20	114	26	5
APR-JUN 2019	20	109	27	2
JUL-SEP 2019	11	49	3	0
OCT-DEC 2019	0	0	0	0
TOTAL FOR 6 QUATRERS	**51**	**272**	**56**	**7**
Positivity rate		**2.6%**	**12.5%**	

IGANGA				
Period	**Index TB patients**	**HH members screened for TB**	**Presumptive TB**	**TB diagnosed**
JUL-SEP 2018	0	0	0	0
OCT-DEC 2018	48	569	30	4
JAN-MAR 2019	78	349	274	8
APR-JUN 2019	31	269	26	2
JUL-SEP 2019	30	256	44	5
OCT-DEC 2019	66	366	65	7
TOTAL FOR 6 QUATRERS	**253**	**1809**	**439**	**26**
Positivity rate		**1.4%**	**5.9%**	

MBALE				
Period	**Index TB patients**	**HH members screened for TB**	**Presumptive TB**	**TB diagnosed**
JUL-SEP 2018	160	966	145	6
OCT-DEC 2018	38	312	111	9
JAN-MAR 2019	60	414	126	11
APR-JUN 2019	66	346	96	15
JUL-SEP 2019	134	773	177	18
OCT-DEC 2019	26	244	58	7
TOTAL FOR 6 QUATRERS	**484**	**3055**	**713**	**66**
Positivity rate		**2.2%**	**9.3%**	

LIRA				
Period	**Index TB patients**	**HH members screened for TB**	**Presumptive TB**	**TB diagnosed**
JUL-SEP 2018	124	412	84	19
OCT-DEC 2018	82	755	211	49
JAN-MAR 2019	64	1060	253	38
APR-JUN 2019	69	1089	184	34
JUL-SEP 2019	150	914	191	56
OCT-DEC 2019	39	360	88	24
TOTAL FOR 6 QUATRERS	**528**	**4590**	**1011**	**220**

Positivity rate		**4.8%**	**21.8%**	

ARUA				
Period	**Index TB patients**	**HH members screened for TB**	**Presumptive TB**	**TB diagnosed**
JUL-SEP 2018	208	1561	493	21
OCT-DEC 2018	0	0	0	0
JAN-MAR 2019	25	349	182	14
APR-JUN 2019	0	0	0	0
JUL-SEP 2019	146	1081	244	39
OCT-DEC 2019	0	0	0	0
TOTAL FOR 6 QUATRERS	**379**	**2991**	**919**	**74**
Positivity rate		**2.5%**	**8.1%**	

HOIMA				
Period	**Index TB patients**	**HH members screened for TB**	**Presumptive TB**	**TB diagnosed**
JUL-SEP 2018	135	351	87	22
OCT-DEC 2018	0	0	0	0
JAN-MAR 2019	0	0	0	0
APR-JUN 2019	0	0	0	0
JUL-SEP 2019	59	93	19	16
OCT-DEC 2019	0	0	0	0
TOTAL FOR 6 QUATRERS	**194**	**444**	**106**	**38**
Positivity rate		**8.6%**	**35.8%**	

NAPAK				
Period	**Index TB patients**	**HH members screened for TB**	**Presumptive TB**	**TB diagnosed**
JUL-SEP 2018	0	0	0	0
OCT-DEC 2018	76	436	123	8
JAN-MAR 2019	62	272	118	13
APR-JUN 2019	108	607	189	14
JUL-SEP 2019	67	217	94	11
OCT-DEC 2019	117	697	260	25
TOTAL FOR 6 QUATRERS	**430**	**2229**	**784**	**71**
Positivity rate		**3.2%**	**9.1%**	

MASAKA				
Period	**Index TB patients**	**HH members screened for TB**	**Presumptive TB**	**TB diagnosed**
JUL-SEP 2018	123	381	68	9
OCT-DEC 2018	25	134	18	3
JAN-MAR 2019	10	52	14	2
APR-JUN 2019	60	289	29	4
JUL-SEP 2019	215	599	125	8
OCT-DEC 2019	0	0	0	0
TOTAL FOR 6 QUATRERS	433	1455	254	26
Positivity rate		**1.8%**	**10.2%**	

MUBENDE				
Period	**Index TB patients**	**HH members screened for TB**	**Presumptive TB**	**TB diagnosed**
JUL-SEP 2018	0	0	0	0
OCT-DEC 2018	47	166	23	3
JAN-MAR 2019	14	61	17	0
APR-JUN 2019	79	385	103	7
JUL-SEP 2019	47	237	44	1
OCT-DEC 2019	0	0	0	0
TOTAL FOR 6 QUATRERS	**187**	**849**	**187**	**11**
Positivity rate		**1.3%**	**5.9%**	

SOROTI				
Period	**Index TB patients**	**HH members screened for TB**	**Presumptive TB**	**TB diagnosed**
JUL-SEP 2018	0	0	0	0
OCT-DEC 2018	70	359	35	6
JAN-MAR 2019	39	449	14	4
APR-JUN 2019	39	282	32	2
JUL-SEP 2019	47	379	18	8
OCT-DEC 2019	40	310	41	3
TOTAL FOR 6 QUATRERS	**235**	**1779**	**140**	**23**
Positivity rate		**1.3%**	**16.4%**	

GULU				
Period	**Index TB patients**	**HH members screened for TB**	**Presumptive TB**	**TB diagnosed**
JUL-SEP 2018	107	401	79	8
OCT-DEC 2018	0	0	0	0
JAN-MAR 2019	33	247	29	0
APR-JUN 2019	0	0	0	0
JUL-SEP 2019	26	196	42	1
OCT-DEC 2019	4	22	0	0
TOTAL FOR 6 QUATRERS	**170**	**866**	**150**	**9**
Positivity rate		**1.0%**	**6.0%**	

MOROTO				
Period	**Index TB patients**	**HH members screened for TB**	**Presumptive TB**	**TB diagnosed**
JUL-SEP 2018	0	0	0	0
OCT-DEC 2018	0	0	0	0
JAN-MAR 2019	0	0	0	0
APR-JUN 2019	13	130	30	4
JUL-SEP 2019	0	0	0	0
OCT-DEC 2019	0	0	0	0
TOTAL FOR 6 QUATRERS	**13**	**130**	**30**	**4**
Positivity rate		**3.1%**	**13.3%**	

KIKUUBE				
Period	**Index TB patients**	**HH members screened for TB**	**Presumptive TB**	**TB diagnosed**
JUL-SEP 2018	0	0	0	0
OCT-DEC 2018	0	0	0	0
JAN-MAR 2019	0	0	0	0
APR-JUN 2019	71	251	68	4
JUL-SEP 2019	0	0	0	0
OCT-DEC 2019	0	0	0	0
TOTAL FOR 6 QUATRERS	**71**	**251**	**68**	**4**
Positivity rate		**1.6%**	**5.9%**	

KABALE				
Period	**Index TB patients**	**HH members screened for TB**	**Presumptive TB**	**TB diagnosed**
JUL-SEP 2018	61	204	50	3
OCT-DEC 2018	0	0	0	0
JAN-MAR 2019	43	140	10	2
APR-JUN 2019	0	0	0	0
JUL-SEP 2019	41	81	3	0
OCT-DEC 2019	0	0	0	0
TOTAL FOR 6 QUATRERS	**145**	**425**	**63**	**5**
Positivity rate		**1.2%**	**7.9%**	

JINJA				
Period	**Index TB patients**	**HH members screened for TB**	**Presumptive TB**	**TB diagnosed**
JUL-SEP 2018	53	157	45	5
OCT-DEC 2018	9	55	37	2
JAN-MAR 2019	59	304	48	8
APR-JUN 2019	75	354	42	2
JUL-SEP 2019	69	334	53	10
OCT-DEC 2019	83	453	73	11
TOTAL FOR 6 QUATRERS	348	1657	298	38
Positivity rate		**2.3%**	**12.8%**	

KABAROLE				
Period	**Index TB patients**	**HH members screened for TB**	**Presumptive TB**	**TB diagnosed**
JUL-SEP 2018	0	0	0	0
OCT-DEC 2018	20	109	9	2
JAN-MAR 2019	20	122	19	4
APR-JUN 2019	22	126	8	5
JUL-SEP 2019	24	118	75	6
OCT-DEC 2019	20	97	6	5
TOTAL FOR 6 QUATRERS	**106**	**572**	**117**	**22**
Positivity rate		**3.8%**	**18.8%**	

