



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

**UGANDA STOP TB PARTNERSHIP (USTP)**

**Program Report Form Summary**

Organization Name:	Uganda Stop TB Partnership			
THE USTP END OF NFM-3 PROJECT REPORT 2021- 2023				
REPORTING PERIOD:	January 2021-December 2023			
DATE OF SUBMISSION:	2 <sup>nd</sup> February 2024			
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Note:	<i>This report provides summaries of what transpired within the three years of NFM-3.</i>			

The Cover photos taken during the TB & Leprosy 6<sup>th</sup> Annual National Stakeholder's Conference-2023



Dr Isiko K. Paul, Co-Chair, Organizing Committee- in Entebbe on 8<sup>th</sup> Dec 2023



Dr. Kazibwe representing the ED of TASO Uganda, receiving recognition on the behalf of IPs/CSOs

## 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
DLG	District Local Government
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
MTR	Mid Term Review
PHF	Private Health Facilities
IDI	Infectious Diseases Institute
RHITES	Regional Health Integration to Enhance Services
RHSP	Rakai Health Sciences Program
PPE	Personal protective equipment
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

## MESSAGE FROM THE EXECUTIVE DIRECTOR

This report covers the calendar years January 2021 to December 2023 which represents the period the implementation of the NFM-3 Grant from Global Fund through PR (TASO Uganda) started and completed. USTP aims to contribute towards achieving and sustaining the NTLP case finding and cure rate targets and to provide accurate information about TB and the fight against TB disease. USTP is a platform for coordination of agencies and stakeholders to contribute to the fight against TB. The organization exists to maintain relationship and subscribe to objectives of the Global Stop TB Partnership and it helps promote advocacy, communication and social mobilization for TB Control in Uganda.

Despite the interruption of covid-19 in the first six months of the grant, USTP senior management and secretariat staff worked tirelessly in ensuring the grant implementation was a success.

Whereas Uganda has made some significant improvement in health and development indicators, gaps still exists towards reaching the global End TB strategies by 2030. Some of the gaps including inability to expand the TCN to the entire community fraternities, stigma and discrimination of TB patients which is linked to limited awareness about TB, lack of most recent data about TB prevalence in the country, limited engagement of private health providers in TB, limited multi-sectoral engagement in TB, under funding for TB as compared to other diseases with the annual funding gap of \$25m that is needed to meet the NTP NSP projection.

USTP has worked closely with its partners and key stakeholders in ensuring the grant implementation impacts the underlying challenges/gaps identified in the TB programming from time to time

The NFM-3 Grant implementation started by USTP team working closely with TASO Grant Management team in ensuring that all that are required for the efficient implementation were in place.

Throughout the three years (2021-2023), USTP staff coordinated TB advocacy at Districts, regional and at National levels including ensuring that all the persons engaged were provided with right information and IEC materials for TB and Leprosy for them to cascade the TB messages to their communities. It is worth nothing that USTP implemented the two TB Marathon events in 2022 and 2023, the first of its kind globally focusing on TB Disease. This brought together so many stakeholders and it has inspired them into committing their time and resources for TB. We have seen CSOs, IPs, DLG leaders, IRCU, Cultural leaders, TB champions, TB survivors, Health workers becoming increasingly aware of TB (TB is curable, preventable, It has limited funding compared to other diseases).

A total of 91 private health facilities in 9 Districts/Municipalities that were targeted for PPM model have greatly embraced the TB services into their programming including close to 40% that now reports through DHIS-2.

The 41 CSOs and 100 TB survivors have had their capacities build through training, mentorship that spanned throughout the grant implementation period. These are strong forces that are very determined to support TB work in the communities. TB survivors were supported to form CBO networks and so far, close to 10 TB survivor's networks have been formed (in Mpigi, Mbarara, Mbale, Moroto, Soroti, Mubende, Hoima, Lira and Kampala). All these and more successes can be attributed to the support through NFM-3 Grant. The testimonies by different beneficiaries demonstrates the grant success which USTP greatly appreciates TASO, Global Fund, UCCM, MOH and GOU for the considerations.

We look forward to your continued support, collaboration and meaningful partnership.

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# INTRODUCTION

## The Background information about USTP

### Vision

A TB free Uganda.

### Mission:

To ensure that every TB patient has access to effective diagnosis, treatment and cure, stop transmission of TB, reduce the inequitable social and economic toll of TB, develop and implement new preventive, diagnostic and therapeutic tools and strategies to stop TB.

### Overall Goal:

To mobilize untapped human and material resources to jointly contribute to the fight against TB.

### Core Values

Collaboration, Teamwork, Integrity, Accountability, Innovation, Equity.

### The Guiding Principles to USTP Implementations

1. Government stewardship and accountability, with monitoring and evaluation
2. Strong advocacy, coordination and resource mobilization coalition with civil society and communities
3. Protection and promotion of human rights, ethics and equity
4. Adaptation of the strategy and targets at country level, with global collaboration
5. Embracing digital health, e-Health, m-Health and one impact in implementation

### Strategic Objectives

- i. To contribute to achieving and sustaining the NTLP case finding and cure rate targets
- ii. To provide accurate information about TB and the fight against it
- iii. To be a platform for coordination of agencies and stakeholders to contribute to the fight against TB.
- iv. To maintain relationship and subscribe to objectives of the global Stop TB Partnership.

## The overview of the implementations in the reporting period

The report highlights the activities which were implemented by USTP from January 2021 to December, 2023, the accomplishments, challenges and the recommendations.

The NFM-3 grant implementation began with USTP staff members converging for a series program and staff meeting including participation in the compilation of reports for the NFM-2 grant whose implementation ended in December 2020. The implementations started during the period when Covid-19 was a global health concern to the entire world. Most of the implementations that were meant for the early part of 2021 (Q.1 and Q.2) had to be deferred until July 2021 when most of presidential restrictions on physical engagements due to covid-19 were lifted.

### Interventions under GF-TASO-NFM-3 Grant

The implementation started with several engagements between USTP and TASO Grant Management Technical team to understand the details in the implementation strategies and other details including the budget, workplan and the procurement plan.

These were the intervention areas that were approved for USTP implementation:

- ✓ Support to CBOs/CSOs networks
- ✓ Conduct mentorship to PPM facilities
- ✓ Engaging all care providers (TB care and prevention): PPM oversight
- ✓ Train and facilitate TB Experts to sensitize communities facilitate TB case finding and follow up of patients
- ✓ Community mobilization and Advocacy campaigns especially World TB day event.
- ✓ Support mobilization of political and local leadership and support them advocate for TB funding at central, regional and district levels
- ✓ Synergy/Collaborative review meetings for ACSM, M&E/Research, TB/HIV, working groups to enhance TB programming
- ✓ Orient parliamentarians and support engagement of Parliamentary TB Caucus

The implementation of these interventions started in 2021 with the grant signing of the MOU between the principal recipient (TASO Uganda and USTP) that was done in the beginning of the quarter of January-March 2021. The interventions implementation was cascaded into 12 quarters (Q) (Q1-Q12) and this pattern formed the basis of the M&E performance framework for the grant

The performance of the grant is summarized in the table in the next page that provide details to how each of the different intervention areas faired basing on the performance indicators that were adapted.

## THE SUMMARY RESULT TABLE FOR GF-NFM-3 PERFORMANCE AGAINST TARGETS: 2021-2023

	Activity	indicator	Total targets get	Achievements by Year			Total achieved Results	Percentage Results	Budget absorption rate	Comment on results, absorption
BL	Intervention details			2021	2022	2023	(Mean Value)		Percentage	
270(a)	Support to CBOs/CSOs networks to conduct community monitoring, advocacy and social mobilization aimed at improving the poor performance TB indicators	Number of CBOs/CSO networks provided with 6 monthly facilitation to conduct community monitoring advocacy and social mobilisation	3	-	3	-	3	100%	99%	
270(b)	Support to CBOs/CSOs networks to conduct community monitoring, advocacy and social mobilization aimed at improving the poor performance TB indicators	Number of mentorship support visits to CBOs conducted by USTP and NTLP teams	4	-	4	-	3	75%	97%	
287 (1)	Conduct mentorship in the 8 municipalities where private health facilities were trained	Number of support supervision events for mentorship conducted where private health facilities were trained	10	4	3	2	9	90%	97%	
287 (2)	Conduct mentorship in the 8 municipalities where private health facilities were trained	Number of PPM facilities reached during support supervision visits	40	34	33	48	38	95%	97%	
290 (a)	Hold PPM Oversight committee meetings to review performance including providing guidance on policy, mobilise resources, carry	Number of PPM oversight committee meetings held to review performance	11	2	2	6	10	91%	98%	

	out advocacy, ensure availability of TB commodities for Private sector									
<b>290 (b)</b>		Number of participants attending PPM oversight committee meetings to review performance	187	44	29	77	150	80%	98%	
<b>316 (a)</b>	Train and facilitate TB survivors, women and champions to sensitize communities facilitate), case finding and follow up of patients (Training of Experts/TB survivors)	Number of trainings conducted for TB experts/survivors to sensitize communities and facilitate case finding and follow up of patients	3	3	-	-	3	100%	100%	
<b>316(b)</b>		Number of TB experts/survivors trained to sensitize communities and facilitate case finding and follow up of patients	84	86	-	-	86	102%	100%	
<b>317</b>	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	3	1	1	1	3	100%	96%	
<b>318 (a)</b>	Train & equip community actors - CSO at district level to link TB patients social protection services (including IGAs) and to report	Number of participants attending national level meeting to validate training materials and obtain consensus interventions of TB/ MDR-TB survivors and actors	48	42			42	88%	75%	

<b>318 (b)</b>	Train & equip community actors - CSO at district level to link TB patients social protection services (including IGAs) and to report	Number of participants attending workshop for adapting/development of TB/DR-TB survivor Social protection training materials	15	42			42	280%	100%	The cost was over against number of people. Some meetings were virtual
<b>318 (c)</b>	Train & equip community actors - CSO at district level to link TB patients social protection services (including IGAs) and to report	Number of mentorship support visits conducted for trained experts/CSO reps	8	1	2	4	7	88%	100%	
<b>319(a)</b>	Conduct coordination meetings for community groups and actors including advocacy platforms	Number of annual review meetings with trained experts/TB survivors conducted	3	-	2	1	3	100%	100%	
<b>319(b)</b>		Number of trained experts/TB survivors attending annual review meetings	228	-	129	88	217	95%	100%	
<b>324(1.1)</b>	Mobilize political and local leadership and support them advocate for TB funding at central, regional and district levels	Number of national advocacy meeting held	3	-	2	1	3	100%	99%	
<b>324(1.2)</b>		Number of participants attending national advocacy meetings	108	-	891	654	1545	1431%	99%	
<b>324(1.3)</b>		No of Regional advocacy meeting held	42	13	15	14	42	100%	100%	
<b>324(1.4)</b>		Number of participants attending regional level advocacy meetings	1680	687	903	1199	2789	166%	100%	

324(1.5)		Number of support supervision events for mentorship conducted where private health facilities were trained	8	-	6	2	8	100%	95%	
331(a)	Support partner coordination meeting and working groups' performance review meetings;	Number of Synergy/Collaborative review meetings held for ACSM,M&E/Research, TB/HIV, working groups to enhance TB programming	10	2	5	5	12	120%	87%	Some WG meetings were not all held as planned
331(b)		Number of participants attending synergy/collaborative review meetings for 3 WG to enhance TB programming	300	80	80	243	403	134%	87%	The civil society hearing meeting attracted many ppl -81 on March 28 <sup>th</sup> for ACSM
332(a)	Orient parliamentarians and support engagement of Parliamentary TB Caucus	Number of participants attending workshop to develop training materials	30	42			42	140%	92%	
332(b)		Number of knowledge update meetings held for parliamentarians	2	-	1	1	2	100%	100%	
332(c)		Number of participants attending knowledge update meetings for parliamentarians	15	-	31	58	45	300%	100%	

The above performance table indicates the results in the performance areas (coded Budget Lines-**BL**) that USTP implemented in the three year of the grant period. The other implementation details for each of the BL above are in the following sections.



## **Performance area1: Support to CBOs/CSOs networks to conduct community monitoring, advocacy and social mobilization aimed at improving the poor performance of TB indicators**

The support to CBOs/CSOs was 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 purposed to provide monthly facilitations to CBOs/CSOs networks in the selected districts that are lake-based (Kampala, Mukono and Wakiso in this case)

### **Performance objective**

The support to CBOs/CSOs was 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 purposed to provide six-month facilitations to CBOs/CSOs networks.

### **Implementation Details:**

The implementation started with identification of the CBOs/CSOs to be engaged that was done by USTP with guidance from the PR. After the identification, the CBOs/CSOs selected were trained for two weeks directly by the PR and thereafter, they were supported to have placements to the known TB/HIV implementing partners (Baylor Uganda, TASO Entebbe and AIC Kampala)

During the grant period, all the three CBOs/CSOs networks that were identified in 2021 and funded in 2022 eventually concluded their implementations. The three CSOs; Mukono Multi-Purpose, Kuboresha Africa-Mukono and Kawempe Home Care. Of the three, Kuboresha Africa was further engaged in July-September 2023 quarter to conduct a follow on implementation from the unspent fund in that specific planned intervention.

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 and the target set was for USTP to engage 3 CBOs/CSOs, disburse them fund for implementations and provide technical support including visits to validate their work, which were all successfully done as in the summary performance table 1 above.

