



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 2020				
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Note:	<i>This report provides summaries of what transpired within the year.</i>			

LIST OF ACRONYMS

CB-DOT	Community Based Directly Observed Therapy
CSOs	Civil Society Organisations
CT	Contact Tracing
CUAMM	Doctors with Africa
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
COVID-19	Coronavirus disease 2019 (COVID-19) is defined as illness caused by a novel Coronavirus now called severe acute respiratory syndrome coronavirus 2019

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EXECUTIVE SUMMARY

This report covers the calendar year January 1st to December 31st, 2020 which marks the third year of implementation of the Uganda Stop TB Partnership grant under Principal Recipient 1 (PR1) TASO Grants Management Unit-the closeout year for the “Global Fund Funding Mechanism 2 (NFM2). 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 prevention, treatment and Control.

USTP management and program team were engaged in a number of activities in 2020 including holding the board meetings, Annual General Meeting for its Partners, advocacy meeting with MPs, coordinating TB contact tracing and PPM activities in the 17 districts including the MDR initiation sites.

The management team started the year by holding the first board meeting in the year on 19th January 2020, and this was followed a USTP annual Partners' Forum that was held on 23/01/2020. This Forum discussed many issues including governance, strategic partnership with private sectors, strategic plan (2020-2025), the revisions of USTP constitution and membership among others. The interim board was formed in this meeting and it was given a six-month mandate after-which a substantive board was to in place and the revised policy documents that guide USTP operations. A substantive USTP board is now in place and their appointment came during the extra-ordinary Partners' Forum held on December 11, 2020.

During the year, a total of 2071 TB patient visits, of which 585(28%) were MDR TB and 1486 (72%) were drug susceptible TB patient visits to the communities (including their homes) for TB contact tracing, TB/ HIV screening and screening for TPT eligibility and enrolment. The target for the year of 800 visits for MDR patients was reached to the tune of 585(73%), and for DS TB, the target of 1200 was reached to the tune of 1246(124%) patient visits.

In all, the

The private health service providers were reached during the support supervision exercises and in the process, they were supported on continuous integration of TB screening, diagnosis, treatment and referrals of TB related cases to the ensure completeness in the TB management circle. Some PHPs and DTUs were provided with PPEs for protection against Covid-19 during the support supervision visits. The PPEs included face masks, temperature guns, sanitizer and surgical gloves.

For the Parliamentary TB Caucus Knowledge Update/Advocacy meetings, the activities were conducted from 5th-7th August 2020. The joint visits was conducted in Tororo and Busia Districts after the knowledge updates meeting held in Jinja. The visits are normally for the fact findings by the decision makers to guide them in making and advocating for more TB resources and also policy matters for TB patients and their rights.

INTRODUCTION

The report provide highlights and details of the activities that were implemented by USTP from January to December, 2020. It gives insights into the set annual targets, accomplishments, challenges, lessons learnt and recommendations. The report also provides an overview of the planned interventions for the coming year, 2021.

RESULT TABLE: USTP YEAR TWO (2020) PERFORMANCE AGAINST TARGETS

Indicators	Overall Target	Year 1 Results	Year 2 Results	Year 3 Results	Cumulative Results	Percentage Results
TB CONTACT TRACING						
District Entry meetings	14	14	-	-	14	100.0%
The participants for District entry meeting	280	280	-	-	280	100.0%
Training community Health workers on TB contact tracing	7	5	-	-	5	71.0%
TB Contact Tracing (MDR TB)						
Number of MDR TB Index patients visited for Contact Tracing	2400	364	921	585	1870	78%
Total number of Contacts of MDR TB Patients screened for TB	12000	2235	8538	4018	14791	123%
Number of contacts of MDR TB patients with presumptive TB	2640	930	1771	841	3542	134%
Number of contacts of MDR TB patients diagnosed with TB	360	33	258	133	424	118%
TB Contact Tracing (Drugs susceptible TB)						
Number of DS TB Index patients visited for Contact Tracing	3600	1226	1901	1486	4613	128%
Total number of Contacts of DS-TB patients screened for TB	18000	6331	8830	6606	21767	121%
Number of contacts of DS TB patients with presumptive TB	3960	927	2187	1678	4792	121%
Number of contacts of DS TB patients diagnosed with TB	540	171	225	228	624	116%
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%

Indicators	Overall Target	Year 1 Results	Year 2 Results	Year 3 Results	Cumulative Results	Percentage Results
Presentation of PPM guideline approval to technical team (2 planned: 1 presentation and 2 nd being the final version for endorsement)	4	1	1	1	3	75.0%
Advocacy, Resource mobilisation and Networking						
The Parliamentary TB Caucus Knowledge Update/Advocacy	5	2	2	1	5	100.0%
Engagement of the TB Constituency	6	2	2	2	6	100.0%
The joint visit by National Coordination Committee for TB (NCC) and Parliamentarians for Social Accountability	3	1	1	1	3	100.0%
Preparing, involvement in the implementation of World TB Day events	3	1	1	1	3	100.0%
Hold Quarterly USTP Board meeting	12	3	1	7	11	91.0%
Hold Annual General Meeting (AGM) for USTP Partner's forum	3	0	0	3	3	100.0%
Data Management, Monitoring and Evaluation						
Support Supervision & Monitoring visits by USTP program team	12	3	5	2	12	100.0%
The compilation of quarterly and annual program reports	15	5	5	1	15	100.0%
Conduct performance review of the program activities implemented by USTP	6	2	2	1	5	83.0%

TB CONTACT TRACING

The contact Tracing Results by Districts (for DS TB)-2020

		Number of contacts screened for TB DS TB					
SN	District	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	District Total Screened	District Total Diagnosed
1	ARUA			326		326	21
2	LIRA	292	439	306		1037	65
3	SOROTI			188		188	1
4	NAPAK	469		480		949	26
5	MBALE		299	242		541	13
6	IGANGA		146			146	7
7	JINJA		350	338		688	15
8	MASAKA		122	401		523	7
9	MBARARA		276	192		468	7
10	KABALE					0	0
11	KABAROLE					0	0
12	KIKUUBE					0	0
13	HOIMA			120		120	2
14	MUBENDE			137		137	1
15	KITGUM		320			320	4
16	KIKUUBE			352		352	13
17	GULU			435		435	34
18	RUKUNGIRI		177	199		376	12
	Grand Total	761	2129	3716	0	6606	228

The contact Tracing Results for the 15 Districts for MDR TB (2020)

		Number of contacts screened for TB MDR TB					
SN	District	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	District Total Screened	District Total diagnosed
1	ARUA	139				139	6
2	LIRA	298	428	348		1074	57
3	SOROTI		230			230	0
4	MBALE	236	313	196		745	28
5	IGANGA	105	179	168		452	13
6	JINJA	85		109		194	3
7	MASAKA	72		68		140	6
8	MBARARA	175	12			187	3
9	KABALE	41	40			81	2
10	KABAROLE		100	109		209	7
11	KIKUUBE					0	0
12	HOIMA					0	0
13	MUBENDE	113				113	0
14	KITGUM	138		193		331	7
15	RUKUNGIRI	95		29		124	1
	Grand Total	1497	1302	1220	0	4019	133

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

SN	District	Number of contacts screened for TB DS					District Total Diagnosed	Percentage of District TB Positivity
		Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	District Total Screened		
1	ARUA	139	0	326	0	465	27	6%
2	LIRA	590	867	654	0	2111	122	6%
3	SOROTI	0	230	188	0	418	1	0%
4	NAPAK	469	0	480	0	949	26	3%
5	MBALE	236	612	438	0	1286	41	3%
6	IGANGA	105	325	168	0	598	20	3%
7	JINJA	85	350	447	0	882	18	2%
8	MASAKA	72	122	469	0	663	13	2%
9	MBARARA	175	288	192	0	655	10	2%
10	KABALE	41	40	0	0	81	2	2%
11	KABAROLE	0	100	109	0	209	7	3%
12	HOIMA	0	0	120	0	120	2	2%
13	MUBENDE	113	0	137	0	250	1	0%
14	KITGUM	138	320	193	0	651	11	2%
15	KIKUUBE	0	0	352	0	352	13	4%
16	GULU	0	0	435	0	435	34	8%
17	RUKUNGIRI	95	177	228	0	500	13	3%
	Grand Total	2258	3431	4936	0	10625	361	3%

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 minimum support
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The Key Notes from the TB contact tracing activity

- During the year, a total of 2071 TB patients of which 585(28%) were MDR TB and 1486 (72%) 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 585(73%), and for DS TB, the target of 1200 was reached to the tune of 1246(124%) patients.
- From the total of 10625 contacts screened 2519 (24%) had presumptive TB.
- Looking at the entire household contacts of 10625 screened for TB against 361 positive contacts diagnosed with TB, the positivity among the contacts was 2.8% or 14% from among the presumptive TB cases screened.
- From the 17 districts supported in the year, Arua, Lira, and Gulu registered highest positivity rates among the contacts i.e. 6%, 6%, and 8% respectively. These are the districts requiring urgent and more support in the coming years from any implementing partner that will support TB contact tracing in the country.
- From the cumulative TB results for the last 12 quarters, it is very clear that the support across districts was inconsistency. In some quarters, some districts were not facilitated enough for TB contact tracing. This was due to the funding limitation that could not allow USTP to support more patients to be visited for this intervention.