The 17 District TB contact tracing results(MDR/DS TB)				
Period	**Index TB patients visited**	**HH members screened for TB**	**Presumptive TB**	**TB diagnosed**
APR-JUN 2018	96	392	135	13
JUL-SEP 2018	971	4433	1051	93
OCT-DEC 2018	432	3006	628	88
JAN-MAR 2019	540	4047	1190	114
APR-JUN 2019	683	4460	918	98
JUL-SEP 2019	1130	5719	1279	185
OCT-DEC 2019	427	2739	627	84
Positivity rate		**2.7%**	**11.6%**	
Cumulative sum for 7 Quarters	**4173**	**24796**	**5828**	**675**
Target for 7 quarters	**3500**	**20000**	**4400**	**600**
Percentage of target achieved	**120%**	**124%**	**133%**	**113%**

The Key Notes from the TB contact tracing activity

- During the year, a total of 2822 TB patients of which 921(33%) were MDR TB and 1901 (67%) Drug susceptible TB patients were followed for TB contact tracing.
- The target for the year of 800 visits for MDR patients was reached to the tune of 921(115%), and for DS TB, the target of 1200 was reached to the tune of 158%.
- From the total of 17368 contacts screened 3958 or 23% had presumptive TB.
- Further laboratory investigations into the presumptive TB cases resulted into 483 HOUSEHOLD contacts diagnosed with TB. This represented 12% TB conversion rate from among the TB presumptive cases.
- Looking at the entire household contacts of 17368 screened for TB against 483 positive contacts diagnosed with TB), the positivity among the contacts was 2.8%.
- From the 17 districts supported in the year, Hoima, Lira, Kabarole, Arua, Napak and Moroto registered highest positivity rates among the contacts i.e. 7.9%, 4.4%, 4.2%, 3.7%, 3.5% and 3.1% respectively. These are the districts requiring urgent and more support in the coming years from USTP and other IPs.
- From the cumulative TB results for the last 7 quarters, it is very clear that the support across districts was inconsistence. In some quarters, some districts were not facilitated for TB contact tracing. This was due to the funding limitation that could not allow USTP to take in more patients to be visited for contact tracing.

Challenges encountered during TB contact tracing

- The issue of little transport refund to follow some patients that are in far-off distances. This is very true for both MDR-TB and DS-TB patients. The amount of transport refund provided by

USTP to the teams carrying out contact tracing sometimes is not adequate. It doesn't cater for cases like where a health worker uses a boda-boda to a certain area and has to be waited for otherwise s/he gets stuck in that area due to lack of public means of transport.

- In line with the above challenge, the funds allocated to transport is little according to USTP's budget. This issue should be put into considerations during the next grant. The challenge is not only with transport, but also restricting USTP to just support a handful of patients for contact tracing.
- Rainy seasons affect the activities, in most parts of the country the roads become impassable yet the teams use boda-bodas to reach most of the patients and in addition, the field teams are not provided with the carrier bags..
- Locating some patients is still not very easy due to a number of reasons including stigma, security reasons, use of nick names and actually some patients do not know the locations of their residences.
- Lack of contact tracing tools including contact tracing registers from MOH that has taken sometimes for the final version to be printed and distributed to the lower level facilities, the other stationery tools which in most cases, USTP may not provide for in the facilitations.
- During contact tracing, many samples are sent to the nearby facilities. In most cases, this is seen as more burden to the lab personnel, who view this as additional workload to their department.
- The health units with Genexpert and x-ray machines should be supported with more supplies for Genexpert cartridges and x-ray films as contact tracing activity sends more samples from communities more than the numbers planned for.
- The issue of the delayed accountability by some health workers affects reporting timeline.
- Some TB focal persons are not so cooperative with the rest of the health workers in the facility. They tend to monopolise the activity. This becomes a problem in situations when they are not around, no other health worker would support TB activities willingly.
- The challenge of balancing the health unit work with the field work for TB contact tracing. This was noted where most of the MDR patients were very scattered all over the region.
- Limited TB contact tracing guidelines and SOPs to support the health workers and CHW conducting contact tracing in the communities and households.
- The limited fund for contact tracing make it very hard for USTP to fully support the entire contact tracing needs existing in the facilities/Districts. USTP so far supported only 17 districts for contact tracing and yet there are more than 120 districts in the country, all with real need for TB contact tracing. This means USTP currently supports not more than 15% of the districts in the country. Besides, the support to the 17 districts are restricted to just a handful of facilities. The limited funds hinder comprehensive training, mentorship and data quality/validation for the contact tracing exercise.

Proposed way forward/Recommendation for contact tracing

- More TB contact tracing guidelines and SOPs should be printed and shared with lower level facilities. USTP should work with NTLP and the regional IPs to ensure the sites have these guidelines and SOPs in place
- There should be more funds allocated to TB contact tracing. There are still large volumes of patient lists from districts of Kikuube, Hoima, Kabale, Mbarara, Kabarole, Arua, Lira, Soroti, Kitgum Gulu, Moroto, Mbale, Iganga, Jinja, Masaka, Mubende and Rukungiri that USTP has

not been able to support. More funding would enable USTP do more to ensure TB contacts in these districts are reached and screened for TB.

- There should be more regular (monthly) support supervisions to facilities implementing TB contact tracing directed towards quality improvement in the ways contact tracing is executed. This will provide more reliance on the outputs and accurate information from the contact tracing exercise.
- There are specific challenges affecting activities in othersettings like refugee camps, prisons, drinking joints. The kind of interventions in such settings should be incorporated to the current approaches USTP used to implement activities for example in Kikuube District.

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

One of the core mandates for 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 scheduled a number of activities aimed at engaging private facilities in TB management. These activities were implemented throughout 2019 under the following sub-sections;

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

During the year, USTP with NTLP continued coordinating and supporting the development of draft version of the national guidance on engaging the private sector into offering TB care and prevention services. This was a work in progress during 2019 and the team working on this document plans to present the final draft in the first quarter of 2020 to key stakeholders during the NTLP meeting.

Mentorship and supervision for the PPM sites

This activity was implemented but the visits were not as regular as earlier planned due to funding gaps. The DTLSs, however, were encouraged to visit facilities and give them technical assistance and supplies where possible.

Supporting Districts to Manage PMM Data for implementing facilities

Under PPM, USTP supported the engaged facilities on recording and reporting on TB activities. These facilities are in Gulu, Kitgum, Mbale, Tororo, Iganga, Jinja, Masaka, Mbarara, Rubanda, Kalungu, Lwengo and Kabale. A simple tool for collecting monthly data was developed and shared with the facilities through the DTLSs for each district supported. The DTLS for each of the districts where PPM activitis are conducted took their respective private facilities through the tools and they have started using these tools to report on the agreed key PPM indicators.

PPM mentorship objective

In order to guide and improve performance of the private practitioners in TB care USTP carried out mentorship of the trained private practitioners and would also engage with the proprietors of these facilities.

Secondly, mentorship on offering TB care and prevention to health workers in these facilities was meant supplement their technical skills in offering standard TB services (TB Prevention, screening, diagnosis, treatment, follow-up and referrals)

PPM mentorship approach/ methodology

During the year, USTP facilitated mentorship to some PPM facilities in the districts of Iganga, Jinja, Masaka, Mbarara, Kabale, Gulu, Kitgum, Mbale and Tororo. This was part of the integrated support supervision that also included support to issues relating to TB contact tracing in different facilities in the districts visited.

The activity was carried out by a team comprising of officers from USTP and NTLP (represented by the regional supervisor) – the central team – together with the District TB and Leprosy Supervisor (DTLS), the District Laboratory Focal Person (DLFP) and the Biostatistician- the district team. The central team visited the district and introduced the purpose of the visit.

A tool that guided each of these exercises of certifying and providing mentorship was used.

The areas that passed for certification were recorded for the respective facilities and these will be certified for these activities as agreed depending on capacity and willingness by the administration.