### Performance summary for the three CBOs/CSOs engaged by USTP

CBOs/CSOs Name	Planned intervention activities	Activity implementation methods deployed	Results	Follow up issues from implementation
Mukono Multi-Purpose	<ul style="list-style-type: none"> <li>-Conduct TB/HIV prevention and care awareness campaigns among PLHIVs in Nakifuma and Naggalama Town Council</li> <li>-Conduct follow up and counselling services through home visit for active cases among contacts list of the index patient.</li> </ul>	<ul style="list-style-type: none"> <li>-Community follow up</li> <li>-Community sensitization on TB signs, symptoms, prevention, treatment adherence using megaphones</li> <li>-Disseminate TB/HIV IEC materials</li> <li>-Orientation meetings for leaders and TB/HIV affected community</li> <li>-carried out field visits for tracing treatment defaulters</li> <li>-review meetings on implementation updates</li> </ul>	<ul style="list-style-type: none"> <li>-Over 80 community talks held using megaphones</li> <li>-Oriented 65 leaders community members on TB/HIV</li> <li>- Reached 328 people 15 defaulters traced</li> </ul>	<ul style="list-style-type: none"> <li>-The limited IEC materials for the community and institutions</li> <li>The intervention is very good, but only reached a very small community in Mukono. Greater part of the districts is still pending</li> <li>-</li> </ul>
Kawempe Home Care-KHC	<ul style="list-style-type: none"> <li>-improve community contact tracing for all identified index TB cases and link all new TB positives into care</li> <li>- increase TB awareness especially in the hotspots within Kawempe division</li> <li>- Capacity of the community linkage expert volunteers in TB case identification through orientation</li> </ul>	<ul style="list-style-type: none"> <li>-Carry out community sensitization outreaches:</li> <li>-Posting advocacy messages on KHC social media handle:</li> <li>-Conduct TB screening in community hot spots:</li> <li>-Sample collection</li> <li>-To referral of new TB positives for linkage into care</li> <li>-Mapping of TB hotspots</li> <li>TB awareness campaigns at hotspots</li> <li>- Carryout stakeholders dialogue meeting</li> <li>Community referrals and sputum collection</li> </ul>	<ul style="list-style-type: none"> <li>-A total of 4786 individuals from community sensitized on TB</li> <li>14 advocacy messages shared on the media handle</li> <li>-8 hotspots mapped and reached for TB awareness and screening</li> <li>-Five community volunteers identified and oriented on TB</li> <li>-Two(2) dialogue meetings carried out</li> <li>- 36 patients referred for TB services from community</li> </ul>	<ul style="list-style-type: none"> <li>-The competing CSO offering cash handouts to people in-order to get sputum samples</li> <li>-TB Stigma is still a challenge as some newly diagnosed clients don't want their contacts to find out that they have TB or even be seen taking TB drugs.</li> <li>-The long TAT from Genexpert testing centres.</li> <li>-Contact tracing limited by some clients not having phones/contacts of their own</li> </ul>

Kuboresha Africa	<ul style="list-style-type: none"> <li>-Conduct TB and TB/HIV awareness in the 2 divisions of Mukono Municipality</li> <li>- Support TB prevention and care interventions in the two divisions of Mukono Municipality</li> </ul>	<ul style="list-style-type: none"> <li>-Inception and orientation meetings for leaders on TB</li> <li>-Conduct the TB/HIV awareness and referral sessions in 3 public facilities identified.</li> <li>-Progress review meetings</li> <li>-TB community outreach, cough monitoring and contact tracing</li> <li>- Facility level support supervision and M&amp;E</li> <li>-</li> </ul>	<ul style="list-style-type: none"> <li>-Conducted a one day orientation meeting, 12 leaders engaged.</li> <li>-Three TB/HIV awareness sessions conducted at Goma HC III reaching 550 people of which 382 were tested for TB, and 2 cases identified</li> <li>-Three(3) support visits carried out to 3 health facilities</li> <li>-12 awareness campaigns conducted in three health facilities.</li> </ul>	<ul style="list-style-type: none"> <li>-The community appreciated the community support but the grant magnitude could not cover effectively the facilities and the divisions targeted</li> </ul>

The orientation of the CBOs/CSOs photos-



*The orientation at TASO Entebbe Centre of Excellency March, 2022*



*The orientation at Baylor Uganda Centre of Excellency-14<sup>th</sup> April 2022*







*Technical support visits by USTP team to MUMYO and Koburesha Africa, Mukono -Oct 22<sup>nd</sup>, 2022*

## Performance area 2: Conduct mentorship in the municipalities where private health facilities

### Program objective

The mentorship activities shall be aimed at enhancing the capacity to the private health provider to:

- Improving quality of TB infection control practices,
- Step up suspicion and screening in OPD and other sections of the facility including distribution of ICF guides
- Knowledge in TB management in adults and children given the high turnover of staff, including conducting/incorporating TB in CMEs within the facility
- Ensure availability of TB data and reporting forms
- Referral of suspected (active where possible) for screening and documentation of outcomes,
- Support the facilities to increase on the Up-take of IPT for vulnerable target population groups
- Enhance facility team capacity for data recording and reporting into DHIS-2,
- Improve on any other operational challenges e.g. diagnostic capacity, human resources

### Implementation Approach:

This mentorship initially targeted 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.

The mentorship involved the central level mentors linking with the regional and District level mentors and reaching the targeted health facilities and there after the support supervision exercise carried out

using the designated/uniform forms/tools. The tools captured health facility details, the teams met, the level of TB services offered and the TB related data recorded and reported from primary MOH tools

This mentorship initially targeted 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 planned to provide support five trained PHFs per district, totalling 40 facilities in all the 8 municipalities.

In the second through to year three (2022-2023), the PPM mentorships were conducted still by two teams. From the quarters of April-June, July-Sept and Oct-Dec 2022, the mentorship team were able to reach 9 Districts in the process, with Gulu and Kitgum adding to the initial 8 districts planned after the **PRIME TB** project that was supporting Gulu and Kitgum ended their one year grant period.

USTP coordinated 17 mentorship groups across the three years of mentorship reaching out to 33 private health facilities in 2021, 34 in 2022 and the figure doubled to 91 facilities by the end of 2023.

#### Summary of PPM facilities visited for mentorship in 2023 by quarters

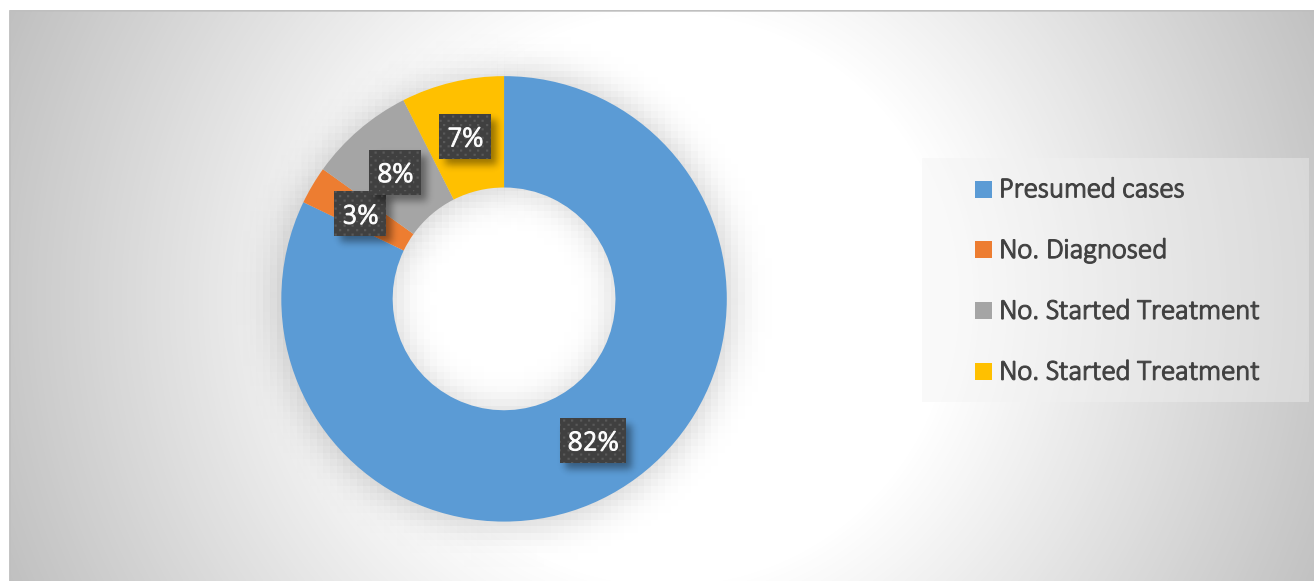
Num. of HF's Visited	Gulu	Kitgum	Masaka	Mbarara	Mbale	Tororo	Iganga	Jinja	Kabale	Total
Jan-March	4	4	6	9	5	3	3	4	3	41
April-Jun	15	11	14	14	12	11	11	8	10	106
Oct-Dec	10	8	11	14	10	11	8	9	10	91

#### Summary data from PPM mentorship, for Oct-Dec 2023 quarter.

Indicator	Gulu	Kitgum	Masaka	Mbarara	Mbale	Tororo	Iganga	Jinja	Kabale	Total
No at OPD	14691	12255	9278	28932	15311	2932	6315	4263	6545	100522
No. Screened for TB	560	12255	7272	21271	15311	457	6315	4263	6532	74236
No. Presumptive	83	110	41	320	255	29	340	389	266	1833
TB cases Diagnosed	3	3	17	3	31	0	2	61	6	126
No. Started Tx	3	3	17	2	30	0	2	60	6	123
No referred	0	0	0	1	0	0	0	1	0	2
No reporting DHIS-2	3	4	4	5	4	3	3	4	3	33

**Note:** By December 2023, a total of 33 out of 91 PPM facilities representing 36% are reporting through DHIS-2. This has not been the case at the start of NFM-3 which had nearly 14% scores

## The cascade summary of TB management at PPM facilities, 2023



*(Data source: Tallies from TB HMIS tools in the facilities mentored in Oct-Dec Quarter, 2023)*

### Pictorial section for PPM mentorship conducted



*The PPM mentorship team at Whispers Children's Hospital, Jinja City in April 26<sup>th</sup>, 2021*





**Masaka Pic-1**

*The PPM mentorship visit during the Covid-19 restricted period, PPEs for Covid-19 distributed*



*The PPM mentorship team at ST Benedicts Butende Health-Facility, Masaka City in April 2023*





*The PPM mentorship feedback session at Kolonyi H-Facility, Mbale City on 30<sup>th</sup> Oct 2023*

### **The Aims of PPM mentorship**

- 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 and diagnosing with at least ZN microscopy or referring to Genexpert testing facilities.

### **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 northern and eastern regions.
- Some facilities are charging for ZN testing since they buy their own reagents, but the charges could be eliminated if the supplies for the reagents can be obtained from public facilities

- Some facilities are unable to treat TB patients due to lack of drugs, yet they have all the requirements.
- Lack of sputum containers noted in some of the facilities visited and this has been reported throughout the three years of support visits. A consistent action on this should be derived.
- Some facilities still have accreditation issues, with most accredited to offering ART services
- The skill gap in presuming TB cases, and this still calls for more TB refreshers for HCWs

#### **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.

*Note: The implementation was co-funded by BL 324(b)*

### **Performance area 3- Coordinating PPM Oversight committee meetings to review performance**

This intervention was focused on 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.

#### **Specific Performance objectives**

The objective of this intervention was to support the committee implement their core roles that included

- Providing leadership and guidance on policy and other matters pertaining to the smooth implementation of the PPM for TB care and control
- Ensuring PPM for TB activities are performing adequately, on schedule and in accordance with the National PPM for TB Guidelines
- Liaising and coordinating activities with the NTLD and each agency responsible for the implementation of various elements of PPM for TB care and control
- Organizing periodic meetings with the relevant stakeholders regarding the progress of PPM for TB activities, the challenges encountered and possible solutions
- Advocating for and mobilize allocation of resources for TB control in the private health sector.
- Giving direction on new and innovative interventions in PPM for TB implementation in the country'

## The implementation methods

The program focused on reviewing performance of PPM implemented activities including policy issues, advocacy for more resources for TB management in private sectors=, allocation of TB commodities to Private sector from established National bodies like NMS, JMS, the donor-supported implementing mechanisms and the intermediary agencies. The meetings were planned to be held on quarterly basis, attended by core members on rotational basis, but not exceeding 18 members.

In the three years, there were 11 planned meetings of this nature, from which 10 were conducted and engaging a total of 150 committee members from the target of 187, representing 80% of the planned targets.



The PPM oversight committee meeting attendance: October 12<sup>th</sup>, 2022 at Esella Hotel, Wakiso



The PPM oversight committee the meeting to produce a National Comprehensive Plan for the private sector for TB, HIV and Malaria in November 2023, Entebbe

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

- There should be a mechanism in place to sustain the effort of the PHFs in supporting TB work
- The PPM approach should be scaled 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 engaged 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.
- Policy should be clear on support from district team who opt to delete PHFs who do not report from DHIS-2. The district should let the Ministry know their incapacity to support PHFs, so that the Ministry should engage Development partners on supporting PHFs including PHFs.

### **Key follow on issues from the PPM oversight engagements**

- Advocate with MoH/Gov't to recommend H/Ws to some high-volume facilities or provide stipends to such facilities as a way of easing the burden of staff turnover
- The oversight committee members to schedule a meeting with AC and draft a common way to engage DHOs and CAOs on how best support private facilities with the reporting issues instead of just deleting them from DHIS-2, the National reporting system
- The committee hinted into establishing a mechanism for recognition of the best performance private health facilities on TB indicators on key National events. This is yet to be agreed
- The grading and Accreditations: Can be handled as one item while designing supportive approach to the PHFs. The grading of facilities into levels (II, III etc.) seem not to have been considered by private health providers as fairly conducted. Some facilities are given a much lower level than what they would ideally qualify for basing on their setup
- Setting up a national dashboard that will enable track the action points from trainings, support visits, mentorships and the performance of the PHFs on TB minimum standards
- Pending completion of a private sector plan for the 2024-2026 allocation period that outlines a higher level of engagement with private sector providers than what is currently available



**Performance area 4: Train and facilitate TB survivors, women and champions to sensitize communities, facilitate TB case finding and follow up of patients.**

### **Background to the implementation of this intervention**

This intervention entails capacity building and facilitating CSOs TB survivors, women and champions to sensitize communities, facilitate TB case finding and follow up of patients. The training contents will also include elements of social protection for the TB/MDR-TB Survivors targeted with this intervention

### **Program Objectives**

This intervention entails capacity building and facilitating CSOs TB survivors, women and champions to sensitize communities, facilitate TB case finding and follow up of patients. The training contents will also include elements of social protection for the TB/MDR-TB Survivors targeted with this intervention

### **Implementation approaches deployed**

Following the implementation cascade for this intervention from the previous two years, USTP continued with the facilitating the mentorship support visits to all the MDR TB DTUs in the country and also offering technical support to CSOs in the same cities and districts hosting these DTUs.

