



*Keeping TB on the agenda, a role for all*

**UGANDA STOP TB PARTNERSHIP (USTP)**

**Program Report Form Summary**

<b>Organization Name:</b>	<b>Uganda Stop TB Partnership</b>			
<b>ANNUAL PROGRAM REPORT 2022</b>				
<b>REPORTING PERIOD:</b>	<b>January-December 2022</b>			
<b>DATE OF SUBMISSION:</b>	<b>28<sup>th</sup> February 2023</b>			
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<b>Note:</b>	<i>This report provides summaries of what transpired within the year.</i>			

## **LIST OF ACRONYMS**

ACSM	Advocacy, Communication and Social Mobilization
C-19	Covid-19
CAO	Chief Administrative Officer
CEHURD	Center for Health, Human Rights and Development
CSOs	Civil Society Organisations
DR	Drug Resistance
DHO	District Health Officer
DHT	District Health Team
DLFP	District Laboratory Focal Person
DTLS	District TB & Leprosy Supervisor
GF	Global Fund
CBO	Community Based Organisations
CPD/CME	Continuous Professional Development or Medical Education
UNOPS	United Nations Office for Project Services
GMU	Grants Management Unit
HIV	Human Immunodeficiency Virus
HLM	High Level Meeting
IEC	Information Education and Communication
IPs	Implementing Partners
IPT	Isoniazid Preventive Therapy
CAST	Community Awareness, Screening, Testing and Treatment
JMS	Joint Medical Stores
M & E	Monitoring and Evaluation
MOH	Ministry of Health
MOGLSD	Ministry of Gender Labour and Social Development
MOU	Memorandum of Understanding
NCC	National Coordination Committee
NMS	National Medical Stores
NTLP	National TB and Leprosy Program
NTRL	National TB Reference Laboratory

NSP	National Strategic Plan
OCA	Organisational Capacity Assessment
PM	Program Manager
RDC	Resident District Commissioner
RCC	Resident City Commissioner
LC	Local Council
ED	Executive Director
MP	Member of Parliament
AC	Assistant Commissioner
WHO	World Health Organization
GSTP	Global Stop TB
DGHS	Director General, Health Services
F/A	Finance Assistant
T/A	Technical Advisor
F/O	Finance Officer
GLRA	German Leprosy Relief Association
IGA	Income Generating Activity
NRM	National Resistant Movement
RRH	Regional Referral Hospital
SOP	Standard Operating Procedures
PPM	Public Private Mix
PHF	Private Health Facilities
IDI	Infectious Diseases Institute
RHITES	Regional Health Integration to Enhance Services
RHSP	Rakai Health Sciences Program
PPE	<b>Personal protective equipment</b>
PRIME TB	Engaging Private health providers in TB Diagnosis and Management in Northern Uganda
Q	Quarter
SDA	Safari Day Allowance
SMT	Senior Management Team
TASO	The AIDS Support Organisation

TB	Tuberculosis
TSR	Treatment Success Rates
USG	United States Government
USAID	United States Agency for International Development
USTP	Uganda Stop TB Partnership
UN	United Nations
NFM	New Funding Mechanism
UCCM	Uganda Country Coordinating Mechanism
WTLD	World TB and Leprosy Day

## EXECUTIVE SUMMARY

This report covers the calendar year January 1<sup>st</sup> to December 31<sup>st</sup>, 2022 which marks the second year of implementation of the NFM-3 TASO Global Fund Grant. 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. In addition, USTP exist to mobilize the Civil Society Organizations, communities and Private Health Providers to contribute to NSP overall goal of this NTLP Strategic Plan 2020/21-2024/25, which is to reduce the incidence of TB by 20% from 200/100,000 population in 2019/20 to 160/100,000 Population by 2024/25.

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

USTP program team were engaged in a number of activities in the year, including setting atmosphere the preparations of the first ever TB Marathon that was so critical for USTP programming under the new funding mechanism from TASO Global Fund Grant Management Unit and also the continuation UNOPs grant whose implementation started in second half 2021..

USTP coordinated the world TB day event for 2022 which took place in Lira City in May 6, 2022, delayed due to the death of the speaker of the 11<sup>th</sup> Parliament. The subsequent activities that followed World TB day event included providing mentorship to the PHPs in the 8 Municipalities/Districts. There was also CSO and TB survivor initial mentorship visits carried out across the 17 MDR-TB initiation regions in the country. The visits ensured the TB experts and CSO representatives were mentored and supported by USTP in the year. Many more were identified and mentored in the respective target MDR-TB regions.

There were also the TB regional level advocacy meetings/workshops conducted in all the 14 target MOH regions of the country where TB issues were shared by different regional political, local, cultural and religious leaders and here, more than 947 invited participants were engaged in this meetings, and one national level advocacy meeting conducted in June 2022.

USTP was involved in a number of advocacy activities including coordinating the TB Constituency engagement meetings and the 5<sup>th</sup> annual TB and Leprosy stakeholder's conference in December 2022

The National level 5<sup>th</sup> TB annual conference was conducted in the year where close to 820 participants attended physically (326) and virtually (497) in December 2022.

The Review of the TB handbook, a talking points for members of parliament was done in the year by selected stakeholders from different fields

Many other interventions supported included engaging members of parliament for their knowledge updates on TB issues, engagement of journalists and media groups among others.

The year generally was a busy one with implementation of the planned interventions amidst the covid-19 lockdown measures that were in place until July 2022. But good enough, all the secretariat staff members came through the year with good health and were able to coordinate the activities that were well executed in the reporting period.

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## INTRODUCTION

The report highlights the activities which were implemented by USTP from January to December, 2022, the accomplishments, challenges and the recommendations. The report also provides an overview of the planned activities for the following year -January to December, 2023.

### **The overview of the year 2022**

The year 2022 represents the second year when USTP implemented TASO GF-NFM-3 grant. Other grants from UNOPS-Global Stop TB partnership and Challenge facility grant round 11 were also formalized in the year.

The year 2022 began with USTP holding planning and staff meetings and compilation of reports for the closing periods of 2022

The different program areas coordinated by USTP during the year are summarized here below.

### **Support to CBOs/CSOs networks to conduct community monitoring, advocacy and social mobilization aimed at improving the poor performance TB indicators**

The support to CBOs/CSOs here are aimed at improving the the poor TB TSR, low retention in care, high LTFU, poor adherence to TB and HIV medicines, poor virological suppression and high malaria incidence, treatment and care. This intervention will provide monthly facilitations to CBOs/CSOs networks in the selected districts that are lake-based (Kampala, Mukono and Wakiso in this case) and also mentorship

During the year 2022, the CBOs/CSOs networks that were identified in 2021 were eventually facilitated to do actual implementations, and these included:

- ✓ Mukono Multi-Purpose
- ✓ Kuboresha Africa-Mukono
- ✓ Kawempe Home Care

These three organizations were supported to do community TB sensitization and awareness creation in Kampala, Mukono and Wakiso Districts. A total 30 million Uganda Shillings were disbursed to facilitate their effort and the work was successfully completed within the agreed timeline in 2022

The interventions outcomes were improving institutional capacity of the CBOs/CSOs in the different areas (finance, M&E and programming), Improved TB outcomes (TSR) and also increased case notifications rates.

In December 13<sup>th</sup>-16<sup>th</sup>, 2022, PR2 (TASO Uganda) in conjunction with USTP conducted a capacity building support to these organizations that targeted their board members in a one week training aimed at enhancing their organization management capacity.

### **Conduct mentorship in the 8 municipalities where private health facilities were trained**

This activity targets mentorship in the 8 municipalities where health service providers from a total of 107 private health facilities were trained on TB care and prevention using TASO-GF-NFM2 grants. The health workers trained in the municipalities of Iganga, Jinja, Masaka, Mbarara, Gulu, Kitgum, Mbale and Tororo and supported to implement Public Private Mix (PPM) activities.

In this In NFM3, the USTP had planned to conduct mentorship support visits using two (2) teams and each were to support 4 districts during every quarterly visits in order to cover the 8 district and while in the municipality each team shall support 5 trained PHFs per district, totalling 40 facilities in all the 8 municipalities.

In the year 2022, the PPM mentorships were conducted by two teams. In the quarters of April-June, July-Sept and Oct-Dec 2022. The mentorship team were able to reach 10 Districts in the process, with Gulu and Kitgum also added to the list after the **PRIME TB** project that was supporting Gulu and Kitgum ended their one year grant period.



*PPM mentorship in Mbale, IUIU Lab in November, 2022*



*PPM mentorship in Iganga, New Hope Hospital- Iganga, Nov 2022*

### **The PPM mentorship aims**

- Improving quality of TB infection control
- Increase TB suspicion index among HWs

- Enhance knowledge in TB management
- Support referral of presumptive TB patients
- Enhance facility team capacity for data recording and reporting through DHIS-2,

### **Some of the findings by the PPM mentorship team**

- Nearly 87% of the facilities visited had some evidence of TB services being offered.
- In most of the facilities staff found on duty had positive attitude towards TB services.
- About 94 facilities visited had functional laboratory in line with TB investigations.
- Most of the facilities had Reagents for ZN microscopy.

### **Challenges noted in PPM facilities**

- Some facilities had stock out of TB data capturing tools(Registers)and Reporting tools like the 033b booklet, this was mainly in eastern region facilities,
- Some facilities are charging for ZN testing since they buy their own.
- Some facilities are unable to treat TB patients due to lack of drugs, yet they have all the requirements.

### **Some recommendations for PPM**

- The DHT team takes up inspection, assessment and accreditation of the PPM facilities and ensure they are supported to implement TB activity cascades (screenings, diagnosis, treatment, referrals and follow up)
- Sourcing out and redistributing TB tools to facilities with stock out by the respective DTLS. This should be done in collaboration with IPs, central mentors, ZTLS and resource centre, MOH
- Sourcing out and redistributing Lab reagents to these facilities so as to have the ZN testing free of charge.
- Comprehensive training in TB/Leprosy screening diagnosis, Management and TB care targeting the new staff members in the high volume PHFs
- DLFP with the Hub coordinator harmonizing sample transportations and referrals from PNFP and PHP facilities with the existing public facilities.

## **Coordinating PPM Oversight committee meetings to review performance**

This intervention activity targets reviewing performance including policy issues, mobilize resources, carrying out advocacy, ensuring the availability of TB commodities for Private sector with the bodies like NMS, JMS, the donor-supported implementing mechanisms and the intermediary agencies.

In the reporting year 2022, there were 4 planned meetings of this nature, out which, 3 were conducted, and reaching 42 participants from the target of 64 participants, 62% of the targets were involved in the Oversight committee meetings.



The PPM oversight committee meeting attendance: October 2022.

## **Key deliberations from the PPM oversight committee meetings**

- There should be mechanism in place to sustain the effort of the PHFs in supporting TB work
- The PPM approach should be scale up in other districts/cities not only the traditional trained ones
- Strengthening structures and current approaches including trainings, mentorships and support supervisions and having a good tracking (dashboards) of the agreed action points.
- The private health providers should be engage in the National TB management approaches like TB contact tracing, advocacy events and CAST TB activity among others.
- The best performing PHFs should be used as a platform to strengthen other struggling facilities. The recognition aspects should be put in place for better performance motivation.
- More resources should be allocated to strengthen TB work in private health facilities.

## **Mentorship and review meetings for Expert/TB survivors and CSOs.**

This activity implemented included training and facilitating TB survivors, women and champions to sensitize communities, facilitate TB case finding and follow up of TB patients in the community. The training milestone included:

- This activity that was started way back in 2021 with the execution of the initial mentorship visits across the country that targeted all the 17 DR-TB treatment regions. In this visits, the TB survivors and CSOs that eventually formed the denominator for the trained participants
- There were two mentorship support supervision conducted in April-June and July-Sep 2022 quarters. The mentorship team reached





The mentorship team from Kabale RRH, USTP, NTLP, Kabale DHT at RHU-Kabale-Sept 2022 (Above pic)



*TB survivors' mentorship at Fort Portal RRH (Above photo) in Sept 2022*



*The CSO-HUNDLE Uganda mentorship in Gulu (Above photo) in May 2022*

## **The TB survivors' and CSO's mentorship objectives**

- To provide direct support to the site-based TB experts to carry out TB work on TB/MDR TB patients in the Facilities and communities
- To orient TB survivors on the revised tools for their field work and also share the reporting guidelines relating to this intervention. These include reviewing the reporting tools and support them on how to properly complete for forms in agreed timeline
- To review the number of activities including IGAs that the TB survivors and CSOs are engaged in that directly relates to the training they received under USTP support.
- To visit the trained CSOs and assess how they are integrating TB activities into their Programming.

