

TRACK TB Annual Report PY1

January - September 2013

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TRACK TB

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Project Year I Annual Performance Report



January– September, 2013

Submitted to:
USAID Uganda

Submitted by:
Management Sciences for Health, Inc. (MSH)

In collaboration with:
AIDS Information Centre Uganda
Makerere University, School of Public Health
University of California San Francisco, Curry International Tuberculosis Center

General Information

| | |
|-------------------------------------|---|
| Project Title | TRACK TB |
| Prime partner | Management Sciences for Health, Inc. (MSH) |
| Sub-partners | 1. AIDS Information Centre (AIC) 2. Makerere University School of Public Health (MakSPH) 3. University of California San Francisco, Curry International Tuberculosis Center (UCSF/CITC) |
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Cover Photo: A National TB and Leprosy Program central and zonal team conducts supportive supervision of MDR-TB activities at Mbarara Regional Referral Hospital MDR TB Ward

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1.0 Acronym List

| | |
|--------------------|---|
| 3 Is | intensified case finding, infection control, Isoniazid preventive therapy |
| ACP | AIDS Control Program |
| AIC | AIDS Information Centre |
| ART | Anti-retroviral therapy |
| CDC | Centers for Disease Control and Prevention |
| CDC | Centers for Disease Control and Prevention |
| CDR | Case Detection Rate |
| COMU | Country Operating and Management Unit |
| CoPs | Chiefs of Party |
| CPT | Cotrimoxazole Preventive Therapy |
| DHIS | District Health Information System |
| DOT | Directly observed therapy |
| DOTS | Directly observed therapy, short-course |
| DPH&E | Director Public Health and Environemnt |
| DTLS | District TB and Leprosy Supervisors |
| DTU | Diagnostic and Treatment Unit |
| EQA | External Quality Assurance |
| GFATM | Global Fund to fight HIV/AIDS, TB and Malaria |
| HIV | Human immunodeficiency virus |
| IDI | Infectious Diseases Institute |
| IP | Implementing partner |
| IPT | Isoniazid preventive therapy |
| KCCA | Kampala Capital City Authority |
| KCTF | Kampala City TB Task Force |
| M&E | Monitoring and Evaluation |
| MakSPH | Makerere University School of Public Health |
| MDR-TB | multi-drug resistant tuberculosis |
| MJAP | Makerere University Joint AIDS Program |
| MOH | Ministry of Health |
| MOST for TB | Management and Organizational Sustainability Tool for TB |
| MSH | Management Sciences for Health |
| NCC | National Coordination Committee |
| NSS+ | New sputum smear-positive |
| NTLP | National TB and Leprosy Program |
| NTRL | National TB Reference Laboratory |
| NUHITES | Northern Uganda–Health Integration to Enhance Services |
| PEPFAR | President's Emergency Plan For AIDS Relief |
| PMDT | Programmatic Management of MDR-TB |
| PMP | Performance Monitoring and Management Plan |
| PY | Project Year |
| QA | Quality assurance |

| | |
|------------------|---|
| QAD | Ministry of Health Quality Assurance Division |
| QI | Quality improvement |
| SOP | Standard operating procedure |
| SOPs | Standard operating procedures |
| SPARS | Supervision Performance Assessment and Recognition Strategy |
| STAR E | Strengthening Tuberculosis and HIV/AIDS Responses in Eastern Uganda |
| STAR-EC | Strengthening Tuberculosis and HIV/AIDS Responses in Eastern Central Uganda |
| STAR-SW | Strengthening Tuberculosis and HIV/AIDS Responses in South Western Uganda |
| SURE | Securing Ugandan's Right to Essential Medicines |
| SUSTAIN | Strengthening Uganda's Systems for Treating AIDS Nationally (SUSTAIN) |
| TASO | The AIDS Support Organization |
| TB | Tuberculosis |
| TSR | Treatment success rate |
| UCSF/CITC | University of California, San Francisco/ Curry International TB Centre |
| USAID | US Agency for International Development |
| VHT | Village Health Team |
| WHO | World Health Organization |
| ZTLS | Zonal TB and Leprosy Supervisor |

2.0 Executive Summary

This annual report covers the TRACK TB project activities that took place in the first project year (PY1), which ran from January to September of 2012. TRACK TB is five-year project that is funded by the United States Agency for International Development (USAID) and implemented by Management Sciences for Health (MSH) and its partners: the AIDS Information Centre (AIC) in Uganda; the Makerere University School of Public Health (MakSPH); and the University of California, San Francisco, Curry International Tuberculosis Centre (UCSF/CITC). TRACK TB works to increase TB case detection and treatment success rates in Kampala and 49 districts throughout Uganda. More specifically, the project is helping these regions meet national targets for reducing the burden of TB, multidrug resistant TB (MDR-TB), and TB/HIV. TRACK TB's work also supports USAID's Development Objective 3, which aims to improve the health and nutritional status of residents in the project-supported areas.

The project has four key Result Areas: enhanced leadership and technical capacity of the National TB and Leprosy Program (NTLP) for effective management of TB control; implementation of an effective urban DOTS model in Kampala; implementation of a high-quality MDR-TB management program; and improved coordination and implementation of DOTS, TB/HIV, and community-based MDR-TB interventions. During the project start-up phase, TRACK TB accomplished its initial contractual obligations, which included development and submission of an annual project work plan and budget, a branding and marking plan, and a performance monitoring and management plan.

This year, under **Result Area 1**, TRACK TB support led to increased capacity of the NTLP to implement routine activities and support key stakeholders in addressing challenges identified at national-level meetings. TRACK TB hired four staff member to support the NTLP in implementing its activities. These new hires included a capacity building advisor (CBA), an MDR-TB technical advisor, a quality assurance advisor, and a data specialist. The CBA trained and mentored the NTLP central unit and zonal staff in fulfilling their roles and supported them in coordinating their internal operations and implementing national TB control activities. Furthermore, TRACK TB's data specialist built the NTLP staff capacity in data management and use. This led to increased availability of national data which, in turn, allowed the NTLP to review its program performance in a timely manner and use this analysis to inform future programming.

TRACK TB also facilitated a workshop for NTLP staff and partners on the use of the Management and Organizational Sustainability Tool (MOST) for TB. This tool guided the NTLP and partners in developing an action plan to strengthen five priority areas: human resources, monitoring and evaluation (M&E), supportive supervision, annual operations plans, and community participation in TB control.