Challenges encountered during TB contact tracing

- The transport refund to follow up some patients that are in far-from the initiation facilities are so high. This is coupled with the increased cost associated to Covid-19 restrictions.
- Covid-19 has greatly affected the contact tracing, in most parts of the country the roads become impassable yet the teams use boda-boda (motorcycles) to reach TB patients. The fear of Covid make it hard to reach the patients. The fear is from both patient and health worker's sides.
- Some patients are still not very easy due to a number of reasons including stigma, security reasons, and use of nick names and actually some patients do not know the locations of their residences.
- 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 limited supplies for GeneXpert cartridges and x-ray films as contact tracing activity sends more samples from communities more than the numbers planned for.
- 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.
- Limited availability of the SOPs for guiding the TB contact tracing activity. Very few hard copies available to the frontline workers.

Proposed Recommendations for TB 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

- 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.
- More hard copies of the revised contact tracing SOP s should be made available to all the DTUs in the country.
- There should be more funds allocated to TB contact tracing. There are still large volumes of patient lists from districts of Kikuube, Kitgum, 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 fully. More funding would ensure more TB contacts reached in these districts 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.

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

Government of Uganda adopted the Public-Private Mix (PPM) approach to engage all relevant health care providers in TB care and control as an essential component of WHO's End TB Strategy. This PPM represents a comprehensive approach that promotes the use of International Standards for TB Care and achieve national and global TB control.

One of the core mandate of USTP is to ensure a system is in place for effective implementation of PPM for TB. And a few activities have been carried out including mapping and TB capacity assessment as well as capacity building through trainings and mentorships for the private sector.

PPM activities

During the year 2020, private health service providers continued to carry out TB screening activities as well as referring patients to the specific facilities for diagnosis and treatment initiations. Data was to be collected during support supervision that has not taken place due to the occurrence of Covid-19 and lack of facilitation to the DTLSSs. Private practitioners were called by phone and encouraged to continue offering the services. Those that were lacking supplies were linked to the DTLSSs and DLFPs and they got some. This is expected to pick up in the coming quarter as we anticipate that the lockdown measures on transport will be relaxed and when integrated contact tracing and PPM support supervision will be carried out.

Support supervision for the PPM sites

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

The table below indicate the district and PPM facility visited

FACILITY NAME	VISIT DATE	WHAT WAS DONE/IN PLACE	FOLLOW UP AREAS
Divine Mercy Hospital, Tororo	8 th Sept 2020	<ul style="list-style-type: none">Supported on activating TB care services in the facilityReviewed the existing TB tools and Processes in placeDistributed the PPEs for covid-19 prevention	<ul style="list-style-type: none">The facility in-charge to identify a focal point person for TB care servicesThe facility to link up with the District to have revised TB tools and ensure they are updated
Mercy Health	7 th Sept 2020	<ul style="list-style-type: none">Supported on activating TB care services in the facility and ensure the	<ul style="list-style-type: none">The facility to start providing care and treatment to TB patients

Centre, Iganga		<p>link with Iganga Hospital for any missing link in the TB service provision</p> <p>Processes in place</p> <ul style="list-style-type: none"> • The facility does TB screening and referrals. • Distributed the PPEs for covid-19 prevention 	<p>instead of referring all cases identified to Iganga Hospital</p> <ul style="list-style-type: none"> • The IPs/DHT should regularly support the facility to ensure they have updated processes and tools for TB management
Jinja Islamic Health Centre	7 th Sept 2020	<ul style="list-style-type: none"> • The facility has challenge of supply for TB drugs • It does limited TB screening, though it has limited TB tools in place, with most cases identified referred to Regional RRH 	<ul style="list-style-type: none"> • The facility should link the cases to their own treatment settings and limit referrals to only complicated cases • TB tools needed for proper service delivery
Yotkom Medical Centre, Kitgum	12 th Sept 2020	<ul style="list-style-type: none"> • The TB screenings done, but treatment not yet operational • The trained and dedicated TB personnel are in place • The facility has a very active lab team doing TB screening • Distributed the PPEs for covid-19 • The TB screening is charged 5000, and x-ray is at 15000 • One patient was started, but he later died before treatment completion 	<ul style="list-style-type: none"> • To fully operationalize TB care and prevention services. • The district TB FP to work closely with the facility to ensure they are strengthen for full TB care and prevention services.
IMC Clinic, Gulu	15 th Sept 2020	<ul style="list-style-type: none"> • The facility has no fully functional TB management setup (No TB screening, no TB FP, no referrals documents seen) • No TB tools and FP seen during the visit • The facility was linked to the DTLS and supported technically to start provision of minimum TB care and prevention package (screenings and referrals) 	<ul style="list-style-type: none"> • The facility linked to the DTLS and supported technically to start provision of minimum TB care and prevention package (screenings and referrals) • DTLS the TB tools are provided, FP identified and capacity gap continuously addressed
Victory Medical Centre, Gulu	15 th Sept 2020	<ul style="list-style-type: none"> • TB diagnostic services done and referral done for treatment • The Unit TB register is in place (main facility) • PPEs provided • No designated TB FP and most TB tools still lacking 	<ul style="list-style-type: none"> • The facility in-charge to identify the missing links to TB services and work with the district TB FP for fully operational TB care services (screening at triage points, using ICF forms for screening, lab TB sample test, treatment, follow up and referral services)
Community Medical Centre, Mbarara	9 th Sept 2020	<ul style="list-style-type: none"> • The facility has no fully functional TB management setup • No TB tools and FP seen during the visit 	<ul style="list-style-type: none"> • DTLS the TB tools are provided, FP identified and capacity gap continuously addressed

General issues noted for PPM facilities visited during the year

- PPM facilities continue handling a big number of Patients but documentation of screened patients for TB is lacking.
- The number of Health workers trained in Tb Control activities has considerably gone down creating a big knowledge Gap in the PPM facilities.
- Focal Persons at District level don't regularly support these facilities to motivate them.
- 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.
- 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.
- The facilities complained of being left out from the capacity building trainings by the regional IPs and districts.
- The general lack of supplies for TB including INH, HIV testing kits for TB/HIV patients, no reliable supplies anti-TB for PPM sites
- The support supervision to the PPM sites are very irregular and in most cases, it does not respond to the key action issues identified.
- The staffing dedicated for TB in private facilities is generally not in a good picture. This greatly compromises on the target and quality of care for TB.
- The DTLs seem not very regular in supporting the private facilities. They complain of no facilitations to reach the private sites.

Recommendation from the support supervision of PPM sites

- USTP Support Supervisions should be regular
- District TB Focal person should be facilitated to cover also the PPM facilities.
- There is need to cover the knowledge Gap created by high level of Staff attrition in the PPM .Facilities through
 - i) Regular support supervision.
 - ii) OJT for the clinic Staff in TB
 - iii) Organizing and where necessary conduct CMEs



PPEs for covid-19 prevention received at one of the PPM facilities
(Divine Mercy Hospital-Tororo) by the Facility Director on 8th Sept, 2020.

ADVOCACY, RESOURCE MOBILIZATION AND NETWORKING

The advocacy and networking activities implemented by USTP in 2020 were:

- TB Parliamentary Caucus knowledge update on advocacy for TB activities
- Preparation for and participation in the national commemoration event for world TB day 2020
- Involvement in resource mobilization drives
- Board members meetings
- USTP annual General meeting

Resource Mobilization

Addressing issues identified by the GF Technical Review Panel (TRP)

After the GF Secretariat endorsed the recommendations of the TRP, issues raised by the panel that needed responses were dealt with by various categories of stakeholders. USTP spearheaded responding to two areas namely ‘insufficient analysis of gender barriers in TB and lack of gender related interventions’ plus ‘unclear process and criteria for prioritization of TB key and vulnerable *populations*’. The output was submitted to the CCM for compilations with pieces from other teams and subsequent submission to the GF.