## **Positive Summary finding on TB survivors/CSOs**

- All the regions visited were actively involved in TB work and appreciated the timeliness of the mentorship
- The TB survivors interacted with greatly appreciate the support towards the work they were trained to do in the facilities and in the community
- The small facilitations they are provided with, is a very great motivation to their working.
- The demand for this kind of support is much more than expected. It could be one key funding focus.
- All the CSOs visited appreciated the training and the technical support they received from USTP and TB program
- The CSOs are very much in the communities and their engagements can easily reach the very last persons in the communities.
- Some of these CSOs are very much active in TB activities mainly screenings and referrals

## **Challenges noted from the support supervision**

- Not all the TB survivors who were trained are the ones currently active. Some are lost, others got other job openings.
- The challenge of only focusing on MDR TB patients
- Most TB survivors are very far from the MDR TB sites
- Communication gaps: Sometimes those providing information to them don't give them enough time and they miss vital guidance to this effect
- Lack of identifications while in the community for the survivors.
- Most of the CSOs visited are have not been closely working with the district TB team for their buy in into TB activities.
- Some of the CSOs are hard to find, especially when they hear the call for visits by support team. They have the fear of being closed or asked for permits they think they could be exempted from.
- Most of the CSOs don't have TB tools, MOH tools, IEC materials for TB and have rarely been visited by the districts, regional or central TB team
- They CSOs felt neglected from many activities, example many were not aware of CAST TB event and yet could have participated

## Recommendation from the support visits

- The TB survivors requires regular follow up and guidance on their activities
- There is need for a dedicated officer to keep track of their working in each region including following on their activities, tool's availability, how to complete the tools and also in keeping track of their facilitations
- The regions where they have not been actively working needs to be tracked and supported so they also pick the working tempo of other regions doing fairly well
- T-Shirts, IDs for the implementers
- Plan for refreshment on busy clinic days (say once a week) to motivate the clinic team
- Stationary support say on quarterly basis can be helpful in the implementation to the DTUs who manages many stationary files.
- The CSOs met all expressed limited fundings and wished they are considered for small grants for supporting TB in their respective communities
- The TB IEC materials and other tools for TB screenings and referrals should be availed to these CSOs to ease their sensitization and talking points with the community.
- Some of the CSOs are accredited for ART provision and not for TB. The support towards TB service accreditations should be equally provided.
- Regional and central IPs should engage CSOs in community activities by providing some funds to this effect.

## The review meetings with TB Survivors

During the year, two review meetings were conducted to harmonize the activities of the TB survivors with the DTUs and the communities they are attached.

The review meetings provide opportunities for the implementers to meeting and share experiences on the engagements with the communities. The experts are specifically reviewed on how they are:

- Sensitizing communities about TB including treatment adherence.*
- facilitating TB case finding*
- Following up TB patients for TB treatment cascades completions*
- Recording and updating TB tools at facility/community levels*
- Engaged in IGA related activities to better their nutrition aspects*

The engagements of these expert TB community resource persons greatly contributes to:

- Reduced LTFU of TB patients on treatment (improved TSR)
- Improved referrals and linkage of patients from community to TB treatment centres/DTUs.
- A well-coordinated working of the TB experts/survivors with the communities and health facilities they are reporting through.
- Reduce work load in heavy clinic days as they support in some aspects including linkages, health education, sputum collections and appointment follow up of the patients.
- Improved TB screening cases as a result of **Cough monitoring** and **Contact tracing** by TB experts/survivors
- Many livelihood projects (poultry, crop production, animal farming, brick making, growing greens, and new business establishments) as a result of Income Generating Activities-IGA skills obtained from last year's training. This should results into improved nutrition for the TB patients (former and current)
- Improved TB awareness in the community as a result of sensitizations by the TB experts.



- viii. Improved recordings and reporting in the TB forms and Registers in the health facilities and communities
- ix. The reporting tools were also shared in these meetings and orientations to the new team done

In the year 2022, two review meetings were conducted in June and in December to help track the working of these target workforce. The meetings were very well attended.



*The review meeting participants on June 23<sup>rd</sup>, 2022 in Pearl on the Nile Hotel, Jinja*





*The review meeting participants on Dec 15<sup>th</sup>, 2022 in Nile Hotel, Jinja City*

### **The follow on actions from the review meetings with the TB survivors**

1. TB survivors who were not trained need an orientation session
2. There is information gap. USTP should communicate to the health centres where TB/ survivors are attached and specify the roles of the personnel at the facility.
3. There's need to customize the TB survivor's activities per region since the regions are different
4. The issues with long distances for be covered against transport amount provided.
5. The identification issues when doing the work. This should be address to help answer many questions when in the community and in the DTUs.

## Community mobilization and Advocacy campaigns especially World TB day event.

This intervention activity is aimed at sensitising and popularizing TB awareness and reduce TB stigma and discrimination especially including use of Apps for awareness and self-screening

### The TB Marathon, 2022


The WTD 2022 was special in that the country was able to organize the first ever global TB Marathon that was held on March 13<sup>th</sup>, 2022 starting and ending at MOH headquarters, Kampala.



#### *The runners converged at MOH offices. Kampala after completing the Marathon event*

The runners took part in different distant categories: 2km, 5km and 10km streaks. The winners of each categories were recognized including special group representative runners.




The participations covers different sectors of the population and across the country as seen below”



## Marathon Participation

- 988 runners (71% men) in 5 locations. Graced by Minister, Office of the Prime Minister, Minister of Health and AC.
- Parliamentary Caucus on TB, UCCM, UNICEF, CDC, TASO, Infectious Disease Institute, the Archbishop of the SDA Church in Uganda amongst others.

Location	Kampala	Lira City	Serere	Rukungiri District	Masaka	Total
Participants	690	200	46	22	30	
	Women 193	Women 72	Women 5	Women 4	Women 14	
	Men 497	Men 128	Men 41	Men 18	Men 16	988



*Justine Lumumba Kasule, a Minister in OPM represented the PM, the chief runner*



## Heath services carried out during the TB Marathon events

- 1) TB screening
- 2) Blood pressure check
- 3) HIV Testing Services
- 4) Reproductive cancers screening
- 5) Malaria testing
- 6) Body Mass Index check
- 7) Non-communicable diseases

During the year, the world TB and Leprosy day commemoration was held in Karamoja region, in Boma ground of Moroto District on the 24<sup>th</sup> Day of March, 2021. The summaries of the key achievements are in the tabular format here below:



**The pictorial coverage of the WTD event in Lira City on 6<sup>th</sup> May 2022**

*(USTP Board Vice Chairperson and UCCM TB constituency alt. representative having a chat in the eventful day)*





*The guest of honor, the Minister of Health interacting with the MPs and other guests in the WTD 2022 event*



The Hon for Health launching the Household TB Guide for Community Health workers to screen for TB.

It should be noted the WTD 2022 was one of the main activities conducted without Covid-19 restrictions. So the number of participants 749 were more than the 200 limits that were required as per the covid-19 restrictions that was in place then.

#### WTD 2022 Participant attendance-Summary numbers

SN	CATEGORIES	NUMBERS
1	MOH	74
2	VHTS	164
3	DHOs	35
4	DRIVERS	64
5	MPs	8
6	Partners	84
7	Development partners	12
8	Institutions	29
9	TB SURVIVORS	14
10	RDCs/LC5	20
11	POLICE BAN	20
12	SECURITY	42
13	RTLS/DTLS	37
14	MEDIA	27
15	SCREENING TEAM	7
16	CULTURAL/RELIGIOUS	4
17	USERS	20
18	DLG-Others	70
19	OTHERS	22
	<b>TOTAL</b>	<b>753</b>

## Key accomplishments during the World TB day events

<i>Activity area</i>	<i>Number of accomplishments</i>	<i>Comment on the completeness status</i>
<b>Arrangements for World TB/Leprosy Day, 2022-Planning meetings</b>	A Total of 11 preparatory meetings we held centrally and also 5 planning meetings in Lira City, where the event was held.	The planning meetings were very well successfully conducted and it resulted to a very well organized world TB day events before and during the D-day of 6 <sup>th</sup> May, 2022.
Procurements	IEC materials under this procurement include: Caps, Armbands, Teardrops, Pull-up banners, PVC banners, and framed certificates, Certificates wooden, Plagues, Car stickers, and T-shirts. Other items procured include vehicles, venue decorations and many others (details in activity report for WTD 2022)	All the IEC materials were procured and delivered for commemoration of WTD
Media activities:	The newspaper supplement for new vision and monitor was published on 7 <sup>th</sup> May, 2022.	The copy of the final product was shared with USTP the following day.
Supporting various categories of stake holders to participate in dee day activities	More than 753 National, regional and City/district level guests attended the meeting	This exclude participants from IPs TASO, USAID Local health partners (JCRC), PACE, CUAMM, IDI, Defeat TB among others. This number can be close to 1000 for the total attendance, representing close to 100% of the projected number of ppts.
The refreshments for the dee day	All the united quest were served refreshment at the end of the WTD celebration event. The meals and water were provided by Pacific Grand Hotel Ltd, Lira City.	The quality of the meals was good for first set of guests (about 80%). The last/late set of guests did not get full buffet. Some items, mainly meat was done
Mobilization and sensitization of the local community about TB, Leprosy and WTD event	This was successfully executed. The SBCA team were fully facilitated to do this mobilization work and they dis them very well in Lira City and its nearby Districts	This success could be clearly noted on the number of ppts who attended the D-day event.
TB screening services before and on the D-Day	The mobile clinic Trucks were fully available in Lira City before and on the D-Day of the WTD. A total of 219 samples were screened of which 25 were presumptive. Six (6) were confirmed, started on treatment, and three (3) were clinically diagnosed and started on TB treatment.	The mobile X-ray services made the screening services very easily accessible to the community and ppts in the WTD event.



## Key Recommendations from the WTD 2022

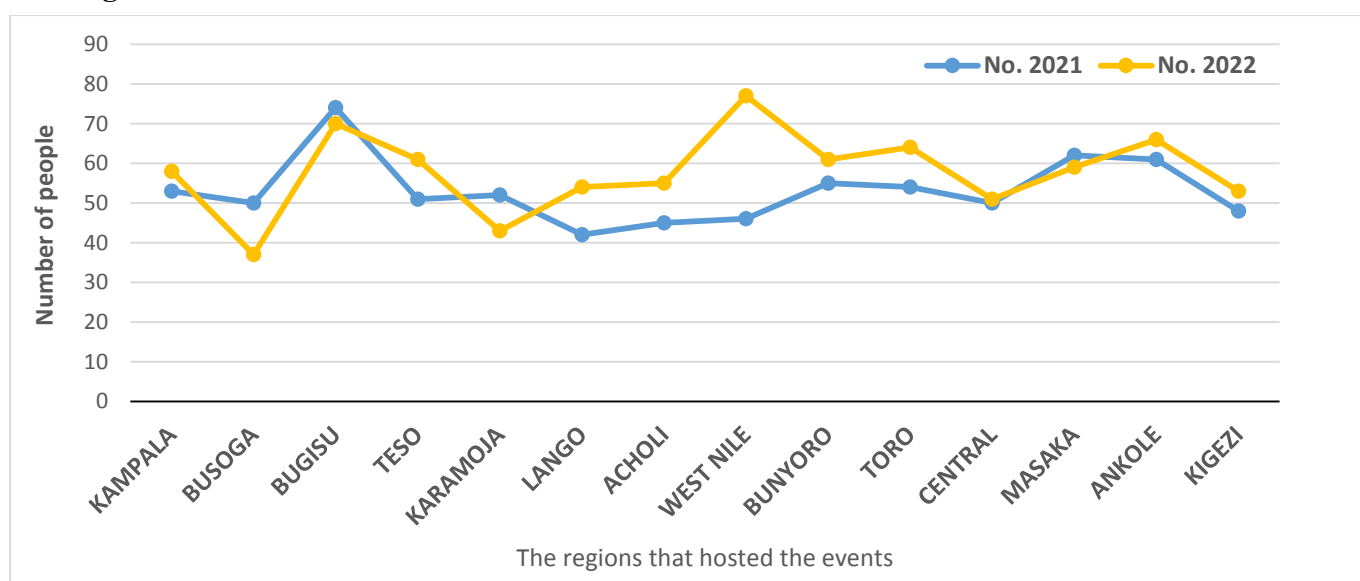
The following emerged as key recommendations;

- i. Detailed WTD Budget should be prepared and approved in time to enable preparations in time (Flags, Poles, and Band etc).
- ii. USTP and NTLP should join the regional organizing committee in time for aggressive mobilization for WTD events.
- iii. Service providers should be procured and contacted in time for smooth execution of events related activities.
- iv. Logistical support to the WTD Organizing committee should be improved in future events to improve on commitment.
- v. Next events should ensure more participation of the locals/community and not more of the visiting team from outside of the host region. This can make the host and locals feel more recognized, appreciated and engaged in the events, even after the commemoration.
- vi. The event should target the timing when the school children are at school so that they equally participate to make it even more colourful.