The table for districts and PPM facility visited for mentorship in 2019 (April 2019)

District	Facilities mentored on PPM	Key issues identified and formed mentorship focus	Date(s)
Jinja	Whispers Hospital, Jinja Islamic, Nile International Hospital, St Camillus, Rippons Clinic, AL Shalf Modern Hospital, AL Mecca Hospital, Kakira Sugar Hospital, Bugembe Consultation Clinic, Bugembe Peoples, Buwenge Hospital	• No or limited Support from the DTLS • Insufficient knowledge on TB IC • Tb samples not collected by the HUB Riders • Incomplete/Inaccurate Recording in the TB Lab register. • Lack of triaging of patients • Lack of stationery eg Dispensing Log	April 1st-3rd, 2019
Iganga	Hope Hospital, Musana Hospital, Shalom Medical Center, Dr's Plaza, God Cares Clinic, Iganga Pearls, Bethany Medical Centre, Buwenge Hospital, Bugembe People's Clinic, Bugembe Consultation Clinic Kakira Sugar Limited Hospital	• Insufficient screening for TB • Poor or no documentation of presumptive TB cases • TB samples not referred TO Genexpert testing points. • Insufficient knowledge of TB management. • Negative attitude of lab staff towards TB/Sputum examination • Low TB Suspicion Index • Windows in Clinicians rooms not opened • Incomplete Recording in Registers • Laboratory lacking ZN Reagents • Stock out of Anti Tb drugs and TB reagents	April 4th-6th 2019
Mbale	Elgon Hospital, St Austin HC Ahamadiya Hospital Mbale General Clinic St Martin's Medical Centre Mbale People's clinic Tobin HC	• TB screening at most of the facilities was not routinely conducted • Facilities lacked the algorithms/SOPs for TB screening, diagnosis and treatment. • Documentation in the TB data tools and referrals was incomplete and inaccurate	April 3rd-5th, 2019

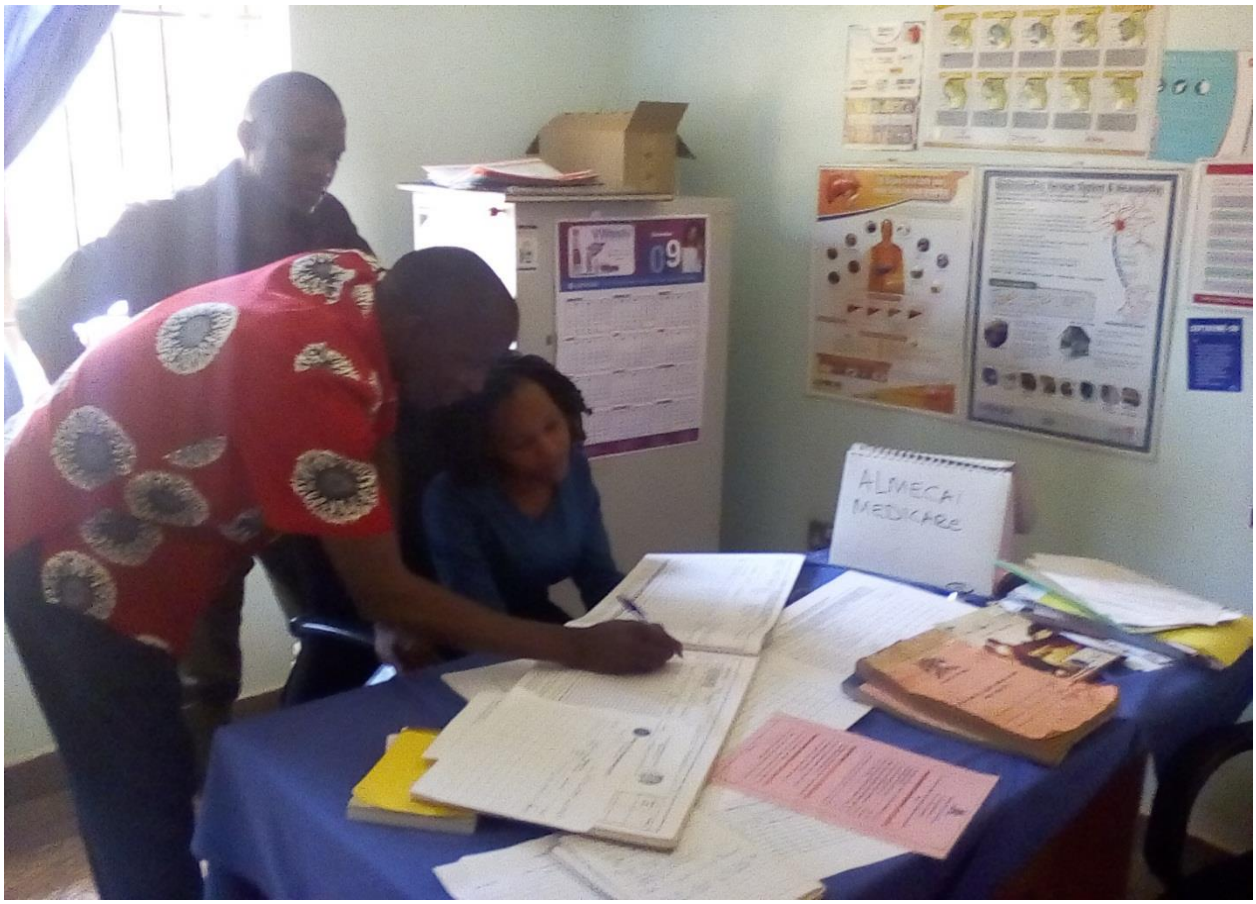
		• No guidelines and IEC materials on TB/HIV but some places had drugs promotion stickers • Monthly reports submissions to the districts was inconsistent	
Tororo	Devine Mercy Hospital, Doctors' Place, Jowil Medical Services, JRC Medical Chambers, Medilink Medical Centre, Reproductive Health Uganda (RHU), St Valentine Medical Centre, St John Kayoro HC II, Vienna Medical Clinic & Lab, People's General Clinic, Ddembe Medical Centre	• Lack of reporting tools e.g. HMIS form 108 • No person assigned to handle records • No treating patients currently • Incomplete recording on the presumptive register • Very limited linkage to other facilities • Some patients could not afford to pay for the TB tests and therefore opted out • No clear linkage pathway and follow up for those diagnosed with TB • HMIS reporting not done. No trained staff in records	April 1st-2nd, 2019

The Private facilities visited for mentorship in 2019 (Sept 2019)

District	PPM Facilities visited	Key issues identified and formed mentorship focus	Date(s)
Jinja	St Camillus	• TB infection control poor • Screening TB rarely done due to lack of reagents.	17/09/2019
Iganga	1.Islamic medical centre 2.New hope hospital	• Knowledge gap in TB management • Low sputum follow up • Missing TB tools • Challenge in diagnosing TB in children • Very minimal screening for TB in OPD and other sections	16/09/2019

		• Presumptive TB register not updated	
Mbarara	1.Mommunity medical centre 2.Mbarara community hospital	• Results of referred patients are not captured • Lack of transfer/referral forms • Low suspicion index • Knowledge gap in TB management. This is because some of the H/Ws who were trained left the facility	23/09/2019
Masaka	1.Mukwaya medical centre 2.Byansi clinic	• Missing TB lab register • No screening for TB • No dispensing log • No IPT is given eve to those deem eligible • One of the underlying reasons is that there is no IPT stock in place	21/09/2019
Kabale	1.Mwesige clinic 2.Trust medical centre	• CME not held on regular basis • Knowledge gap about TB • No ICF guide	25/09/2019
Tororo	1.Divine Mercy Hospital 2. JRC MC	• Facility not coded in DHIS 2 for HMIS 106a, but they are coded for HMIS 105 • The facilities diagnose TB but are not able to treat to staffing gap • We also identified the skill gap in compiling the TB reporting tools • There is no proper referral system in place for TB patients. Their records/referrals (within and outside) can hardly be traced • The are no designated record personnel for HMIS activities in the facilities visited • All action areas for the previous visits could not be easily traced.	16/09/2019
Mbale	• Tobin Medical centre • Mt Elgon Hospital	• No proper referral system in place. This is compounded by lack of referral tools • The site can only screen for TB but not yet able to treat. There is need for preparation of the site team to start TB treatment and they should be provided with TB supplies so that TB work in made easier.	17/9/2019

		• There is general willingness to treat TB patients. In Jan 2019, the site started one patient on anti-TB but the patient got lost • The limited space allocation to TB by the facility administrations. • The staffing gap • The sites expressed the need for regular support supervision specific to TB issues	
Kitgum	Yotkom Medical Centre	• Challenges of HIV test kits for TB patients limiting the screenings • The staffing gap affecting the TB management • Poor referrals of TB patients. Some referred cases do not reach the target facilities • The facility diagonise TB but treating is still a challenge.	21/09/2019
Lira	• Lira Medical centre. • PAG HCIV	• Only one Presumptive TB register in place • No INH supply and yet the site has been submitting orders/requests • This facility already has 1 TB patients on treatment for Jul-Sept quarter • Sample referrals for Zn so poor. The hub rider hardly reach the facility on time • The limited supply for RHZE (PAG HCIV) • Lack of TB HMIS tools in place.	23/09/2019
Gulu	Victory Medical centre	• Linkage with Hub rider has been a challenge • Current microscope is not effective in diagnosis of TB • No sputum mugs for sample collection • Lack of TB management tools e.g. Register, drugs and IPT • Delay in receiving Genexpert results	24/09/2019



One of the supervisors going through a TB Register with the Staff at AL Mecca Hospital-Jinja District

PPM specific support visit towards data collection and linkage creation exercise

The following private facilities were visited for data collection, linkage creation and support supervision. This activity took place from 2nd- 6th December, 2019 in Gulu and Kitgum districts.