Grant Making: Global Fund Grant – 2021-2023 Application Writing

The grant making process entails translating the funding request, considering the GF Technical Review Panel (TRP) and Secretariat recommendations and turning them, into implementation-ready grants. During this process USTP spearheaded areas that were pertaining to civil society and private health sector. The process continued until the end of the quarter and helped to ensure the contents of the grant are ready for implementation.

USTP team worked with NTLP and other agencies and organizations in putting together proposal/priorities for the 2021-2023 GF funding to TB/HIV/Malaria.

Writing the application started in the 3rd week of March 2020 and went on till end of March. The civil society involvement and the engagement of the private sector, human rights issues, Key Affected Population issues as well as RSSH issues were put in the docket of USTP. The technical advisor headed the private sector engagement writing team and the ED did the same for the RSSH writing team. The ED was also part of the team that travelled to Kenya to carry out review of the process in the writing of the grant while the TA also participated in the rest of the above areas.

I) The Parliamentary TB Caucus Knowledge Update/Advocacy meetings

During the year 2020, this activities were conducted from 5th-7th August 2020. The joint visits was conducted in Tororo and Busia Districts and the knowledge updates meeting held in Jinja.

The Knowledge Update was first held in Jinja on 5th August, 2020, then the joint visits to Tororo and Busia followed.



Knowledge updates at Source of the Nile Hotel, Jinja on 5th Aug, 2020



Participants (Hon MPs, District leaders) during the meeting in Tororo district on 6th August, 2020.



The joint visit team visited Tororo General Hospital, August, 2020.

Key Issues identified during the joint Visits

- Lack of functional X-ray machine in the whole Districts.
- COVID -19 worsened service uptake for TB
- Whereas most IPs support HIV activities almost all do not support TB activities, it is marginalized.
- Lack of food while on treatment may be a reason for the side effects of drugs.
- Stock out of TB medicines, cartridges, sputum mugs, significantly contribute to poor treatment outcomes.

- Other factors include, hidden cost of services, limited knowledge on illness and cultural beliefs are a barrier to the utilization of TB health services.
- Those, financially constrained may lack transport to collect their monthly drug refills.
- Other related illnesses like Diabetes, and HIV are the highest contributors of death among TB patients.
- Inadequate facilitation for contact tracing
- Inadequate technical support supervision and mentorships to Lower level health facilities
- Officers operated in difficult situations without transport. They needed to be supported with motorcycles
- Insufficient funding for TB
- Inadequate food for Karamoja TB patients
- Limited funds to support contact tracing

Action point agreed from joint visits and Knowledge updates

- Members agreed that there was need to have a separate write up on the work done in hotspots. This would provide a very clear picture which could be benchmarked by other districts for the TB management.
- Re-engage the office of the Prime Minister. Get in touch with the woman MP for Moroto district and the Minister for Karamoja and plan to meet the Prime Minister
- Carry out funding analysis for TB at national level – highlight what is available and what is lacking. This can be used as a tool to advocate for more resources- identify resources to fund this process then present the analysis to the Caucus to be used in advocacy.
- Support contact tracing for all TB patients

TB CONSTITUENCY ENGAGEMENT MEETINGS

This a CCM-funded activity meant for educating constituencies on GF processes and collecting their priorities for GF proposal writing.

Mobilizing for, organizing & participating in identifying priorities for the Covid-19 Response Mechanism, C19RM

Following the emergence of the respiratory disease, covid-19, and due to its effects on health systems in Uganda and around the world, the GF constituted the Covid-19 Response Mechanism and following this and with support from Uganda CCM, on May 7, 2020 USTP organized and convened a meeting for the TB civil society to gather views of the constituency to guide this response. The meeting looked at challenges that came as a result of the Covid-19 pandemic. These affected health and community systems in various ways. As a result, priorities for inclusion in the C19RM were identified and these would be included in the write up to be put together by the CCM. These priorities were organized under three objectives and eligible intervention areas for the C19RM Funding as shown below:

1. Interventions to mitigate the impact of COVID-19 on life-saving HIV, TB and Malaria disease programs;
2. Actions to reinforce the response to COVID-19; and
3. Initiatives to make urgent improvements in Health and Community Systems, including Laboratory networks, Supply Chains and engagement with Vulnerable Communities.

Some of the recommendations included capacity building for continuous diagnosis and treatment of TB, putting in place Infection control measures for both TB and Covid-19, emphasizing adherence to TB treatment, setting measures to address stigma due to TB disease through strengthening human right awareness for TB/Covid-19, the continuous engagement of private sector so that they are better prepared to offer TB care and prevention.

The priorities were submitted to the CCM for inclusion into the Covid Response Mechanism. The final proposal was submitted and was accepted for funding and the country is getting ready for implementing the response.

The table showing the meetings for the engagement of TB constituencies in 2020.

S/N	Venue	No of participants	Date	Key deliverables
1	Zoom online	20	6 th May, 2020	<ul style="list-style-type: none">• Challenges to the health system caused or related to covid-19 in TB management• Engaging the private sector in TB/ Covid-19 responses.• Engaging community in TB and covid-19 responses• Engaging neighbouring countries on Covid-19 responses

2	Zoom online	44	18 th November , 2020	<ul style="list-style-type: none"> • Election of new CCM representatives from TB constituency • Two representatives were elected (Dr. Joseph Kawuma as Substantive and Allen Kuteesa for Alternate
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PREPARATIONS AND INVOLVEMENT IN WORLD TB DAY COMMEMORATION EVENTS

Preparation for World TB Day

World TB Day commemoration is an annual global event that falls on March 24th each year. It is designed to build public awareness about tuberculosis disease. This year's World TB Day and World Leprosy Day were prepared together and the national events were slated to take place in Lira district given the big number of TB cases both drug-sensitive and drug-resistant as well as bacteriologically confirmed form.

A number of activities were planned but due the challenges caused by the Covid-19 pandemic, many activities including the national commemoration event that was slated for March, 24, 2020 were cancelled. However there were many others that went on:

1. Radio talk shows
2. TV talk shows
3. Social media education and mobilization events
4. Outreach activities in Lira regions

One of the planning meetings going on at NTLP



The results of outreaches included data on screening for TB and HIV as well as linkage to care.

During the preparatory period for World TB Day, USTP established rapport with various entities that promised to support the TB response in the future. These will continuously be targeted and will be engaged for resource mobilization.



During GF Grant writing time, stakeholders still found time to prepare for World TB Day, 2020.



World TB Day Preparatory meeting in Lira

USTP participated in the development of ***‘The Comprehensive Response Plan to Address Human Rights and Equity Barriers in the context of HIV, TB and malaria’***. Development of the plan started in the fourth quarter of 2019 and was finalized in the first quarter of 2020. USTP lead the group that developed the TB part of the plan.

Addressing Social Determinants of TB in Karamoja Sub-region

Following the resolutions made during the TB Parliamentary Caucus, USTP and NCC visit to Karamoja in December, 2020, USTP secretariat took on the resolutions and went ahead to engage the Ministry of Disaster Preparedness and Refugees to ensure some of the hunger-related TB challenges in the region can be addressed, at least in part. The ministry was at the time pre-occupied with landslides and later with desert locust invasion and afterword with the Covid-19 pandemic. This state of affairs culminated into the hunger issues being postponed indefinitely at that time, But USTP will continue to engage stakeholders on the resolutions.



L: Meeting of stakeholders on social determinants of TB going on in Moroto, Karamoja Dec. 2020. R: stakeholders after the meeting

Future plans

- Revising the resource mobilization strategy to ensure effectiveness
- Perusing the resolutions of the Meeting on social determinants of TB with respect to Karamoja.
- Stepping up engagement of private healthcare practitioners in absence of funds

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 finalization of the NTLP 2020/2021-2024/2025 strategic plan. This started in the Oct-Dec 2019 and completed in January 2020.
- Involvement in the USTP coordination meetings/activities including joint visits to Moroto by MPs, World TB day, USTP board meetings among others.

USTP technical involvement in the development of NTLP NSP- 2020-2025

USTP is a key stakeholder in national TB and leprosy programming and the organization actively participates in the planning for, the development and implementation of the National Strategic Plan, NSP for the NTLP. The 2020 -2025 NSP was written over the last months of 2019 and January to February of 2020. During this development the TA, USTP percolated in the activities and headed the team that wrote the private sector engagement section of the strategic plan.



Multi-stakeholder Accountability Engagement entails targeting ALL. The TB Ambassador is a new entrant in the fight.

The participation of the officer ensured that civil society issues are well articulated and are included in the document. It was imperative that he also liaised with USTP and provided feedback to see that the strategic plan of USTP that was to be written soon would also be adequately aligned to the NSP. The NSP development was quite engaging and included forming a national Multi-sectorial Accountability Framework (MAF)-TB for the country.