## Support mobilization of political and local leadership and support them advocate for TB funding at central, regional and district levels

This intervention aimed at engaging key decision makers; political, religious, cultural and local leaders into understanding the dynamics around the TB disease, with major target of ensuring that they are well informed to make informed decisions that can impact on the improved local resource allocations to TB management in the country. A total of 15 regional level meetings were held with the details shown in the table below:

### The line graphs showing the participants who attended the regional Level TB advocacy meetings



These meeting target were 40 participants for each region, but each region greatly mobilize their leaders and they were fully in attendance.

### Summary attendance for the TB regional advocacy meeting by region

SN	REGION	No. 2021	No. 2021 Drivers	Total 2021	No. 2022	No. 2022 Drivers	Total 2022
1	KAMPALA	53	10	63	58	4	62
2	BUSOGA	50	6	56	37	9	46
3	BUGISU	74	14	88	70	14	84
4	TESO	51	9	60	61	10	71
5	KARAMOJA	52	9	61	43	6	49
6	LANGO	42	9	51	54	7	61
7	ACHOLI	45	8	53	55	13	68
8	WEST NILE	46	8	54	77	6	83
9	BUNYORO	55	8	63	61	10	71
10	TORO	54	16	70	64	18	82
11	CENTRAL	50	15	65	51	13	64
12	MASAKA	62	11	73	59	10	69
13	ANKOLE	61	9	70	66	11	77
14	KIGEZI	48	11	59	53	7	60
<b>Total</b>		<b>743</b>	<b>143</b>	<b>886</b>	<b>809</b>	<b>138</b>	<b>947</b>

### Some of the follow up action areas from this intervention

- There should be massive involvement of private health providers in the TB screenings, care and prevention. This should be in their implementation approaches.
- The District and IPs should address the challenges associated with lack of supplies and equipments that greatly affect TB services in all cascades.
- The IPs in the region should demonstrate stability and reliability in supporting the districts equally. This should be backed up by the political support and coordinated oversight supervisions.
- The TB community campaigns should include VHTs and facility health workers so that their inputs into the TB programming are clear and measurable.
- There were also commitments to have TB activities integrated into other disease programing, including more TB awareness in the local radio airtime, churches and in the community gatherings.
- There were a number of commitments by leaders to ensure more local budget allocation for TB disease. This updates are being provided in the meetings being supported and it has a lot of positivity in responses.
- The tracking of the commitments should be strengthened and on timely basis, not waiting for the next meeting





Secretary for Health, Bududa making commitment on behalf of the Bududa DLG for TB,



The RCC, Mr. James Mwesigye, seated next to ladies made closing remarks- Oxford Hotel, Nov 15<sup>th</sup> 2022, Mbarara City



**The TB survivor testifying during North Central TB regional level meeting held on 8<sup>th</sup> Sept 2022 in Entebbe**

## The 5<sup>th</sup> National TB and Leprosy Annual Stakeholders' Conference 2022.

USTP with its key partners, successfully organized the Annual Stakeholders' Conference under the theme “**Building Resilient and Sustainable Health Systems for TB and Leprosy in the Context of Public Health Emergencies**” in the event that was held on 7<sup>th</sup> and 8<sup>th</sup> December 2022 officiated by Rt Hon prime minister of Uganda Robinah Nabbanja at speke resort Munyonyo.

Among the key areas shared in this conference were:

- Progress on MAF: Lesson from MDAs
- The TB epidemic is far from ending: Lessons from the CAST
- TB/Leprosy campaign
- TB landscape in the global fund and the new direction
- Investment case as an opportunity to attract more funding for TB
- Mobilization of key stakeholders at national and district for increased TB funding
- GF New Funding Model 4
- Priorities from the TB constituency engagement.
- Update on TB vaccines
- USAID – New TB Strategy
- Advances in TB lab diagnostics
- Preventive treatment for Leprosy
- Gender, key vulnerable populations
- (GKVP) Study
- SMART-4-TB

The conference attracted remarks from key development partners including:

- Dr Lucica Ditiu, Executive Director- Global Stop TB Partnership
- Dr Zamani Saman, GF Geneva Country team coordinator
- The Country Representative
- USAID Mission Director

The communique for the 5th National TB Stakeholders Conference held on 7th and 8th December 2022 at Speke Resort Hotel, Munyonyo			
S.No	Thematic Action Points	Time frame	Responsible Persons
TB Case finding			
1	Develop and implement strategies that mainly target the 15-54 year age group	2022/3	NTLP/lps/ Districts
2	Develop strategies that target men for TB services including men in Uniform	2022/3	NTLP, IPs, DoD, Districts
3	Improve MDR TB detection, which is currently off track (39.6%). All TB cases must have a GeneXpert done to rule out RR	2022/3	NTLP/lps, Districts
4	Implement community-based TB programming.	2022/3	NTLP/IPs/CSOs?Districts
5	Awareness creation and Advocacy, social mobilisation and embracing celebrities and influencers to tackle low visibility for TB	2022/3	All stakeholders/CSOs

6	Intensified case finding is critical. We have demonstrated that with intensified efforts, we get more cases and we have not reached a plateau yet!	2022/3	NTLP/IPs/ Districts
7	Institute multi-directional screening and testing. Beyond TB, C19 to include other respiratory diseases	2022/3	NTLP/IPs/ Districts
8	Scale-up placement of digital x-rays with CAD4TB, bring 45 more machines, training, mentorship, orientation of radiographers on how to read digital x-rays	2023	GoU, GF, DPs, Uganda Radiologists Association
9	Scale up engagement of local leaders including Kingdoms and other unengaged TB stakeholders	2022/3	USTP, NTLP, CSOs, Ips
10	Scale-up advances in TB lab diagnostics e.g. multi-disease GeneXpert, Simple One Step for TB, 10 color GeneXpert machines targeted for all that rule out resistance at DR treatment sites, procure Truenat machines for lower health facilities (a near-point-of-care test), TB – LAMP comes with solar panel, better than the microscope. Need to develop a point of care test that is rapid, that can be used at home and develop artificial intelligence using a cough detector for TB. CXR in Bulisa District needs to be fixed.	2023 & beyond	MoH, GoU, DPs, IPs NTLP, NTLP
<b>Prevention, Care and Treatment</b>			
11	Improve TSR to achieve the 90% target by addressing mortality (reduce mortality by 52% by 2030) and loss to follow-up and for health workers to have a high index of suspicion to rule it out first other than coming up as a last resort when it is too late.	2022/3	NTLP/IPs/ Districts
12	Carry out microscopy for TB treatment monitoring and documenting (71% achieved versus 75%)	2022/3	NTLP/IPs/Districts
13	Increase % of TPT initiation among eligible groups in line with national targets	2022/3	NTLP/IPs/ Districts
14	Innovate and develop interventions that improve linkage to care for those detected with TB at the community level	2023	NTLP/IPs/CSOs/Districts
15	Integration of services (TB, HIV and Malaria) at the community level so as to leverage resources, to benefit underfunded diseases that may not have a lot of interest and support like TB	2023	NTLP, IPs, MoH
16	Update guidelines on shorter treatment regimens to 4 months for children and adults for DS TB	2023	NTLP, IPs
17	Continue implementation of PEPFAR TB HIV strategy		NTLP, IPs, PEPFAR
18	Consider the adaptation and or adoption of the USAID New Global TB Strategy: which includes mass vaccination, TPT for risk groups, improved diagnostics, pandemic preparedness, and addressing socio-economic determinants that impact TB	2023-2030	USAID, NTLP
19	Intensify counselling of TB patients prior to treatment initiation and during treatment	2022/3	CSOs, Ips, Districts
<b>Public-Private Mix (PPM)</b>			
20	Continued engagement and strengthening capacity in the private sector for TB service delivery (TB notifications at 22% versus 26%)	2023	NTLP/IPs/Districts
21	Consider the involvement of high volume private facilities in the CAST campaign	2023	NTLP
22	Incentivisation and improve quality of TB services	2023	NTLP, IPs, Districts
<b>Multi-sectoral Accountability Framework for TB (MAF-TB)</b>			

23	Address key high-level determinants of TB through the engagement of stakeholders working on the economy and other stakeholders. Poor housing, Nutrition, NCDs, UHC, Immunisation (many children with zero doses including BCG). Use all tools at our disposal like the MAF and NDP III	2023	NTLP/MAF
24	Mainstream and strengthen TB and leprosy with major ministries including the Criminal Justice System (CJS). Through; Screening for TB, sensitization of workers within the criminal justice system (from Judicial officers to LCI), Support the review of policies and guidelines. In particular, a policy on infectious diseases to compel those presumed to have TB to be tested and treated for TB	2023	NTLP/CJS/MAF
25	Strengthen TB detection, management, and control measures in schools. Through; Enforcing standards against overcrowding in schools during activities, school vans; standards on accommodation and infrastructure; drafting a circular to guide schools, and sending it out; updating workplace policy with the current trends; learners with TB to be attached to the school nurse; Follow up on the school health policy (to be concluded and sent to cabinet)	2023	MoES /MAF/NTLP
26	Ministry of Works and Transport to provide an enabling environment for raising awareness and conducting screening in public transport network . Bus parks have been engaged, noe bodabodas need to be engaged; Department of roads and bridges to be enegeged; mainstreaming of TB during road sfatey campaigns	2023	MOW&T/ NTLP
27	Integration of TB into the parish development model (PDM)	2023-	MAF/OPM/NTLP
<b>TB Financing</b>			
28	Increased investment for community TB case finding	2023	MoH, DPs, Ips, GF
29	Continued localization of TB/HIV services. Implementation of the entire program cycle should be by local partners. Target is to work towrads 100% of partners being local partners	2023 & beyond	DPs, GoU, MDAS, MoH, NTLP
30	Develop investment case for ending TB by 2030.	2023	NTLP and Partners
<b>Actions related to the CAST campaign</b>			
31	Review the payment modality during the CAST campaign to increase its effectiveness. E.g considering a bottom-up approach and paying VHTs first; More accountants at MoH to support with payments (each region with a specific accountant) or payment through the districts.	2023	NTLP
32	Need to develop strategies to link all TB cases identified during the CAST campaign. (6% & 14% for March & September respectively) were not linked to care despite their identification hence continued community transmissions). Address pre-treatment loss to follow up	2023	NTLP/IPs/CSOs/
33	Explore phased implementation of the CAST TB/Leprosy campaign to create room for systematic utilization of available resources.	2023	NTLP/lps
34	Build capacity of VHTs further through orientation and ongoing support to minimize errors during sample handling, sample rejection	2023	NTLP/IPs/ Districts
35	Address low capacity of sample storage (refrigeration capacity) to avoid waste of effort and resources	2023	MoH NTLP/IPs
36	Share CAST globally and in the African region. "Uganda, a positive example to be show-cased" ED GSTP	2023	NTLP, MoH, DPs
<b>Leprosy</b>			