The NTLP used these action plans to develop its 2013/14 annual work plan, which it also completed in time to inform its partners' work plans. In PY 2, TRACK TB will support the NTLP in conducting a full assessment of its progress in implementing MOST action plans.

The NTLP follows a quality improvement approach that it developed in collaboration with TRACK TB, the Ministry of Health's Quality Assurance Division (MOH/QAD), and five USAID-funded projects including: the Applying Science to Strengthen and Improve Systems (ASSIST) project, the Securing Ugandan's Right to Essential Medicines' (SURE) project, the Strengthening TB and AIDS Response–Eastern Region (STAR-E) project, the STAR-East Central (STAR-EC) project, and the STAR-South West (STAR-SW) project. This quality improvement approach outlines interventions and implementation plans for improving the quality of TB care in Uganda and is in line with the MOH/QAD's national quality improvement (QI) framework and strategic plan. The approach combines the traditional quality improvement methods (i.e., client-centered care, team work promotion, and process/systems analysis for problem solving) with mentorship for service providers in TB control, routine assessment, and recognition of good performance using the Service Performance Assessment and Recognition Strategy (SPARS) model.

This project year, TRACK TB also supported the NTLP in revising its recording and reporting tools, including the national TB suspect register and quarterly zonal, district, and facility reporting forms.

TRACK TB also worked with the NTLP to develop a national TB database, which now allows the central unit to access and analyze data on national and district-level TB program performance. The project team noted that, in the final quarter of the year (July - September, 2013), 92% of the districts were submitting timely reports, compared to just 87% of the districts in 2012. Furthermore, the project-supported areas (excluding Kampala) reported that they had notified 14,719 TB cases this year (all forms), accounting for 90.2% of the PY1 target. The case detection rate for new smear positive TB cases was 50.3%, which is within the PY1 target of 50%. The treatment success rate in the project-supported areas (also excluding Kampala) remained high at 83.3%.

Under **Result Area 2**, TRACK TB helped the Kampala Capital City Authority (KCCA) establish a planning and coordination mechanism called the Kampala City TB Task Force (KCTF), which is chaired by the KCCA Director of Public Health and Environment. KCTF and their partners, with support from TRACK TB, provided mentorship and training in TB/HIV case management and records management to health workers at 49 health facilities in the project-supported areas. These activities have contributed to improvements in the timeliness of data collected and submitted from the 49 diagnostic and treatment unit (DTUs) to the NTLP.

In addition to training, KCTF also mobilized partners to support KCCA's TB priorities. These partners helped KCCA address key gaps, such as incomplete patient data in the DTUs' TB registers, a lack of recording and reporting tools (i.e., laboratory TB registers, transfer forms, laboratory request forms), and a need to mentor and provide supportive supervision to the DTUs. With support from TRACK TB, KCTF also developed a draft urban DOTS model and standard operating procedures (SOPs) for TB case notification and TB service provision. KCTF shared the urban DOTS model and SOPs with stakeholders and will incorporate their feedback before presenting the finalized tools at the next KCTF meeting in November of 2013.

To further support the DTUs, TRACK TB, in collaboration with AIC and KCCA, established a team of 40 community supporters and 6 supervisors to help health facility staff identify and track TB patients with incomplete records. This team also conducts community-based activities to educate residents about available TB prevention and care services.

TRACK TB noted that these interventions contributed to: timely reporting of district data to the NTLP; improved TB case detection rate (by 155.5%); improved TB case notification (8,379 cases of all forms, out of the targeted 8,544); an increase in the number of TB patients on DOT (from 11.3% to 14.3%); an improved treatment success rate (from 69.7% to 71%); a cure rate of 35.7%; an increase in the number of TB patients tested for HIV (from 77.1% to 94.3%); and an increased number of TB/HIV co-infected patients receiving anti-retroviral therapy (ART) (from 51.8% to 62.1%).

Under **Result Area 3**, TRACK TB's MDR-TB technical advisor helped the NTLP's central unit strengthen its MDR-TB planning and coordination capacity. Because the NTLP did not have a national coordinator for these activities, the TRACK TB technical advisor worked closely with the NTLP central unit to support implementation of national MDR-TB activities. Specifically, the advisor maintained the national MDR-TB register, ensured availability of guidelines and SOPs, coordinated MDR-TB trainings, and supported pharmaceutical supply forecasting and quantification of medicines at the national level and treatment sites. The advisor also linked MDR-TB surveillance activities at the National TB Reference Laboratory (NTRL) to the country's nine MDR-TB treatment sites. Finally, the advisor coordinated and mobilized the NTLP's MDR-TB training team. In quarters 2 and 3, this team provided MDR-TB management training and mentoring to 49 health workers from the nine treatment sites and 55 health workers from MDR-TB follow-up sites.

This year, Uganda recorded a sharp increase in the number of MDR-TB patients on treatment, following TRACK TB and NTLP partners' efforts to scale up patient enrollment at MDR-TB treatment hospitals.

As part of this process, the project team worked to ensure that support for the Mulago, Mbarara, and Kitgum Hospitals transitioned smoothly from the USAID-funded TB CARE I to TRACK TB. While facilitating this transition, the two project teams also reviewed the hospitals' MDR-TB waiting lists and identified patients that had been diagnosed but were not yet enrolled in treatment. The projects located these patients, enrolled them in treatment, and agreed to keep the waiting lists updated.

In addition to supporting the hospitals, TRACK TB also helped the NTRL ensure that all newly diagnosed patients were identified and promptly linked to one of the nine MDR-TB treatment sites. These efforts resulted in a 224% increase in the number of MDR-TB cases enrolled in MDR-TB treatment (from 62 in December of 2012, to 201 in September of 2013).

TRACK TB is currently implementing a minimum package of MDR-TB treatment activities at the three project-supported MDR-TB treatment sites. In the coming years, the project team will refine this package and advocate for its use at all MDR-TB treatment sites throughout Uganda.

TRACK TB, UCSF, and the NTLP developed a MDR-TB rapid response plan to address gaps that had been identified in the 2013 NTLP program review. As part of this plan, the team identified six national mentors to conduct peer-to-peer mentoring of health workers at the nine MDR-TB treatment sites. This mentoring plan was designed to focus on: records management, clinical patient management, patient follow up, etc.

UCSF also reviewed the MDR-TB SOPs and the national MDR-TB training materials and updated these to meet international standards.