PPM facilities visited, the issues identified for action (December, 2019)

Facility	**Action be taken or to be taken**	**Responsible person**	**Timeline**
Glanhor Clinic	Failure to track the Presumed TB Cases	Awori Prosy	Jan-Mar 2020
	No consistent use HMIS tools in the facility. The facility to get in touch with Biostatistician for HMIS tools	Awori Prosy	Jan-Mar 2010
Fitzman	Lab Person to link up with the DLFP to pick the reagents.	Onenchan	Jan-Mar 2010
	Hold CMEs routinely to include TB topics	Onenchan	Jan-Mar 2010
	Start recording in the Presumptive TB Register	Onenchan	Jan-Mar 2020
	Provide TB drugs and ZN reagents	DLFP	Jan-Mar 2020

Good Hope Medical Centre	Provide a TB Lab register. Relocate the Presumptive Register to Clinician's room	DLFP	Jan-Mar 2020
ST Nektarios Health Centre	Start recording the presumed TB cases.	DLFP	ASAP
	Request for ZN reagents from the DLFP	Facility in-charge	ASAP
	Set up an infection Control Committee	Facility in-charge	ASAP
Karin Medical Centre	DTLS to hold a CME in the Facility about TB. Address issues about TB Infection Control	DTLS/Antimo	Jan-Mar 2020
	Screen for TB at all Care Entry Points. Provide ICF Guides	Albert/DTLS	Jan-Mar 2020
Yotkom Medical Centre	Connect to the HUB to be picking the Sputum Samples	DLFP	
	Hold CMEs on TB on a regular basis	Charles	
	Facility to be Coded so as to report directly into DHIS	DHO/Biostat.	
	Reagents availed but lab to request when they ran out	Micheal	
Victory Med. Centre	Hold CMEs on TB on a regular basis	Albert/DTLS	Jan-Mar 2020
	DTLS to provide Anti TB Drugs	Albert/DTLS	
	Provide Screening Guide at all Care Entry points.	Albert/DTLS	

General observations/wayward from the support supervision and data collection visit

- While majority of the private clinics are willing to get involved in the Partnership with Government to control TB, support in technical issues is very little and the ones promised are not fulfilled, e.g. Supply of TB reagents, Guidelines and IEC.
- Most public facilities are overstocked with ZN reagents since very little of these reagents are being used (Refer samples to GeneXpert Sites resulting in little use of the reagents)
- For Facilities to start reporting in DHIS-2, Health workers should to be trained in the filling of the quarterly report (106a) and also be availed the HMIS registers.

- The Private Practitioners especially in High Volume Facilities should be invited to attend District and National TB Review meetings for them to appreciate the challenges and magnitude of TB in this Country.
- DTLSs should come out to support the private Facilities that are willing to manage and control TB.

An example of data aggregated from PPM facilities

(Table showing facilities that that reported timely for the April- June 2019 Quarter)

District	**Targeted facilities**	**Timely reported**	**No. Screened**	**No. Presumptive**	**TB cases**	**Referred**
Kabale	4	0	-	-	-	-

Rubanda	3	1	2106	46	4	0
Mbarara	18	0	-	-	-	-
Gulu	14	1	0	0	0	0
Kitgum	12	4	4952	52	11	40
Masaka	8	4	2441	40	7	5
Kalungu	5	4	1137	37	0	0
Lwengo	13	2	2868	95	10	2
Mbale	16	0	-	-	-	-
Tororo	11	0	-	-		-
Jinja	13	2	328	26	6	8
Iganga	13	1	0	0	0	0
Total	**130**	**19**	**13832**	**296**	**38**	**55**

Key: 0 in column 3, denotes no reports yet.

Key issues/actions from PPM facility support and mentorship visits

- The uncoordinated linkage of the PPM facilities to the existing HUB riders. In most cases, the riders either arrive late or too early to take the samples. The sites should link well with the riders by having a coordinated travel plan for samples collected.
- There exist skill gaps in TB management in private facilities. This could be reduce by regular technical support visit and conducting specific CME.
- Recording and Reporting through MOH tools are very inconsistent. Less prioritization of HMIS reporting by both the facilities and the district for differing reasons. The facilities see no need for a record person. They think any health worker can do HMIS reporting as part of the assignments. The districts also think putting private sites on DHIS-2 will lower their reporting rates. This issue too should be looked into by the facility leadership and the district health leadership.
- The facilities complained of being left out from the capacity building trainings by the regional IPs and districts. Some of the IPs were approached and they agreed to incorporate the technical personnel in their capacity building plan. This is still a work in progress for other facilities and IPs. The DTLS should take time to support the private Facilities and take lead in the CMEs about TB.
- The general lack of supplies for TB management including INH, HIV testing kits for TB/HIV patients, no reliable supplies anti-TB for PPM sites. The site team should closely work with DHT/IPs to bridge this gap. The support/mentorship team should always carry supplies and tools (such as reagents and registers) and needed by facilities during visits. The team leader can even call the facility to be visited in advance so that some of the things they may lack that are available in other facilities, IPs, District or MOH are requested and delivered during the visit exercise.
- The support supervision to the PPM sites are very irregular and in most cases, it does not respond to the key action issues identified. USTP should put more emphasis on the issues raised in the previous visit reports and the reports should be shared with the sites visited for their immediate actions.
- Private Health Providers in big/and busy Facilities should be invited to attend District TB review meetings for them to appreciate and understand the TB burden

- There should be linkage mechanism for e private facilities (those that are not yet linked) to neighbouring public or PNFP facility for TA, referrals and exchange of TB –related items
- The HUB needs to be co-ordinated in such a manner that the Private Facilities are covered with a documented Schedule in place.

Lessons learnt from PPM mentorship

- For effective mentorships in Private Facilities, more time should be given to them to ensure quality service
- Ensure support supervision is carried out in the facilities every time there is an opportunity.
- TB IC in Private Facilities is still a big challenge.
- Since the facilities are handling TB issues for the first time, the amount of time needed for effective mentorships should be two facilities per day per team or else the quality becomes compromised
- The linkage between the private facilities and again those between private and public ones need to be made by physically visiting the relevant facilities and discuss the linkages.
- Ensure support supervision is carried out in the facilities every time there is an opportunity.

Achievements on PPM implementation

Creating linkages - Linked some facilities to Hub network and can now refer sputum samples. All facilities visited were also linked to nearby public facilities so they can be better supported

Some facilities are now reporting (19 of 130 engaged reported timely this quarter) but some are not reporting yet. Some are yet to be linked to DHIS II reporting.

The number of facilities offering the various activities has increased. The full data will be shared in next report.

Other recommendations for PPM

Planning to visit the facilities in the various districts to carry out the following activities:

1. Support the facilities further on TB data management
2. Support the facilities to report through DHIS II by linking them to the system
3. Offer technical support on critical issues
4. Carry out a comprehensive assessment of PPM implementation
5. Conduct PPM Operation research in partnership with NTLP with general objective of establishing factors associated with successful engagement of the private sector to contribute to the national TB response under public-private mix.
6. Print and disseminate National PPM Guidelines to key stakeholders
7. Supporting more private facilities to have access TB medicines, lab supplies and sample transportation network through assessment and certification and creating linkages between private-private and private-public facilities where possible

Advocacy, Resource Mobilization and Networking

The advocacy and networking activities implemented by USTP in 2019 were:

- TB Parliamentary Caucus knowledge update on advocacy for TB activities
- Preparation for and participation in the national commemoration event for world TB day 2019
- Board members meeting
- Involvement in resource mobilization drives

I) 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. For the members to effectively execute their tasks, they require sufficient knowledge on TB and the various determinants of the disease. In the year 2019, the TB parliamentary caucus members were invited for the two sensitization meetings. The meetings provided updates on various issues on TB that enables the targeted MPs to conduct TB advocacy with sufficient knowledge.