37	Use of non-stigmatizing language when referring to persons affected by Leprosy. They are NOT lepers.	ongoing	All
38	Need for data/reporting on % of contacts of index Leprosy patients reached and % of contacts initiated on TPT	2023	NTLP/GLRS/ IPs
39	Re-establish Kuluva Hospital as a treatment centre for Leprosy	2023	NTLP/GLRS
<b>Research</b>			
40	Follow up on outcomes of the social protection for TB patients and families study. Qualitative aspects of the study. Sustainability of this socio-protection initiative? E.g Microfinance, revolving funds etc....to increase self reliance.	2022	UTIRC, MoGLSD
41	Development of vaccines for TB targeting adolescents and adults and the neonates-14 in the pipeline, live and inactivated types. (Multi-site, multi-country)		MRC, MUSPH
42	Implement GKP study recommendations; Develop a costed action plan	2023	NTLP, MLI, USTP
43	STREAM TRIAL in Ug. and SA. Found that the 6-month regimen was the best of them all compared to the oral or control regimen. HIV-positive patients' best regimen is the all-oral regimen. Need to scale up newer shorter regimens		NTLP/ IPs/DPs
44	Interested researchers to apply for research funding from SMART-4 –TB. Opportunity for research funding in 7 key areas		Walimu
45	Newer diagnostics--Calibration of CAD4TB v7 for detection of TB abnormalities. Could reduce the no. of Xperts needed with minimal reduction in the numbers diagnosed. Need to test the feasibility beyond sensitivity and specificity		Academia, IDI
<b>Other areas for action</b>			
46	Digital adherence technologies- Scale up VOT beyond the 8 RRH sofar enrolled	2023	NTLP, Ips, Academia
47	Improve data quality and data completeness as soon as possible	2023	Ips, Districts
48	Carry out DR TB survey to provide accurate estimates for the setting DR TB targets	2023	NTLP, IPs
49	New tools, Start-Ups, and TB innovations will be focused on Uganda because of a lot of energy and interest among partners and the TB Program	2023	DPs, GSTP
50	Invitation to attend and participate in the UNHLM in New York 2023 to show case lessons learnt	2023	PM, Minister of Health, PS, AC, Ips, DPs
51	Carry out a mid-term review of the NSP. GF to visit Uganda in Jan 2023 to support the NSP review process	2023	NTLP/ GF



Dr Lucica Ditiu, Executive Director GSTP She was grateful for the invite and said it was an honour to speak to people who work very hard towards ending TB. She thanked the prime minister and most importantly Dr Stavia, who is a global TB champion, the PS, an amazing fighter for the health of the people of Uganda. She commended the efforts of women in leadership and getting work done especially in public health and TB.



*The Live TB Free Campaign was officially launched during the conference by the chief guest Rt. Hon PM Robinah Nabbanja.*



Dr Peter Lochoro ,  
the Board chair  
USTP making a  
presentation in TB  
conference.



The Uganda 5<sup>th</sup> National TB and Leprosy stakeholder's conference- Dec 7<sup>th</sup>/8<sup>th</sup> 2022

The total number of physical attendees of the conference were **652** and the overall virtual attendees were **992** for the 2 days respectively. The total views on YouTube were **136 views** for the 2 days

There were recognitions moments in the conference for the best performing and improved districts in the tracked TB indicators at NSP annually. Bullisa, Hoima City and Kiryandongo Districts received the awards.



## **Synergy/Collaborative review meetings for ACSM, M&E/Research, TB/HIV, working groups to enhance TB programming**

This is one of the avenues for partner coordination meetings are meant to bring together entities supporting and/or implementing TB activities in the various areas of the country.

By implementation design, there are three working groups here that include

- i. ACSM
- ii. M&E/Research
- iii. TB/HIV

Each of these working groups has a chairperson with the respective members and they have the TORs that are there to guide their performance measurements. Each working groups are expected to hold a quarterly meeting so as to strengthen collaborative programming for TB interventions in the country.

There were at least two meetings held by each of these working groups in the year 2021 with 80 members/partners engaged. Their engagements greatly guided USTP programming and coordination functions.

The groups has defined Terms of references as outlined below:

### **TOR FOR THE ACSM WG**

- I. To develop strategic approaches (to be recommended to Partners) for scaling up effective TB advocacy and communication interventions.
- II. To promote documentation of evidence based best practices including writing scientific papers for publication in collaboration with M&E, research WG.
- III. To empower USTP members to develop, implement and evaluate advocacy and communication activities at district, regional and national levels following approved communication strategies.
- IV. To advise NTLP Programme Manager on matters pertaining to advocacy, communication and social mobilization.
- V. To liaise with other USTP working groups for purposes of enhancing the attainment of overall USTP objectives.
- VI. To develop strategies for empowering patients and communities to actively advocate for improvement of TB care and patients' rights.

### **TOR FOR THE TB/HIV WG**

- I. To develop strategic approaches (to be recommended to Partners) for scaling up effective TB/HIV collaborative activities.
- II. To empower USTP members to develop, implement, monitor and evaluate TB/HIV Collaborative activities at district, regional and national levels following the approved policy and strategy.
- III. To advise NTLP Programme manager on matters pertaining to TB/I+HIV collaboration.
- IV. To liaise with other USTP working groups for purpose of enhancing the attainment of overall USTP objectives.

- V. To participate in the National Coordination Committee (NCC) on TB/HIV collaboration.

**TOR FOR M&E, RESEARCH WORKING GROUP**

- a. To monitor the progress in districts, share experiences between districts and with other partners in order to stimulate action where necessary.
- b. To promote the documentation and dissemination of best practices and lessons learnt.
- c. To assist NTLP and partners to develop and implement ways to monitor the implementation of TB control measures at the country level, including the development and testing of performance indicators to identify implementation efficacy issues that may require additional attention.
- d. To advise NTLP management on the development of policies, strategies, research priorities and guidelines for implementing effective tuberculosis control practices with emphasis on MDR- TB, XDR-TB and TB/HIV, based on available knowledge, latest evidence and practical field experience.
- e. Support NTLP with monitoring the implementation the NSP and make necessary recommendations.
- f. Draw up a partner's led National TB research agenda.
- g. Advise on the research priorities in the country.
- h. Engage in National TB Epidemiological surveillance, monitoring, evaluation and operational research.
- i. Mobilize increase resources in support of a coherent and comprehensive National TB research agenda to meet the national TB targets.
- j. Provide a forum for funders and implementer of TB research to coordinate plans and actions, with the result of ensuring that research needs are addressed, opportunities identified and gaps filled.
- k. To harmonize and synergize TB research efforts, so that the poor and vulnerable populations burdened by TB will reap the dividend of decreased TB through more research and innovation.
- l. Provide a platform for the TB partners in the country to share experiences and show case.
- m. To promote documentation of evidence -based best practices including writing scientific papers for publications.
- n. To liaise with other Partnership Working Groups.

These TORs help guide the deliverables of the 3 WGs and link their working to the interventions in the TB NSP and that of USTP

## WG Meeting Conducted by the committees in the year 2022

	ACSM		M&E and Research		TB/HIV	
	Date	No of ppts	Date	No of ppts	Date	No of ppts
	10-11-2022	16	08-07-2022	12	23-06-2022	15
	26-04-2022	13	13-10-2022	12		
	20-12-2022	11				
	11-09-22	15				
<b>TOTAL</b>		<b>55</b>	<b>0</b>	<b>24</b>	<b>0</b>	<b>15</b>
<b>TARGETS</b>	<b>4 Meetings</b>	<b>40</b>	<b>4 Meetings</b>	<b>40</b>	<b>4 Meetings</b>	<b>40</b>

The meetings here were affected in the first half of the year mainly attributed to Covid-19 restrictions that limited gathering. Most of the meetings were conducted after the lifting of the lockdown measures.

## Key issues deliberated on in the WD Meetings

ACSM	M&E and Research	TB/HIV
<ul style="list-style-type: none"> <li>Developing a country model for engagement of TB survivors/champions</li> <li>The preparations for World TB/World Leprosy Day, 2023</li> <li>Soliciting TB ACSM priorities for inclusion into the grant for GF support</li> <li>Deliberations on advocacy activities during the TB conference 2022</li> <li>Resource mobilization strategies including tools to be used</li> <li>Planning for TB Marathon 2023.</li> <li>Strategies to improve on the regional and National level TB advocacy meetings</li> </ul>	<ul style="list-style-type: none"> <li>Identifying priorities for GF support-2024-2026 funding cycle</li> <li>The association or IGAs for the survivors how far? We are currently after training them we don't have any support for them but are only supported in the facilities they are attached to.</li> </ul> <p><b>Research Priorities</b></p> <ul style="list-style-type: none"> <li>How can we improve TB screening? – In particular, how can we use digital technology to enhance screening at health facilities and within communities?</li> <li>How can we improve access to TB healthcare services? particularly for men and other under-served populations e.g. children, adolescents and refugee populations</li> <li>How can we optimize the TB screening algorithm? For different patient populations.</li> <li>How can we improve retention along the entire</li> <li>How can we further optimize the “one stop shop” model to improve treatment outcomes for TBHIV co-infected patients?</li> <li>Evaluation of the quality of recording and reporting of leprosy indicators</li> <li>How can we improve contact tracing among patients diagnosed with MDR TB?</li> <li>What is the impact of shortened treatment regimens on treatment outcomes among patients diagnosed with MDR TB?</li> </ul>	<ul style="list-style-type: none"> <li>Challenges of pill burden among TB/HIV clients on Second line drugs.</li> <li>How to increase TB/HIV awareness via social media/Community radios</li> <li>There should follow on the issue of some public facilities admitting both male and female TB patients in the same ward.</li> <li>How to support community groups and offered them money to use for IGAs at the end expected to return 40% of the money back to the CSO</li> </ul>

## RESULT TABLE: USTP YEAR 2 PERFORMANCE AGAINST TARGETS: 2022

Budget Line No.	Intervention	Activity Description	Indicator	Year 2 Target	Y2 Total Results	Percentage of Results	Comments	
1. TASO GF-NFM-3 GRANT INTERVENTIONS								
270	Social mobilization, building community linkages and coordination	A) Provide 6 monthly facilitation for 3 CBOs/CSOs networks and per district and 16 CBOs in 16 lake-based districts to conduct community monitoring advocacy and social mobilization aimed at improving the poor.	270.1 Number of CBOs/CSO networks provided with 6 monthly facilitation to conduct community monitoring advocacy and social mobilization aimed at improving the poor	3	-	3	100%	3 CSOs identified, advanced funds for community TB activities. Implementations completed.
			270.2 Number of mentorship support visits to CBOs conducted by USTP and NTLP teams		5		3	Three mentorships conducted in supporting the CSOs sub-granted
287	Engaging all care providers (TB care and prevention)	Conduct mentorship in the 8 municipalities where private health facilities were trained	287.1 Number of support supervision events for mentorship conducted where private health facilities were trained	6		4	67%	The 1 <sup>st</sup> part of 2022 lockdown affected this implementation. It's in advanced implementation mode in the catch-up plan
290	Engaging all care providers (TB care and prevention)	Hold PPM Oversight committee meetings to review performance	290.1 Number of PPM oversight committee	3		2	67%	Attendance lists Payment form Activity reports

		(guide on policy, mobilize resources, carry out advocacy, ensure availability of TB commodities for Private sector with QPPU, NMS, JMS, and other donor-supported implementing mechanisms as well as the intermediary agencies)	meetings held to review performance				
			290.2 Number of participants attending PPM oversight committee meetings to review performance	51	44	86%	
316	Stigma and discrimination reduction (HIV/TB)	a) Train and facilitate TB survivors, women and champions to sensitize communities facilitate), case finding and follow up of patients (Training of Experts/TB survivors)	316.1.1 Number of trainings conducted for TB experts/survivors to sensitize communities and facilitate case finding and follow up of patients	3	3	100%	Trainees Bio-data forms Attendance lists Payment form Activity reports in place. The trainings were held in Lira and Masaka Venues during the year.
			316.1.2 Number of TB experts/survivors trained to sensitize communities and facilitate case finding and follow up of patients	84	86	102%	
317		Community mobilization and Advocacy campaigns to sensitize and popularize TB awareness and reduce TB stigma and discrimination especially World TB day including use of	317.1 Number of community mobilization and Advocacy campaigns conducted to sensitize and popularize TB awareness and reduce TB stigma and discrimination	1	1	100%	Attendance lists Payment form Activity reports. The 2021 World TB and Leprosy day was held in Moroto District in March 24 <sup>th</sup> , 2021.