Under **Result Area 4**, TRACK TB helped the NTLP improve planning and coordination of TB/HIV control strategies through the National Coordination Committee for TB/HIV (NCC). TRACK TB also helped the NTLP finalize the second edition of the national TB/HIV implementation guidelines and have these approved by the MOH's Senior Management Committee. Next quarter, the NTLP will print and disseminate these guidelines. TRACK TB, in collaboration with its partners, also helped the NTLP develop isoniazid preventive therapy (IPT) guidelines. Partners will finalize these guidelines at the next NCC meeting and then submit them to the MOH's Senior Management Committee for approval.

This year, TRACK TB worked with NTLP to identify the most appropriate mechanisms to improve partner coordination. One approach they agreed on was ensuring that partner-supported regions and their respective Zonal TB and Leprosy Supervisors (ZTLS) conduct performance reviews to identify and address service gaps in TB, TB/HIV, and MDR-TB service provision. This was achieved for the first time during the quarterly performance review meeting in August, where each ZTLS work with its partners to develop action plans for improved performance and follow-up reporting at subsequent performance review meetings. The regions reported improved TB patient screening (from 83% in 2012 to 94% in 2013) and an increased number of TB/HIV co-infected patients receiving ART (from 47% in 2012 to 64% in 2013).

3.0 Introduction and Background

This is the PY1 annual report for the TRACK Tuberculosis Activity (TRACK TB) project, a five-year, US Agency for International Development (USAID) funded project, awarded on January 2, 2013. The project is implemented by Management Sciences for Health (MSH) and its partners: AIDS Information Centre (AIC) Uganda; Makerere University School of Public Health (MakSPH); and University of California, San Francisco/ Curry International Tuberculosis Centre (UCSF/CITC).

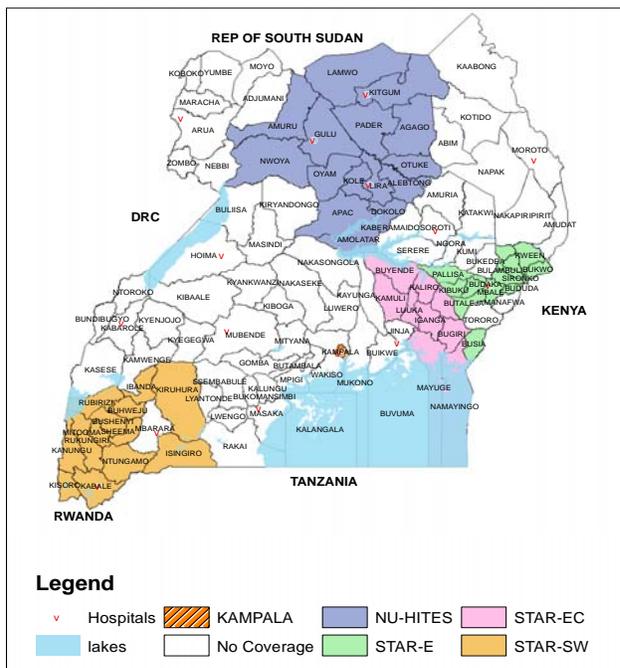
The report provides details on the TRACK TB project achievements, experiences, challenges and lessons learned from January to September, 2013. It is organized by the project's four Intermediate Results outlined below.

3.1 Overview of TRACK TB's Project Goal, Coverage, and Results Framework

The TRACK TB project goal is to increase TB case detection and treatment success rates in focus areas to meet national targets for reducing the burden of TB, multidrug resistant TB (MDR-TB), and TB/HIV. In this way the project contributes to the USAID Development Objective (DO) 3 of improved health and nutritional status in focus areas and populations. The Project seeks to achieve its goal by pursuing four result areas:

- Result Area 1:* Enhanced leadership and technical capacity of the NTLP for effective management of TB control;
- Result Area 2:* An effective Urban DOTS model for Kampala implemented;
- Result Area 3:* A high-quality program for the management of MDR-TB implemented; and
- Result Area 4:* Improved coordination and implementation of DOTS, TB/HIV, and community-based MDR-TB interventions.

Figure 1: TRACK TB Project geographical coverage



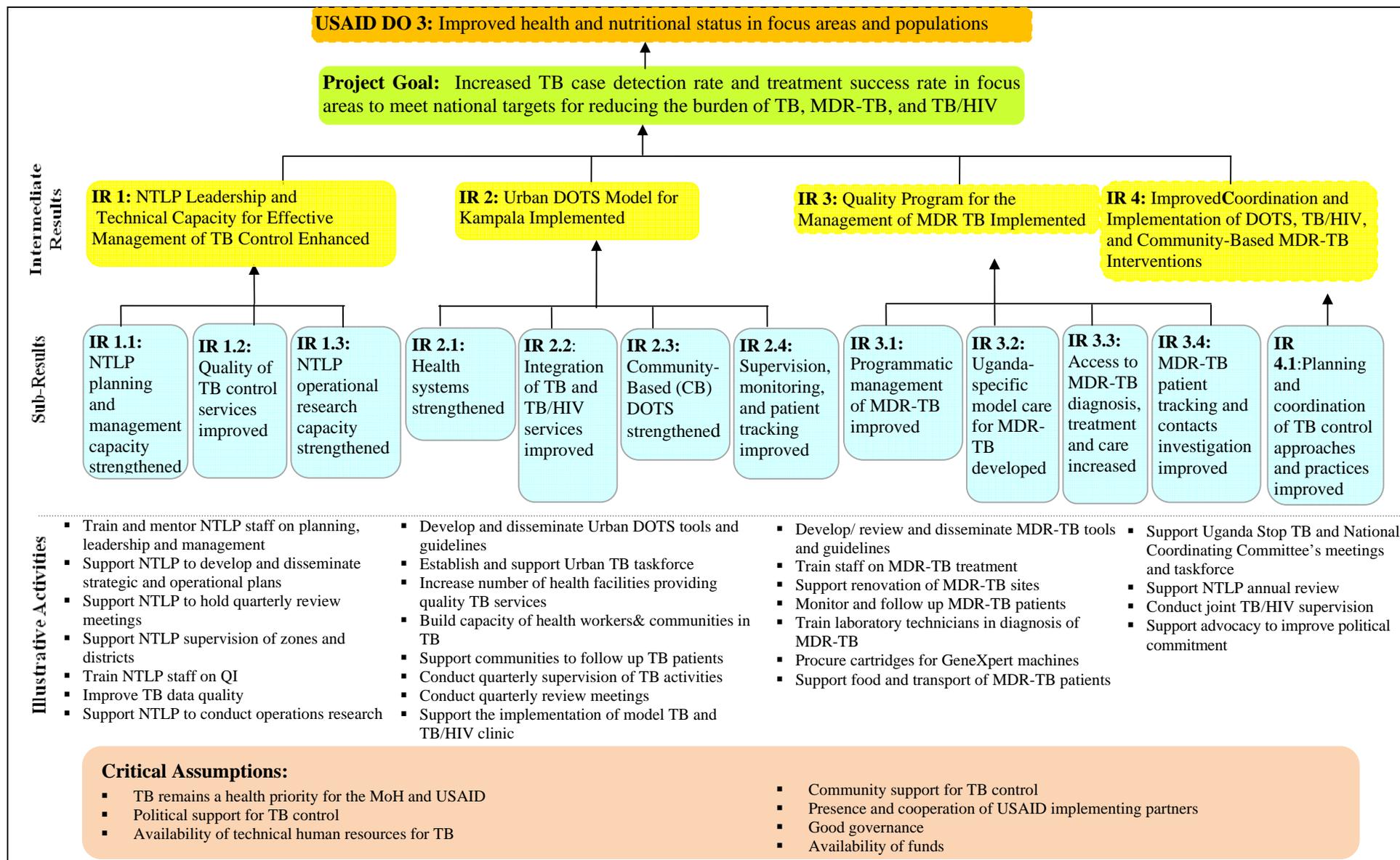
As shown in Figure 1, the project covers the National TB Leprosy Program (NTLP) Central Unit, the Kampala City Council Authority (KCCA), and six MDR-TB treatment sites. The project directly implements activities at KCCA and the MDR-TB sites. The project also covers 49 districts where USAID technical assistance partners are located. These include the Strengthening TB/AIDS Response-Eastern Region (STAR-E) project districts (12), the STAR-EasternCentral (STAR-EC) project districts (9), the STAR South West (STAR-SW) districts (13) and the Northern Uganda - Health Integration to Enhance Services,(NU-HITES)districts (15). In these districts, TRACK TB provides technical assistance to the partners but is not involved in direct implementation.