Engagement of NSP development was a widely engaging process

Other areas that USTP was instrumental in the development of the NSP included Human Rights, civil society issues as well as KAP issues.

Facilitating the NSP consultation meeting with the Private sector (cooperate/private companies) that took place during the writing process.

Convened and, together with NTLP, facilitated Dialogue with civil society on GF Grant writing

Some of the coordination meetings held in the year 2020

A number of National and international meetings were held during the quarter and USTP members were part of these meetings as listed in the table below.

Most of these meetings were carried out via zoom platform (webinar)

Meeting title	Theme/Presentation	Date(s)	USTP representative in the meeting
The 3rd Annual National Tuberculosis and Leprosy Stakeholders Conference 2020	Together Committed to a People-Centred Multi-sectoral Approach to Ending TB in Uganda	November 25 th -26 th , 2020	Dr. Paul Isiko, Dr. Kawuma Joseph
The 51th Union Conference on Lung Health	Cutting-Edge Lung Health Science Against The Backdrop Of Covid-19	20 th -24 th October, 2020	Dr. Paul Isiko, Dr. Paddy Busulwa, Moses Odongo
The 51th Union Conference on Lung Health	E-Poster: TB contact investigation in 17 Municipalities of Uganda; Bringing TB screening to the households-way of coalition with communities	20 th -24 th October, 2020	Dr. Paddy Busulwa made the presentation
5th National Community Scorecard Taskforce Meeting (ICWEA)	Community Scorecard (Csc) For Community-Based Monitoring Of Health Service Delivery	16 th October 2020	Dr. Paul Isiko, Moses Odongo
NTLP planning meeting	Weekly Planning for TB activity coordination	Every Monday of the week	Dr. Paul Isiko, Dr. Paddy Busulwa, Moses Odongo

The E-poster presented during The 51th Union Conference on Lung Health by USTP personnel (Dr. Paddy Busulwa), October 2020.

E-Poster Title: TB Contact Investigation in 17 Municipalities of Uganda –

Bringing TB Screening to the Household – Way of Coalition with Communities

Busulwa S. Paddy, Uganda Stop TB Partnership, USTP

E-Poster No. EP18-269-22

THE 51ST UNION
WORLD CONFERENCE
ON LUNG HEALTH

Intro

- About 50% of TB patients in Uganda are missed
- In a country with a TB prevalence of 253/100,000, HIV is 7%, under 14 populations is 50%
- Traditional TB case finding is passive, and depends on the health system only
- This jeopardizes the TB response

Methods

- Worked with communities, carried out community-led, health facility-backed contact tracing, CT
- Trained on TB CT, supported index patient data analysis and field visits
- Field visits offered CT package (education, ACF, HIV testing, assessment for TPT, adherence, referral etc)

Results

Period	Index visited	patients	Contact screened	People suspected TB	with TB diagnosed
Q 2, 2018	96	392	135	13	
Q 3, 2018	971	4433	1051	93	
Q 4, 2018	432	3006	628	88	
Q 1, 2019	638	4,047	918	114	
Q 2, 2019	683	4,460	918	98	
Q 3, 2019	1,130	5,719	1,279	185	
Q 4, 2019	429	2,739	627	84	
Total	4278	24796	5826	675	

Discussion

- Health facility- implemented TB CT may be beneficial in finding TB, but the yield remains poor
- When facilities work with community players, synergies are created and this increases yield

Yield was 11.6% Vs 3% from health facility-led CT

For improving TB case finding through CT, community players should be adequately engaged in the whole process implemented

Extra Tables & Figures

Results of TB Contact Tracing in the 17 Municipalities

Qs	Contact screened	suspected TB	TB diagnosed	%age Yield among	
				screened	presumed
Q 2	392	135	13	3.3	9.6
Q 3	4433	1051	93	2.1	8.8
Q 4	3006	628	88	2.9	14.0
Q 1	4,047	1,190	114	2.8	9.6
Q 2	4,460	918	98	2.2	10.7
Q 3	5,719	1,279	185	3.2	14.5
Q 4	2,739	627	84	3.1	13.4
Ave				2.7	11.6

CT= Contact tracing, here used interchangeably with contact investigation

The USTP Board Meetings

There were a number of USTP Board meetings held in 2020, and these were held as summarised in the table below:

The interim Board endorsed by the Partner's forum 23/01/2020

Name	e-mail	Position in the USTP Board
Dr. Peter Lochoro	p.lochoro@cuamm.org	Interim Chairperson, BOD
Dr. Joseph Kawuma	kawumahj@gmail.com	Executive Secretary
Mr. Rogers Paul Kamugasha	rogerpaulkamugasha@gmail.com	Chair of ACSM Working Group, BOD Treasurer
Dr. Paul Isiko	paulisiko@hotmail.com	ED, USTP and Secretary, BOD
Ms. Allen Kuteesa Tagulle	allenkuteesa@yahoo.com	Interim Vice Chairperson, BOD
NTLP	turyahabwestavia@gmail.com	Ex-officio
WHO	simonwalusimbi@gmail.com	Ex-officio

Table summarising the Board meetings held in the year 2020

S/No	Date Board meeting was held	Meeting Venue/Format
1	19th Jan 2020	USTP, Physical
2	11 th March 2020	USTP, Physical
3	22 nd July 2020	Online, Zoom
4	18 th Aug 2020	Online, Zoom
5	4 th Sept 2020	Online, Zoom
6	15 th Sept 2020	Online, Zoom
7	3 rd Dec 2020	Online, Zoom

Issues reviewed during the board meetings

- Elections of USTP substantive board members
- Final revised USTP constitution
- Review of USTP 2020-2025 Strategic Plan
- USTP membership
- USTP Organogram
- Private sector engagement
- Planning for partner's forum meeting
- Setting resource mobilization strategies for USTP

USTP Partner's Forum

The Partners' Forum is the over-arching decision-making body of USTP and it is made up of all constituent members and expected to meet annually. *In the year 2020, the forums held a three meetings due to many key issues that required member's endorsements.*

Date	Venue	Number of members involved	Key issues deliberated
23/01/2020	USTP Offices	27	<ul style="list-style-type: none"> • USTP interim Board elected • USTP revised policy documents • the draft Strategic Plan of USTP 21/22 – 24/25 • The contents of USTP membership
24/09/2020	zoom online platform	41	<ul style="list-style-type: none"> • Extension of the term of office of the interim Board • The revisions in the USTP constitution • USTP policy documents • The coalition of TB Actors and survivors • Engaging the private sector by USTP
11/12/2020	zoom online platform	29	<ul style="list-style-type: none"> • Elections of USTP substantive board members • Final revised USTP constitution • USTP membership • USTP Organogram • Limited Private sector engagement

The partner's forum:

- Selects representatives from members from its partners to serve on the Board;
- Consolidates and increases members' commitment to the objectives of The Partnership and maintains and reinforces high level commitment;
- Enriches plans and activities through the active exchange of information and experience;
- Highlights any special opportunities and constraints that would warrant the attention of the Board;
- Reviews overall progress and reports presented by the Board and makes recommendations;
- Makes use of the Forum meeting for advocacy, communications activities and social mobilization for TB at national and global levels;
- Considers any matter related to The Partnership referred to it by the Chair of the Board

Resolutions on USTP Partner's Forum: Dec 11th, 2020.