		Apps for awareness and self-screening					
318	Treatment (TB care and prevention)	a) Train & equip community actors -CSO at district level to link TB patients social protection services (including IGAs) and to report	318.1 Number of participants attending national level meeting to validate training materials and obtain consensus interventions of TB/ MDR-TB survivors and actors	48	42	88%	Attendance lists Payment form Activity reports all in place.
		b) Train & equip community actors -CSO at district level to link TB patients social protection services (including IGAs) and to report	318.2 Number of participants attending workshop for adapting/development of TB/DR-TB survivor Social protection training materials	15	42	280%	Attendance lists Payment form Activity reports
		e) Train & equip community actors -CSO at district level to link TB patients social protection services (including IGAs) and to report	318.3 Number of mentorship support visits conducted for trained experts/CSO reps	2	1	50%	Attendance lists Activity reports all in place. C-19 too affected this activity.
319	Treatment (TB care and prevention)	Conduct coordination meetings for community groups and actors including advocacy platforms	319.1 Number of annual review meetings with trained experts/TB survivors conducted	1	0		This was pushed to 2022 because of C-19 lockdown

			319.2 Number of trained experts/TB survivors attending annual review meetings	76	0		
324	Coordination and management of national disease control programs	a) Support mobilization of political leaders:- Mobilize political and local leadership and support them advocate for TB funding at central, regional and district levels (once a year at all levels -review previous year's performance)	324.1.1 Number of national advocacy meeting held	1	0		This was not implemented in 2021. To be done in Q5, 2022.
			324.1.2 Number of participants attending national advocacy meetings	36			
			324.1.3 Number of news dailies publishing press release	6			Not done as explained above
		b) Support mobilization of political leaders:- Mobilize political and local leadership and support them advocate for TB funding at central, regional and district levels (once a year at all levels -review previous year's performance)	324.2.1 Number of regional level advocacy meetings held	14	13	93%	The activity was well implemented, one region/West Nile asked to be scheduled for Q5, 2022.
			324.2.2 Number of participants attending regional level advocacy meetings	560	687	123%	
		d) Support mobilization of political leaders:- Mobilize political and local leadership and support them advocate for TB funding at central, regional and district levels (once a year at all levels -review previous year's performance)	324.3 Number of support supervision events for mentorship conducted where private health facilities were trained	1	-		Only 2 mentorship visits were done in Q2. This activity was greatly affected by the C-19 lockdowns (see BL287)

331	Coordination and management of national disease control programs	Support partner coordination meeting and working groups' performance review meetings;	331.1 Number of Synergy/Collaborative review meetings held for ACSM,M&E/Research, TB/HIV, working groups to enhance TB programming	3	2		This activity was implemented, mainly on virtual platform due to C-19 SOPs that were not permitting public meetings.
			331.2 Number of participants attending synergy/collaborative review meetings for ACSM, M&E/Research, TB/HIV, working groups to enhance TB programming	90	80	87%	
332	Coordination and management of national disease control programs	a) Orient parliamentarians and support engagement of Parliamentary TB Caucus	332.1 Number of participants attending workshop to develop training materials	12	-		This activity is for 2022
		b) Orient parliamentarians and support engagement of Parliamentary TB Caucus	332.2.1 Number of knowledge update meetings held for parliamentarians	2	2		This activity is for Year 2 & 3
			332.2. Number of participants attending knowledge update meetings for parliamentarians	20			



## 2. UNOPS GRANT: STOP TB PARTNERSHIP GRANT

Intervention No	Intervention details	Activity Description	Indicator	Year 1 Target	Y1 Total Results	Percentage of Results	Comments
Intervention Area 1	Engagement of the political leaders, opinion leaders and celebrities	Conduct a one day Uganda Civil society hearing meeting and contribute ideas to the Global civil society hearing before the 2023 UNHLM meeting	<ul style="list-style-type: none"> <li>Number of people attending TB civil society hearing/meeting event</li> <li>The meeting report</li> <li>Project launch carried out</li> </ul>	<ul style="list-style-type: none"> <li>A total of 30 participants to be engaged physically in a one day meeting</li> <li>The meeting report</li> </ul>	1 meeting held and 29 participants attended physically and 103 attended virtually.	97% physical participation including 103 virtually engaged ppl.	This meeting was combined with the Project Launch and it was held on 8 <sup>th</sup> Sept 2021 at Lake Victoria Serena Hotel. In all, 132 participants were involved in this meeting.
		Hold a national stakeholders dialogue meeting with MOH, donors, Parliamentarians, TB civil society partners, TB champions, celebrities, journalists, on UNHLM targets 2022 and support for the organization of the UNHLM TB 2023	<ul style="list-style-type: none"> <li>Stakeholders updated on the progress on the TB UNHLM targets</li> </ul>	<ul style="list-style-type: none"> <li>Stakeholders updated on the progress on the TB UNHLM targets</li> <li>At least 130 ppl physically reached with the TB awareness</li> </ul>	-The UNHLM progress updates shared -A total of 170 ppl attended the meeting	131 physical participation registered.	It should be noted that this meeting also had virtual participants of more than 500 people, and the meeting was co-funded by UNOPs grant and also country's National TB program.
		Support holding of Parliamentary TB caucus meeting to draft a resolution to advocate for enacting of a law that promotes and protects the rights	<ul style="list-style-type: none"> <li>Number of people attending Parliamentary TB caucus meeting with it details</li> </ul>	<ul style="list-style-type: none"> <li>A total of 19 participants to be engaged physically in a one day meeting</li> </ul>	A total of 18 ppl attended the planned meeting	95%	This meeting was held on November 1, 2021, in Entebbe, with 6 Member of parliament engaged.

		of people with TB including social protection.	<ul style="list-style-type: none"> <li>The meeting report</li> </ul>				
Intervention Area 2	<b>Position the country-level platform as a strategic leader and key convenor on TB</b>	Hold a media conference on the eve of World TB day	<ul style="list-style-type: none"> <li>Number of people attending Parliamentary TB caucus meeting with it details</li> <li>The meeting report</li> </ul>	<ul style="list-style-type: none"> <li>A total of 19 participants to be engaged physically in a one day meeting</li> </ul>	A total of 18 ppl attended the planned meeting	95%	This meeting was held on November 1, 2021, in Entebbe, with 6 Member of parliament engaged.
		Using digital media to enhance USTP advocacy communication awareness	<ul style="list-style-type: none"> <li>Number of people attending media meeting</li> <li>The meeting report</li> <li>TV/Radio talk shows</li> </ul>	<ul style="list-style-type: none"> <li>A total of 27 participants to be engaged physically in a one day meeting</li> <li>Two TV/Radio talk shows</li> </ul>	?	?	This meeting is for March 2022.
Intervention Area 3	<b>Intervention 3: Raise awareness on TB prevention, diagnosis, and treatment among the general population, including key target populations and those most at risk of TB</b>	Hold a TB sensitization meeting with 30 journalists of the Media team activists and for knowledge update and to share experiences.	<ul style="list-style-type: none"> <li>Number of journalists from different media houses attending the meeting</li> <li>The meeting report</li> <li>Number of media houses engaged</li> </ul>	<ul style="list-style-type: none"> <li>30 journalists sensitized on TB</li> <li>TB Knowledge updates</li> <li>4 Media houses engaged in TB sensitization 2 TV, 2 Radio stations.</li> </ul>	-33 ppl attended the meeting -Media houses engaged: 5 TV stations, 8 Radio stations and 4 Newspapers	110%	This activity was held in Entebbe on December 23 <sup>rd</sup> , 2021. It was very interesting to USTP and media team engaged. They were greatly involved and they pledged to always do more for TB

		Review the TB brochure and update the talking points and print 300 copies for the journalist and media houses	<ul style="list-style-type: none"> <li>Number of participants participating in the review of brochures and talking points for TB</li> <li>The meeting report</li> </ul>	1 meeting; 20 ppl	1 meeting, 23 ppl	100%	The 2 day meeting conducted from Sept 30 <sup>th</sup> -Oct 1 <sup>st</sup> , 2021. Report compiled
<b>Intervention Area 4:</b>	<b>Mobilize resources to sustain TB efforts</b>	Hold a donors conference spearheaded by TB celebrities and the public figures	<ul style="list-style-type: none"> <li>No of attending donors conference spearheaded by TB celebrities and the public figures</li> <li>Report on the conference</li> </ul>	1 meeting with 30 ppl to attend	For 2022	?	Pending for March 2022
		Hold a TB run in March 2023 before WTD		A total of 988 people participated	Done for yr 2		Pending 2 <sup>nd</sup> run, for year 3, for August 2023

## **UNOPS/ GLOBAL STOP TB PARTNERSHIP GRANT**

The Global Stop Partnership country awarded the 2<sup>nd</sup> TB grant to Uganda Stop TB Partnership in November 2022, with implementations began December 2022 through to 2023. This grant coded 'The United Nations Office for Project Services- UNOPs grant' has 12 month implementation period, with the key intervention areas as summarize under this section. UNOPS hosts the Global Stop TB Secretariat and administers its financial resources. The total grant amount awarded was \$55000.

### **The key intervention areas of focus for UNOPs grant 2022-2024**

- a. Increase visibility and understanding of TB response and TB efforts at the country level
- b. Conduct strong TB advocacy and create a critical mass to deliver change around TB issues
- c. Enhance domestic resource mobilization and increase funding for TB
- d. Generate high-level advocacy activities targeting country key stakeholders and decision-makers to ensure alignment of national and global advocacy efforts
- e. Increase the number of partners engaged in TB response at the country level and ensure the relevance of the partnership platforms
- f. Position the country- level platforms as a strategic leaders and key conveners and facilitators on TB.

### **Key outputs from this UNOPs Grant 2022-2024**

- ✓ Better coordinated IPs and harmonized activities, improved efficiency and effectiveness.
- ✓ increased awareness and understanding of TB in target regions
- ✓ The communities will be sensitized on TB and on its response. Stakeholder engagements will be made and advocacy messages will be shared with stakeholders.
- ✓ Improved TB funding for TB that would translate into improved performance at various levels
- ✓ Different resource mobilization strategies developed to increase TB funding opportunities including Increased domestic resources for TB
- ✓ The directory of CSOs and TB survivors groups developed

The full scale implementation of this grant will start in the first quarter of 2023.