The TRACK TB project strategy is based on USAID's theory that improved TB, TB/HIV,

and MDR-TB case detection and treatment success, if sustained for five years, will reduce TB prevalence and mortality in the project-supported districts. If well-coordinated, TRACK TB's work to build the NTLP's capacity, support improved TB activity implementation, and detect and treat MDR-

TB, will lead to reduced TB prevalence and mortality in the project-supported areas. Figure 2 illustrates the linkage between the project results and USAID's DO 3.

Figure 2: TRACK TB Project M&E Results Framework



3.2 Project implementation approaches and strategies

MSH is implementing the TRACK TB Project based on a patient-centered approach where intervention designs focus on patient benefits. After visiting a health facility, patients should be able to walk away with a package of services that meet their needs. In addition while in the community the patient should remain in contact with the health system through a community network, as shown in Figures 3 and 4 below.

Figure 3: TRACK TB Patient-Centered Approach to Quality TB Care

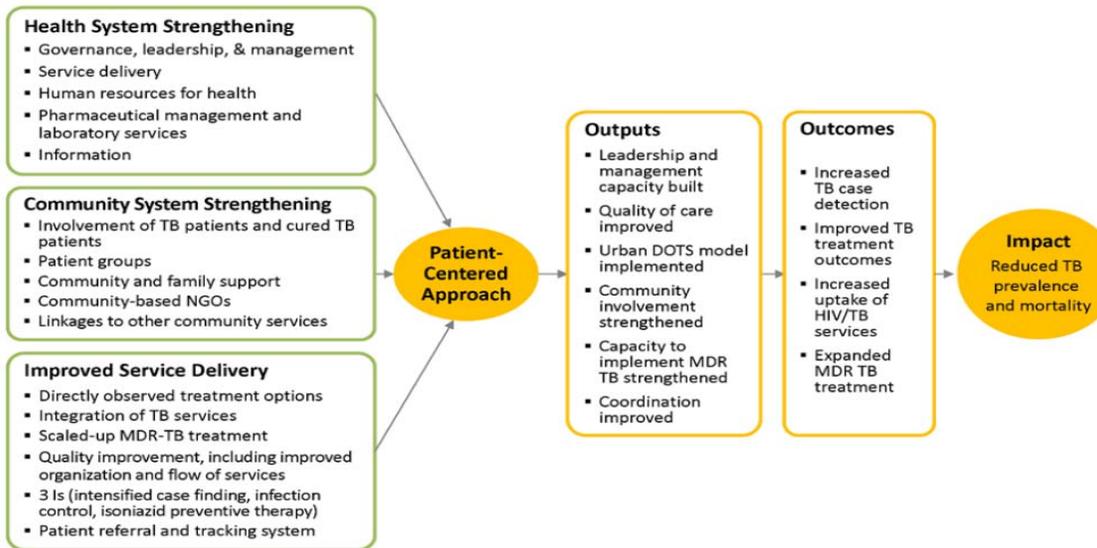
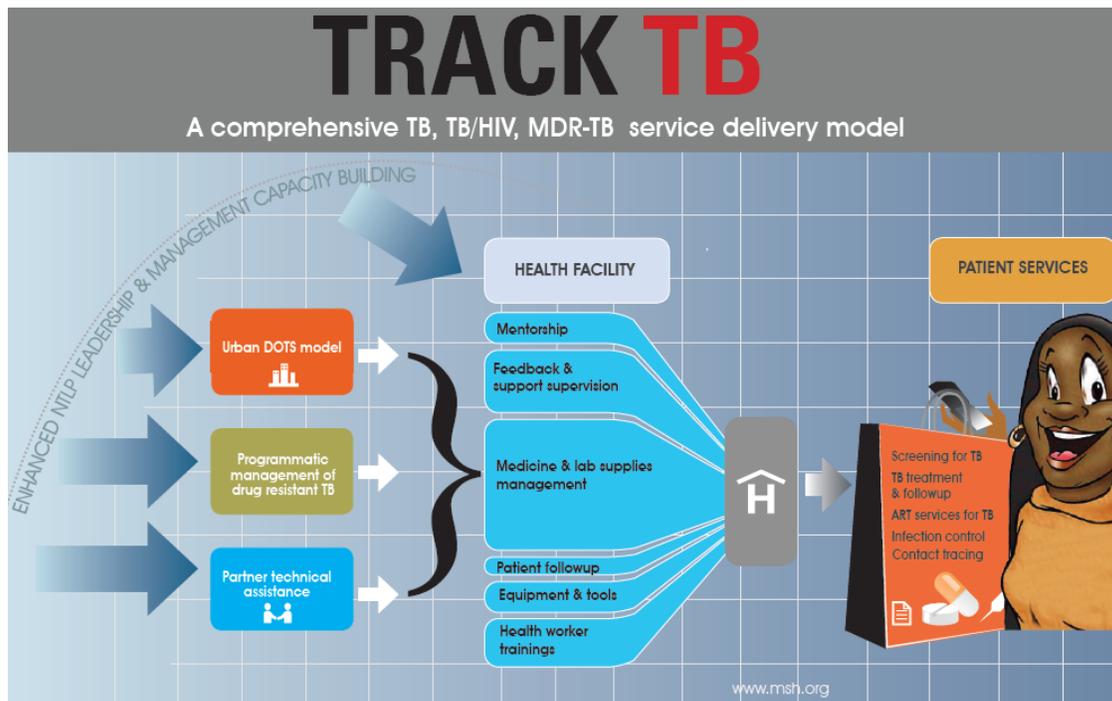