The main components of the intervention implemented by USTP included

- i. Putting in place the selection mechanism for the TB survivors and CSO representative to be engaged

Key among the criteria's were:

- ✓ *Should have been registered and completed treatment in the facility*
- ✓ *Ability to read and write and comprehend English and the local language,*
- ✓ *Ability to communicate effectively in English and the local language,*
- ✓ *Willing to work as a volunteer,*
- ✓ *Good people skills – good social standing in the community,*
- ✓ *Ability to maintain confidentiality and high level of integrity and*
- ✓ *Familiarity with local community values and culture.*
- ✓ *Possessing a mobile phone (registered for mobile money*

- ii. Conducted initial level mentorships to all the 17 MDR-TB initiation facilities in the country and it was at this mentorship that the target TB survivors and CSOs to be trained we mapped
- iii. Development of the contents to be used to trained the TB survivors and CSOs representatives identified.
- iv. Annual Review Meeting with trained experts/TB survivors and CSO representatives

The implementation started in quarter of April-June 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 identified eventually formed the denominator for the trained participants.

### The tabular summary of how the intervention was executed

SN	Intervention details	Implementation period	Results	Comment on results
1	Initial mentorship of TB survivors and CSO representatives	May 17 <sup>th</sup> -21 <sup>st</sup> 2021	73 TB survivors and 71 CSOs mapped	39 TB survivors and 47 CSOs trained
2	Conducted meetings to developed the contents for training participants	9 virtual meetings conducted by core team members in developing the training materials	The training contents developed in 7 modules	The 7 modules were: 1-Introduction to the Course & coverage of the interventions , 2- Human Rights & Gender with respect to TB , 3- Supporting TB services in the community and at Facility, 4- Communication for TB, 5-Social Protection, 6- Income Generating Activities and 7- Strategy Sustainability
3	Validation of the training contents and getting consensus on this intervention	A one day workshop was organized in Mukono in August 2021, attended by 42 target stakeholders	The validation meeting approved all the 7 training contents and suggested that the training should have demonstration aspects	The validation team included DTLS, DCDOs, health workers, M&E officers, MOH/NLTP representatives, RTLS, MGLSD and social workers
4	The training of the TB survivors and CSO representatives	The 4 trainings were organized in Lira and Masaka cities from 20 <sup>th</sup> -23 <sup>rd</sup> September, 2021	39 TB survivors and 47 CSOs were trained, with the participants assesses using pre-test and post-test questions	The average scores after the training increased by 16% from 58% to 74%, meaning the trainees and the trainers took the exercise very seriously. Two training venues were planned to ensure the class sizes were small
5	Mentorship support visits to CSOs and TB survivors trained	Seven (7) mentorship support visits conducted in the 3 years. These were spread out on quarterly basis	The mentors reached all the 17 MDR TB centres in the country and supported the TB survivors in their working in the hospitals.	In the support visits, most of the CSOs in the Districts/Cities hosting the DR TB centres were visited and mentored towards integrating TB into their programing and in this case, 35 CSOs were mentored and 27 have formally subscribed to the USTP membership platform
6	Engagement of the TB survivors in supporting the TB activities at MDR TB sites and in the communities	Each of the 17 MDR TB initiation centres engaged at most 5 TB survivors in supporting TB related activities on clinic days and community follow up	The currently active TB survivors in the 17 MDR TB initiation centres are 85 by December 2023	From the 85 active in TB survivors from 17 DTUs, 9 have formed networks (2 from Kampala, Iganga, Moroto Soroti, Lira, Mubende and Mbarara) The others have been given technical support and linkages to the District/City Community Development officers and other leaders to ensure the registration is started to its completion.
7	The annual Review meetings for the engaged TB survivors trained	USTP supported 3 annual review meeting, 2 in 2022 and 1 in 2023 and all the active TB survivors attended	In the meetings held in Jinja, 64, 65 and 88 participants attended in June 2022, December 2022 and in November 2023 respectively.	The review meetings provided a platform for the TB survivors and CSOs to uniformly understand their roles in the facilities and in the communities. The number of CSOs coming to mobilize funds for TB through responding to RFAs have greatly increased.

Map of Uganda showing Regions (Marked RED) that was targeted for CSOs and TB survivors engaged



Tabular presentation of the TB survivors and CSOs mapped during the initial mentorship visits

District	Number of CSOs	No of TB Survivors	District Total
Jinja	3	3	6
Iganga	2	5	7
Mbale	5	5	10
Soroti	3	5	8
Moroto	5	3	8
Lira	3	5	8
Kitgum	5	5	10
Gulu	5	5	10
Arua	6	1	7
Hoima	4	3	7
Kabarole	6	3	9
Mubende	7	6	13
Mbarara	3	4	7
Masaka	6	6	12
Kabale	3	5	8
Napak	2	2	4
Mulago/Kampala	5	5	10
<b>Total</b>	<b>73</b>	<b>71</b>	<b>144</b>



Graph showing the TB survivors and CSOs mapped during the initial mentorship visits

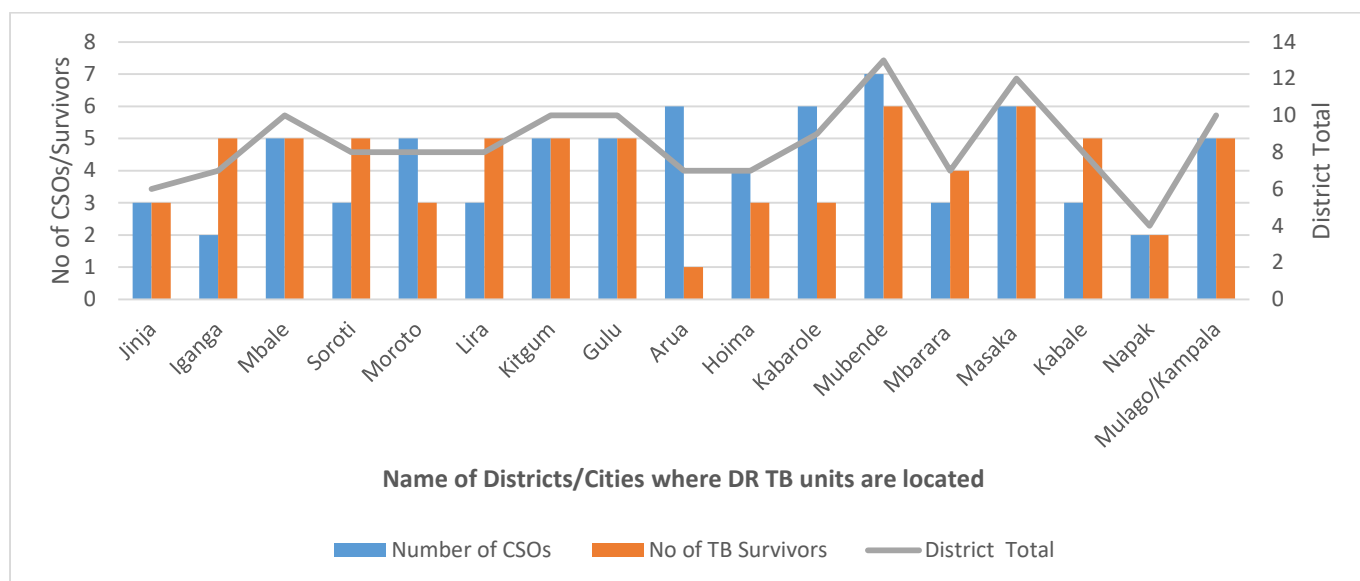
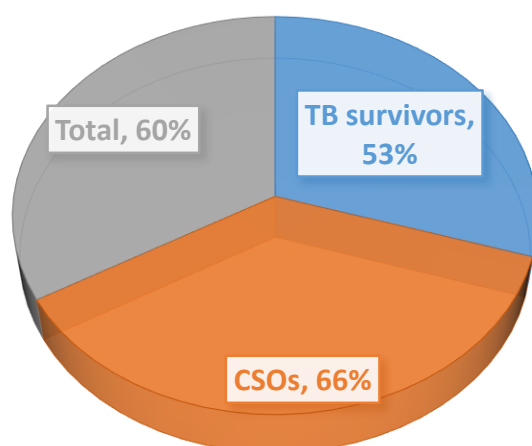


Table comparing the TB survivors and CSOs mapped Vs trained

Item	No mapped	No Trained	Percentage
TB survivors	73	39	53%
CSOs	71	47	66%
<b>Total</b>	<b>144</b>	<b>86</b>	<b>60%</b>

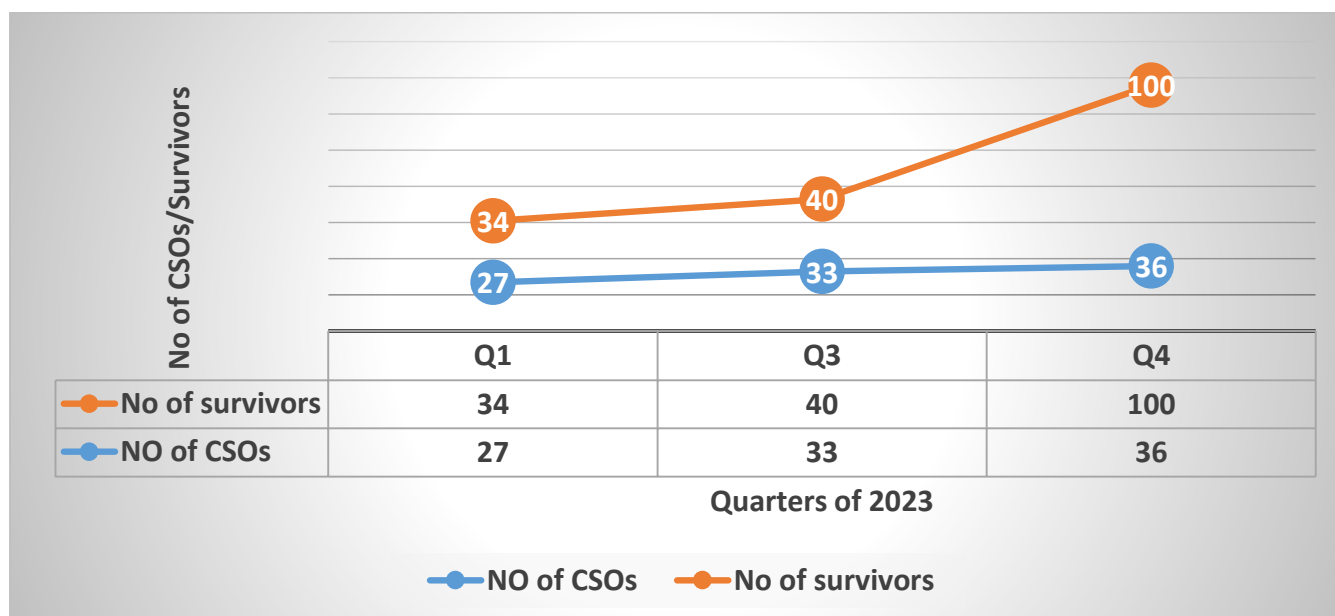
PIE-CHART REPRESENTATION OF RESULTS



### The summary of the active number of TB survivors and CSOs Engaged by Dec 2023

DISTRICT	No of TB Active Survivors by Dec 2023	No of networks formed	No of CSOs
GULU	6		2
KITGUM	3		1
LIRA	5	1	2
ARUA	4		2
HOIMA	5		2
MUBENDE	5	1	2
FORT PORTAL	2		2
GREATER KAMPALA	15	2	7
JINJA	5		2
KAYUNGA	0		1
IGANGA	4	1	2
MBALE	5		2
SOROTI	5	1	3
MPIGI	5		1
RUKUNGIRI	0		1
NAPAK	4		1
MOROTO	5	1	2
MASAKA	6		3
MBARARA	6	1	2
KABALE	5		2
<b>Total</b>	<b>100</b>	<b>8</b>	<b>41</b>

### The year 2023 breakdown of CSOs and TB survivors mentored



The implementation photos:



*TB survivors mentorship spearheaded by FOTS Uganda in December 2023 at Mubende RRH*





*CSO/TB survivor's initial mentorship support visit to Moroto District, May 2021 (DHO Moroto on the LHS, DTLS-RHS)*



*The National level validation of the TB expert/CSO training contents, Mukono, Sept 2021, Dr. Raymond making a contribution*



*The DHO Lira Dr. Patrick Ocen Buchan (in a tie) in the group photo after his training closing remarks-Sept 23<sup>rd</sup>, 2021*





*(Masaka training photos, trainers/coordinators standing, trainees in the backgrounds in class)*



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





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



*Group photo at the end of the review meeting at Jinja Nile Hotel on October 19<sup>th</sup>, 2023*

#### The Key Positives finding on TB survivors/CSOs engaged

- The TB survivors and CSOs interacted with greatly appreciates the technical support towards the work they were initially trained to do in the facilities and in the community

- The small facilitations they were receiving have been a great motivation to their working.
- All the CSOs supported appreciated the training and the technical support they received through USTP and the National TB program
- The CBOs/CSOs are very much in the communities and their engagements can easily the linkages to the very last persons in the communities with TB prevention and care messages
- Some of these CSOs are very much active in TB activities mainly screenings and referrals with many others greatly involved in the IGA-(Farming, tailoring, bakeries among others)
- Many CSOs are motivated to do TB work and seeking for partnerships in resource mobilization for TB through joint grant applications.

#### **Challenges noted from the TB survivors/CSOs engaged**

- i. Not all the TB survivors who were trained and those who were trained, some are lost, others got other job openings leaving vacuums in the centres.
- ii. The challenge of only focusing on MDR TB patients and yet DST is equally infectious.
- iii. Most TB survivors are very far from the MDR TB sites and have issue with facilitations that they have been receiving which assumes they stay near the facilities and the community they serve. This is not a case to many of them.
- iv. Lack of identifications while in the community for the survivors-no IDs, appointment letters, lack of branded IEC materials that can easily introduce them to the communities.
- v. Some of the CSOs visited are have not been closely working with the district TB team for their buy in into TB activities. The mentorship bridged this gap.
- vi. 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
- vii. Some of the CSOs felt neglected from many centrally coordinated activities, example many were not aware of CAST TB event and yet could have participated

#### **Recommendation from the survivors/CSOs engagements**

- i. The demand for this capacity enhancing support was noted to be much more than initially planned and it should be one of the key areas of funding prioritization.
- ii. The TB survivors support requires regular follow up and guidance on their activities
- iii. 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
- iv. 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
- v. T-Shirts, IDs for the implementers of community volunteers are very vital and should be well supported
- vi. A more nationally modified tools for data capture and reporting of the CSOs and TB survivors tools have to adapted and orientations of the key stakeholders done
- vii. There should support for refreshment on busy clinic days (say once a week) to motivate the clinic team

- viii. Stationary and printing support say on quarterly basis can be helpful in the implementation to the DTUs which manages TB activities.
- ix. The CSOs met all expressed limited fundings and wished they are considered for small grants for supporting TB in their respective communities
- x. The TB IEC materials including talking points and other tools for TB screenings and referrals should be availed to these CSOs/CBOs to ease their sensitization work
- xi. Some of the CSOs are accredited for ART provision and not for TB. The support towards TB service accreditations should be equally provided.
- xii. Regional and central IPs should engage CSOs in community activities by providing some funds to facilitate their working with and in the communities with better linkages and proper coordination of TB community implementations.