## **CHALLENGE FACILITY GRANT**

The grant is coded: Empowering the TB affected communities to Combat TB in Kampala slums (COMBAT TB) and the grant has been awarded to the tune of &77,000 to be implemented jointly with Dure technologies that coordinates One impact apps and have a working relationship with Global Stop TB Partnership (Grant share: **USTP &58000 and Dure technologies, &19000, Total \$7700**

The intervention areas for the CFG include are in the table below:

	THE CGF INTERVENTION AREAS			
	Intervention1	Intervention 2	Intervention 3	Intervention 4
	To engage the Uganda TB parliamentary Caucus and government top decision makers for increased domestic funding and enabling health legislation for community action towards meeting the UNHLM targets by end of March 2024	To support formation, registration of TB survivors' networks in the 5 major slums of Kampala and admission as members of Uganda Stop TB partnership by end of March 2024	Engage the 50 TB survivors/TB affected persons from the 5 major slums in Kampala to do community TB monitoring to inform TB programming in the country by end of March 2024	To participate and engage in TB advocacy and accountability initiatives at national, regional, and global levels.(10% of total budget)
	<b>Activities are here below</b>			
1	Hold a breakfast dialogue meeting with Parliamentary TB caucus.	Visit the TB Diagnostic and Treatment health facilities in Kampala for selection of 10 TB survivors experts that meet the set criteria from each of the in the 5 slums.	Support the 50 TB survivors implementation of One Impact CLM platform Together with Dure Technologies - Design, adaptation and development of One impact platform	Support the USTP and partners for engagement in NFM4 writing and grant making process
2	Hold a select Parliamentary TB caucus subcommittee three day residential retreat to re-draft the Health rights	Conduct a one week training of the selected TB survivors to empower them to become TB community champions	Technologies - Design, adaptation and development of One impact platform	Support participation of one staff of USTP to attend UNHLM on TB in 2023
3	Hold a one day combined meeting with the Parliamentary TB committee and the Ministry of Health planning division to highlight the Community TB priorities for inclusion in budget framework paper and ministerial statement.	Support the formation of a network of the trained TB survivor, formation of an association and registration as an NGO with the National NGO bureau	Implementation of One Impact, including software/apps technical support	
4		Support supervision, review meetings and publication of project results in bi-annual newsletters, 2 abstracts shared		



## TB CONSTITUENCY ENGAGEMENT MEETINGS

The Uganda Country Coordinating Mechanism (UCCM) of the Global Fund, supports its constituencies including among others the TB, HIV and Malaria constituencies to hold meetings with their constituency members and address issues pertaining to the control of the 3 diseases in the country. Through these meetings, participants are not only updated on the Global Fund processes and running grants, but they also get an opportunity to discuss successes, opportunities and challenges in regard to HIV, TB and Malaria activities and services supported by the Global Fund. There were three TB Constituency engagement meetings coordinated by USTP during the year 2021 with details in the table below:

**The table showing the engagement of TB constituencies for TB management in 202**

S/N	Venue	District	Districts that Participated	Date	No of participants
1	Imperial Golf View Hotel, Entebbe on	Wakiso	All over the country	Jan 18 <sup>th</sup> , 2022	28
2	At Source Of The Nile Hotel, Jinja	Jinja	All over the country	14 <sup>th</sup> July, 2022	26
3	Ridar Hotel Seeta	Mukono	All over the country	18 <sup>th</sup> November, 2022	35

### The TB constituency engagements key priorities areas discussed in 2022

- i. Producing an action plan by the Parliamentary TB Caucus towards ending TB in the country
  - Mobilizing members of the Parliamentary TB Caucus and other MPs towards effective resource mobilization and allocation for TB care and control, targeting increased domestic resources/fund allocation for TB. The outcome expected was increasing domestic TB funding from the current 5% to at least 10% by the end of 2023.
- ii. Sharing the requirements for NFM IV funding request preparation process
- iii. NFM IV priorities for funding during the GF grant funding NMIV

### The action points from TB constituency engagement agreed include

- The chairperson is committing to do something for TB but is requesting for proper packaging of what is to be taken by his office
- The team also ask to cascade TB messages to schools where many population are engaged.

- Ranking TB constituency priorities and aligning them to the strategic objectives and National strategic plan
- Global fund encourages innovation but prefers if priorities align with the national plans. All TB priorities should be aligned to
- MPs agreed to spread TB awareness and improve local allocations back in their constituencies. They expressed the need for IEC materials to guide the talking for TB



***Dr. Stavia seated between Hon. Dr. Charles Ayume and Hon Joel Ssebikaali; Chairpersons Health committee and TB caucus respectively Imperial Golf View Hotel, Entebbe on Jan 18<sup>th</sup>, 2022***



**The TB constituency engagement meeting in November 18<sup>th</sup>, 2022 at Ridar Hotel, Mukono**

## **Maintaining coordination between USTP and NTLP**

USTP continued to work with the NTLP through the weekly, monthly, quarterly and annual planning meetings to review activity implementation plan and updates from activities implemented. Participation in these meetings have helps to nurture a harmonious working relationship between NTLP, USTP and other key stakeholders. It also allows for liaison between the various public and private players in TB care and control. The weekly meetings are held every Monday from 10am and the chairperson, normally Dr. Luzze from NTLD guides the meeting with support from the program manager Dr. Stavia. Most of these meetings are held physically and via zoom platform. At the end of the quarter, there are performance reviews where all the 18 DR-TB DTUs are engaged. USTP is part of this review and are given a platform to showcase what is has done and the plan for TB in complementing the NTLP effort. The last review meeting for 2022 was held in October 31<sup>st</sup>, and Nov 1<sup>st</sup>, 2022 in Entebbe.

## **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 engaged 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 2022. In addition, the regional CSOs (including GF-SRs) **including** PACE, ICWEA, Baylor Uganda, UGANET and others, Uganda care, Sorax, Philomena Hope foundation have greatly supported the TB programing into their implementations.

## **Partner's Forum and USTP Board Meetings**

There were a number of USTP Board meetings that were held 2022, with a target of a meeting planned for every quarter. During the year, all the board meetings including the working groups, were conducted both virtually on zoom platform and physical provisions were also made.

<b>Date</b>	<b>No of ppts</b>
02-06-2022	8
27-10-2022	10
Annual Meeting Target	4
Actual meeting held	2
<b>Percentage</b>	<b>50%</b>

## The USTP Annual partner's Forum

During the year, USTP held the Annual General meeting for showcase to its partners. The meeting was held on 28<sup>th</sup> June 2022 in Minister's Village Hotel Ntinda & with virtually option provided.

The total number of members in attendance were 49 people as detailed in the attendance table below

### Members Present

NAME	ORGANIZATION	TITLE	TEL NUMBER	EMAIL ADDRESS
ACIDRI INNOCENT	WEST NILE RAINBOW INITIATIVE	COORDINATOR	0781599254	westnilerain@gmail.com
NAKASAGGA ROSEMARY	THE WOMEN SUPPORT INITIATIVE (TWOSI) / LWENGO PLHIV NETWORK	CEO / COORDINATOR	0759450722	nrose.twosi@gmail.com
LADWAR INNOCENT ADENO	ACHOLI RENAISSANCE YOUTH ASSOCIATION	PROGRAM MANAGER	0772254774	ladenoin2mp@gmail.com
ESTHER KABAKWONGA	USTP	VOLUNTEER	0784330885	kethie.kab@gmail.com
HAWA NALULE	ABII CLINIC	CLINIC IN CHARGE	0752389328	hawanalule@gmail.com
MWESIGYE INNOCENT	APPROPRIATE REVIVAL INITIATIVE FOR STRATEGIC EMPOWERMENT (ARISE)	PROGRAMS COORDINATOR	0774618989	innocentmwesigyet@gmail.com
OCHWO JOSEPH OTHIENO	ACTION GROUP FOR HEALTH HUMAN RIGHTS AND HIV/AIDS (AGHA-UGANDA).	PROJECT OFFICER	0754803583	ochwo.joseph@gmail.com
GRACE KIWANUKA	UGANDA HEALTHCARE FEDERATION	EXECUTIVE DIRECTOR	0784100966	ed@uhfug.com
NANYANZI PROSCOVIA	NATIONAL FORUM OF PEOPLE LIVING WITH HIV/AIDS NETWORKS UGANDA (NAFOPHANU)	PROGRAMME MANAGER	0752648463	luzigepross@gmail.com
LOUIS OCEN	UGANDA CATHOLIC MEDICAL BUREAU	TB/HIV OFFICER	0772651786	locen@ucmb.co.ug
RAYMOND KWESIGA	NAFOPHANU	ADVOCACY OFFICER	0782728084	raysiga@gmail.com
OLIVE KABAHWEZA	CHILDREN AND WOMEN FOUNDATION	EXECUTIVE DIRECTOR	0753339548	normanolive1@gmail.com
GEREVER NIWAGABA B,PH, MPP.	KAWEMPE HOME CARE	PROGRAM MANAGER	+256782959683	gniwigaba@kawempehomecare.org
STEPHEN WATITI	CHAU, NAFOPHANU, USTP	ED CHAU, BOARD CHAIR NAFOPHANU, BOARD MEMBER USTP	+256772638466	stephen.watiti@gmail.com
MATSIKO JOHNBOSCO	UGANDA EMPOWERS	PROGRAMS COORDINATOR	0753310043	johnb.ugandaempowers@gmail.com
LAMUNU MAUREEN	UTIRC	RESEARCH ASSISTANT	0778360515	maureenlamunu@gmail.com
NAMIREMBE AISHA	SORAK DEVELOPMENT AGENCY	PROJECTS MANAGER	+256 774 150 197	nalikka25@gmail.com
KOMAKECH DENIS	CONCERNED ACTION FOR HEALTH CAFH UGANDA GULU	ED	0772876267	komden08@gmail.com
MWAMBI BASHIR	AHF UGANDA CARES	LABORATORY SERVICES MANAGER	0754888714	dbashirmwambi@gmail.com
PETER LOCHORO	DOCTORS WITH AFRICA CUAMM	CHAIRMAN BOD	0752853501	p.lochoro@cuamm.org

PULKOL SAMUEL VICTOR	CHOOSE LIFE HOME BASED CARE MOROTO	HIV/TB PROGRAM COORDINATOR	0771432140	pulsamvic@gmail.com
DR ACHILLES KATAMBA	MAKERERE UNIVERSITY COLLEGE OF HEALTH SCIENCES	MEMBER UGANDA STOP TB BOARD	0772575038	axk95@case.edu
KISAKYE PATRICIA	EDGE SOLUTIONS	PARTERSHIP OFFICER	0773271586	Kisakyepatricia256@gmail.com
NAKIJJOBA JULIET	USTP	ADMIN OFFICER	0788741338	juliemukiibi@gmail.com
RUKIDI SAM	HUMAN RIGHTS AND DEMOCRACY LINK AFRICA (RIDE AFRICA)	EXECUTIVE DIRECTOR	0772463522	rukidisam9@gmail.com/ rukidi.s@ride-africa.org
PRIMA KAZOORA	HEPS UGANDA	PROGRAM MANAGER	0772611179	pkazoora@heps.or.ug
HILDA KIZITO	AIDS INFORMATION CENTRE	DIRECTOR PROGRAMS AND PLANNING	0772 960238	hilda.kizito@aicug.org
KATO SULAIMAN SULAIMAN	MINISTRY OF HEALTH	BCC-SPECIALIST	0772205054	katosulaiman1@yahoo.com
AKORA GEORGE WILLIAM	(Yawe)	EXECUTIVE DIRECTOR	0772865098	akoragwilliam@gmail.com
MPAKIBI MARY	KAWEMPE HOME CARE	ASSISTANT CC/MDR TB SURVIVOR/TB CHAMPION	0756969634	mpakibimary@gmail.com
ISIKO PAUL	USTP	ED	772428225	paulisiko@hotmail.com
DR. KAWUMA JOSEPH	CCM	TB REP IN CCM	772323028	kawumahjs@gmail.com
DR. JOSEPH EGESSA	TASO	STA TB/HIV	752744807	egessaji@tasouganda.org
MS. ALLEN KUTEESA TEGULLE	SOCIAL POLICY NETWORK/CCM	TB REP IN CCM	772429820	allenkuteesa@yahoo.com
MS. DOROTHY NAMUTAMBA	ICWEA/USTP	TRESURER	772521186	dorothynamutamba@yahoo.com
MR. ROBERT NAKIBUMBA	AFRICA FOR HEALTH RESEARCH INITIATIVE	ED/ACSM-USTP	772603073	rnakibumba@yahoo.co.uk
MR. ROGER KAMUGASHA	KUB AFRICA	ED	773158181	rogerpaulkamugasha@gmail.com
TIBANANUKA EVELYNE	WHO- National TB Professional Officer	NPO TB/L		tibananukae@who.int
MR. GEORGE TAMALE	PRIVATE SECTOR	PRIVATE SECTOR REP	702801493	gwtamale@gmail.com
IMOKO JOSEPH	MOH	TB ACTIVIST	751667149	imokoj@gmail.com
NIWAGABA Gerever	KHC	PROGRAM MGR	0782959683	gniwaqaba@kawempehomecare.org
LYDIA ATOCHON	IMF-IHK	TB FP		l.alathocon@gmail.com
JOSEPH KAYIIRA	ED	PHILOMENA	0751816963	joseph@philomerahopeu.org

### Secretariat Staff member Present

No.	Organisation	Name	Tel	email
1	USTP	Dr. Busulwa Paddy	0772615664	pbusulwas@gmail.com
2	USTP	Susan Amitta Matanda	782395944	suamatanda@ustp.org.ug
3	USTP	Ms. Nakijjoba Juliet	0788741338	juliemukiibi@gmail.com



4	USTP	Ms. Carol Katikiro	0702586271	<a href="mailto:carolkatikiro@yahoo.com">carolkatikiro@yahoo.com</a>
5	USTP	Mr. Odongo Moses	0775401966	<a href="mailto:odongomo2021@gmail.com">odongomo2021@gmail.com</a>
6	USTP	Grace Amongin	0781579825	<a href="mailto:amongin53@gmail.com">amongin53@gmail.com</a>

**Absent with apology;**

No.	Organisation	Name	Tel	email
1	Safe Mother Initiative	Prof. Josephine Kasolo	<a href="mailto:josephinekasolo57@gmail.com">josephinekasolo57@gmail.com</a>	0772553088
2	Dr. Stavia	Dr. Stavia	<a href="mailto:turyahabwestavia@gmail.com">turyahabwestavia@gmail.com</a>	0773783932
3	Dr. Etukoit Benard	TASO	<a href="mailto:etukoitm@tasouganda.org">etukoitm@tasouganda.org</a>	0752774774
4	Dr. Abel Nkolo	Defeat TB	<a href="mailto:ankolo@defeat-tb.unc-chs.com">ankolo@defeat-tb.unc-chs.com</a>	0772613568



**Among the key deliberations shared in the Forum included:**

- USTP Membership and Subscriptions structures
- Benefits of USTP membership. In this respect, there was need for creativity to ensure say the platinum members are recognized in big events, say having lunch with the chief guest or any other way agreed.