Figure 4: TRACK TB Patient-Centered Approach to Quality TB Care



4.0 TRACK-TB Project Start-Up Process and Transition from TB CAREI

4.1 Project Start-Up activities

The TRACK TB project ensured the rapid implementation of the general start-up activities including the recruitment of project staff and the acquisition of office space and equipment. Below we provide a summary of some the key start-up activities the project carried out.

4.1.1 Project Personnel Recruited and fully constituted

By the beginning of May 2013, the project team had been fully constituted, making it possible to start its full-scale implementation of the planned project activities. Eighteen personnel were recruited in line with the Organogram in the approved TRACK TB project proposal. These personnel include the Chief of Party, Deputy Chief of Party, M&E Specialist, Finance Manager, Technical Advisor—Urban DOTS, Capacity Building Officer, Technical Advisor—MDR-TB, Quality Assurance Officer, Data Analyst, Community Coordinator, and eight support personnel from the Country Operations and Management Unit (COMU). The Community Coordinator was recruited through AIC Uganda. In order to ensure alignment with MSH human resource policy, some of the key and technical project personnel, including the M&E Specialist, Capacity Building Officer, Quality Assurance Officer, and Data Analyst were re-designated as Senior M&E Advisor, Capacity Building Advisor, Senior Quality Assurance Advisor and Senior Data Specialist, respectively.

4.1.2 Project Offices Acquired at MSH and NTLP

TRACK TB acquired office premises through support of MSH Uganda Country Leadership and COMU teams. The project's main offices are housed at MSH Uganda premises in Bugolobi, Kampala. NTLP management also provided sitting space for four TRACK TB project seconded staff within its premises in Wandegaya, Kampala.

4.1.3 Sub-agreements with AIC, MakSPH, and UCSF fully executed

MSH as the prime partner implementing the TRACK TB project prepared sub-agreements with the three sub-partners: AIC, MakSPH, and UCSF that were fully executed (although there was some delay with the UCSF sub agreement). These agreements define the relationship between MSH and the sub-partners and provided the framework within which the sub-partners would operate.

4.2 Submission and approval of Initial Project Deliverables

4.2.1 Annual Work plan and budget approved

TRACK TB submitted the PY1 workplan for the period from January 14 to September 30, 2013, within 30 days as prescribed in the cooperative agreement. Following guidance from USAID the work plan underwent several revisions and was finally approved in April 2013. Developing the work plan involved close consultation with NTLP, USAID, other USAID IPs, AIC, and MakSPH.

4.2.2 Branding Strategy and Marking Plan Approved

TRACK TB submitted the Branding Strategy and Marking Plan to USAID within 45 days as prescribed in the cooperative agreement, and it was approved with minor revisions. This document describes how the TRACK TB project is named, positioned, promoted, and communicated to beneficiaries including citizens of Uganda.



TRACK TB AOR (4th right), NTLP Program Manager (in coat), MSH Global Technical Lead (2nd left) with TRACK TB staff and partners at PY1 work plan development workshop

4.2.3 Performance Monitoring and Management Plan (PMP) Approved

The TRACK TB project submitted the PMP to USAID within 90 days of project start date and after several revisions following guidance from USAID, it was approved in July 2013. The PMP outlines the general approach to monitoring, evaluation, and reporting on the activities implemented by the TRACK TB project. The Project's M&E framework follows a results framework approach which demonstrates both how the proposed strategies and activities of the TRACK TB project will contribute toward the achievement of higher level results and goals, and what critical assumptions must hold true for project results to be achieved. The 31 indicators, detailed in the matrix, feed into the Government of Uganda (GOU), MOH Monitoring & Evaluation Plan for the Health Sector Strategic and Investment Plan, 2010/11–2014/15; NTLP Strategic Plan 2012/13–2014/15; USAID/Uganda, Health Development Objective (DO3) Performance Monitoring Plan; and PEPFAR Indicators.

4.3 Smooth transitioning of activities from TB CARE I to TRACK TB

Since TB CARE I was closing at the end of June 2013, TRACK TB and TB CARE I project teams maintained close collaboration to ensure smooth transitioning of the activities supported by TB CARE I to TRACK TB. Several tasks singled out for joint implementation included support supervision, quarterly review meetings, MDR-TB implementation, engagement of architect for renovation of MDR-TB sites, and absorption of MDR-TB treatment site personnel supported by TB CARE I. The TRACK TB and TB CARE I projects jointly worked with the NTLP and KCCA to ensure the smooth transition of TB and TB/HIV, and the MDR-TB control activities in Kampala and three MDR-TB treatment initiation sites.



TRACK TB project team with DTU in-charges in Kampala after the introductory meeting

TRACK TB project was introduced to In-charges of the TB diagnostic and treatment units (DTUs) in Kampala through a meeting held at KCCA premises. Accordingly, TRACK TB has received incredible support from these health facilities, a firm foundation which is vital for the future success of the project.

The two projects held meetings at Mulago, Mbarara, and Kitgum Hospitals to formally hand over these MDR-TB treatment initiation sites that were being supported by TB CARE I to TRACK TB. As a result, there is good collaboration between TRACK TB and the supported sites as evidenced by continued implementation of MDR-TB patient treatment, which will be seen in the next section.