Objectives of the Parliamentary TB Caucus Knowledge Update/Advocacy meetings

1. To provide update to the parliamentarians on the current TB situation in the country and control approaches.
2. The highlights and resolutions from the UN High Level Meeting, the "End TB strategies", the WHO TB country specific status and including the MOH/NTLP strategies on TB preventions, diagnosis, treatment and other management.
3. To sensitized MPs on TB and the specific roles expected of them in the TB management. The MPs in the TB caucus are expected to know about TB, its burden to the country, how persons having TB are unable to contribute negatively to the country's GDP, they should know about the proportion of National budget allocated for the TB fights as compared to the actual TB burden and the agreed international standards.

Summary breakdown of the Parliamentary TB Caucus Knowledge Update meetings in 2019

SN	The meeting Venue	Total number of participants	Number of MPs	Date	District
1	Hotel Imperial Royal, Kampala. (Breakfast meeting)	35	12	17th January, 2019	Kampala
2	Botanical Beach Hotel, Entebbe	23	15	25th November, 2019	Wakiso

Key highlights of the issues and agreed actions areas from the Parliamentary TB Caucus Knowledge Update meetings

- The Honorable members were happy for the kind of issues raised in the meeting. They noted that in this year's updates, detailed TB budget issues were expertly shared with them by civil society orgaizations. This was a very good eye oppener to them and they asked that the NTLP spearheads budget detail breakdown throuh the line MOH and they will take it on from there to see that TB budgets do not suffer catustrophic cuts as it has always been happening.
- USTP to organize continuous updates on the status of TB and its services as well as organize engagement of MPs on allocating more resources to TB needs.
- Civil society to engage the MoH a little more and also advocate for more resource allocation to TB.
- The MoH also should prioritize TB given it's a leading killer among the diseases the ministry fights.
- Parliamentarians pledged to see that the National Budget for Health is increased to adequately cater for the need of the sector.
- The health sector should also equitably allocate the given resources across different areas.
- There should be specific advocacy for more GeneXpert Cartridges and GeneXpert machines designated for all HCIVs and high volume HCIIIs across the country. The current supply for GeneXpert covers very limited parts of the country.
- To advocate for more Digital X-rays and increasing the number of health facilities with X-ray equipment from the current 37 to at least 200.
- Prioritize TB patients and households for operation wealth creation and other livelihood programs

(Participants in a group photo after the breakfast meeting on Jan 17th 2019 at Imperial Royal Hotel-Kampala)

Some of the participants after the parliamentary knowledge update meeting held on 25th/11/2019 at Imperial Botanical Beach Hotel, Wakiso District.

II) The joint oversight visit by the National Coordination Committee for TB, Parliamentary TB Caucus and USTP team for Social Accountability.

For 2019, the joint visit was conducted in Karamoja region from 17th to 20TH December 2019. The activity included visiting Moroto district leadership including paying a courtesy call to Mr. Napaja Andrew, the Chairperson LCV Moroto district then proceeding to the meeting venue at Moroto District offices.

The joint visit oobjectives:

- To provide more insight into the possible key social determinates of TB in the region, which, when addressed may change the TB situation
- Identify and engage various stakeholders in the region that may contribute to changing the TB situation in the region including OPM, the regional IPs, other NGOs and the local leadership in the region.
- To gather grass-root level information that would inform the developing of the 2020-2025 USTP and NTLP strategic plans for TB.
- To use as advocacy reference information and other IEC materials to improve TB management in Karamoja region.

Key issues noted from the Karamoja region visits

- Insufficient food for TB patients. This greatly affect adherence to TB treatment. One cannot take TB medications on empty stomach.
- Insufficient funding for Karamoja TB activities in the region. The current funds allocated to TB fight of the region cannot match the disease prevalence in the region. This is one of the leading TB burdened region in the entire nation.

- Limited Community awareness on TB disease, its prevention, diagnosis and treatment.
- Lack of facilities offering TB services spread in the region. Patients have to travel longer distances to find these facilities (Moroto RR and Matany Hospitals among others)

Recommendations from the joint visits

- There should be operations research conducted in the region to find out how best to approach the subject issues relating to TB management in the region. USTP/NTLP should coordinate with the IPs in the region to ensure this is done to inform the strategic decision for Karamoja.
- USTP with backing from NTLP should write an open letter to the GF to request for special support for TB management in Karamoja region.
- There should be support TB contact tracing for all TB patients identified.
- The District leaders and IPs should lobby for upgrading of more health facilities to be able to offer TB services.
- There should be a communication to all IPs in the region to regularly attend Karamoja regional review meetings (on TB performance) and offer them opportunity to interact for coordinated approaches in the TB interventions. USTP/NTLP and main regional IP should take lead in this.
- There should be advocates for mainstreaming TB in the Cross-border initiative. This will help reduce on the LTFU of TB patients from treatment completion
- Advocate starting Income Generating Activities (IGAs) for the communities (long-term) and also exploring the opportunity to link patients to various and the existing social support groups including OWC.
- The next grant application to GF should have special considerations for TB issues in Karamoja region.
- There should be lobbying through OPM so that irrigations farming are started and scaled up in the region.

Group photo after the stakeholder's meeting in Moroto district (18th/12/2019)

III) 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. This CCM-funded activity is meant for educating constituencies on GF processes and gathering their views on the key TB priorities that would inform GF grant/proposal writings. For the year 2019, the activity was implemented in Mukono and Wakiso districts as detailed in the table below:

The table showing the meetings for the engagement of TB constituencies in 2019.

S/N	Venue	District	No of participants	Date
1	Collin Hotel	Mukono	30	25th-26th July, 2019
2	Estella Country Hotel	Wakiso	24	5th Nov, 2019

The objectives of TB constituency engagement meeting

- Providing a platform for the TB Constituency in the region to contribute to the identification and prioritization of the country's needs in respect to TB
- 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 and develop the constituency's communication work plan for 2020
- Soliciting for avenues of engaging CSOs in the TB response

Summary of issues shared during TB constituency engagement meetings:

TB cases are being missed from Schools and other institutions of learning

This needs to be critically looked at as key community areas requiring intervention. At present, it was noted that most school managements are not free to report TB cases because they fear it would give a negative image of their school and thus lowering the school enrolment. So they treat TB related cases with utmost confidentiality.

Also on the parent's side, parents do not feel at ease to report that their children have TB. School heads do not want to report TB cases because of fear to lose popularity, there also issues of stigma from patients/students sides. The TB constituency needs to put schools and institution of learning as community area requiring special interventions.

The crowded environment in most schools increases the chances of TB transmission

TB interventions in schools should target all including students, teachers, cooks, guards, etc.

TB tends to be high among the very poor populations

Emphasising the TB/Poverty link came as a result of **TB catastrophic cost surveys**. This survey identified TB as common among the following persons; HIV positive clients (high death rates),

Prisoners, Children-school outbreaks, Diabetics, Slum dwellers/ Urban poor, Refugees and internally displaced, Nomadic and the Male population.
The findings of this catastrophic cost surveys needs to be widely shared because TB affects all the population categories but is still high amongst the poor. The various population categories identified as common grounds for TB needs to be prioritize in the community TB management strategies for example the TB interventions should target males more because they are 4 times as likely to get TB as compared to females.

The scaring TB statistics

The National TB Treatment Success Rates (TSR) has never been above 80%. This is because of high lost to follow up of TB patients from treatment (13%) among other reasons. This was also looked at as an issue of community concern because this loss to follow-up (LTFU) occurs in the community. In addition to high LTFU, the death rate due to TB stands at about 8%. This means the LTFU and death due to TB accounts for more than 20% in **lowering** the TB TSR. What can be done at constituency-level to reduce the LTFU and death relating to TB? And also, how can the TB constituency be supported to effectively contribute to the reduction of the high LTFU and death due to TB in at community level?

TB services provided by private sectors

It was also brought to the attention of the TB constituency that private health service providers are not providing adequate TB services to the population and yet the statistics from MOH National data indicate that more than 55% of the population first seek health care services from these private health service providers before being referred to public facilities. The capacity of private health facilities needs to be enhanced for provision of standard TB services (TB prevention, care and treatment). There is need to strengthen the link between private sector and communities in TB service provision (private sector should be linked to civil society) then also link civil society to the TB program.