**TABLE SHOWING USTP MEMBERSHIP ENROLMENT CATEGORIES**

	Membership Category	Membership type and Annual subscription fees			
		Local Organizations		International Organizations	
SN		UG. Shs	USD	UG. Shs	USD
1	Bronze	30,000	20	500,000	250
2	Silver	50,000	25	1,000,000	500
3	Gold	80,000	40	1,500,000	750
4	Diamond	100,000	50	3,000,000	1500
5	Platinum	150,000	70	5,000,000	2500

- Approvals of Amended Memorandum and Article of Association. Members have been given 21 days (up to July 19<sup>th</sup> 2022) for any addition of the document. The feedback was to be given during a virtual extra-ordinary partner forum meeting which was to be held after 21 days expiry.
- There was a request that in the subsequent forums, the presentation should include unfunded priorities. We should not only plan for available funds as per GF and UNOPs grant, but rather for the entire gaps in community TB programming. We should know how much fund is needed for advocacy, funds for scaling up communication and the working of TB ambassador and champion, staffing funding gap, TB survivors working in the community, among others.

## RESOURCE MOBILIZATION

During the year 2022, USTP in addition to funding from GF through TASO GMU was able to get more funding from GSTP/UNOPs in the tune of \$55000 was awarded to USTP for a planned 15-months implementation period, starting November 2022 when the grant was signed through to March 2023. USTP kick-started the implementation of this grant activities in January year 2023.

USTP also successfully got funding from CFG to implement under code name: USTP COMBAT-TB Project, details explained earlier.

## **DATA MANAGEMENT, MONITORING AND EVALUATION**

**The reporting period, M&E unit was engaged in a number of activities:**

- Update ting the budget, workplan and the implementation approach for the NFM-3 grant and other grants
- Consolidating the procurement plan for the grants, specifically extracting and populating the detailed of the procurement plan for 2022 and 2023
- M&E unit was also engaged in the direct activity implementations including supporting the implementation of the following interventions:
  - ✓ The preparatory meetings and the actual participation in the WTD event in Moroto in March 24<sup>th</sup>, 2022
  - ✓ Supporting the procurement activities relating to WTD: T-shirts, calendars, branded pens, banners, venues, vehicle hire, PPEs for C-19 preventions among others.
  - ✓ CSO and TB survivor mentorship visits that targeted the selection from the 17 MDR-TB regions of the country.
  - ✓ PPM mentorship visits, support visits were conducted
  - ✓ Weekly planning and updated meetings with NTLP and other stakeholders. In this platform, the key activities of USTP that involve other NTLP and other regional and District stakeholders are shared and agreed upon
  - ✓ The regional TB advocacy meetings where in the 14 MOH regions were coordinated. These meetings was really intensive from the preparation stages, right to its execution.
  - ✓ The working group meetings for ACSM, M&E and TB/HIV.
  - ✓ UNOPs and CFG grant writing: Workplan, Gantt chart and support to its activity implementations at inception and progress tracking
  - ✓ M&E has also been engaged in the staff and program meeting that are held on weekly and on monthly basis. In this meetings reports are reviewed for data accuracy, consistencies and quality control.
  - ✓ The performance reviews with TASO-GMU, other SRs and NTLP

### **Support by TASO GMU Technical team**

As part of the support to USTP implementation of NFM-3, TASO GMU technical and M&E team have provided quarterly M&E support visits and data validation exercises to USTP and this has been helpful in improving the data and the reporting quality and adherence to the MOU with PR2. The support has helped in:

- ✓ Strengthening Governance and Leadership function of USTP SMT/Board
- ✓ Putting more emphasis on matters of strategic importance that these should be discussed by the board and Partners Forum as guided by the constitution of USTP
- ✓ The implementation of mandate should be key in USTP implementation details as stipulated in the NSP in place. Some of the USTP mandate includes;

coordination, oversight and sharing of information among partners (agencies and stakeholders in TB work)

- ✓ The then operational manual was not aligned to board roles as stipulated in the constitution.

The other technical areas provided by TASO GMU in the year included here:

TASO GMU M&E team and compliance team that does the support on quarterly basis

**The table showing the support supervision members from TASO GMU to USTP in 2022**

Name	Title	Tel No	Email Address
Charles Emesu	Compliance Officer	0750452160	<a href="mailto:emesuc@tasouganda.org">emesuc@tasouganda.org</a>
Kizito Nicholas	M & E Specialist	0752774155	<a href="mailto:kiznic@gmail.com">kiznic@gmail.com</a>
Twesige Brian	M & E Specialist	0752744814	<a href="mailto:twesigeb@tasouganda.org">twesigeb@tasouganda.org</a>
Basemera Susan	Compliance Officer	752 744813	<a href="mailto:basemeras@tasouganda.org">basemeras@tasouganda.org</a>

### **Contributing to the writing of the NTLP Annual Report 2021/2022**

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

USTP greatly participate in all core NTLP programming, weekly, quarterly and annual reportings

- The involvement are so significant in the streamlining the interventions of the civil society, the community and private health providers into the TB prevention and treatment.
- Technical inputs into the capacity building of CSOs and TB survivors where the trainings were carried out with greater engagement of NTLP, MOGLSD and other stakeholders from among the partners of USTP.
- The final version of this report was shared in the 5<sup>th</sup> annual TB and Leprosy stakeholder's conference of Dec 2022.

## **FINANCE, ADMINISTRATION AND HUMAN RESOURCE**

During the year, USTP welcomed the external auditors from Engaged Partners and also the compliant personnel from TASO GMU and. There was also support supervision provided by compliance and M&E personnel from TASO GMU. They helped in guiding the operations of USTP with the findings shared.

### **Fund release for the Activities**

The funds for activities were released on a quarterly basis. The working mode due to covid-19 greatly affected some activity implementation approaches. Some meetings and workshops had to be conducted scientifically instead of the usual physical representations. The World TB day event for example, was greatly affected.

### **Procurement and Logistics Management**

There were a number of procurements undertaken during the year 2022 including:

- The IEC materials for world TB day event –T-shirts, burners, caps, calendars, car stickers among others
- The meeting venues and hire of vehicles for field activities
- The PPEs for C-19 including facemasks and sanitizers
- WTD and TB Marathon agreed procurement items

### **Human resources**

There was one new recruitments during the year as a result of resignation of the finance officer in February 2022, a replacement had to be recruited in May 2022. The rest of 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 after approvals by the finance committee of the baord including

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

Since these manuals were operational, it greatly guided the undertakings of USTP throughout 2022

### **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 zoom/virtual platform made technical capacity building fairly simple especially in situations where some members were not physically in the office due to C-19.



## **The external audit exercise of USTP**

This was carried out in the month of July 2022 by Exodus Kampala Certified public Accountant firm and the findings were shared with the USTP secretariat and other concerned parties.

Among the key areas from the Audit reports for the year 2021 from the audit findings include:

- Management support in ensuring that most transactions that occurred during the financial period were recorded as per the requirements of accounting and donor standards however the following were observed;
- None compliance with Uganda Revenue Authority return filling requirements on PAYE and Withholding Tax. This should be done on time to avoid any tax body penalties. In this respect, there should be consolidated payroll prepared to ease PAYE returns filings.
- The inactive Group Personal Accident Insurance Policy. The insurance policy should be put in place to cover staff at any time to avoid any possible legal issues for any eventualities.

## APPENDIX 1: USTP COMBINED WORKPLAN FOR THE TASO GF-CFG AND UNOPS GRANTS FOR COMING YEAR 2023

Updated USTP Combined Implementation Work Plan 2023																	
SR/District			-														
PERIOD (Quarterly/Semi-Annual/Annual):			-														
Implementation Period:		Start Date: JAN 2023	End Date: DEC 2023				-	-	-	-	-	-	-	-	-	-	-
Budg et Line No.	Activity Description/Intervention	Indicator/ Interventions	Planned Activity Implementation month												Targets	Planned implementat ion Date(s)	Responsib le Persons
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Annual Target		
	1. GLOBLA FUND GRANT INTERVENTIONS																
270	A) Provide 6 monthly facilitation for 3 CBOs/CSOs networks and per district and 16 CBOs in 16 lake-based districts to conduct community monitoring advocacy and social mobilisation aimed at improving the poor .	270.1 Number of CBOs/CSO networks provided with 6 monthly facilitation to conduct community monitoring advocacy and social mobilisation aimed at improving the poor														3	Dr. Paddy and Moses

		270.2 Number of mentorship support visits to CBOs conducted by USTP and NTLT teams													3		Dr. Paddy and Moses
287	Conduct mentorship in the 8 municipalities where private health facilities were trained	287.1 Number of support supervision events for mentorship conducted where private health facilities were trained													4	June 12th-16th, 2023	Dr. Paddy and Moses
290	Hold PPM Oversight committee meetings to review performance (guide on policy, mobilise resources, carry out advocacy, ensure availability of TB commodities for Private sector with QPPU, NMS, JMS, and other donor-supported implementing mechanisms as well as the intermediary agencies)	290.1 Number of PPM oversight committee meetings held to review performance													4	June 21st, 2023	Dr. Paddy
316	Stigma and discrimination reduction (HIV/TB)	Training of Experts/TB survivors - merged with BL 318 c) and d) to have a total of 3 classes/trainings @ of 28 ppts													1	June 28th, 2023	Moses, Carol

	Stigma and discrimination reduction (HIV/TB)	Annual Review Meeting with trained experts/TB survivors -Meeting to be merged with BL 319 in order to increase number of participants and supervisors.														June 28th, 2023	Moses, Carol
317	Community mobilization and Advocacy campaigns to sensitize and popularize TB awareness and reduce TB stigma and discrimination especially World TB day including use of Apps for awareness and self screening	317.1 Number of community mobilization and Advocacy campaigns conducted to sensitize and popularize TB awareness and reduce TB stigma and discrimination													2	24th March 2024 and 9th July 2023	Paul, Moses , Paddy
318	a) Train & equip community actors -CSO at district level to link TB patients social protection services (including IGAs) and to report	318.1 Number of participants attending national level meeting to validate training materials and obtain consensus interventions of TB/ MDR-TB survivors and actors															

	(a-d) Train & equip community actors -CSO at district level to link TB patients social protection services (including IGAs) and to report	318.2 Number of participants attending workshop for adapting/development of TB/DR-TB survivor Social protection training materials												2	May 22nd-26th, 2023	Moses, Paddy
	e) Train & equip community actors -CSO at district level to link TB patients social protection services (including IGAs) and to report	318.3 Number of mentorship support visits conducted for trained experts/CSO reps												2	May 15th-19th, 2023	Moses, Paddy
319	Conduct coordination meetings for community groups and actors including advocacy platforms	319.1 Number of annual review meetings with trained experts/TB survivors conducted												1	June 28th, 2023	Moses, Carol
		319.2 Number of trained experts/TB survivors attending annual review meetings														
324	a) Support mobilization of political leaders:- Mobilize political and local leadership and support them advocate for TB funding at central, regional and district levels (once a year at all levels -review previous year's performance)	324.1.1 Number of national advocacy meeting held												1		Moses, Paddy
		324.1.2 Number of participants attending national advocacy meetings														Moses, Paddy