No	Issue discussed	Actions taken
1	Election of USTP substantive board members (as the term of office for the members who were working on interim terms was expiring)	Election of substantive board members was conducted and the election was successful. The new board members to actively work as team to do all it takes to fight TB and pledged to work with all partners.
2	USTP revised constitution	-Incorporate the changes as agreed and Share with all members

		-The objectives of USTP were left as many as it is in the amended constitution so as to cover all the anticipated operation core program areas.
3	USTP membership: Members were taken through what it take to be a member of USTP.	The discussion was so contagious, it was agreed thereafter that the guidelines for becoming a member remain as it has been in the old version of the constitution
4	USTP Organogram	<p>-Since the constitution has an article on dissolutions of the organization, members realized it was not relevant to have trustees so they agreed to delete that position from the organogram.</p> <p>- Regional Coordinators to report to head of programs</p> <p>- Members suggested that in the strategic plan, the different positions under each manager or officer should be clearly indicated.</p>
5	Limited Private sector engagement	<p>USTP to come up with a list of activities that should be supported by the private sector. Fortunately, the new constitution provides for a position of a representative of the private sector on the USTP</p> <p>This person/position would be USTP's link to the private sector.</p>

The full list of newly elected USTP substantive Board Members in 2020

No.	Name	Position at USTP Board	Organization
1	Dr. Peter Lochoro	Chairperson	Doctors with Africa (CUAMM)
2	Prima Kazoora	Vice Chairperson	HEPS-Uganda
3	Dorothy Namutamba	Treasurer	International Community Of Women Living With HIV Eastern Africa (ICWEA)
4	Robert Nakibumba	Chairperson ACSM Working Group	Africa For Health Research Initiative
5	Dr. Achilles Katamba	Chairperson M&E, Research Working Group	Uganda TB Implementation Research Consortium
6	Dr. Nkolo Abel	Chairperson TB/HIV Working Group	Defeat TB-USAID Project
7	Dr. Steven Watiti	Representative of communities affected by TB	
8	George Tamale	Representative of the Private Sector	Uganda Manufacturer's Association
9	Dr. Joseph Kawuma	Partnership Technical consultant/Advisor (Patron)	
10	M/s Allen Kuteesa Tegulle	Representative of the donors (TB Constituency representative to the CCM)	Social Policy Network
11	Dr. Isiko Paul	Executive Director (USTP)/Secretary	USTP
12	Dr. Stavia Turyahabwe	Assistant Commissioner/PM	NTLP
13	Dr. Simon Walusimbi	WHO Representative	WHO

Photos (1-3 from Partner's forum: 23/1/2020 (Photo taken by USTP M&E unit team)



(Photo 1: Partner's forum)



(Photo 2: Partner's forum)



(Photo 3: Partner’s forum)

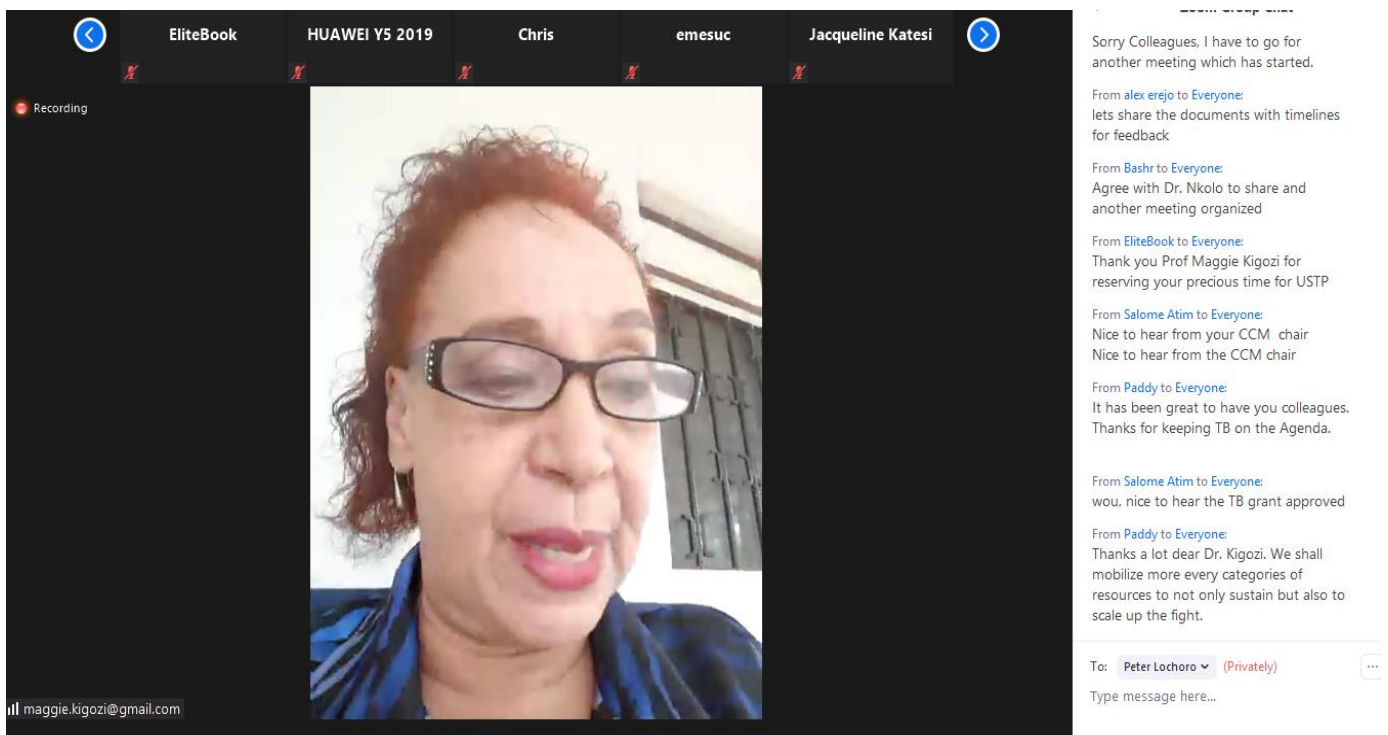


Photo 4: Uganda CCM Chairperson Prof. Maggie Kigozi giving closing remarks during USTP partner’s Forum: 24/09/2020

DATA MANAGEMENT, MONITORING AND EVALUATION

During the year, the M&E team were involved in a number of activities, which included

The use of Revised HMIS tools, Version December 2019

The final version of the registers for TB including the TB Contact Tracing Register by MOH has been printed and are now in use in some of the facilities visited like at Mbale RRH, Kitgum GH and Jinja RRH. A circular by PS MOH was shared across the country for the immediate use of the revised MOH tool for data capture and reporting by all stakeholders in the health sector.

The TB contact Tracing Register -HMIS TB 014

The final version of the above register for TB contact tracing by MOH was finally printed, distributed and the facilities started populating data into all the data capture tools. It is good to appreciate that all the reports for the months and quarters in 2020 have also been compiled using the revised reporting forms. There was a lot of online request for technical guidance on completing some TB data capture and reporting tools, and the M&E team was very readily available and has been providing online support to the lower health facility staff on day to day basis. There is however a general concern that limited site level mentorship on the use of HMIS tools were greatly affected by the lock-down measures put in place right from March 18th, 2020 and through and over this reporting period.

Table showing officers who conducted technical support visits from TASO GMU and external Auditors: 2020.

Name	Title	Organization	Tel No	Email Address	Support visit dates
Brian Twesige	M&E Specialist	TASO-GMU	0752744814	twesigeb@tasouganda.org	Feb 3 rd -7 th , 2020
Budeyo Henry	Audit Supervisor	External Auditors	783-138-650	hbudeyo@goldgatecpa.co.ug	9 th -13 th March 2020
Agaba Hannington	Audit Officer	External Auditors	758-267-245	hagaba@goldgatecpa.co.ug	16 th -27 th March 2020
Brian Twesige	M&E Specialist	TASO-GMU	0752744814	twesigeb@tasouganda.org	10 th -14 th , then 31 st August 2020
Mugabi Duncan	M&E Specialist	TASO-GMU	0752744798	mugabid@tasouganda.org	10 th -14 th August 2020
Charles Emesu	Compliance Officer		0750452160	emesuc@tasouganda.org	7 th -10 th July 2020
Nimusiima Nicholas	TASO GMU Volunteer	TASO GMU	0779895843		25 th -26 th , Nov 2020
Basemera Susan	Account Assistant	TASO-GMU	0752774813		26 th -27 th Nov 2020

Okwi Faith	Internal Auditor	TASO-GMU		okwifaith@yahoo.com	7 th -11 th Dec 2020
Amos Omara	Internal Auditor	TASO-GMU		camosomara@gmail.com	7 th -11 th Dec 2020

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

- There was support towards improving on the detailed documentations for the contacts visited for contact tracing including putting in place a mechanism for them to sign when visited by contact tracing team
- There was also emphasis on putting a mechanism to ensure data shared by facility/district team are verified/validated to minimize obvious errors and inconsistencies
- USTP team were asked to take more time to review the reports shared by the implementers before making final SDA payments.
- USTP team were asked to generate a minimum standards expected for those carrying out TB contact tracing.
- Filed documents for meetings held should comprise: activity report, attendance lists and payment forms (where payments were made)
- The team recommended few additions to our contact tracing forms to include the sex and age of TB contacts so that tracking/linking is easier to the summary sheets.
- The compliance team also recommended that a report summary for TB contact tracing activity be compiled to accompany end of contact tracing accountabilities from each implementing district.
- The noted that USTP compliance to the support supervision recommendations had greatly improved.
- The external audit team also supported USTP during the year and key areas of the organization program were audited and feedback provided for management action
- The support on updating USTP website. TASO ICT officer was able to linked USTP to website hosting body -Crystal Webhosting team and currently they are the host to USTP website and emailing list. The secretariat website is now being hosted by Crystal Webhosting Services
- USTP asset verification and the asset register updated accordingly.