Low advocacy for TB service uptake in the community

There is low community and social mobilisation for TB services. Low TB advocacy, poor community knowledge was noted to be due to limited IEC materials for TB, limited coordination by CSOs providing TB services, lack of CSOs that are specific to TB interventions in the country among others.

Low funding for TB interventions (community TB)

It was noted that TB has very little budgetary allocation of the total funding **(4.5%)** of the three diseases supported by GF i.e. HIV $255.6m (55%), TB $21.1m (4.5%), Malaria $188.3m (40.5%) and Total $465m. To make it worst, 97% of the funding is for commodities, leaving only 3% for other interventions. There's a likelihood that after June 2020, there will be no funder for TB commodities. There is need for very strong advocacy for more funding towards TB. The funding shouldn't only target commodities but also community awareness to generate demand for TB services. The country should know the danger of MDR TB.
There should be community interventions up to household levels. It was noted that most of the current interventions are targeting health centres.
There is need for more activities with the policy makers/parliamentarians
There is also need for district level advocacy platforms for community interventions.

The call for TB/HIV integrated interventions

The TB constituency members noted that if we are to reach all the TB cases, we need to embrace some of the approaches and strategies that the HIV-related CSOs adapted that drastically reduced the infection rates to the current lower rate of about 6.2%. This could even call for joint approaches towards TB/HIV interventions at national and at the community levels.

The members also critically observed that there is need for sustainability strategies in TB funding. Currently, there is a lot of over-reliance on GF as a major funder for TB in the country. There is need to adapt the $1 (One dollar) initiative as a mean of mobilizing funding for HSS of community TB uptake enhancement and this should involve both private and public sectors.

Mapping of the TB/HIV CSOs in the country

There is need for a comprehensive mapping (having inventory) of all CSOs offering TB and HIV services in the country. They should be mapped and their capacity built so they may ably provide TB services. This would help improve planning for community interventions and it would ensure all regions of the country are well covered if all CSOs are mapped geographically.

Another issue which came out clearly was to have a network for CSOs to support Tb activities in the country.

The key Civil Society Priorities agreed in TB Constituency meeting

- Improve coordination of the civil society and partners
- Increase support in advocacy and social mobilisation.
- Proper information about TB – Comprehensive Health literacy
- Engagement of the community leaders – Political, Cultural, religious/spiritual
- Multi stakeholder engagement – identify, engage and support champions, TB survivors, TB patients.
- Engagement of the media – TV, radios, print media, social media.
- TB campaign especially during the month of March. – **Activism for TB**
- Advocate for consistent supplies of TB medicines for all kinds of TB as well as TB prevention therapy.
- There should be improvement in the way World TB Day, WTD is organised so that all regions and districts are part of this commemoration. All regions/districts should do something on WTD for awareness creation.
- TB survivors should be identified and encouraged to share their experiences, this will help reduce stigma. The human rights issues around patients should be addressed.
- USTP to ensure the available information (reference materials) that can support proposal writing are put together and shared with the CSOs. This can be a very good way forward in supporting CSOs in writing very good grant proposals.
- The community awareness should be backed up by the proper data and information dissemination. There should be a functional human right declaration on TB.
- There should be well-established regional structures that are able to work in our

Dr. Egessa making a presentation during the TB constituency engagement meeting in Wakiso, Nov 2019 (above pic))

The TB constituency substantive representative giving closing remarks at after the meeting in Mukono in July 2019

PREPARATIONS AND INVOLVEMENT IN WORLD TB DAY COMMEMORATION EVENTS

Organization of World TB Day commemoration activities

Uganda Stop TB Partnership (USTP), was given the responsibility to spearhead the commemoration events and following this, a central committee was formed consisting a number of stakeholders to oversee the national level arrangements. Nine preparatory meetings were held which started at least 2 months earlier at the National TB and Leprosy Program boardroom. The planning meetings were well attended and a number of organizations were represented including among others; WHO MoH, NTLP, NTRL, RHITES SW, Civil Society Organizations, DHT Ntungamo, The Media fraternity, Faith Based Organizations, Community Based Organizations and USTP among others.

The meetings mainly deliberated on how to support successful implementation of TB Advocacy Week activities as well as the Dee day events. The meetings were convened by Ntungamo district local government and were attended by district officials as well as IPs and other stakeholders including MoH and NTLP officials.

Radio and TV talk shows for WTD

Over 10 Radio talk shows were conducted and these were sponsored by Ntungamo District Local Government and Communication for Health Communities (CHC). Some of the panellists were facilitated by RHITES SW.

In Kampala, at least 2 TV talk shows were conducted, and one talk show in Mbarara. They were supported by Communication for Health Communities (CHC). The panellists included the Assistant Commissioner - TB, Director General Health Services and DHO, Ntungamo District.

Agreed way forward from WTB Day event

Tuberculosis remains a challenge in Uganda and there is need for concerted efforts by all players in a multi-sectorial arrangement to work towards eliminating tuberculosis in Uganda. Two critical areas include advocacy for increasing domestic financing (plus mobilising for further funding) for tuberculosis to better offer services and address stigma and discrimination which continue to hamper access to care, and engaging all stakeholders in the national TB response. USTP remains committed to the two issues and they are part of what is planned

Inspection of stalls during World TB Day 2019 at **Ruhama sub county Headquarters, Ntungamo District March 24th, 2019**

Left – Ag Assistant Commissioner handing over certificates for the successfully treated MDR patients recognize their efforts to complete the treatment. Right – A TB survivor giving a testimony.

The representative of the US Ambassador (3rd from left) at WTD event in Ntungamo on 24/3/2019

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. There were a number of activities and events at NTLP that USTP and other stakeholders were involved in among which included the list below

- The preparations and involvement in the quarterly TB review meetings at National and regional levels
- Participation in the NCC meetings for TB management
- The weekly Monday meetings where strategic decisions are shared and minuted. In these meetings, the quarterly activity planner are updated and the team jointly agree on how to work together in implementing the planned activities.
- The involvement in the development of the NTLP 2020/2021-2024/2025 strategic plan. This started in the Oct-Dec 2019 and it is expected to be completed in the first quarter of 2020.
- Involvement in the USTP coordination meetings/activities including joint visits to Moroto by MPs, World TB day, USTP board meetings among others.

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 2019. USTP has also worked closely with Amber Heart Foundation in expanding TB awareness through the TB ambassador (Bebe Cool). This foundation raises Tuberculosis awareness among Ugandans with the support from the TB reach grant

The USTP Board Meetings

There was only one USTP Board meetings held in 2019, though more meetings were scheduled.

Table showing participants in the last board meeting (Jan 19th, 2019)

Name	Position in the USTP Board
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. Kaggwa Mugagga	Representative from WHO (Ex-official)

Issues reviewed during the board meeting

- Reviewing the issues from the previous meetings
- USTP constitution which needed updating
- Review of the annual USTP program reports, work plan and budget for 2019
- Presentation of annual internal audit reports
- Planning for partner's forum meeting
- Setting resource mobilization strategies for USTP

Resource Mobilization

During the year, the organization responded to three RFAs from TB REACH, from East African Public Health Laboratories (EAPHL)/World Bank and from USAID TB Local Organization Network Project (LON). USTP was not successful in the final stages. Though USTP never got to the final award stage, the feedback provided meant the state of preparedness is now far better than before in responding to the subsequent grant applications.

The USTP Medical Camp for Community TB Screening at Roofings Namanve Grounds

This activity was part of awareness campaign to the staff and clients of roofings Uganda. It was held on 30th November, 2019 and USTP participated at the invitation of the management of roofing so that their team are sensitized about TB. USTP worked alongside St Francis Hospital Nsambyal Hospital, Nakasero Blood Bank and AAR teams under similar tent settings.

The tasks schedules in the camp settings

FACILITY	TASK	METHODOLOGY
Nsambya Hospital	conducted general OPD activities	Routeen Clerking and Physical examination
Nakasero Blood	Blood donations	
AAR	HIV counselling and Testing	
USTP	TB awareness, screening and Testing	Using Intensified case finding Form(ICF)

Summary Findings from TB screening camp

INDICATOR	PERFORMANCE	PERCENTAGE
Total number of Clients screened for TB at USTP camp	38	100%
Total number of presumptive TB cases identified	8/38	21%
Total number of Presumptive tested for HIV	38/38	100%
Total number of Presumptive referred for TB diagnostic investigations	3 /8	37%
Total number of Presumptive TB cases Co-infected with HIV	1	13%
Total number of Previously treated Presumptive TB cases	1	13%
Total number diagnosed with TB cases	0	
Total number of TB cases initiated on TB treatment	0	

Achievements:

- All the necessary TB screening materials were readily available during the activity.
- Majority of the clients were screened for active TB disease.
- All presumptive TB cases identified were referred for TB diagnostic investigations.
- TB awareness messages were delivered to the clients.