Left to right: Dr. Abel Nkolo, CoP TB CARE I; Dr. Okwera, In-charge Mulago Hospital TB Ward; Dr. Alex Opio, Commissioner MoH National Disease Control Division; Dr. Frank Mugabe, NTLP Program Manager; Dr. Daniel Okello, KCCA Director for Public Health; Dr. Erick Ikoona, MoH National HIV/TB Coordinator; and Dr. Martin Ruhweza, CoP TRACK TB share a table of panelists during TB CARE I project closeout conference.

TRACK TB actively participated in the TB CARE I project closeout conference. The Chiefs of Party (COP) of both projects and senior government officials from MOH, NTLP, and KCCA shared a table as panelists during deliberations at the TB CARE I project closeout.

In this conference, the TRACK TB project was revealed to an audience of over 200 officials from USAID, MOH, NTLP, KCCA, districts, organizations dealing in TB Control, MDR-TB treatment sites, and KCCA health facilities. This contributed to increased TRACK TB support.

5.0 Progress of Project Implementation and Achievements of Targets

As earlier noted, during the first six months of PY1 TRACK TB worked closely with TB CARE I to ensure smooth transitioning of the supported activities from TB CARE I to TRACK TB. These supported activities cut across all four TRACK TB project Result areas, but most of them fell under Result areas 2 and 3. A number of achievements attained during this period (January–June 2013) were attributable to the contribution by both projects. Starting in July the TRACK TB project took over full implementation of activities from TB CARE I. TRACK TB also collaborated with a number of other partners and these are specified under each result area. In the following pages we provide highlights of the achievements attained during PY1 according to Result area.

5.1 Result Area 1: Enhanced leadership and technical capacity of the National TB and Leprosy Program (NTLP) for effective management of TB control

Under this result area, the TRACK TB project supported the NTLP to achieve three sub-results: NTLP planning and management capacity strengthened, Quality of TB Control services improved, and NTLP operational research capacity strengthened. Below we highlight the achievements according to each of the three sub-results

Sub-Result 1: NTLP planning and management capacity strengthened

Strategies and Key Interventions Implemented during PY1

a. Secondment of staff as a direct contribution to NTLP HR resources

TRACK TB supported the NTLP to meet its technical human resource needs in the short-term by seconding a Capacity Building Advisor (CBA) to the program. The CBA is responsible for training and mentoring of NTLP central unit and zonal staff and supporting planning and timely implementation of TB control activities including those supported through the Global Fund. Three other project staffs were assigned to provide direct support to the NTLP: the MDR-TB Advisor and the Senior Quality Assurance Advisor to assist the NTLP in quality improvement and coordination of TB/HIV activities; and the Senior Data Specialist to support M&E capacity building for the program.

b. Introduction of MOST for TB as a tool for improved planning

TRACK TB, in collaboration with partners, supported the introduction of the Management and Organizational Sustainability Tool (MOST) for TB as a tool to improve planning for the NTLP. This was achieved through a three-day workshop for 40 participants from both central and zonal levels of NTLP and implementing partners. The NTLP and partners identified five (5) priority areas for improvement including: (i) staffing/human resources at the NTLP, (ii) monitoring and evaluation (M&E), (iii) support supervision, (iv) annual operations plan, and (v) community participation in TB control. An action plan was developed that has been incorporated into the NTLP annual implementation plan 2013/14. The MOST for TB action plan is monitored by the NTLP on a quarterly basis; a follow-up workshop will be conducted after one year (in April 2014) to determine the new performance scores (these will be reported in the PY2 annual report) and generate consensus on the next steps.



Zonal TB Supervisors participating in the MOST for TB workshop

c. NTLP operational planning capacity strengthened

Following finalization of the NTLP Strategic Plan 2012/13-2014/15 with TB CARE I support the TRACK TB project supported the strategic plan dissemination to 112 districts during zonal coordination meetings in collaboration with ZTLS and implementing partners. At central level the

strategic plan had been disseminated during the quarterly performance review meeting held in May 2013, which was attended by over 60 participants, including the NTLP central and zonal team as well as partners and other stakeholders.

Building on the completed and disseminated NTLP strategic plan, TRACK TB supported the NTLP to develop and finalize the annual implementation plan 2013/14 and disseminate it to 30 implementing partners at national and district levels. The plan—which incorporated all the priorities identified during the MOST for TB workshop—was disseminated when partners were finalizing their own work plans and thus provided them the opportunity to incorporate the NTLP priorities into their plans. This was the first time the NTLP annual implementation plan was disseminated to partners in time to inform partners’ own work plans for the same period.

d. NTLP M&E capacity strengthened

During PY1, TRACK TB put in a lot of effort to support several aspects of M&E for the NTLP Program. Supported activities include:

i. Revision of NTLP TB data collection and reporting tools to meet WHO standards

TRACK TB in collaboration with partners worked closely with the NTLP to finalize the revision of the NTLP data collection tools including a TB unit register, a TB suspect register, and quarterly zonal, district, and facility reporting forms. The finalized tools were presented to partners, zonal teams, and other stakeholders during the August quarterly performance review meeting and submitted to the MoH resource center for incorporation into the District Health Information System (DHIS2).

ii. Improved timeliness of districts reporting to the NTLP

TRACK TB worked with NTLP and USAID district-based implementing partners to provide frequent reminders to the zones and districts about reporting timelines. These messages were circulated during meetings and through emails. Consequently, during the reporting period, on average 91.7% of the districts in the country submitted their reports to NTLP on time, which is by 28th of the month after the quarter. This result shows an improvement from 87.2% at project baseline.

iii. Development of NTLP National TB database

Working in close collaboration with the NTLP, TRACK TB designed an electronic National Database for TB. This database currently holds one NTLP financial year (July 2012–June 2013) of data reported from all 112 (100%) districts in the country. As a result of the timely availability of data the NTLP was able to analyze and utilize the data to guide planning and decision-making and informing the program review.

iv. 2 NTLP quarterly performance review meetings held

TRACK TB supported and participated in two NTLP quarterly performance review meetings with each bringing together 66 NTLP staff at central and zonal levels as well as TB implementing partners to review the program’s performance and devise strategies for improvement. Joint review of zonal and district performance; provision of feedback; sharing of updates in TB and MDR-TB control; and generation of consensus on action plans to improve areas of poor performance were achieved at the last meeting held in August 2013.