		324.1.3 Number of news dailies publishing press release														
	b) Support mobilization of political leaders:- Mobilize political and local leadership and support them advocate for TB funding at central, regional and district levels (once a year at all levels -review previous year's performance)	324.2.1 Number of regional level advocacy meetings held														Moses, Paddy, Juliet
		324.2.2 Number of participants attending regional level advocacy meetings														Moses, Paddy, Juliet
		324.3 Number of support supervision events for mentorship conducted where private health facilities were trained												3	June 12th-16th, 2023, August 2023	Dr. Paddy and Moses
331	Support partner coordination meeting and working groups' performance review meetings;	331.1 Number of Synergy/Collaborative review meetings held for ACSM,M&E/Research, TB/HIV, working groups to enhance TB programming												4	April 6th, 13th, and 19th, 2023, then June 8th and 9th 2023	Paddy, Juliet
332	a) Orient parliamentarians and support engagement of Parliamentary TB Caucus	332.1 Number of participants attending workshop to develop training materials												1	May 4th and 5th 2023	Moses, Paddy

	b) Orient parliamentarians and support engagement of Parliamentary TB Caucus	332.2.1 Number of knowledge update meetings held for parliamentarians													1	May 4th and 5th 2023	Moses, Paddy
		332.2.2 Number of participants attending knowledge update meetings for parliamentarians													1	May 18th and 19th 2023	Paul, Juliet
334	Program management: Grant management	Board of Director's meeting													4	April, June, Sept, Nov	Paul, Juliet
Projected spending for the GF Wplan																	
	2-UNOPS/STP GRANT INTERVENTIONS																
	1.0 Enhance local and national partners engagement in TB response through partnership-	1.1 Conduct knowledge update meeting with journalists													1		

	1.2 Conduct workshop for celebrities, Artists, cultural leaders, TB champions for sensitization on TB													1		
2.0 Strengthen high-level advocacy efforts at national level to ensure alignment of national and global advocacy agenda	2.1 Mobilize support and engage stakeholders in TB-related advocacy events (WTD, Labour day Youth Day, WAD, etc.)													1		
	2.2 Conduct a breakfast meeting with key stakeholders including MAF reps, CCM, MPs and others to update them on the UNHLM targets progress													2	June, Aug 2023	Juliet, Paul
3.0 Enhance domestic financing and investment towards reaching country targets to end TB	3.1 capacity building session on TB financing for TB CSOs and TB actors													2		

		3.2 Conduct National dialogue with donors and development partners to lobby the financial needs in the national TB response														1		Juliet, Paul
	4.0 Positioning USTP in the country- level platforms as a strategic leaders and key conveners and facilitators on TB.	4.1 Capacity building retreat USTP staff and board on Strategic planning, Resource Mobilization and Advocacy														1		Paddy, Paul
		4.2 Support Annual General meeting with the Partners														1		Paddy, Paul
		4.3 Conduct media and community campaigns and share printed and other forms of communications materials for increased TB awareness and sensitization														1		Paddy, Moses

	5.0 Increase the number of partners engaged in TB response at the country level and ensure the relevance of the partnership platforms	5.1 Conduct a mapping exercise for CSOs and TB survivors' groups that are engaged in TB activities in 40 districts in Uganda														1		
		5.2 Support the hosting, management and updating of the USTP website														12		
	Conduct strong TB advocacy and create a critical mass to deliver change around TB issues	6.1 Support planning meetings and procurement of vests and promotional materials for the TB Marathon and WTD															May-July 2023	Moses, Julirt
		6.2 Production of Radio Jingles and TV Spot messages and talk shows for TB Community Awareness-WTD, CAST TB, etc															May-July 2023	Moses, Julirt
	3-STOP TB-CHALLENGE FACILITY GRANT INTERVENTION																	



		1.1 Hold a breakfast dialogue meeting with Parliamentary TB caucus.														
	1.0 To engage the Uganda TB parliamentary Caucus and government top decision makers for increased domestic funding and enabling health legislation for community action towards meeting the UNHLM targets by end of March 2024	1.2 Hold a select Parliamentary TB caucus subcommittee three day residential retreat to re-draft the Health rights														
		1.3 Hold a one day combined meeting with the Parliamentary TB committee and the Ministry of Health planning division to highlight the Community TB priorities for inclusion in budget framework paper and ministerial statement														

	2.0 To support formation, registration of TB survivors' networks in the 5 major slums of Kampala and admission as members of Uganda Stop TB partnership by end of March 2024	2.1 Visit the TB Diagnostic and Treatment health facilities in Kampala for selection of 10 TB survivors experts that meet the set criteria from each of the in the 5 slums.														
		2.2 Conduct a one week training and later a 2 day refresher/review workshop of the selected TB survivors to empower them to become TB community champions														
		2.3.Monthly data for TB survivors														
		2.4 Support the formation of a network of the trained TB survivor, formation of an association and registration as an NGO with the National NGO bureau														
		2.5 Support supervision, review meetings and publication of project results in bi-annual newsletters, 2 abstracts shared														

	3.0 Engage the 50 TB survivors/TB affected persons from the 5 major slums in Kampala to do community TB monitoring to inform TB programming in the country by end of March 2024	3.1 Support the 50 TB survivors implementation of OnelImpact CLM platform													50	April -Dec 2023	Moses, PO
		3.2 Design, adaptation and development of oneimpact platform													50		
		3.3 Implementation of the Apps including technical support													50		
	4.0 To participate and engage in TB advocacy and accountability initiatives at national, regional, and global levels.(10% of total budget)	4.1 Support the USTP and partners for engagement in NFM4 writing and grant making processes															
		4.2 Support participation of one staff of USTP to attend UNHLM on TB in 2023															
	5.0 Indirect costs (maximum 10% of total budget) e.g. project management / office / administration costs	5.1 Office supplies															Juliet

		5.2 Procure 2 computers and 1 filling cabine															Juliet, Moses
	ESTIMATED COMBINED BUDGET TOTALS																
				Completed activity													
				Activity Planned													
				No activity planned													

## USTP ASSET REGISTER BY DECEMBER 2022

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 Officer 4.Finance Assistant 5.M & E Specialist 6. Finance Officer	N/A	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 6. USTP/GF/DSK-006	21/08/2013 21/08/2013 21/08/2013 20/10/2014 02/05/2018 15/08/2022	1,250,000/= 335,000/= 335,000/= 335,000/= 466,102/= 550,847/=	All are in good condition
1 Executive chair 3 Low back office chairs	1.Executive Director 2.Technical Advisor 3.Administrative Officer 4. M & E Specialist	N/A	• USTP/GF/CHR.001 • USTP/GF/CHR.002 • USTP/GF/CHR.003 • 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	N/A	• USTP/GF/CHR.004 • USTP/GF/CHR.005	20/10/2014 20/10/2014	Procured by PR1	Good

	2.Finance Officer					
3 Desktops & accessories	1.Executive Director 2.Finance Assistant 3.Administrative Officer	<b>CPUs</b> <ol style="list-style-type: none"> <li>1. JIBYVSI</li> <li>2. GGBXVSI</li> <li>3. 1NJPVSI</li> </ol> <b>Monitors</b> <ol style="list-style-type: none"> <li>1. CN-02NOON-64180-282-2AFM</li> <li>2. CN-02NOON-64180-27R-016L</li> <li>3. CN-02NOON-64180-287-1KRM</li> </ol>	<b>CPUs</b> <ol style="list-style-type: none"> <li>1. USTP/GF/CPU.001</li> <li>2. USTP/GF/CPU.002</li> <li>3. USTP/GF/CPU.003</li> </ol> <b>Monitors</b> <ol style="list-style-type: none"> <li>1. USTP/GF/MON.001</li> <li>2. USTP/GF/MON.002</li> <li>3. USTP/GF/MON.003</li> </ol>	All arrived on 6/09/2013	Procured by PR2 - TASO	Good but old
2 Laptops	1.Finance Officer 2.M & E Specialist	MP1852RW CS5YVJ2	<ol style="list-style-type: none"> <li>1. USTP/GF/LAP.001</li> <li>2. USTP/GF/LAP.002</li> </ol>	31/10/2017 19/06/2018	4,145,763/= 3,400,000/=	Fair
Scanner	USTP OFFICE	CN298AD0MK	USTP/GF/SCN.001	11/10/2013	380,000/=	Not functioning
Printer	USTP OFFICE	VNH6G23258	USTP/GF/PR.001	24/10/2013	400 USD	Not functioning
Printers	USTP OFFICES	<ol style="list-style-type: none"> <li>1. CNBVD8R085</li> </ol>	USTP/USAID/PR-001  USTP/USAID/PR-002	1/09/2022	Donation	



		2. EAG01779 7613 3.	USTP/UNOPS/PR-001			
Wireless Land-line	USTP OFFICE	ZQA9KA92624034 30	USTP/GF/TEL.001	31/10/2013	170,000/=	Not functioning
Photocopier	USTP OFFICE	1102KL3NLO	USTP/GF/PC.001	14/11/2013	2,950,000/=	Fairly ok. It's too old
3 Filing Cabinets	1.Executive Director  2.Technical Advisor  3. Administrative Officer	N/A	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 except No. 3 which is broken
2 Full Height Filing Cabinet	1.Programs  2.Finance Department		1. USTP/GF/FC.004 2. USTP/GF/FC.005 3. USTP/GF/FC-006	13/11/2017 02/05/2018 15/08/2022	1,059,322/= 593,220/= 677,966/=	Good
Water Dispenser	USTP OFFICE	W7520832406130 0221	USTP/GF/WD.001	13/06/2014	520,000/=	Good
Colour printer	USTP OFFICE	CNCJ103094	USAID/TB CARE I /028	2014	Donated by TB Care1 (Valued at 1,000,000/=)	Not functioning

Cupboard	USTP OFFICE	N/A	USAID/TB CARE I /026	2014	Donated by TB Care1 (Valued at 250,000/=)	Good
Conference table	USTP OFFICE	N/A	USAID/TB CARE I /027	2014	Donated by TB Care1 (Valued at 1,500,000/=)	Broken
4 Reception Chairs – Fabric material, metallic without arms	USTP OFFICE	N/A	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	Nos. 1 & 2 were procured by PR1  127,119/=	No. 007 is not in good condition. The rest are in good condition
2 Power stabilizers	1.Finance Assistant 2.Administrative Officer	1. 3B1724X03946 2. 3B1713X08449	1. USTP/GF/PS.001 2. USTP/GF/PS.002	19/06/2018 19/06/2018	350,000/=	Not functioning
UPS/Power Stabilizer	Executive Director	3S1426X03085	USTP/USAID/PS-001	1/09/2022	Donation	
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
LCD Projector	USTP office	X4HJ7X03077	USTP/USAID/PJT-001	1/09/2022	Donation	
Reception Chairs – Fabric material, metallic without arms	USTP Office	N/A	USTP/USAID/CHR-001 USTP/USAID/CHR-002 USTP/USAID/CHR-003 USTP/USAID/CHR-004 USTP/USAID/CHR-005 USTP/USAID/CHR-006 USTP/USAID/CHR-007 USTP/USAID/CHR-008 USTP/USAID/CHR-009 USTP/USAID/CHR-010 USTP/USAID/CHR-011 USTP/USAID/CHR-012 USTP/USAID/CHR-013 USTP/USAID/CHR-014	1/09/2022	Donation	

			USTP/USAID/CHR-015 USTP/USAID/CHR-016 USTP/USAID/CHR-017 USTP/USAID/CHR-018 USTP/USAID/CHR-019 USTP/USAID/CHR-020			
Laptops	1. Technical Advisor 2. Administrative Officer 3. Executive Director	1. DXNPL32 2. BOB1FH2 3. CN0AM3S50S	USTP/USAID/LAP-001 USTP/USAID/LAP-002 USTP/UNOPS/LAP-001	1/09/2022	Donation  Laptop no. 3 – 1,906,779/=	
Camera	USTP office	9692617 (NIKON – D5300)	USTP/USAID/CMR-001	1/09/2022	Donation	