Challenges:

- Limited human resource.
- Lack of mobile X-ray machine to hasten clinical diagnosis of TB.

Recommendations for future similar event

Implementing partners with mobile X-ray machines need to be involved in time prior to the activity.

The USTP team (in the right of the tent) at Roofings offices, Namanve Mukono District.

DATA MANAGEMENT, MONITORING AND EVALUATION

HMIS tools for TB Contact tracing

The USTP has worked closely with MOH through the TB Program, ACP and other IPs in ensuring the uniform HMIS tools for managing TB contacts are design, printed and distributed by MOH. The year 2019 was a very busy one in the revised HMIS tool development. The tools were finally approved for printing and all regions of the country were trained on the revised tools including the TB tools such as The Health Unit TB register, the presumptive TB register, the TB contact tracing register, the lab TB register and the District TB register among others. This will greatly fill the gaps in the tools that have been highly missed in the lower level facilities.

Managing data for TB contact Tracing

Due to the fact the revised HMIS tools from MOH were not yet in used by the end of 2019, the draft version of the register for TB contact tracing that was printed by USTP was still in use by throughout 2019 as we await the final directives from MOH resource centre on when the new tool usage will be effected.

Support by TASO GMU M&E team

As part of quality improvement process, the M&E team from the Grant Management unit on quarterly basis provided the technical support supervision to USTP, targeting M&E related areas. The support visits details are summarized in tabular format below:

The table showing the support supervision and internal audit team visits to USTP by TASO GMU in 2019

Name	Title	Organ'tion	Tel No	Support visit dates
Brian Twesige	M&E Specialist	TASO-GMU	0752744814	25-01-2019
David R. Mugisha	Engagement partner	External Auditors	772-612-298	14th-22nd March 2019
Budeyo Henry	Audit Supervisor	External Auditors	783-138-650	14th-22nd March 2019
Agaba Hannington	Audit Officer	External Auditors	758-267-245	14th-22nd March 2019
Patricia Aketch		TASO-GMU	0757319702	1st to 5th April 2019
Brian Twesige	M&E Specialist	TASO-GMU	0752744814	16th & 17th April, 2019
Charles Emesu	Compliance Officer	TASO-GMU	0750452160	21st June 2019
Dr. Egessa John Joseph	Technical Advisor	TASO GMU	0772618157	July 2019
Richard Obedi	Auditor	TASO-GMU	0757319702	27th Aug 2019
Paul Gizamba	Auditor	TASO-GMU	0750452160	27th Aug 2019
Charles Emesu	Compliance Officer	TASO-GMU	0750452160	5th-6th Sept 2019

Brian Twesige	M&E Specialist	TASO-GMU	0752744814	4th & 8th Nov, 2019
Dick Ainomugisha	M&E Specialist	TASO-GMU	0752774154	4th & 8th Nov, 2019
Duncan Mugabi	M&E Specialist	TASO-GMU	0752774798	4th & 8th Nov, 2019

Key areas pointed during the TASO GMU M&E technical support visit:

- The filing system needs to be improved as follows to ease document retrieval and review:
- Training data should be entered in the training database.
- It was a good practice to have attendance list filled by the contact tracing teams during the contract tracing visits. However, it has been noted that the household members engaged don't appear on the list. It is advisable; moving forward, that the household members engaged during the visits should sign on the attendance lists as well, to assure (to some extent) that the visits were actual.
- Filed documents for meetings held should comprise: activity report, attendance lists and payment forms (where payments were made)
- The GMU team supported USTP team to proper filing of account forms to match with the program activities and implementation period.
- The team recommended separate filing of MDR TB and DS TB records.
- Both contact tracing teams and screened contacts MUST write on the same attendance list. In case a contact can't write, a thumbprint for a signature is required.
- An attendance list should be completed for not more than one visit conducted.
- USTP should ensure that all teams conducting contact tracing are thoroughly oriented on what is required of them.
- Both finance and M&E should actively engage in reviewing the documents submitted by the districts in order to promptly identify those that are questionable.
- The TB contact tracing visits without any contact screened should not be paid SDA.

SR Performance Review meeting

The Principle Recipient 2 (TASO GMU) organised a performance review on 29th Aug 2019 in which the Sub recipients including USTP was involved.

USTP team including Dr. Paddy Busulwa, Alex Atuheire and Moses Odongo attended the meeting at Kanyanya TASO offices. The program Manager NTLP and representatives of CCM for TB constituency were also in attendance.

Key action points from the above SR performance Review

- The SR (USTP) to implement the accelerated work-plans
- USTP to use the lessons learnt from its activity implementations especially to target AGYW in its programing
- The USTP team to re-visit its variance report to ensure the results and expenditures per program area are well aligned.
- The TASO GMU M&E team agreed to support the USTP program team to come up with clear presentation that reflects the cascade of performance results.

- USTP should ensure improved planning for parliamentary meeting for better outcome.
- The SDA for those who carry out TB contact tracing should be paid directly to the final beneficiaries for those with genuine phone numbers.
- USTP to conduct mapping in various districts and get estimated transport cost health workers incur while carrying out TB contact tracing.
- In the presentation of results, more details including number of participants, the target, the dates, and the venue should be well explained in the template provided by the PR2.
- USTP should work with NTLP to strengthen the review of certain interventions like PPM and TB contact tracing.
- USTP should share roadmap for developing PPM guidelines since this will inform writing and budgeting for PPM interventions in the next grants.
- TASO GMU technical staff to support USTP team to ensure reporting and accounting challenges are addressed.

Computer and its accessories servicing

The ICT team from Entebbe MNS offices supported USTP with computer servicing on 15th May 2019. All the Computer and its related accessories were serviced. Mr. Herbert Wajambuwa from MNS offices was the team leaders during the exercise. He can be seen from the pictures below briefing Dr. Paddy Busulwa (Standing) to back-up his work so that he can service his computer.

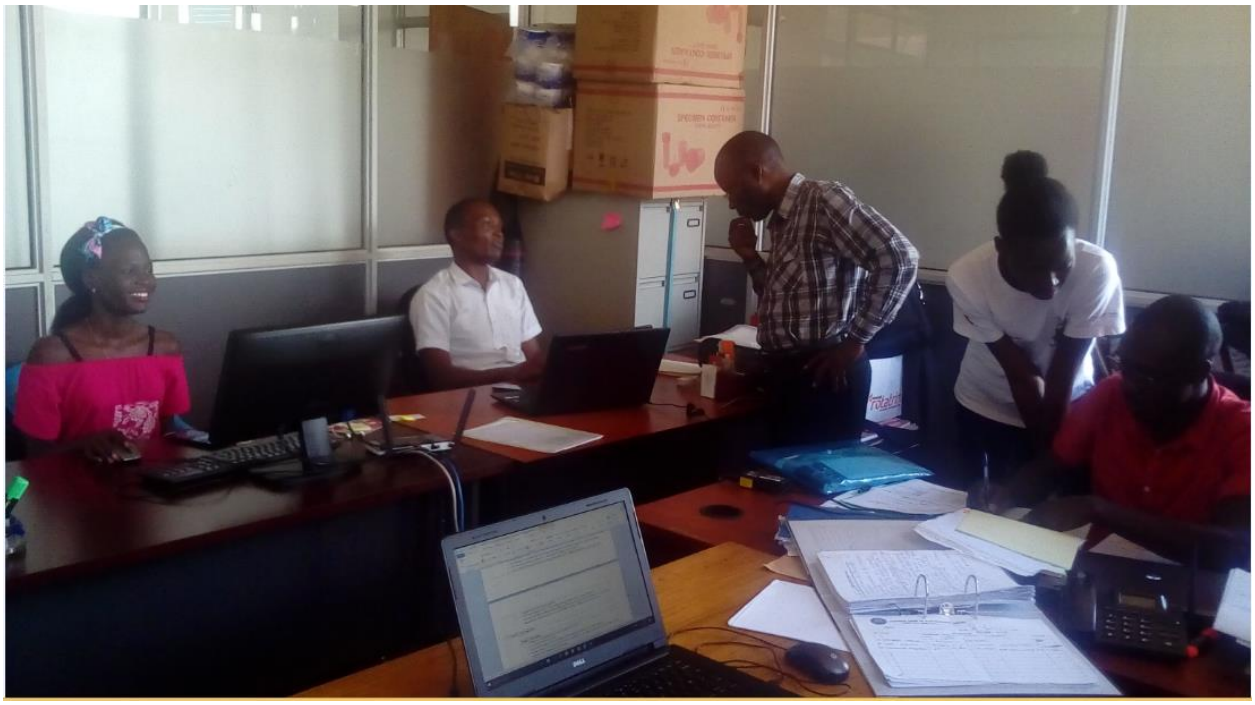


Photo taken on 15th May 2019 at USTP offices during computer servicing exercise.