A zonal team discusses their action plan at the performance review meeting in August

v. NTLP joint external review supported

The TRACK TB Project joined the other partners to participate and provide support where needed during the external program review of the NTLP. The availability of the seconded project staff at the NTLP made it possible for the NTLP to coordinate and implement the program review with technical support from the external reviewers. The report which highlighted a number of strengths and

challenges has been disseminated to MOH and has informed the TRACK TB PY2 work plan.

e. NTLP Support supervision capacity strengthened

In order to improve coordination and technical assistance to the zones, TRACK TB facilitated eight (8) NTLP staff to support 8 Zonal TB and Leprosy Supervisors (ZTLS) during zonal level quarterly performance review meetings held in the different zones. This activity enabled NTLP to directly engage with district TB teams and partners at zonal level and work with them to identify ways of improving performance. It also allowed the NTLP central team to disseminate the National Strategic Plan 2012/13–2014/15 and the revised TB monitoring tools and reporting tools to the zones, districts, and partners.

f. Community participation in TB control improved

The TRACK TB team actively participated in the World TB Day 2013 commemorative activities including community mobilization for TB services in Kampala, radio talk shows aimed at sensitizing communities about TB prevention and treatment, and the national World TB Day function held in Masaka.



Front view of TRACK TB Stall during World TB Day

TRACK TB Deputy Chief of Party, Stella Mugisha, briefs the Minister of State for Health, Hon. Sarah Opendi as the Program Manager for NTLP (2nd right) looks on at the 2013 WTD Commemorations

As a result of the capacity building activities described above, the NTLP noted improvements in some of the performance indicators. For instance, the CDR improved to 50.3% from the baseline of 48.9% as indicated in Figures 5 and 6 below.

Summary of TRACK TB Strategies and Interventions for strengthening NTLP Planning and Management Capacity

- Strengthening NTLP human resource capacity
- Introducing and applying MOST for TB as a tool to improve planning
- Strengthening NTLP annual planning capacity
- Strengthening NTLP M&E capacity
- Strengthening supportive supervision
- Supporting community participation in TB control

Figure 5: Case Notification for All TB forms in TRACK TB operational areas (excluding Kampala)

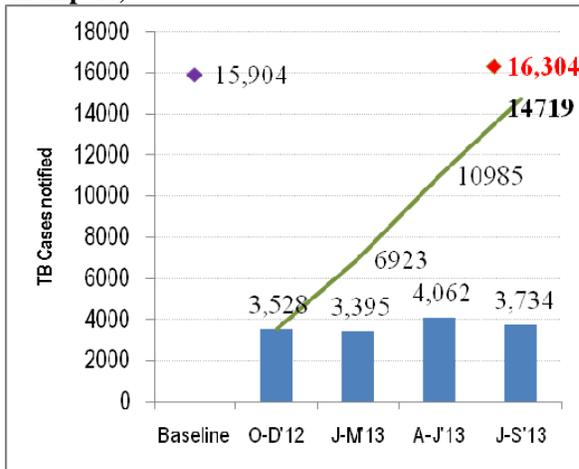
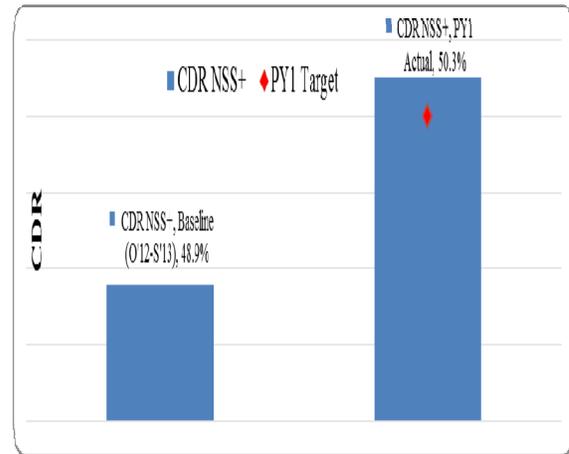
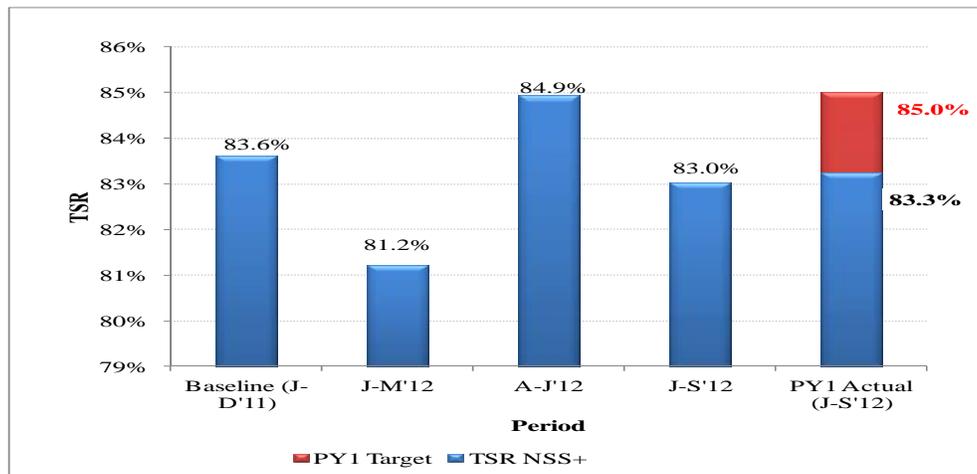


Figure 6: CDR for new smear-positive cases in TRACK TB operational areas (excluding Kampala)



The aggregated treatment success rate for the districts in the areas covered by the USAID district-based technical assistance partners remained around the same as seen in Figure 7 below. This result could be explained by the fact that the baseline data was for January–December 2011 while the actual PY1 performance data is for the period January–September 2012.

Figure 7: TSR for new SS+ cases in TRACK TB operational areas (excluding Kampala)



Sub-Result 2: Quality of TB Control services improved

Strategies and Key Interventions

a. A Quality improvement approach for TB developed

The TRACK TB project in collaboration with the NTLP, Ministry of Health Quality Assurance Division (MOH/QAD) and USAID-funded projects—Applying Science to Strengthen and Improve Systems (ASSIST), Securing Ugandan's Right to Essential Medicines (SURE), STAR-E, STAR-EC, and STAR-SW projects—



Participants discussing the routine TB supervision tool

developed a Quality Improvement (QI) approach to be incorporated into the NTLP's plans and service delivery. The approach is in line with the QAD/MOH National QI framework and strategic plan, and it outlines interventions and implementation arrangements for improving the quality of TB care.