### **The take home messages (Action points) from the Review meetings conducted**

- 1) Continuous sensitization of people about TB through creative ways on social media.
- 2) The support to MDR Expert clients at DTUs should continue including community engagements.
- 3) The TB survivors should form groups and the groups should have their skills on TB enhanced through trainings, refreshers, mentorship and experiential learnings
- 4) Home based family visits to family members for those identified as care takers.
- 5) Sensitize on disclosure to clients to enable family support.
- 6) TB survivors should be in touch with the supervisor at DTUs for better coordination and serving the community better.
- 7) Mr. Richard, CTLS Jinja, pointed that in Jinja, there is hotspot called Kikaramojo) which needs a joint effort of all stakeholders. The capacity building for more TB experts around the hot spots identified.
- 8) Intensive effort should be put in place to identify and recruit more TB Expert clients since the demand for their support is so high in the community countrywide
- 9) The 9 days of working in the community/DR TB centres has been very good but it was much less as compared to the work volume/demand
- 10) There should be some considerations on facilitations and the distance covered by TB survivors while doing their work. Payment TAT should equally improved
- 11) More IEC materials for TB including those specific to PWD should be designed and printed
- 12) The action points from the review meeting should be share to help move this agenda event to the DLG and other fora
- 13) USTP and TASO should look for more money to support the community core function for TB experts and also CSOs whose capacity has now been enhanced in TB programming



## Performance area 5: 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 World TB commemoration Day (March 24) is a climax of the global advocacy events towards ending TB by 2030.

### The specific WTD commemoration activities

Uganda Stop TB Partnership has organized **three** world TB Day commemorations with support from Global fund, NFM-3 under the following main objectives:

- ✓ To increase public awareness about TB/Leprosy through a series of interventions.
- ✓ To meaningfully engage diverse stakeholders to participate in the commemoration events.
- ✓ To increase access to TB and leprosy services among TB & Leprosy Key and Vulnerable populations during commemoration period.

### The WTD implementation methodology

The WTD, being a national level event, is organized in close collaboration with the MOH TB program division, the implementing partners, development partners, civil society organizations, TB community actors, DLG, Health workers among others. As part of the preparation towards the D-Day event, the secretariat organises a series of planning meetings involving the different stakeholders listed above. In the meetings that has been chaired by the ACSM chairperson who also chairs the same portfolio in the technical working group meetings for USTP takes charge as the National organizing committee. Different other sub committees are formed including resource mobilization, venue, host district, protocol, and service delivery among others. The committee agrees on a number of issues including leaders of different committees depending on their expertise, the guest of honor, the theme, the host, the activities to be before and on the D-day, list of potential funders of different items, number of people to be invited and drafting the invitations, agenda for the commemoration.

The planning for WTD events climaxed in the first three months of the calendar and USTP successfully coordinated the implementations together with the National TB program, the implementing partners, civil society organizations, development partners, health workers and TB communities among others.

### The summarizing WTD implementation details in the last three years

SN	The WTD commemoration Year/date	The host District	The theme	Total number of participants in attendance	Comment
1	March 24 <sup>th</sup> , 2021	Moroto	It's Time To End TB	198	The no was limited by Covid-19 Directives/ SOPs
2	May 6 <sup>th</sup> , 2022  (The event was delayed due to the death of the then Speaker of Parliament)	Lira City	Tb Kills 30 Ugandans Every Day, Invest In Ending Tb, Save Lives	753	TB the 1 <sup>st</sup> ever Marathon was part of the pre-event to this commemoration

3	March 24 <sup>th</sup> , 2023	Butaleja	Yes! We Can End TB	1250	The second TB marathon proceeded the WTD 2023
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### Key Activities implemented during the WTD commemorations

The WTD commemoration Month/Year	Activities implemented	Results from implemented activities	Comment
2021  March 2021	-TB active case findings through outreached	-785 cases screened, Presumptive 386, 16 TB cases diagnosed.	3 sub counties were targets for these screenings
	Production and procurement of IEC materials	Procured: Caps, Armbands ,Teardrops, Pull-up banners, PVC banners, Framed certificates, Certificates wooden, Plagues, Desk calendars, Car stickers, Posters and Pens.	All the IEC materials procured were branded for WTD 2021
	Media engagement	The newspaper supplement for new vision and monitor was published on 24 <sup>th</sup> March, 2021.	Hard copies of the publications were shared with USTP
	Supporting various categories of stake holders to participate in dee day activities	A total of 192 National, regional and district level guests attended the meeting	This was about 96% participation rate.
	Mobilization of the key stakeholders Local leaders, cultural and political leaders from host region	The Local leaders, cultural and political leaders from Karamoja region including CAOs, LC5, RDCs, DHOs from all the 9 Districts were present in the event. This ensured the key messages reach the locals population they represented	The guest of honor passed special message to the local leaders , asking them to own the programing towards ending TB in the region
March/May 2022	TB Marathon 2022	The event attracted 988 runners, 11 million shillings realized towards	The Marathon was increase TB awareness and mobilize resources for Iganga TB isolation ward
	Recognition of the best performing Districts	Obongi and Butebo Districts were recognized for their best performance on TB indicators. Butebo was the most improved District from 2021 scores	Buikwe District CAO, a survivor of both TB and Leprosy as also recognized
	The deployment of mobile clinic Trucks for TB screening, 1 <sup>st</sup> time at WTD commemoration	A total of 219 samples were screened of which 25 were presumptive. Six (6) were confirmed, three (3) clinically	The mobile clinic Trucks was stationed in the region for the whole week of WTD commemoration

		diagnosed and all nine (9) started on TB treatment.	
March 2023	preparation for WTLD commemoration	The WTD was held after a series of preparatory meetings that was led by USTP ACSM chairperson, the secretariat, NTLP and other stakeholders. Ten (10) planning meetings were held online and physically.	There were equally planning meetings in the host district in coordination with the central/National planning team. The host district leadership led the planning
	The WTD Launch in Namawojolo Market, Mukono District	The Launch of WTD 2023 was carried out in Mukono with TB awareness and screenings conducted from March 13 <sup>th</sup> through to March 17 <sup>th</sup> , 2023 when it was graced by the chief guest. A total of 57 people were supported by USTP to attend the launch in Namawojolo.	The chief guest was the DG –HS, with AC NTLD, District leadership, IPs USTP, health workers and the target community members in attendance
	TB active case findings through outreaches in the region including using mobile clinic truck	Screening by X-ray: 1068, 82 had abnormal CXR, 321 sputum samples collected of which 146 were tested with Genexpert, 13 people diagnosed with TB of which 2 were MDR TB cases	All the diagnosed people were started on TB treatment.
	Production and procurement of IEC materials	The branded T-shirts, caps, brochures, exhibitions points for many partners, booklets, reports, newsletters were available on DDay	The T-shirts were however not enough because the mobilization by host was so massive
	Media activities:	Three (3) Radio talk shows in Butaleja, 3 TV talk shows (NTV, BBS, Salt), 4 Radio talk shows in Kampala, 2 Newspaper Supplements (New vision & Monitor on 24 March 2023) and TV spot messages (3 NTV, 3 NBS), with 2 News features in each.	The media support even from other implementing partners were very well coordinated
	Drama/Entertainment	The entertainment was made drama groups from TASO, School children and TB community from Butaleja	The drama performance were so informative of TB and can be very massive if engaged a week prior to WTD
	Supporting various categories of stake holders to participate in dee day activities	More than 1250 people attended the events in different categories- Politicians, Cultural leaders, Local leader, Health workers, Learners, Private sectors, development partners, MAF-bodies	The massive attendance was due to joint and coordinated mobilization by the central, regional and host Distict planning teams.

	The evaluation of WTD commemoration 2023	The central organizing committee converged on March 31 <sup>st</sup> 2023 at Lourdel Tower, MOH with others attending virtually.	The different committees heads (Protocol, resource mobilization, service delivery, marathon, ACSM )provided the feedback and gave recommendations for future improvement
	TB Marathon 2023	There were two TB Marathon events in the year: TB Marathon run in Iganga held on 11 <sup>th</sup> March 2023 and the centrally organized marathon by USTP held on August, 2023 at MOH H/Qs where a total of 1240 kits were sold  The central Marathon mobilized UGX 36M and Iganga run 14M, total 50M	There a number of mini Marathon events across the country-Lira City, Rukungiri, Serere, Iganga and Mbale City. The event still targeted supporting the construction of Iganga TB isolation ward

**Note:** The success for the TB marathon engagement has inspired partner (Kakira Sugar) which have reached out to partner with USTP and Iganga DLG in ensuring the TB isolation ward is constructed. The commitment is underway.

## The Recommendations for Engagements In the future WTD Events

The following emerged as key recommendations;

- 1) Detailed WTD Budget should be prepared and approved in time to enable preparations in time (Flags, Poles, and Band, invitations, procurements, media engagements among other).
- 2) USTP and NTLP should join the regional organizing committee in time for aggressive mobilization for WTD events.
- 3) Service providers should be procured and contacted in time for smooth execution of events related activities.
- 4) Logistical support to the WTD Organizing committee should be improved in future events to improve on commitment.
- 5) In future the VVIP Delegates should serve from a different provider/venue from invited guests.
- 6) 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.
- 7) The event should target the timing when the school children are at school so that they equally participate to make it even more colourful.
- 8) The commemoration is a community event, so the community should be visible at all levels (from preparations to end beneficiaries). The hosting of the event should be community centred.
- 9) The exhibition was not well planned for like it was in Lira and Moroto. This was not the case in Butaleja.



- 10) The service providers for such big events should be engaged early to avoid any quality issues in service delivery.




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



The runners converged at MOH offices. Kampala after completing the Marathon 2022 event-March 13<sup>th</sup>, 2022

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		988
	Women	Men	Women	Men	Women	Men	Women	Men	Women	Men	
	183	497	72	128	5	41	4	18	14	16	

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





*The runners converged at MOH offices. Kampala after completing the Marathon 2023 event-August 20<sup>th</sup>, 2023*



*The runners took part in different distant categories: 5km, 10km and 21km streaks. The winners of each categories were recognized by the chief guest, the Director PH at MOH- The 2023 TB Marathon event.*



## Performance area 6: 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 strategic decisions that are impactful on the improved local resource allocations to TB management in the country. There were two set of engagement planned under this intervention: one at regional levels and then at National level. At Regional level, 14 engagements were planned annual for each of the three years, and one engagement for each of the three years at National level. Each of these meetings were planned for one day.

This intervention aimed at increasing funding resource envelop for TB, influencing the national budgeting processes, facilitate integrating TB into the activities of other stakeholders and influencing the mind-set of opinion leaders towards effective resource mobilization for TB

### The achievements from the National and regional level TB advocacy meetings:

The planned total of 42 regional level advocacy meetings were conducted across different MOH regions of Uganda with 13 meetings in 2021, 15 meetings in 2022 and 14 meetings in 2023

### The targets number of participants against Actual for the TB Regional advocacy meeting

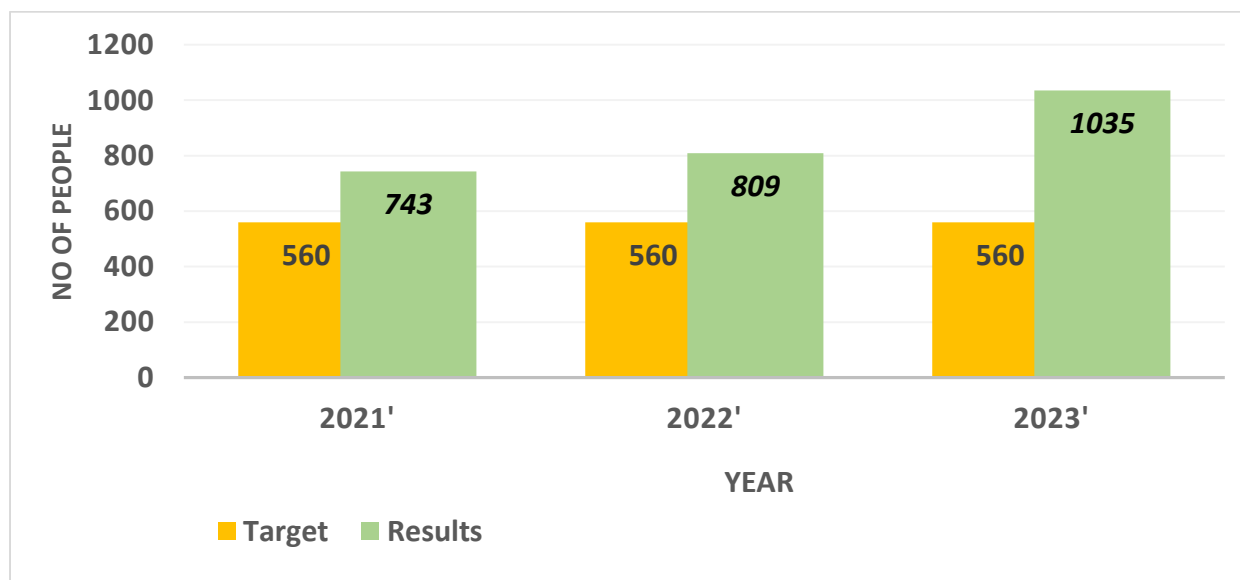
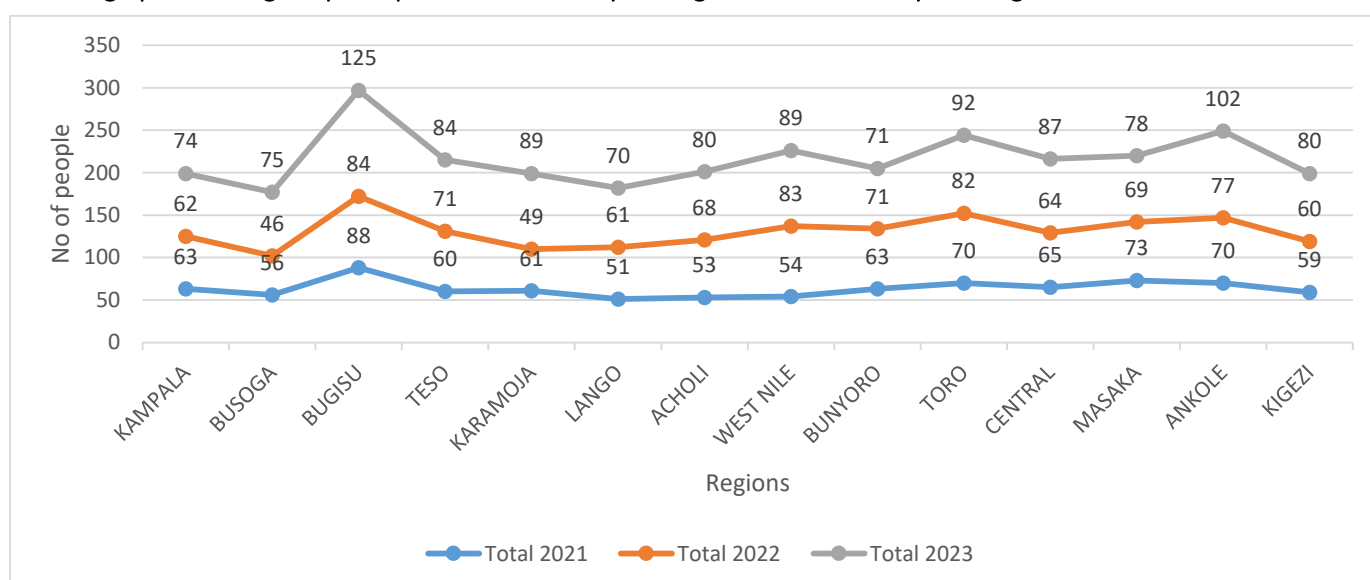