Key to Guide the Tb Contact Tracing by Health Workers & CHW (USTP Support)

The key issues here have been generated as a result of findings from field support visits and the review of documents (reports and forms) submitted by TB contact tracing team across the country

a) The TB contact tracing team (those conducting the actual household visits) should ensure that:

1. They make careful and early preparations including calling the index patients to be visited before the actual visits are made so that they do not visit household with no target household contacts.
2. The key hard copies of the tools (forms and reports) for TB are available to them and they should travel with them to the field every time they carry out contact tracing
3. The contact tracing team should complete the contact tracing forms on the dates they carry out the activity to avoid memory lapse that normally lead to incomplete form filling
4. The dates on the summary report form should correspond to the date on the attendance sheets
5. Every date on the attendance form sign should also include the details (**patient unit TB Number, patient Name and patient village /parish**) of the patient visited
6. That each of the TB contacts visited and screened for TB (in the household or any other community setting) has to sign the same attendance form with those carrying out the contact tracing activity
7. The contact tracing team should avoid visiting and screening the same households for TB in multiple visits.
8. In the TB contact tracing visit, the team should conduct the screenings for TB, HIV and the contacts assessed to be at high risk of acquiring TB should be started on TPT
9. The household contacts screened should only be the once found at home during the visits.
10. The names of the absent household members should not be registered in the contact tracing form and attendance forms.
11. Only the Health workers who actually conducted the contact tracing visits should sign the attendance forms. People who have not worked should not sign the forms
12. The summary reports and the signed attendance forms should be consistent with dates in the different forms matching
13. The RTLS/DTLS should supervise the field team and provide real time support whenever it is needed.
14. The RTLS, DTLS and TB FP should supervise the team conducting the contact tracing activity and ensure quality and adherence to the guidelines for this activity.
15. The RTLS/DTLS or their representatives (DHT or facility in-charge) should review, sign and stamp the reports before they are submitted to USTP.
16. The RTLS/DTLS should sign on same attendance forms with the supervisee and contacts screened for the house hold visited during the support supervision.

The PPEs Support from TASO GMU during the year

PR2 procured the following PPEs and USTP was among the SRs who received the consignments listed below to help reduce the risk of covid-19 from among the staff members, including its partners and PHP while working during the lockdown:

Table showing PPEs received from PR1 for Covid-19 prevention

SN	PPE item Name	Measurement	Total Quantity received
1	Hand Sanitizers	Bottle	88
2	Thermometer(s)	piece	34
3	Surgical Gloves	Box of 50 pieces @	46
4	Face masks-Disposable	Box of 50 pieces @	50

SR Performance Review meeting

This activity started with the internal review of USTP performance by the staff and management and later, there was external performance review of all SRs including USTP that shared its results with TASO GMU on 13th Feb, 2020. The venue was Kanyanya TASO Training centre. Only one review meeting was held in the year with the PR. The rest of the reviews were internal within the SR.

Some of the extracts from the performance reviews held in 2020

Cumulative progress Updates –(Q1-Q8)

PROGRAMME DETAILS					FINANCIAL DETAILS				
Budget line	Activity as in the budget	Activity Target	Achievement by activity	% Results	Total Activity Budget	Activity Expenditure	% Absorption	Reason for performance (under/over achieving)	Strategy employed/to be employed to improve performance
48	Contact tracing and screening for contacts of diagnosed MDR Patient (transport and SDA)	1600	1285	80%	108,290,000	85,289,995	78.8%	Continue as per work plan	
51	Conduct Joint visits with National coordination committee and Parliamentarians for social accountability	2	2	100%	35,502,000	34,815,333	98.1%		Next activity scheduled for Qtr 11
52	TB parliamentary Caucus knowledge update/ advocacy	4	4	100%	39,850,000	38,977,010	97.8%		Next activity scheduled for Qtr 10
56	Facilitate the Health workers and Community health workers to conduct contact tracing to all contacts of confirmed pulmonary TB patients and children	2400	3127	130%	204,736,000	218,940,745	106.9%	Continuing as per work plan	

Cumulative progress Updates –(Q1-Q8)

PROGRAMME DETAILS					FINANCIAL DETAILS				
Budget line	Activity as in the budget	Activity Target	Achievement by activity	% Results	Total Activity Budget	Activity Expenditure	% Absorption	Reason for performance (under/over achieving)	Strategy employed/to be employed to improve performance
57	Training Community Health workers for Contact tracing	5	5	100%	72,375,000	50,203,900	69.4%	Reallocation sought for more training. Approval yet to come	
60	Conduct a Mapping exercise of private health facilities CSOs Pharmacies and drug shops for PPM accreditation -	5	5	100%	42,940,000	37,004,930	86.2%	Funds reallocated to do data collection & supervision of PHPs	The balance of 5.5m to be used for PPM guideline rollout & support to ppm sites
61	Hold workshop for 3 days, for 15 people to develop and implement system for accrediting private health facilities to implement PPM.	1	1	100%	10,928,000	7,388,000	67.6%	Workshop done at lower cost and reallocation sought. NCC meeting for PPM	2 meetings (for PPM oversight committee 1 march, 1 May 2020
62	Conduct 4 trainings of health workers from Private health facilities, Pharmacies, CSOs and drug shops.	4	5	125%	77,760,000	83,642,120	107.6%	Initially only 4 trainings budgeted but trained 5 th region	

Cumulative progress Updates –(Q1-Q8)

PROGRAMME DETAILS					FINANCIAL DETAILS				
Budget line	Activity as in the budget	Activity Target	Achievement by activity	% Results	Total Activity Budget	Activity Expenditure	% Absorption	Reason for performance (under/over achieving)	Strategy employed/to be employed to improve performance
53	Support Human resources for the USTP Salary calculations (USD)	8 HR staff, 24 months	8 HR staff, 24 months	100%	1,181,796,000	1,150,718,388	97.4%		Some fund of approx. Ugx 33.3M reallocated to cover rent gap. Some funds earmark for PPM activities
54	Support for USTP Rent and Utilities:	24 month rent	24 month rent	100%	77,616,000	77,616,000	100%	All rent payments are up-to-date	
	Support for other USTP Administrative Costs - one-off costs				14,820,000	13,437,288	90.7%	Reallocation of savings sought for purchase of Back up-devices. Awaiting approval	
	Support for other USTP Administrative Costs - recurring costs				51,104,000	46,165,987	90.3%	Savings of up to July 19 reallocated to finance SP & Partners' Forum	The savings here were spent on SP and USTP Forum's meeting in Jan-Mar 2020

Feedback from the review meeting

- More efforts in engagement of the private providers in TB control needs to be done. This requires implementation of a cascade of activities which includes certification/accreditation to formalize and complete the linkages.
- The need to find more funds for PPM activities that were prioritized in the national PPM action plan for the Private Health providers to contribute meaningfully to ending TB.

- The USTP coordination activities need to be supported so that more of its partners can contribute to the TB control activities in the country.
- Adherence to specific budget lines during implementation should be key

Updates on USTP strategic plan 2021-2025

The previous version of USTP Strategic plan has been in place from 2017 and it run until December, 2020. The secretariat started the development of its new Strategic Plan (SP) 2020/2021-2024/2025. This started in the first quarter of 2020, with technical personnel from USTP, MOH, CUAMM and private sectors providing inputs.