FINANCE, ADMINISTRATION AND HUMAN RESOURCE

During the year, USTP welcomed internal and external auditors from TASO GMU and Engaged Partners. There was also support supervision provided by compliance and M&E personnel from TASO GMU.

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. This MOU expired in May 2019 and it was not renewed since CHIMS was not among the prequalified suppliers for that period. This is was in the advice of TASO Support supervision team that USTP can use the pre-qualified transport service providers in the pre-qualified list of TASO-GMU. This list was availed to USTP and so far these service providers are being used by USTP.

MOU with Districts

For formalization of working relationship in implementing USTP activities, MOUs have been signed with the target districts for closely working with USTP in its activity implementation. Among the Districts with signed MOU are: Mubende, 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 due to the planned reallocations which had not been approved by PR2.

Procurement and Logistics Management

There were no major procurement activities during the year 2019.

Human resources

There were no new recruitments during the year. The existing staff were all available in the year, and all worked as per the existing HR policy of USTP and GOU.

The Human resource policy

The last board meeting approved the revised version of the HR policies and the staff has 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.

Capacity Building by CCM on Grant Risk management workshop

The Country Coordinating Mechanism for Global Fund held a three day workshop at Golf Course Hotel to build the capacity of Global fund recipients on risk identification, management and mitigation.

During the workshop, we learnt:

- What could go wrong, thus resulting into risks?
- What could cause the risk (weak internal controls, weak audit system and lack of harmonization processes in place)
- What needs to be done with the risk identified
- How to monitor progress in risk management

We learnt the importance of dual finance tracing system as one way to detect risks in an organization. The workshop was held from 22nd-24th May, 2019. The main facilitators were from CCM offices.

Internship for students from higher institutions.

The organization received one student (Adong Juliet) from Makerere University Kampala (MUK) for a two months internship placement (June –July 2019). She was a second year student offering Records and Archiving from the school of Library and Information Sciences. She successfully completed her internship at the end of two months. She was placed under M&E section for internal supervision and externally, supervision from Makerere University provided the guidance as per MUK internship policy.

APPENDIX: USTP ASSET REGISTER AT END OF 2019

Asset description	**Responsible Officer/Office**	**Serial Number**	**Engraved Serial Number**	**Date of arrival**	**Price**	**Condition of asset**
1 Executive desk 4 Small desks	1.Executive Director 2.Technical Advisor 3.Administrative Assistant 4.Finance Officer 5.M & E Specialist		1. USTP/GF/DSK.001 2. USTP/GF/DSK.002 3. USTP/GF/DSK.003 4. USTP/GF/DSK.004 5. USTP/GF/DSK.005	21/08/2013 21/08/2013 21/08/2013 20/10/2014 02/05/2018	1,250,000/= 335,000/= 335,000/= 335,000/= 466,102/=	All are in good condition
1 Executive chair 3 Low back office chairs	1.Executive Director 2.Technical Advisor 3.Administrative Assistant 4. M & E Specialist		1. USTP/GF/CHR.001 2. USTP/GF/CHR.002 3. USTP/GF/CHR.003 4. USTP/GF/CHR.006	21/08/ 2013 21/08/ 2013 21/08/ 2013 02/05/2018	525,000/= 195,000/= 195,000/= 423,729/=	ED’s chair is not in good condition. The rest are ok.
2 Executive chairs	1.Executive Director 2.Finance Officer		5. USTP/GF/CHR.004 6. USTP/GF/CHR.005	20/10/2014 20/10/2014		Good

3 Desktops & accessories	1.Executive Director 2.Finance Assistant 3.Administrative Assistant	**CPUs** 1. JIBYVSI 2. GGBXVSI 3. 1NJPVSI **Monitors** 1. CN-02NOON-64180-282-2AFM 2. CN-02NOON-64180-27R-016L 3. CN-02NOON-64180-287-1KRM	**CPUs** 1. USTP/GF/CPU.001 2. USTP/GF/CPU.002 3. USTP/GF/CPU.003 **Monitors** 1. USTP/GF/MON.001 2. USTP/GF/MON.002 3. USTP/GF/MON.003	6/09/ 2013		Good
2 Laptops	1.Finance Officer 2.M & E Specialist	CS5YVJ2	1. USTP/GF/LAP.001 2. USTP/GF/LAP.002	31/10/2017 19/06/2018	4,145,763/= 3,400,000/=	Good
Scanner	USTP OFFICE	CN298AD0MK	USTP/GF/SCN.001	11/10/2013	380,000/=	Good
Printer	USTP OFFICE	VNH6G23258	USTP/GF/PR.001	24/10/2013	400 USD	Good
Wireless Land-line	USTP OFFICE	ZQA9KA9262403430	USTP/GF/TEL.001	31/10/2013	170,000/=	Not in good condition
4 Orange Modems	1.Executive Director 2.Technical Advisor 3. Administrative Assistant	1.G8J7SA9390201557 2.G8J7SA9390200931 3.G8J7SA9390203075		13/11/2013 13/11/2013 13/11/2013	79,000/= 79,000/= 79,000/=	All not in good condition
Photocopier	USTP OFFICE	1102KL3NLO	USTP/GF/PC.001	14/11/2013	2,950,000/=	Good
3 Filing Cabinets	1.Executive Director 2.Technical Advisor 3. Administrative Assistant		1. USTP/GF/FC.001 2. USTP/GF/FC.002 3. USTP/GF/FC.003	19/ 11/2013 19/ 11/2013 19/ 11/2013	395,000/= 395,000/= 395,000/=	Good but no. 3 not locking

2 Full Height Filing Cabinet	1.Programs 2.Finance Department		1. USTP/GF/FC.004 2. USTP/GF/FC.005	13/11/2017 02/05/2018	1,059,322/= 593,220/=	Good
Water Dispenser	USTP OFFICE	W75208324061300221	USTP/GF/WD.001	13/06/2014	520,000/=	Good
Colour printer	USTP OFFICE		USAID/TB CARE I /028	2014	Donated by TB Care1	Good
Cupboard	USTP OFFICE		USAID/TB CARE I /026	2014	Donated by TB Care1	Good
Conference table	USTP OFFICE		USAID/TB CARE I /027	2014	Donated by TB Care1	Good
4 Reception Chairs – Fabric material, metallic without arms	USTP OFFICE		1. USTP/GF/CHR.007 2. USTP/GF/CHR.008 3. USTP/GF/CHR.009 4. USTP/GF/CHR.010	20/10/ 2014 20/10/ 2014 02/05/2018 02/05/2018	 127,119/= 127,119/=	Only no. 009 & 010 are in good condition the rest are broken
2 Power stabilizers	1.Finance Assistant 2.Administrative Assistant	1. 3B1724X03946 2. 3B1713X08449	1. USTP/GF/PS.001 2. USTP/GF/PS.002	19/06/2018 19/06/2018	350,000/= 350,000/=	Good
Modem	M & E Specialist			19/06/2018	100,000/=	Good
Router	USTP OFFICE	RD501HC010791	USTP/GF/RTR.001	19/06/2018	450,000/=	Good
Projector - Dell	USTP OFFICE	CN-031XC650081-79R0544	USTP/GF/PJT.001	19/06/2018	2,800,000/=	Good

APPENDIX 2: SUMMARY OF ACTIVITIES FOR THE YEAR 2020 (JAN-DEC)

BUDGET FOR IMPLEMENTATION OF UGA-C-TASO GRANT ACTIVITIES BY USTP _2018 - 2020																
Grant name:			UGA-C-TASO													
Implementation period: 2020			Year 2020													
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 3

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