Table showing attendance details for each Regional level advocacy meetings conducted

SN	REGION	No. 2021	No. 2021 Drivers	Total 2021	No. 2022	No. 2022 Drivers	Total 2022	No. 2023	No. 2023 Drivers	Total 2023
1	KAMPALA	53	10	63	58	4	62	70	4	74
2	BUSOGA	50	6	56	37	9	46	67	8	75

3	BUGISU	74	14	88	70	14	84	104	21	125
4	TESO	51	9	60	61	10	71	72	12	84
5	KARAMOJA	52	9	61	43	6	49	70	19	89
6	LANGO	42	9	51	54	7	61	56	14	70
7	ACHOLI	45	8	53	55	13	68	70	10	80
8	WEST NILE	46	8	54	77	6	83	89	0	89
9	BUNYORO	55	8	63	61	10	71	62	9	71
10	TORO	54	16	70	64	18	82	78	14	92
11	CENTRAL	50	15	65	51	13	64	75	12	87
12	MASAKA	62	11	73	59	10	69	69	9	78
13	ANKOLE	61	9	70	66	11	77	85	17	102
14	KIGEZI	48	11	59	53	7	60	68	12	80
Total		743	143	886	809	138	947	1035	161	1196

The line graphs showing the participants attendance by the regional level advocacy meeting conducted



The attendance in all meetings exceeded the planned target of 40 people. This was due to massive mobilization by the hosting regions and also people interested in knowing more about TB

### The resolutions from the TB Regional Advocacy meetings

- The central planning team should design mechanisms for massive engagement of the community and private health providers in the TB screenings, care and prevention. This should be embedded in the program 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. This include ensuring the availability and functionality of TB diagnostic equipments, the TPT for TB prevention and IEC materials to enhance community awareness.
- 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. The facilitations to VHTs and others engaged in TB activities should not take so long as the case has been in some implemented activities.
- There were also commitments to have TB activities integrated into other disease programming, including conveying key TB awareness messages through the local leader's radio airtime and also via churches/mosque and other community gatherings platforms.
- The local leaders committed to ensure more budget allocation for TB disease. The feedback provided in the meetings reflected a lot of positivity on this commitment.
- The tracking of the commitments should be strengthened and on timely basis, not waiting for the next meetings. There should be a mechanism in place to support and track the commitments and key action points from this intervention.
- Because of the importance of this meeting, the coordinating entity should ensure it is conducted on quarterly basis and if possible, it should be District specific.



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

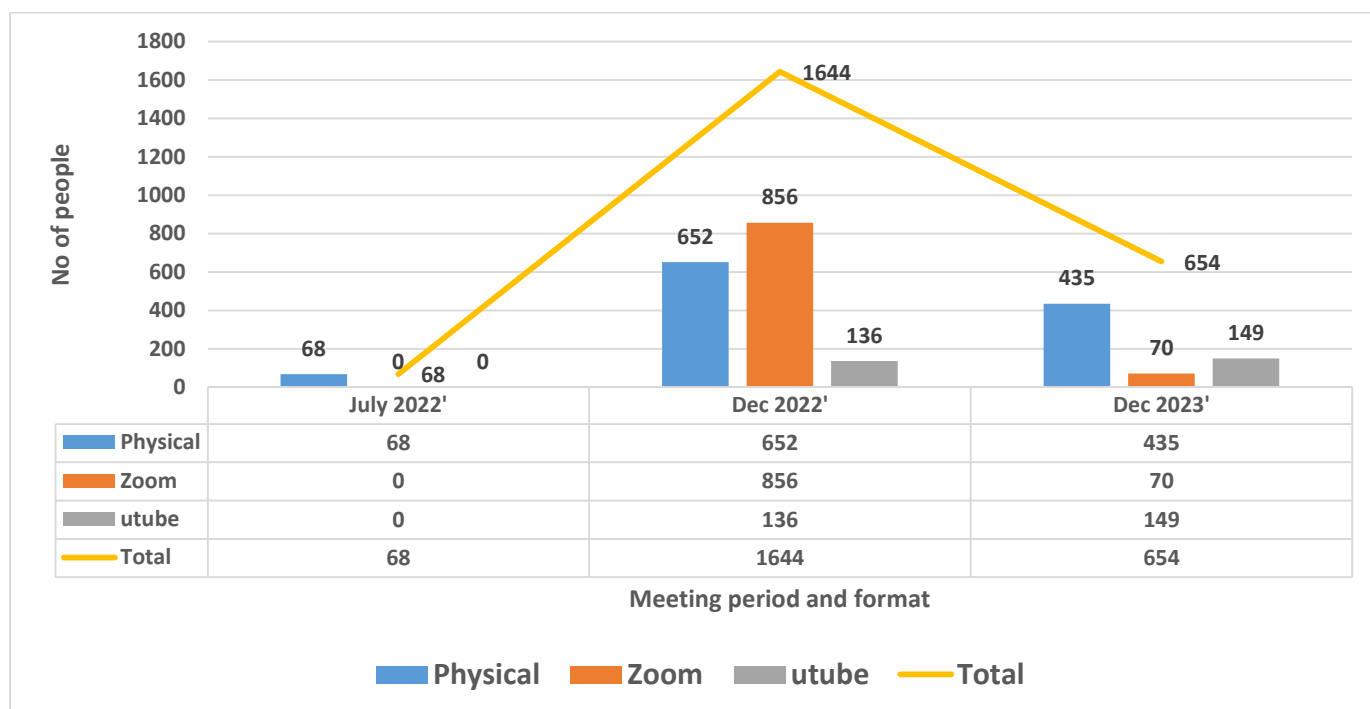
## The National level Advocacy meetings

For the case of the National level engagements, the secretariat was not able to organize the event in 2021, it was deferred to 2022 and the first National level meeting was conducted in June 2022 in Entebbe. The subsequent National level meetings had slight adjustment in the implementation approach in that, it was implemented in integrated approach together with National Annual TB and Leprosy conferences in December 2022 and December 2023 and it was done upon seeking guidance and approvals from PR

### How the National level advocacy meetings were organized:

Month/Year	Venue	No. of people in attendance	Comment
July 30 <sup>th</sup> 2022	Imperial Heights Hotel, Entebbe	68	The meeting was for one day
December 2022	Speak Resort, Munyonyo	1644	The conference was for 2 days with support from many more stakeholders. The virtual participants were much bigger in number, 992 ppl
December 2023	Imperial Beach Resort Hotel, Entebbe	654	Conducting the National level advocacy in many stakeholders supporting increases the attendance

### The categorization of the attendance of the National level engagements



The virtual meeting platform had a great contribution in raising the total number of participants. It is also key to not that when many stakeholders join hands in organizing such events, it also contributes to increasing the total participation. This explanations were part of the basis for USTP management to seek for approvals from PR to change the implementation approach from what was implemented in July 2022.

### The Key action points from the engagement at National level advocacy meetings 2022

Actions resolved	implementers
<ul style="list-style-type: none"> <li>• Develop and implement strategies that mainly target the 15-54 year age group</li> <li>• Develop strategies that target men for TB services including men in Uniform</li> <li>• Strengthening the implement community-based TB programming.</li> <li>• Specific Awareness campaigns and Advocacy, social mobilization and embracing celebrities and influencers to tackle low visibility for TB</li> <li>• Scaling up engagement of local leaders including Kingdoms and other unengaged TB stakeholders</li> <li>• 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</li> <li>• Intensify counselling of TB patients prior to treatment initiation and during treatment</li> <li>• Continued engagement and strengthening capacity in the private sector for TB service delivery (TB notifications at 22% versus 26%)</li> <li>• Directing more effort in raising investment for community TB case finding</li> <li>• Review the payment modality during the CAST campaign to increase its effectiveness</li> <li>• Build capacity of VHTs further through orientation and ongoing support to minimize errors during sample handling, sample rejection</li> <li>• Use of non-stigmatizing language when referring to persons affected by Leprosy. They are NOT lepers.</li> </ul>	<p>MOH, IPs, CSOs, Districts by 2022, 2023 calendar year.</p>



## The Key action points from the engagement at National level advocacy meetings 2023

Thematic area	Action required	Responsible persons
2023 – 2027 UNHLM TB Targets	Implement interventions and activities to achieve UNHLM 2023 newly set targets. (For TX coverage, TPT Coverage among others)	All Stake Holders
Financing	The proportion of PHC for TB/Leprosy should be formally agreed, say 2% or so	DLG
	Intensify mobilization of resources for research and programming	NTLP, Partners
	The implementing TB and Leprosy responses should take business-like model	MOH, Partners
Prevention and Health promotion	Health Promotion Department to consider including TB messages in the various approved IEC materials for dissemination	Health Promotion Department
	Increase investment in Live TB free campaign at National, District and Community levels	SBCA/NTLP
	Integrate CSOs in Mobilization and sensitization to reach key and vulnerable populations	USTP/NTLP
TB Case Finding care and treatment	Decentralize DR-TB treatment initiation to District level and only patients who need admission and special attention to be admitted in regional referral Hospitals	DLG/NTLP
	Districts to prioritize TB and leprosy in planning, budgeting and implementation and in supportive supervision	District Local Government
	Rapid uptake of new recommendation and guidance by WHO	MOH /NTLP
	Develop roadmap for introduction of shorter-term Regimens for Paediatric TB treatment.	NTLP
	MOH/NTLP to work with Uganda STOP TB partnership and Iganga District to start the construction of the MDR ward in Iganga District as soon as possible as more funds are mobilized.	USTP/MOH/Iganga District local Government
	All PNFPs to be supported to do screening and other TB services in order to improve care and treatment	IP
	ALL Hospital to conduct mortality audits for TB patients who die	Hospitals Directors
	Ensure access to ICU and oxygen like any other patient	In charges of Health facilities
Systems strengtheni	Next time, the planning for the conference start even as early as Jan 2024.	MOH/NTLP, USTP



ng and Coordinatio n	Phased implementation of CAST TB at District Level to improve efficiency	NTLP. IP. DLG
	Meaningful engagement of the Community including TB & Leprosy survivors, HIV networks	USTP/NTLP
	Decentralize capacity building, interventions and activities to the region and District level	NTLP, CSOs
	Strengthen the cross-border interventions. (capacity building, laboratory diagnosis, Risk communication and IEC material)	Surveillance/NTLP
Social protection	MOH/NTLP to work together with MGLSD and CSOs to identify and link TB patients to TB specific social protection opportunities. The proposed opportunities under MOGLD are TB sensitive and not TB specific	NTLP/MOGLSD, CSOs
	Engage NSSF on awareness creation on social protection programs and mind set change	NTLP
	TB survivors to be supported to improve their socioeconomic situation identifying and linking them to PDM program and other IGAs.	CSOs, DLG(DCDO)
Leprosy	Implement innovative approaches for early leprosy case detection and treatment including extended contact tracing and administration of Leprosy preventive treatment.	DLG



*Dr. Lucica Ditiu, Executive Director Global Stop TB Partnership (December 8<sup>th</sup>, 2022, virtual conference participation)*

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.



Skit from the TB survivors:

The skit pointed at the dynamics including stigma at family level when one of the partners is diagnosed with TB, in this scenario, it was the case of MDR TB. The wife decided to run away. They two finally



were counselled and visited health facility. The skit allayed the importance of TB screening and counselling, as well as the treatment process to cure TB as a joint effort.



*The group Photo with the Guest of Honor Dr Jane Ruth Aceng Otero, the Minister for Health-Dec 2023*



*The four of Board members of USTP having photo moment with the chief guest in 2023 TBL conference*





The official Launch of the UNHLM Targets 2023-2027 by the chief guest (above photo)



The recognition of Karamoja team, where the best performing Health facility in 2023 National TB league table scores

## **Performance area 7: Synergy/Collaborative review meetings for ACSM, M&E/Research, TB/HIV, working groups to enhance TB programming**

This intervention provided the platform for partner coordination meetings meant to bring together entities supporting and/or implementing TB activities in the various areas/sectors in the country.

By implementation design follows the pattern of the three working groups/arms of the governing board of USTP as structured in its constitution. The three working groups are:

1. ACSM
2. M&E/Research
3. 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 were planned to hold a quarterly meeting so as to strengthen collaborative programming for TB interventions in the country.

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/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.