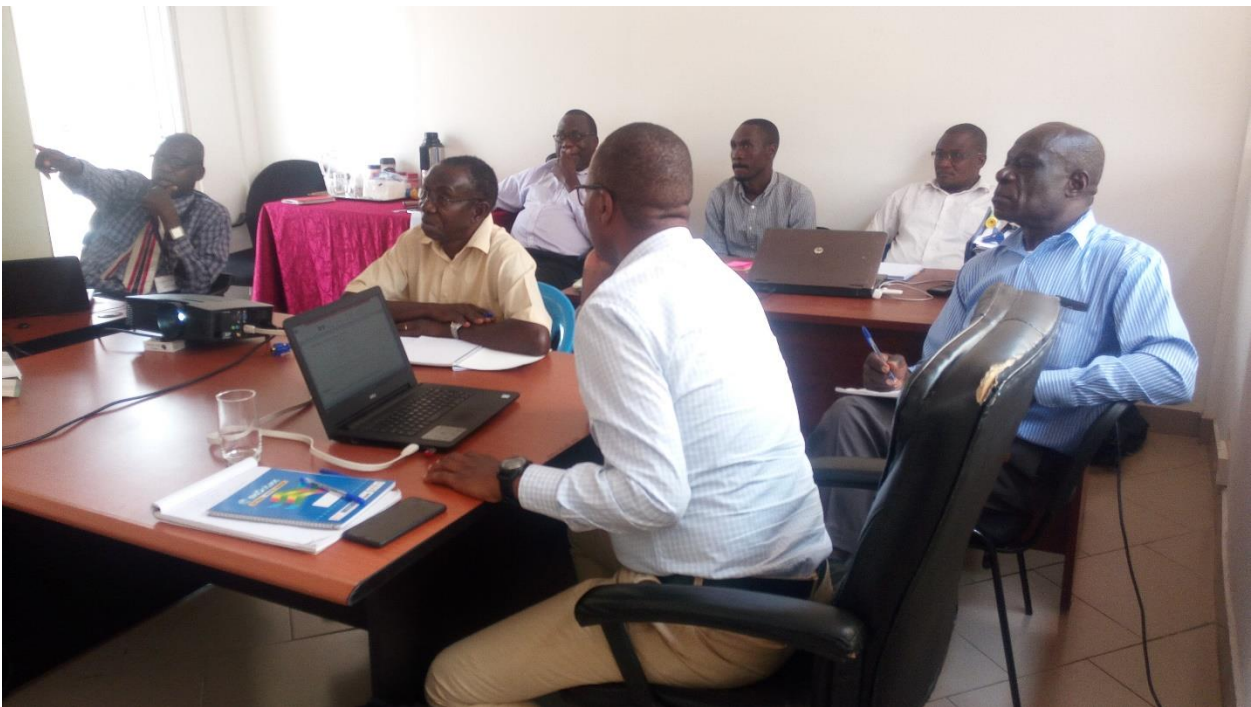
The USTP SP is develop based on the following result framework

Goal	Contribute to an HIV, TB, and malaria-free Uganda through protecting human rights, achieving gender equality, and improving health equity for all Ugandans in all their diversity.
Result Area 1	There is zero stigma, discrimination and violence in the context of HIV, TB and malaria.
Result Area 2	Health care services are non-discriminatory and respect, protect and promote the health and safety of all patients and staff.
Result Area 3	Law makers and law enforcement agents understand and fulfil their role to respect, protect and promote human rights and health.
Result Area 4	Individuals and communities are knowledgeable about and can secure their rights and responsibilities for health.
Result Area 5	Legal information and services are available and responsive to individuals and groups) who seek redress.
Result Area 6	Laws, regulations and policies promote and protect health equity.
Result Area 7	Gender-related health inequities in HIV, TB and malaria services are resolved, particularly gender-based stigma, discrimination and violence.
Result Area 8	Equity barriers for specific key and vulnerable populations in the context of HIV, TB and malaria are addressed and reduced.
Result Area 9	The public health response to removing equity barriers is comprehensive, sustainable, and well-coordinated.

The participants form this SP development are in the table below:

NAME	CONTACT	ORGANIZATION
Kamugasha Paul	751158181	WEDNET
Aplo Soita	772408779	PRIVATE SECTOR
Obizu Moses	774356385	CUAMM
Jerry Ictho	754612985	CUAMM
Ekuka Godfrey	772987699	MOH/NTLP
Kimmula James	772463066	PRIVATE SECTOR
Odongo Moses	775401966	USTP
Busulwa Paddy	772615664	USTP
Isiko Paul	772428225	USTP
Dr. Kawuma Joseph	772323028	USTP

There have been two meetings at USTP offices targeting this SP development and the first meeting was held from January 20th -23rd, 2020. The final version of this document was reviewed and approved by the USTP board with some few changes recommended.



Photos of participants involved in the USTP strategic plan development (20th Jan, 2020)

Support Supervision & Monitoring visits by USTP program team

SN	Support supervision months	Support supervision focus
1	Feb 2020	TB contact tracing
2	March 2020	TB contact tracing
3	Sept 2020	TB contact tracing/PPM
4	November 2020	TB contact tracing/PPM

These PPEs were distributed to the DTUs and PHPs visited during the TB contact tracing support supervision. Some were utilised by USTP staff as they carry on the day-day tasks in the highly infectious covid-19 community.



PPEs for covid-19 prevention received at one of the PPM facilities:

(Divine Mercy Hospital-Tororo) by the Facility Director on 8th Sept, 2020.

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.
- The tools required for TB contact tracing were provided to the field team
- PPEs for covid-19 prevention during TB contact tracing provided
- 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 HMIS tools for contact tracing are now available but only that the supply is still limited. Some facilities are almost completing the one (1) register they were given by the IP.

Challenges identified during support supervision exercise

- Number of TB cases is reducing because of more covid-19 reported in the facility than in the community. The number of people coming for TB screening at facilities in this case, is reduced because they tend to fear to contract covid-19 while coming for TB screening.
- The Hub rider visits the facility once a week thus long turnaround time for sputum results, this was noted in Lorengechora HCIII in Napak District
- The registers for contact tracing are not enough due to so many TB contacts in the community.
- The cases of DS-TB patients that are in urgent need for TB contact tracing are still very many. The real issue is that contact management is not included or prioritised in the local health plans and is only dependent on the one time support by USTP and other IPs which is not sustainable.
- Challenges with following patients from outside of the district. This is especially hard during the covid-19 period. The movement cost is still very high and in most cases, doubled the amount that has been previously charged.
- The limited TB contact tracing registers and other stationeries for reporting and accountabilities. This was noted in Hoima RRH where they prefer to have separate registers for contact tracing of DR and DS-TB for easy retrievals.
- The limited supply of N-95 mask that is highly needed for preventions of both TB and covid-19.
- The transport refund provided still not sufficient to reach all patients. The public transport rate is now double due to covid-19. This need to be looked into by the funding organization
- Follow up after test results not easy. The transport for it is not catered for.
- Provision of TPT not easy since the patients cannot easily reach the facility due to transport challenges. This was a case of Lacor Hospital.

Recommendation from the support supervision

- There should be a mechanism in place to ensure TB contact tracing is continuous and sustainable even during this time when covid-19 is on the rise.

- USTP will work with NTLP and the regional IPs to ensure the sites have TB contact tracing guideline in place.
- DS-TB should not be ignored for contact tracing because there so many patients and are likely to lead to more MDR cases
- Limited availability of TB tools in both private and public health facilities. The missing tools are health unit TB registers, the TB contact tracing register, the presumptive TB register, the lab TB register, TB screening form, the referral forms among others. Most facilities are using the old version of tools or improvising to capture TB data. More tools should be availed by the main IP in the respective regions.
- Transport refund for health workers and community resource persons doing contact tracing should be standard to ensure uniformity and easy processions. In some cases, the amounts of refund provided are not uniform for different patients visited.
- The TB contact tracing team (VHT, Health worker) traveling to the households are expected to deliver TPT to the community team so that they do not have to spend their limited transport to pick it from the facilities.

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.

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. The working mode due to covid-19 greatly affected some activity implementation approaches. Meetings and workshops had to be conducted scientifically instead of the usual physical representations. The World TB day event for example, was greatly affected. These there required closely working with PR2 to ensure they provide guidance on how the funds should be allocated and spent in some specific cases.

Procurement and Logistics Management

There were no major procurement activities during the year 2020.

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 operation policy manuals

A number of policy documents to guide the day to day running of USTP were finalised in the year including

- The finance and operation manual
- The human resource and operation manual
- The procurement manual

Capacity Building through CME/CPD

The team held a number of continuous professional development meetings so as to have more understandings of HR and Finance policies for its staff members. 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.

The external audit exercise of USTP

This was carried out in the month of March 2020 from 16th-27th and the summary of the findings are summarised in the table below

The summary findings from the external audit exercise of USTP

<p>USTP Annual Partners Meeting</p> <p>USTP Partners Forum which in the General Assembly of Uganda Stop TB Partnership is mandated by the Constitution of USTP in article 11 to have at least one meeting a year on advice of the executive secretary and the Board.</p> <p>The roles of the partners Forum include;</p> <ul style="list-style-type: none"> -Determining the general policy of the association as recommended by the coordinating Board -Elect the coordinating Board - Approve all reports, plans and budgets of the Board -If necessary amend the constitution following the laid down principles <p>Contrary to the above guidance, during our audit we noted that no such meeting took place in the year under review and the preceding years</p>	<p>We recommend that the Partners Forum annual meetings be convened as guided by the constitution of the Uganda stop TB Partnership</p>	<p>Meeting scheduled for 23rd Jan 2020</p>	<p>Meeting for Financial year 2018 was not held.</p>
<p>Control over Payments</p> <p>During the audit, we noted that payments once completed, vouchers and supporting documents are not stamped 'PAID' as required by the Grant agreement under Financial Instruction No.6 section (iv).</p>	<p>All Payment Vouchers should be stamped PAID once the accountability and payment process is completed. This stamp should include the date.</p>	<p>Finance team has worked backwards and all vouchers paid have been stamped PAID with date</p>	<p>Payment vouchers not stamped with a dated PAID Stamp</p>
<p>Opening Balance</p> <p>During our audit, a review of the previous year's audited accounts indicated that the organisation had a balance Ushs. 583,046,852 of cash and cash equivalents as 31 December 2017. This balance was brought forward in the year under review i.e the year ended 31 December 2018.</p> <p>We could not therefore, confirm how these balances were utilised as they were not accounted for.</p>	<p>We recommend that management incorporate the opening balances for the year under review (year ended 31 December 2018) which ordinarily would be the closing balance for the prior year (year ended 31 December, 2017).</p>	<p>Letter explaining this already submitted to Auditors and amendments made thereof to this effect</p>	<p>Opening balances were correctly brought down in the year under review</p>

APPENDIX: USTP ASSET REGISTER AT END OF 2020

ASSET REGISTER								
NAME OF ORGANISATION:		UGANDA STOP TB PARTNERSHIP						
NO.	ASSET DESCRIPTION	DONOR	ORIGINAL SERIAL/CHASSIS NUMBER	ENGRAVED SERIAL NUMBER	USER/CUSTODIAN	DATE OF ACQUISITION- (PURCHASED)	DONOR	CONDITION
	Office Furniture							
1	Executive desk	GF		USTP/GF/DSK.001	Executive Director (Isiko Paul)	21/08/2013	TASO	Good
2	Ordinary office table with fixed drawers	GF		USTP/GF/DSK.002	Technical Advisor (Paddy Busulwa)	21/08/2013	TASO	Good
3	Ordinary office table with fixed drawers	GF		USTP/GF/DSK.003	Administrative Asst (Juliet Nakijjoba)	21/08/2013	TASO	Good
4	Ordinary office table with fixed drawers	GF		USTP/GF/DSK.004	M & E Specialist (Odongo Moses)	20/10/2014	MOH	Good
5	Ordinary office table with fixed drawers	GF		USTP/GF/DSK.005	Finance Assistant (Carol Katikiro)	02/05/2018	TASO	Good
6	Executive office chair	GF		USTP/GF/CHR.001	Executive Director (Isiko Paul)	21/08/2013	TASO	Broken
7	Low back office chair	GF		USTP/GF/CHR.002	Technical Advisor (Paddy Busulwa)	21/08/2013	TASO	Good
8	Low back office chair	GF		USTP/GF/CHR.003	Administrative Asst (Juliet Nakijjoba)	21/08/2013	TASO	Faulty

9	Executive Chair	GF		USTP/GF/CHR.004	Finance Asst (Carol Katikiro)	20/10/2014	MOH	Good
10	Executive Chair	GF		USTP/GF/CHR.005	Executive Director (Isiko Paul)	20/10/2014	MOH	Good
11	Low back office chair	GF		USTP/GF/CHR.006	M & E Specialist (Odongo Moses)	02/05/2018	MOH	Good
12	Reception Chair - fabric material, metallic without arms	GF		USTP/GF/CHR.007	Administrative Asst (Juliet Nakijjoba)	20/10/2014	MOH	Broken
13	Reception Chair - fabric material, metallic without arms	GF		USTP/GF/CHR.008	Administrative Asst (Juliet Nakijjoba)	20/10/2014	MOH	Broken
14	Reception Chair - fabric material, metallic without arms	GF		USTP/GF/CHR.009	Administrative Asst (Juliet Nakijjoba)	02/05/2018	TASO	Good
15	Reception Chair - fabric material, metallic without arms	GF		USTP/GF/CHR.010	Administrative Asst (Juliet Nakijjoba)	02/05/2018	TASO	Good
16	Filing Cabinet	GF		USTP/GF/FC.001	Executive Director (Isiko Paul)	19/11/2013	TASO	Good
17	Filing Cabinet	GF		USTP/GF/FC.002	Technical Advisor (Paddy Busulwa)	19/11/2013	TASO	Broken
18	Filing Cabinet	GF		USTP/GF/FC.003	Administrative Asst (Juliet Nakijjoba)	19/11/2013	TASO	Broken
19	Full Height Filing Cabinet	GF		USTP/GF/FC.004	USTP Program Office	13/11/2017	MOH	Good
20	Full Height Filing Cabinet	GF		USTP/GF/FC.005	USTP Finance Office	02/05/2018	TASO	Good
	IT equipment, Computers & Accessories							
21	CPU	GF	JIBYVSI	USTP/GF/CPU.001	Executive Director (Isiko Paul)	06/09/2013	TASO	Functional

22	CPU	GF	GGBXVSI	USTP/GF/CPU.002	Finance Asst (Carol Katikiro)	06/09/2013	TASO	Functional
23	CPU	GF	1NJPVSI	USTP/GF/CPU.003	Administrative Asst (Juliet Nakijjoba)	06/09/2013	TASO	Functional
24	Monitor	GF	CN-02NOON- 64180-282-2AFM	USTP/GF/MON.001	Executive Director (Isiko Paul)	06/09/2013	TASO	Functional
25	Monitor	GF	CN-02NOON- 64180-27R-016L	USTP/GF/MON.002	Finance Asst (Carol Katikiro)	06/09/2013	TASO	Functional
26	Monitor	GF	CN-02NOON- 64180-287- 1KRM	USTP/GF/MON.003	Administrative Asst (Juliet Nakijjoba)	06/09/2013	TASO	Functional
27	Laptop - Lenovo	GF	MP18S2RW	USTP/GF/LAP.001	Finance Officer (Alex Atuheire)	31/10/2017	MOH	Functional but hungs
28	Laptop - Dell	GF	CS5YVJ2	USTP/GF/LAP.002	M & E Specialist (Odongo Moses)	19/06/2018	54	Functional
29	Power stabilizer	GF	3B1724X03946	USTP/GF/PS.001	Finance Asst (Carol Katikiro)	19/06/2018	54	Functional
30	Power stabilizer	GF	3B1713X08449	USTP/GF/PS.002	Administrative Asst (Juliet Nakijjoba)	19/06/2018	54	Functional
31	Scanner - HP	GF	CN298AD0MK	USTP/GF/SCN.001	Executive Director (Isiko Paul)	10/11/2013	TASO	Functional / weakening
32	Projector - Dell	GF	CN-031XC6- S0081-79R-0544	USTP/GF/PR.001	Administrative Asst (Juliet Nakijjoba)	19/06/2018	54	Functional
33	Router	GF	RD501HC010791	USTP/GF/RTR.001	Finance Asst (Carol Katikiro)	19/06/2018	54	Functional
34	Printer - Ieserjet Pro 400	GF	VNH6G23258	USTP/GF/PR.001	Administrative Asst (Juliet Nakijjoba)	24/10/2013	TASO	Functional

35	Wireless Land-line	GF	ZQA9KA926240 3430	USTP/GF/TEL.001	Administrative Asst (Juliet Nakijjoba)	31/10/2013	TASO	Not Functional
36	Africell Modem	GF	G8J7SA9390201 557		Executive Director (Isiko Paul)	13/11/2013	TASO	Not Functional
37	Africell Modem	GF	G8J7SA9390200 931		Technical Advisor (Paddy Busulwa)	13/11/2013	TASO	Not Functional
38	Africell Modem	GF	G8J7SA9390203 075		Administrative Asst (Juliet Nakijjoba)	13/11/2013	TASO	Not Functional
39	AfricellModem	GF	IMEI:356793034 130401		M & E Specialist (Odongo Moses)	19/06/2018	54	Not Functional
40	Router	GF	RD501HC010791		Finance Office (Alex Atuheire)	19/06/2018	54	Functional
41	Photocopier	GF	1102KL3NLO	USTP/GF/PC.001	Reception	14/11/2013	TASO	Functional wornout
42	Water Dispenser	GF	W752083240613 00221	USTP/GF/WD.001	Reception	13/06/2014	TASO	Functional
43	Colour printer	USAID	CNCJ103094	USAID/TB CARE I/028	USTP OFFICE	2014	Donated by TB Care1	Functional but worn out
44	Cupboard	USAID		USAID/TB CARE I/026	USTP OFFICE	2014	Donated by TB Care1	Good
45	Conference table	USAID		USAID/TB CARE I/027	USTP OFFICE	2014	Donated by TB Care1	Good