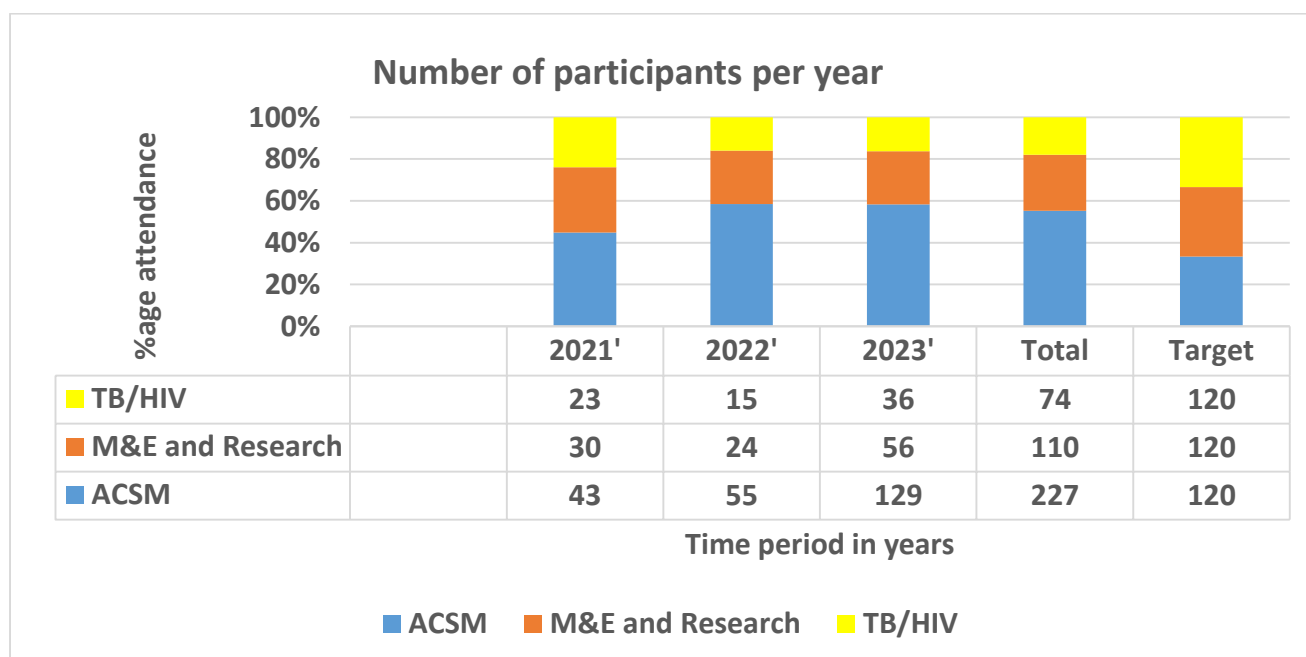
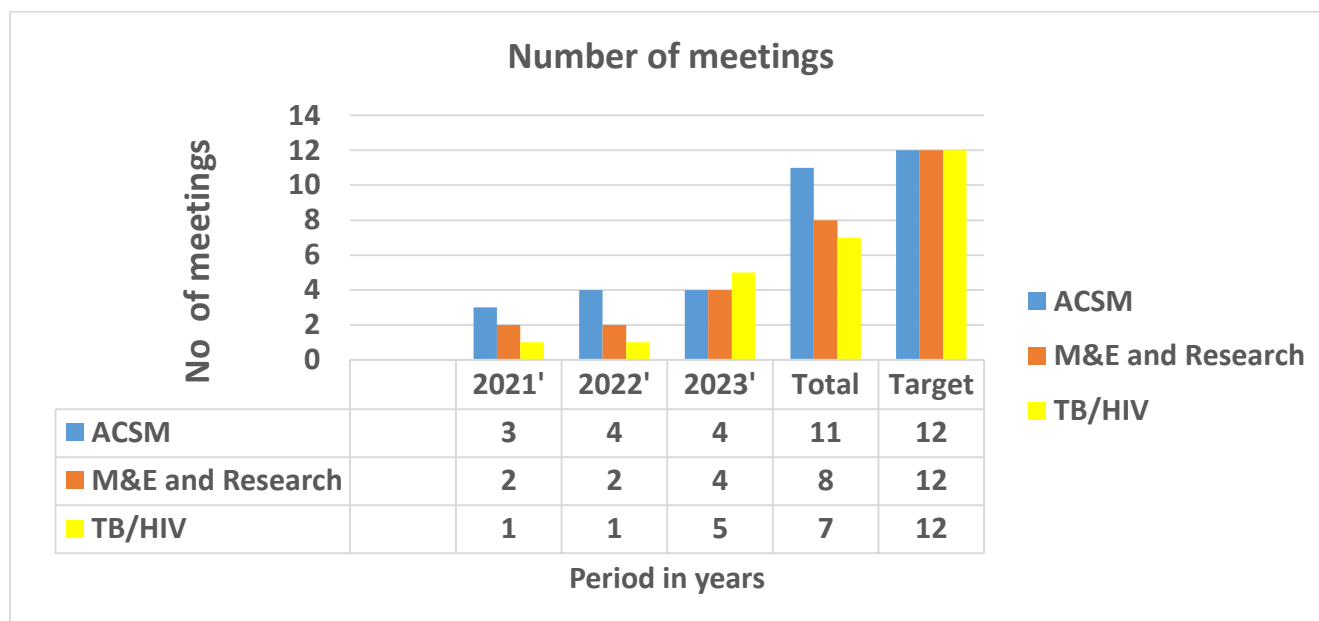
### **TOR FOR M&E, RESEARCH WORKING GROUP**

- 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 the SP of USTP.



The summary of the three WG Meeting Conducted by committees in 3 Years



The WG meetings were greatly affected in the first 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 WG 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>The meaningful engagement of Civil Society and the TB affected communities in Uganda in preparation for the UN high level meeting on TB -2023</li> <li>Resource mobilization strategies including tools to be used</li> <li>Planning for TB Marathon 2022, 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> <li>Performance of progress of different program indicators</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> <li>The alignment and integration of TB into the National Policy for HIV/AIDS in the World of Work.</li> </ul>

## **Performance area 8:**

### **Equip parliamentarians through the Parliamentary TB Caucus on human rights and gender equality and the role of protective legal and policy frameworks in protecting a gendered response to TB**

This intervention is built on the basis that the Gender response to TB should be protected and this requires the support of the legislatures who needs to be well equipped with knowledge on human rights and gender relating to TB management.

#### **Facilitating the knowledge update meeting for parliamentarians and other key stakeholders.**

This engagement targets mainly the MPs in TB caucus who are very vital in formulation and advocating for TB issues in the floor of parliament. This workshop was designed to mainly take into consideration the following perspectives:

To equip the Members of Parliament by orienting them with updated information on TB, Gender and Human right. It is believed that the meetings of this format would give the more insight (information) into the what transpire in the world of TB so that are well equipped to speak and defend Gender, Human Right, TB and other issues including social protection that covers all TB infected and affected population.

- The platform is one of the good avenue to update MPs on the TB funding status, the budget gaps and provide them a basis to advocate for increased for TB domestic funding
- The opportunity to share expectations for the engagements with MPs of TB caucus.
- To provide opportunity for MPs to have their direct inputs on the leaders handbook that will help equip them with latest issues on human rights and gender relating to TB management at Global and at National Levels

The implementation involved facilitating 15 people including 12 participants, 2 facilitators and 1 USTP coordinator who had expertize in Human right, Gender and TB. USTP conducted

consensus building meetings in Masaka City in June 2022 and the second engagement in July 2022. The two workshops formed a steering committee who had more meetings at NTLP boardroom and added in more contents in the handbook.

Table showing the implementation summary in the handbook development			
Month/ Year	Venue	Activities/ Details	Results
20 <sup>th</sup> -21 <sup>st</sup> June 2022	Golflane Hotel, Masaka City	-2 days' Workshop for 15 people on developing the contents for the MP's handbook	<ul style="list-style-type: none"> <li>- The team drafted the key outlines of the handbook with sub sections tailored to the guide members of parliament on TB, Gender and Human right</li> <li>-The handbook sub sections agreed were: Introduction and backgrounds to TB and Leprosy, section for Gender, section for Human Right, the interactive section for TB, Human Right and Gender and the section for the role of parliamentarians in this response</li> <li>-The relevant subject matter experts (core team members) to continue with the spearheading of the content material development were formed</li> <li>-The roadmap for next level engagements was agreed at this workshop</li> <li>- The team further agreed on a smaller team continuing with consultations, updating and making improvements into the handbook.</li> </ul>
4 <sup>th</sup> -7 <sup>th</sup> July 2022	NTLP Boardroom	The core team members met, reviewed the different contents, made additions	-The different sub sections were improved with consultations from different source documents for each of the days of engagement. It was discovered that UGANET was also coordinating the development of the similar handbook but for HIV.
July 2022	Golflane Hotel, Masaka City	3 days' Workshop for 15 people on developing the contents for the MP's handbook	<ul style="list-style-type: none"> <li>-The core team members formed included representatives from NTLP, MGLSD, ODPP, CSOs, academia, Human Rights, DHT, Health workers and TB affected community.</li> <li>-The groups formed based on the 3 main sub sections of the book. Each group worked on their section and presented progress, members discussed the different group work and contents kept on gaining shapes</li> <li>-Members agreed to add some few indicators to help track the inputs of MPs for this handbook</li> <li>-The core team agreed that MPs be the next target to review their handbook</li> </ul>

## The key milestone in the handbook developed

### (b) Facilitating the knowledge update meetings for parliamentarians and other key stakeholders.

This engagement targets mainly the MPs in TB caucus who are very vital in formulation and advocating for TB issues in the floor of parliament. This workshop was designed to mainly take into consideration the following perspectives:

- To equip the Members of Parliament by orienting them with updated information on TB, Gender and Human right. It is believed that the meetings of this format would give the more insight (information) into the what transpire in the world of TB so that are well equipped to speak and defend Gender, Human Right, TB and other issues including social protection that covers all TB infected and affected population.
- The platform is one of the good avenue to update MPs on the TB funding status, the budget gaps and provide them a basis to advocate for increased for TB domestic funding
- The opportunity to share target indicators and expectations for MPs
- To provide opportunity for MPs to have their direct inputs on the leaders handbook that will help equip them with latest issues on human rights and gender relating to TB management at Global and at National Levels



The summary results from the engagements with MPs.

Month/Year	Venue	Activities/ Details	Action points
November 7 <sup>th</sup> -8 <sup>th</sup> , 2022	Pretoria Hotel, Mbale City	Knowledge update meeting with MPs and other stakeholders- 10 MPs and 19 other members attended	-The draft overview of the handbook was presented to MPs. The MPs provided their inputs into the handbook including the processes that could be followed for the approvals
Dec 4 <sup>th</sup> -5 <sup>th</sup> 2023	Maria Flo Hotel, Masaka City	The roadmap for the handbook shared	<p>-Incorporate the ideas shared from different groups and compress the handbook - by December 2023</p> <p>Finalize the hand book - seek for more guidance from MPS where necessary</p> <p>Organize a meeting for technical persons to look into technical issues - in Jan, 2024</p> <p>After the above meeting, submit the fair copy to MOH (Health Promotions department) for clearance -Jan 2024</p> <p>Seek MOH endorsement of the book (at NCC) following the right processes</p> <p>Printing and dissemination to the bigger stakeholders</p>
			<p>Strategies/Actions agreed</p> <ul style="list-style-type: none"> <li>➤ Engage religious leaders - they can reach more people with correct messages</li> <li>➤ Cultural leaders messages on TB advocacy</li> <li>➤ On domestic financing, there is need to be innovative</li> <li>➤ Prioritise key populations including prisons</li> <li>➤ Advocacy for community insurance to all Ugandans through MPS</li> <li>➤ Rapid test promotion</li> <li>➤ Artificial intelligence (adoption)</li> <li>➤ Advocacy for risk allowances for health workers for TB clients</li> <li>➤ Mandatory screening of health workers for TB at least for once every six month</li> </ul>

Photos taken during the handbook development and Knowledge update meetings with MPs



*DHO Masaka Dr. Faith giving opening remarks during Handbook development at Golfane Hotel, Masaka, June 2022*



*Handbook development team at Golfane Hotel, Masaka, June 2022*



*The Handbook development team at Golflane Hotel, Masaka, July 2022*



*The 2022 knowledge update meeting with MPs at Pretoria Hotel, Mbale -7<sup>th</sup> Nov 2022*





*The 2023 knowledge update meeting with MPs at Maria Flo Hotel, Masaka City -4<sup>th</sup> Dec 2023*

### The of achievements from the meetings with MPs

- Two knowledge update meetings with MPs were conducted in 2022 and 2023
- Members provided inputs into the MPs handbook and the roadmap for its finalization agreed
- The MPs were provided updates on the key developments in TB including the areas that requires their support in the floor of parliament including ensuring equity for all in the TB service delivery, the funding gaps that is hindering effective implementation of TB program interventions as per the National Strategic Plan
- In the 2023 meeting, MPs and other stakeholders engaged were updated on commitments and targets from the UNHLM 2023 for Uganda
- The from the Equity plan response was shared and members appreciated the development.
- The TB performances were shared and the areas that performed poorly were brought to the attention of the local leaders and area MPs present

### Strategies/Actions agreed from MPs engagements

- Engage religious leaders - they can reach more people with correct messages
- Cultural leaders messages on TB advocacy should equally be considered just like its being done for MPs handbook
- The leaders for embrace domestic financing and be innovative in finding and allocating funds towards TB at all levels (local government, central government at event internationally)
- Prioritization for key populations including prisons in the program plan and execution
- MPs and leaders urged to support and advocacy for health insurance to all Ugandans
- We should embrace Artificial intelligence in the world of TB
- Advocacy for risk allowances for health workers for TB clients

Mandatory screening of health workers for TB at least for once every six months



## TB CONSTITUENCY ENGAGEMENT MEETINGS

USTP has worked closely with Uganda Country Coordinating Mechanism (UCCM) of the Global Fund in supporting the TB in executing its role. The secretariat coordinates the constituency activities on quarterly basis where meetings are called for all the TB community to attend and are provided updates on what transpires in the TB management at National and at Internal platform including performance progress in tracking UNHLM targets, the CSOs role and expectations as for community strategies in NSP, the funding opportunity and the gaps in TB programing and the collaborative advocacy calls for improved TB programming.

The summary of the TB constituencies meetings coordinated by USTP in the last 3 years

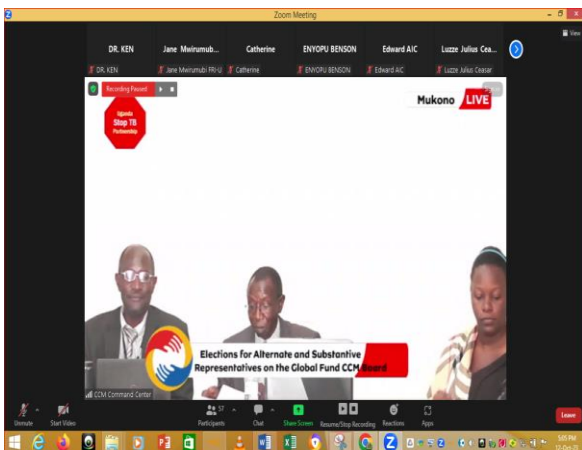
No	Year	Number of meetings	Month of meeting	No of participants
1	2021	03	April, Sept and November	178
2	2022	03	Jan, July, Nov	89
3	2023	04	Jan, May, Aug, Oct	249
4	Total	10		559

### Some of the TB constituency priorities shared in reporting period

- 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.
- The GF funding cycles including implementation updates of NFM 3, the preparations and priorities for NFM 4
- The engagement provide the opportunities for stakeholders to commit to TB their time, funding and incorporating TB into their implementations.
- Ranking TB constituency priorities and aligning them to the strategic objectives and National strategic plan



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



The TB constituency meeting of Oct 2023 involving the election of TB constituency rep to UCCM 2024-2026 (Madam Allen Kuteesa and Dr. Kenneth Mugisha were elected in the meeting)

#### 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

## **Maintaining coordination with other Key stakeholders: NTLP, NCC, Parliament, Partners**

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 NTLP and other key stakeholders. The coordination's meetings included:

- Weekly planning meeting held every Monday
- Quarterly performance review meetings where USTP is provided a platform to share performance on the implementations made in the quarters
- The Quarterly National Coordination Committee meetings shared by the DGHS at MOH boardroom.
- USTP engaged members of parliament of the TB caucus so that they are informed about TB and this is to ensure they readily prepared for any submission about TB.
- USTP has worked closely with implementing partners at national in the region including CSOs and CBOs to ensure they are evidently doing something that contributes to TB NSP
- The success of the implementation was also due to good working relationship with the established structures DLG, Health facilities, regional structures (RRHs), Local leadership, DHTs, community structures.
- USTP has linked up with Equity bank and its hosting the TB Marathon account with eased features where any mobilized TB fund can easily be deposited by following a simple step
- The good working terms with funding bodies: UCCM, PR2, GSTP/UNOPs has been on the positive trend.

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

To improve on the governance and management role of USTP, the top level management structures of the organization Partner's Forum and the Board of Directors were supported in this grant to meet to provide direction, guidance and make approvals that were pertinent in the grant implementation.

The Board of Directors met 3 times in year 2021, 3 times in 2022 and 4 times in 2023. The meetings were physical with virtual options always provided to members who could not make it to the meeting venues.

### **The Board is constituted by:**

1. The Chairperson
2. The Vice Chairperson
3. Treasurer
4. Patron
5. Chair M&E/Research WG
6. Chair TB/HIV WG
7. Chair ACSM WG
8. Representative of the communities affected by TB
9. Representative of the Private sector

10. Representative of the Donors (TB CCM member)

11. Ex-officio members (Executive Director, NTLP PM and representative WHO Uganda Country Office)

### The USTP Annual partner's Forum

USTP has a platform for its partner members to meet annually and receive feedback from the Board and the secretariat on progress made in implementation of its mandates. USTP held two Annual General Meeting in the reporting period, the first one 28<sup>th</sup> June 2022 in Minister's Village Hotel Ntinda & with virtually option provided and the second one in June 22<sup>nd</sup>, 2023 at Silver Spring Hotel, Kampala with attendance being 49 and 67 people respectively.

### The summary list of USTP updated Partners by December 2023 (Fully subscribed/ paid up members)

S/N	NAME OF ORGANISATION	CATEGORY	HEAD OFFICE
0001	HEALTH SCHOOL SUPPORT FOUNDATION (HSSF)	DIAMOND	KAYUNGA
0002	YOUTH COMPASSION FOR HUMANITY UGANDA	DIAMOND	KAMPALA
0003	GIFTED MINDS COMMUNITY DEVELOPMENT INITIATIVE	DIAMOND	KAKUMIRO
0004	UGANDA HEALTH CARE FEDERATION	PLATINUM	KAMPALA
0005	ASSOCIATION OF DISABLED PERSONS LIVING WITH HIV/AIDS	PLATINUM	MASAKA
0006	CHOOSE LIFE HOME BASED CARE	PLATINUM	MOROTO
0007	KAWEMPE HOME CARE	SILVER	KAMPALA
0008	FELLOWSHIP OF TB SURVIVORS (U) LTD	PLATINUM	KAMPALA
0009	FEDERATION OF FISHERIES ORGANISATIONS UGANDA	SILVER	WAKISO
0010	PHILOMERA HOPE CENTER FOUNDATION	PLATINUM	KALANGALA
0011	KUBORESHA - AFRICA	PLATINUM	MUKONO
0012	UGANDA MUSLIM MEDICAL BUREAU	SILVER	KAMPALA
0013	HUMAN RIGHTS AND DEMOCRACY LINK AFRICA	DIAMOND	KABAROLE
0014	MPIGI FORUM OF PEOPLE LIVING WITH HIV/AIDS NETWORKS (MPIFOPHAN)	GOLD	MPIGI
0015	FONDATION OF HOPE (FOHO)	DIAMOND	MASAKA
0016	KAKIKA UNITED EFFORTS TO FIGHT HIV/AIDS	DIAMOND	MBARARA
0017	MBALE AREA FEDERATION OF COMMUNITIES (MAFOC)	PLATINUM	MBALE
0018	ACTION FAITH INTERNATIONAL "MINISTRY ACROSS CULTURE"	DIAMOND	GULU
0019	NATIONAL COMMUNITY OF WOMEN LIVING WITH HIV/AIDS IN UGANDA (NACWOLA-ARUA)	SILVER	ARUA
0020	INTEGRATED DEVELOPMENT ACTIVITIES AND AIDS CONCERN (IDAAC)	PLATINUM	IGANGA
0021	MEETING POINT - KITGUM	SILVER	KITGUM
0022	KARAMOJA SPECIAL CHILDREN HOPE INITIATIVE (KSCHI)	BRONZE	NAPAK
0023	DOCTORS WITH AFRICA (CUAMM)	SILVER (INTERNATIONAL)	KAMPALA
0024	ONE DOLLAR INITIATIVE UGANDA	SILVER	KAMPALA
0025	LITERACY ACTION AND DEVELOPMENT AGENCY (LADA)	DIAMOND	RUKUNGIRI
0026	ALLIANCE OF MAYORS AND MUNICIPAL LEADERS' INITIATIVE FOR COMMUNITY ACTION ON AIDS AT THE LOCAL LEVEL (AMICAALL) UGANDA CHAPTER	DIAMOND	KAMPALA

0027	KARUCAN FOUNDATION (KAFO)	DIAMOND	KASESE
0028	CENTRE FOR PRIVATE HEALTH AND SOCIAL ADJUSTMENT LIMITED	DIAMOND	WAKISO
0029	ACTION FOR BEHAVIOURAL CHANGE UGANDA (ABC - UGANDA)	PLATINUM	TORORO
0030	CENTRE FOR WOMEN JUSTICE UGANDA (CWJU)	SILVER	KAMPALA
0031	DR. TIRISA BONARERI CAROLINE	SILVER	KAMPALA



## RESOURCE MOBILIZATION DRIVES UNDERTAKEN

During the implementation of GF NFM 3 grant, USTP mobilized more funding from Global Stop TB Partnership/UNOPs, Geneva and also from Challenge Facility Grant Round 11 proposal call that USTP responded to. Below is the summary of additional resources mobilized by USTP in the implementation period 2021-2023

### The other mobilized grants by the Secretariat from 2021-2023 apart from NFM 3 Grant

No	Mobilization done	Source	Estimated Amount mobilized	Implementation period
1	Partnership Grant	Global Stop TB	\$55000	Jun 2021-Mar 2022
2	ASAP Grant	AIDS Strategy, Advocacy and Policy Ltd	\$10779	April –Sept 2022
3	Partnership Grant	Global Stop TB	\$52000	Nov 2022-May 2024
4	Challenge Facility for Civil Society	UNOPs	\$77000	March 2022-Mar 2024
5	Challenge Facility for Civil Society	UNOPS	\$100000	Jan -Dec 2024
6	TB Marathon	Sales of Kits	\$11730	March 2022-Aug 2023
7	Membership	Subscription fee	\$930	Jan-Dec 2023
8	Sub Grantees	Other UNOPs Sub-grantees	\$3333	Sept 2023
9	Grant for Assessing impact of Mobile clinic truck services	WHO/NTLP	\$10973	Oct-Dec 2023
10	Bidding	Application fee	\$1740	Nov-Dec 2023
11	In-kind support	USAID/LPHS-TB IDI/WHO	\$2000	Sept 2023
	<b>Total</b>		<b>\$325485</b>	<b>Jun 2021-Dec 2024</b>

## DATA MANAGEMENT, MONITORING AND EVALUATION

### The activities M&E unit was engaged in during the Grant implementation 2021-2023

The M&E Department worked closely with other departments in ensuring the smooth implementation of the grant. The M&E took leads in the following areas:

- Keeping track of the workplan, procurement plan and budget the implementation approach for the NFM-3 grant
- Consolidating the procurement plan for the grants, specifically extracting and populating the detailed of the procurement plan on annual basis
- Participation in direct activity implementations including supporting the implementation of the following interventions:
  - ✓ Supporting the advocacy implemented activities: TB Marathon, WTD commemoration preparations, the regional and national advocacy activities
  - ✓ CSO and TB survivor mentorship visits that targeted the selection from the 17 MDR-TB treatment centres in the country.
  - ✓ PPM mentorship support visits conducted to 10 Districts/Municipalities targeted
  - ✓ Weekly planning and updated meetings with NTLP and other stakeholders. In this platform, the activities implemented by USTP and other stakeholders were shared including the gaps identified and mapping ways forward
  - ✓ Engagement in the resource mobilization drives including grant proposal writing
  - ✓ 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 conducted during the working group meetings, with NTLP and updating secretariat team on implementation status of each track indicators for their responses.
- Data validation and reporting to the principal recipient.
- Ensuring the tools used to gather information for different program areas are well populated and properly filed.
- Ensuring the security and confidentiality of project data. The data and reports are accessible on approved request.
- Responding to the data calls from internal and external stakeholders
- Updating the performance monitoring plan
- Performance review with PR in Jinja in 2023

### Contributing to the writing of the NTLP Annual Reports and MTR of NSP

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.

## **.Researches Supported during the period**

1. USTP coordinated the GKVP study in 2022 together with MLI and NTLP

This assessment was conducted to aid the TB programming in understand the gendered barriers and facilitators to TB care access and TB key and vulnerable populations (KVPs) relevant to the Uganda context with the following **objectives**.

- To establish the gender differences evident in TB care cascade (diagnosis through treatment) records in Uganda.
- To determine the gender barriers and facilitators to TB prevention, diagnosis, treatment and treatment completion in Uganda.
- To generate information to guide the listing of TB KVPs relevant to Uganda context, and for designing interventions for addressing the gaps among prioritized KVPs.
- To determine to what extent the National TB response (NSP and policies/guidelines) addresses gender and KVP issues in Uganda.

**The study Design** employed a mixed methods approach combining both quantitative and qualitative methods based on the guidance from the Stop TB Partnership Community, Rights and Gender (CRG) implementation toolkit. Quantitative methods were used to demonstrate gender differences evident in TB care cascade while the qualitative methods were used to explore the reasons behind the observed differences.

The data collection was done to 12 sampled districts and desk reviews was employed to aid data collection. Stakeholders were engaged and provided study results across all stages including at inception.

The **findings** included

- Gender differences evident in the TB care cascade in Uganda
- Gendered barriers and facilitators to TB prevention, diagnosis and treatment in Uganda
- TB key and vulnerable populations (KVPs) relevant to the Uganda context

### **Some of the recommendations from the GKVP study**

- The program should design gender-responsive policies, guidelines, and services for men to enhance male uptake of TB services through male-friendly services. (MOH/NTLP)
- The program needs to identify and address the cause(s) of high primary lost to follow up (LTFU) particularly among females (19%) with DR-TB so as to minimize the spread within communities in general but to their children in particular. (MOH/NTLP)
- The program should address stigma (operational research on stigma, develop guidelines and orient health workers on stigma, develop advocacy, communication and social mobilization (ACSM) tools on stigma, mobilization/sensitization). (MOH/NTLP)
- The program should strengthen ACSM interventions targeting men and KVPs through various media to raise community awareness including on symptoms and signs of TB, the

benefits of early care seeking, adherence to treatment and of contact tracing and TB preventive treatment. (MOH/NTLP)

Application of the Study recommendations

The study findings provided a basis for setting indicators and costing for GKVP programming areas during the MTR of NSP and grant applications for TB

2. USTP team worked closely with WALIMU project in mapping and selection of CSOs that participated in the **Re-Imagining TB Care study** in 2023. A number of CSOs were identified and participated in the study including:
  - Kuboresha – Africa
  - Health School Support Foundation (HSSF)
  - Mpigi Forum Of People Living With HIV/AIDS Networks (MPIFOPHAN)
  - Kawempe Home Care

USTP participated in the pilot study launch, reviewing of the tools for data collection, orientation for data collection, field data collection and validation of study findings.

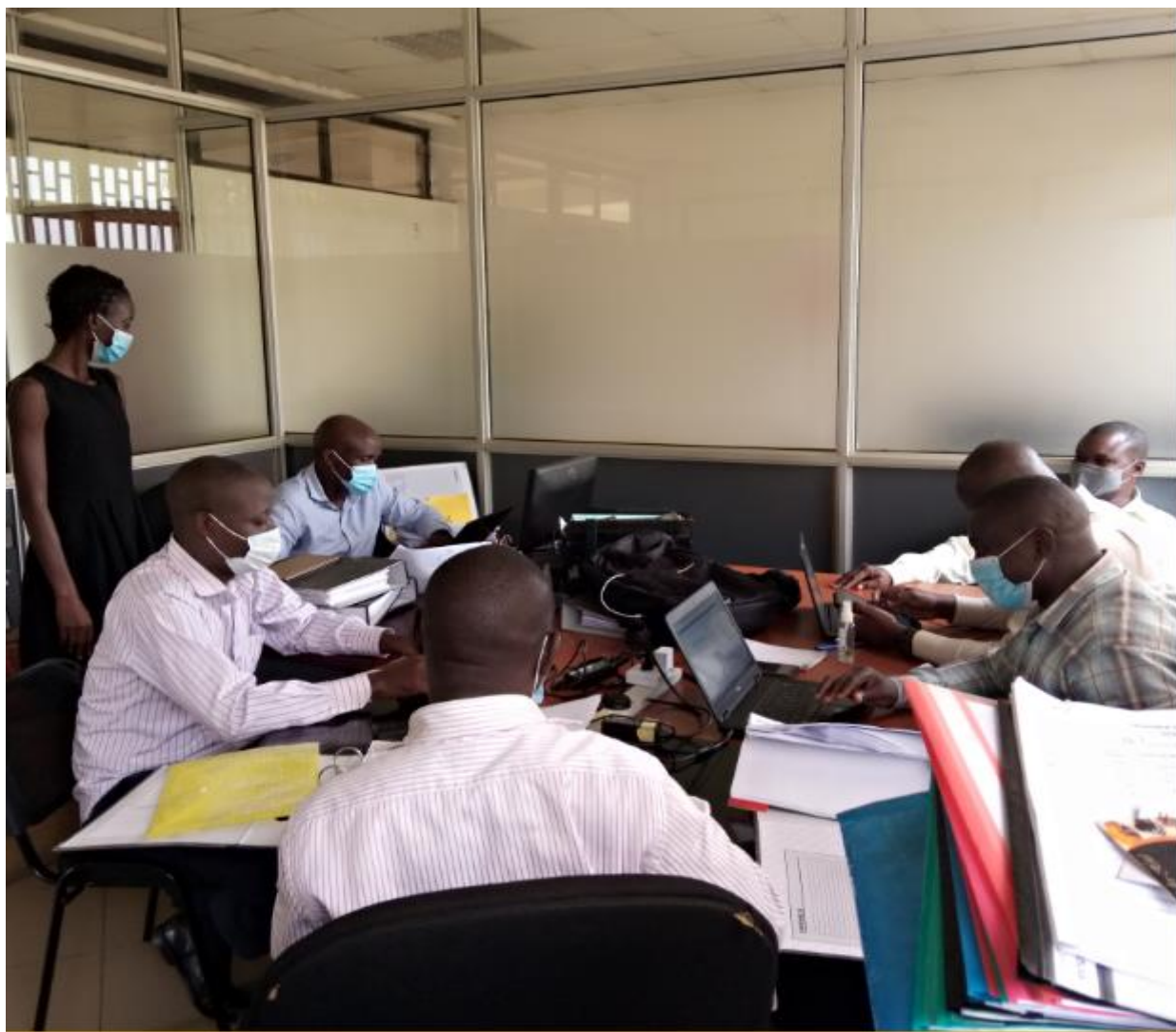
The study main aim was to contribute to improving the decentralized TB care that is integrated and people centered.

## **The Technical support and visits to USTP**

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 are discussed by the board and Partners Forum as guided by the constitution of USTP
- ✓ The focus on the implementation of mandate that key in USTP performance areas 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)



*TASO GMU M&E team supporting USTP unit on 20<sup>th</sup> Jan 2021 at USTP Offices.*

Some of the support supervision team from TASO GMU & other who visited USTP in grant period

Name	Title	Tel No	Email Address
Kabanda Richard	ITM Officer	0752777173	<a href="mailto:kabandar@tasouganda.org">kabandar@tasouganda.org</a>
Dick Alnomugisha	M & E Spec	0752774154	<a href="mailto:ainomugishad@tasouganda.org">ainomugishad@tasouganda.org</a>
Charles Emesu	Comp 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>
Henry Mutebe	CCM	0772246926	<a href="mailto:mutebeh@yahoo.ca">mutebeh@yahoo.ca</a>
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Allan Ibanda	M&E/IT Specialist	0700130332	<a href="mailto:ibandaa@tasouganda.org">ibandaa@tasouganda.org</a>
Rachael Kaggwa	Compliance	0751229050	<a href="mailto:rsanyu28@gmail.com">rsanyu28@gmail.com</a>
Iddi Matovu	KPMG	0759551957	
Imran Nsubuga	KPMG	0701251620	
David Mugaga	KPMG	0740030094	



## FINANCE, ADMINISTRATION AND HUMAN RESOURCE

During the period, USTP welcomed the external auditors from Goldgate CPA and Exodus Kampala CPA who audited USTP in 2021, 2022, 2023. There were also the compliance support visits from TASO GMU and. The technical support and feedback provided helped in guiding the operations of USTP at all levels of implementation (Partner's forum, Board, membership recruitment, resource mobilization, secretariat operation and policy approvals and usage)

### Fund release for the Activities

The funds for activities were released on a quarterly basis. The funds were released based on the approved workplan shared every quarter of implementation.

### Procurement and Logistics Management

There were a number of procurements undertaken during the grant implementation

#### List of procurements carried out during the grant period 2021-2023

Year	Items procured
2021-2023	<ul style="list-style-type: none"><li>o Vehicle hire services</li><li>o PPEs for Covid-19 prevention (Sanitizers and face mask)</li><li>o The conference facilities (hotel hire)</li><li>o Stationary and printing</li><li>o Public Address systems that supported WTD and TB Marathon events</li><li>o Tents and chairs</li><li>o Media services (Print media, TV and Radio)</li><li>o Printed Information Education Communication (IEC) Materials (T-shirts, banners, pens, caps and others)</li><li>o Medical insurance services</li><li>o External Data backup devices</li><li>o External Audit services</li><li>o Office supplies</li><li>o Meals and refreshments</li><li>o Quickbook accounting package including licence &amp; training</li><li>o Office chairs and cabins</li><li>o Blinds</li><li>o Water Dispenser</li><li>o Website management (hosting and search engine optimization)</li><li>o Consultancy services (Events Management support)</li></ul>

## 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 Human Resources that supported the Grant implementation

No	Staff Name	Designation	LOE in NFM-3 Grant
1	Dr. Isiko Paul	Executive Director	50%
2	Susan Amitta Matanda	Finance Officer	100% (2022 todate)
3	Katikiro Carol	Finance Assistant	100%
4	Odongo Moses	M&E Specialist	100%
5	Juliet Nakijoba	Administrator	100%
6	Alex Atuheire	Finance Officer	100% (2021/2022)

The partnership have two other sister projects from Stop TB partnership and UNOPS which have two staff members: the project officer (Rodger Paul Kamugasha) and Monitoring and Evaluation Assistant (Grace Amongin). USTP has implemented the interventions closely with its partners who were engaged based on their areas of technical competencies and regions

Most of the human resources that supported the field implementations were co-opted from USTP Partners (Sorak, Kawempe Home Care, Kuboresha Africa, MOH/NTLD, DHT members, and the ZTLs). The officers from these partners were facilitated with transport and per diem every time they were engaged by USTP.

## The operation policy manuals

A number of policy documents that guided the day to day running of USTP were finalised, approved and the operationalization started in early 2021. Some of these manuals included:

- 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 the implementations of this grant

## **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 covid-19 or when not physically in office.

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

USTP board engaged Exodus Kampala Certified public Accountant firm to provide external audit functions for 2021, 2022 and 2023 implementation period. Previously, USTP engaged Goldgate Public Certified Accountants for the similar function for 2018, 2019 and 2020 and they last interfaced with USTP in June 2021 after completion of audits for 2020.

Among the key areas for the year 2021- 2023 from the audit findings include:

- Management support in ensuring that the transactions that occurred during the financial period were recorded as per the requirements of accounting and donor standards.
- There was compliance with statutory obligations including remittance to Uganda Revenue Authority, filling of returns, NSSF remittance and reporting on financial transactions on monthly basis.
- The exercise noted issues with timelines in submitting accountabilities was not adhered to especially by CSOs sub-granted in 2022. This was taken by management as the area of improvement

## ANNEX 1: THE WORKPLAN EXTRACT THAT GUIDED THE IMPLEMENTATION OF THE GRANT

Indicator/ Interventions	Implementation year			Activity Venues	Responsible Persons	Comments , activity details, status	Means of Verification (MOV)	Implementation Status
	2021'	2022'	2023'					
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				Kampala, Wakiso, Mukono	Dr. Paddy and Moses	The 3 CSOs to supported to do follow in the community	Fund disbursement report, activity reports	Completed
270.2 Number of mentorship support visits to CBOs conducted by USTP and NTLP teams				Kampala, Wakiso, Mukono	Dr. Paddy and Susan		support supervision reports	Completed
287.1 Number of support supervision events for mentorship conducted where private health facilities were trained				9 Districts	Dr. Paddy and Moses		Mentorship/support supervision reports	Completed
290.1 Number of PPM oversight committee meetings held to review performance				Within Greater Kampala	Dr. Paddy	The Malaria, TB and HIV private sector guidelines drafted	Meeting report	Completed
316.1.1 Number of trainings conducted for TB experts/survivors to sensitize communities and facilitate case finding and follow up of patients				Jinja	Moses, Juliet	Meetings well attended by CSOs and TB survivors	Review Meeting report	Completed
316.1.2 Number of TB experts/survivors trained to sensitize communities and facilitate case finding and follow up of patients				Lira, Masaka	Moses, Paddy		Training reports	Completed
Training of Experts/TB survivors - merged with BL 318 c) and d) to have a total of 3 classes/trainings @ of 28 ppts				Lira, Masaka	Moses, Paddy		Training reports	Completed
Annual Review Meeting with trained experts/TB survivors -Meeting to be merged with BL 319 in order to increase number of participants and supervisors.				Jinja	Moses, Juliet	Meetings well attended by CSOs and TB survivors	Review Meeting report	Completed

317.1 Number of community mobilization and Advocacy campaigns conducted to sensitize and popularize TB awareness and reduce TB stigma and discrimination				Moroto, Lira, Butaleja	Paul, Moses , Paddy	Activities included TB marathon in 2022 and 2023	WTD Reports, TB Marathon reports	Completed
318.1 Number of participants attending national level meeting to validate training materials and obtain consensus interventions of TB/ MDR-TB survivors and actors				Entebbe	Paddy, Juliet		Meeting report	Completed
318.2 Number of participants attending workshop for adapting/development of TB/DR-TB survivor Social protection training materials				in 14 MOH regions	Moses, Paddy, Juliet		The meeting reports	Completed
318.3 Number of mentorship support visits conducted for trained experts/CSO reps				in 17 DR TB centres	Moses, Paddy		CSO Mentorship report	Completed
319.1 Number of annual review meetings with trained experts/TB survivors conducted				Jinja	Moses, Juliet	Meetings well attended by CSOs and TB survivors	Review Meeting report	Completed
319.2 Number of trained experts/TB survivors attending annual review meetings								Completed
324.1.1 Number of national advocacy meeting held				Wakiso	Moses, Paddy		National level meeting report	Completed
324.1.2 Number of participants attending national advocacy meetings				Wakiso	Moses, Paddy			Completed
324.1.3 Number of news dailies publishing press release								Completed
324.2.1 Number of regional level advocacy meetings held				Regional	Moses, Paddy, Juliet		The meeting report for each region	Completed
324.2.2 Number of participants attending regional level advocacy meetings				14 MOH Regions of Uganda	Moses, Paddy, Juliet			Completed
324.3 Number of support supervision events for mentorship conducted where private health facilities were trained				the target if 9 municipalities and Cities	Dr. Paddy and Moses		Mentorship/support supervision reports	Completed



331.1 Number of Synergy/Collaborative review meetings held for ACSM,M&E/Research, TB/HIV, working groups to enhance TB programming				Kampala, Entebbe, Jinja	Paddy, Moses		WG meeting minutes	Completed
332.1 Number of participants attending workshop to develop training materials				Kampala	Moses, Paddy		Handbook fair and Approved versions in place	Completed
332.2.1 Number of knowledge update meetings held for parliamentarians				Kampala	Moses, Paddy		Knowledge update meeting Report	Completed
332.2.2 Number of participants attending knowledge update meetings for parliamentarians				Masaka, Mbale	Paul, Juliet		Knowledge update meeting Report	Completed
Board of Director's meeting				Kampala	Paul, Juliet	meetings well attended	Board minutes	Completed

## USTP ASSET REGISTER BY THE END OF DECEMBER 2023

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	<ul style="list-style-type: none"> <li>• USTP/GF/CHR.001</li> <li>• USTP/GF/CHR.002</li> <li>• USTP/GF/CHR.003</li> <li>• USTP/GF/CHR.006</li> </ul>	21/08/ 2013 21/08/ 2013 21/08/ 2013 02/05/2018	525,000/= 195,000/= 195,000/= 423,729/=	ED's chair is not in good condition. The rest are ok.
2 Executive chairs	1.Executive Director 2.Finance Officer	N/A	<ul style="list-style-type: none"> <li>• USTP/GF/CHR.004</li> <li>• USTP/GF/CHR.005</li> </ul>	20/10/2014 20/10/2014	Procured by PR1	Good

3 Desktops & accessories	1.Executive Director	<b>CPUs</b>	<b>CPUs</b>	All arrived on 6/09/2013	Procured by PR2 - TASO	Good but old
	2.Finance Assistant	1. JIBYVSI	1. USTP/GF/CPU.001			
		2. GGBXVSI	2. USTP/GF/CPU.002			
	3.Administrative Officer	3. 1NJPVSI	3. USTP/GF/CPU.003			
		<b>Monitors</b>	<b>Monitors</b>			
		1. CN-02NOON-64180-282-2AFM	1. USTP/GF/MON.001			
		2. CN-02NOON-64180-27R-016L	2. USTP/GF/MON.002			
		3. CN-02NOON-64180-287-1KRM	3. USTP/GF/MON.003			
2 Laptops	1.Finance Officer	MP1852RW	1. USTP/GF/LAP.001	31/10/2017	4,145,763/=	Fair
	2.M & E Specialist	CS5YVJ2	2. USTP/GF/LAP.002	19/06/2018	3,400,000/=	
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	1. CNBVD8R085 2. EAG017797613 3.	USTP/USAID/PR-001 USTP/USAID/PR-002 USTP/UNOPS/PR-001	1/09/2022	Donation	

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,	USTP Office	N/A	USTP/USAID/CHR-001	1/09/2022	Donation	



metallic without arms			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 USTP/USAID/CHR-015 USTP/USAID/CHR-016 USTP/USAID/CHR-017 USTP/USAID/CHR-018			
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			USTP/USAID/CHR-019 USTP/USAID/CHR-020			
Laptops	1. Technical Advisor 2. Administrative Officer 3. Executive Director	1. DXNPL32 2. BOB1FH2 3. CNOAM3S50S	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	