The improvement approach combines the traditional quality improvement methods (of client centered care, promoting team work, and process/systems analysis for problem solving) with mentorship of service providers in TB control and routine assessment and recognition of good performance using the Service Performance Assessment and Recognition Strategy (SPARS). The existing support supervision and data management tools were reviewed and modified to emphasize mentorship of health providers in TB care and quality improvement. These tools will be presented to the NTLP for inputs and approval during PY2.

b. 24 NTLP staff and partners oriented in TB QI Approach



NTLP staff facilitating at the TB SPARS Training

Following the finalization of the TB QI approach, twenty four (24) of the NTLP central unit and zonal level staff and implementing partners were oriented on the QI approach and a core QI team was formed to roll out the QI process in the existing structures for TB control in the country during PY2.

c. EQA gaps identified and prioritized

TRACK TB supported the National TB Reference Laboratory (NTRL) to increase the coverage of laboratories at public facilities participating in External Quality Assessment (EQA) by an additional 67. The project also worked with the NTRL to provide supportive supervision and mentorship to labs performing poorly in sputum smear microscopy. During PY2 TRACK TB will support NTRL to decentralize the EQA system to regional referral hospitals.

Sub-Result 3: NTLP Operations Research Capacity Strengthened

During PY1, TRACK TB, in partnership with Makerere School of Public Health and NTLP, conducted a meeting to formulate a research agenda that focuses on the key gaps within the NTLP, like low case detection rate, low DOTS coverage, and high default rate. This agenda also incorporates areas of research identified by the NTLP research forum.

Two research studies from the agenda have been prioritized by the NTLP to be conducted during PY2. The first study will evaluate the current DOTS model in Uganda to inform the NTLP's plans to revise, disseminate, and implement DOTS across the country. The second study will assess models of IPT rollout in public health facilities in Uganda.

Key challenges and next steps for PY2

1. Toward the end of PY1 (June–September 2013), four major activities put huge demands on the time of the NTLP staff team, which limited their ability to participate in and implement planned activities. The four major activities were 1) Development of the NTLP annual implementation plan 2013/14; 2) NTLP external program review; 3) Preparation of the GF Phase II proposal; and 4) Preparation for the national TB prevalence survey. The activities affected included the finalization of the NTLP TB management and performance approach (TB SPARS), joint support supervision by partners, the finalization and printing of TB/HIV guidelines, and the follow-up of key recommendations identified during performance review meetings such as review of DOTS guidelines. These will be implemented during PY2.

2. Most of the 12 staff available at NTLP are seconded by projects, and in a number of instances they may have overlapping roles, especially in the area of M&E and data management. This has made it difficult for the Program Manager to effectively deploy these staff to support the achievement of the NTLP objectives. TRACK TB will work with the program manager during PY2 to identify the skills (capacity) of the seconded staff and use this information in determining how best to deploy them.
3. A number of operational and policy level limitations hinder NTLP's full exploitation of GF resources. These are limitations such as the delayed procurement processes in the food voucher system for TB and MDR-TB patients, and the freeze on monitoring and evaluation (M&E) budget items such as trainings, supervisions, communication, fuel, and travel expenses. All affect timely implementation of some of the activities at NTLP.
4. The lack of NTLP annual work plans in the past deprived the implementing partners (IPs) and the districts of guidance in developing their own work plans. This meant that the IPs and districts developed individual plans that were not necessarily aligned with the priorities of the NTLP.
5. QA/QI in TB is a new concept hence most team members at the NTLP are unfamiliar with the concepts and tools, this has resulted in a slower than expected process for seeking buy-in from NTLP and uptake of the project supported QI initiatives.
6. The ZTLS and District TB and Leprosy Supervisors (DTLS) are not well integrated in the district and regional support supervision initiatives of the MOH/QAD.

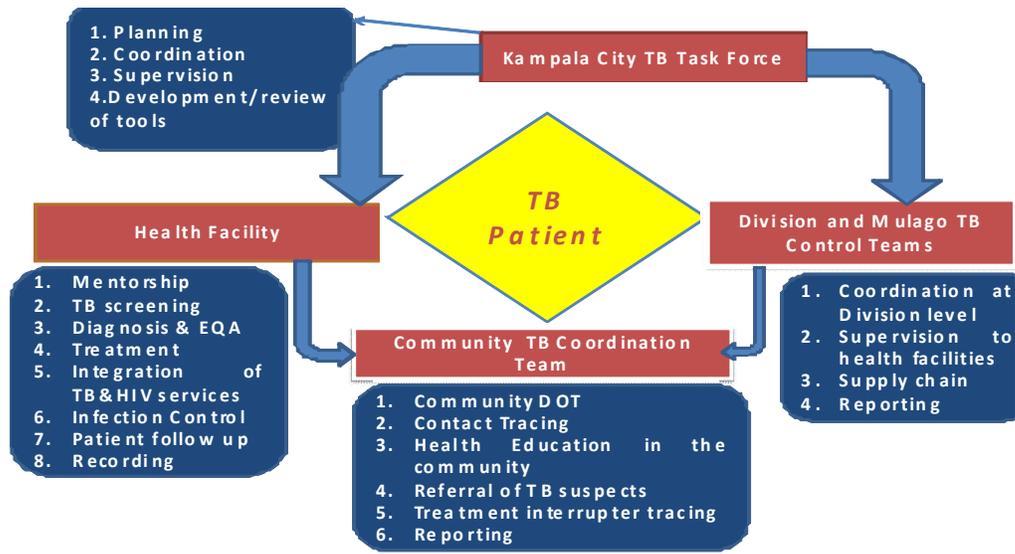
During PY2, TRACK TB will continue working with other partners and key stakeholders to support the NTLP in developing the leadership and technical capacity building skills required to effectively manage the TB program. The project will focus mainly on supporting the NTLP to: increase/access funding from other external sources like the Global Fund; address the human resource challenges at the NTLP; develop and disseminate the annual implementation plan; ensure the completeness of data collected and timely reporting; and improve the quality of support supervision.

5.2 Result Area 2: Urban DOTS model for Kampala implemented

Under this result area, the TRACK TB project supported KCCA to achieve four (4) sub-results; Health systems strengthening, improvement of TB and TB/HIV services, strengthening of Community-Based (CB) DOTS and improvement in supervision, monitoring, and patient tracking. Because the sub results have some overlap, all the strategies and key interventions have been described under sub-result 1.

The TRACK TB project support was focused at four levels; the City TB coordination mechanism – the Kampala City TB Task Force (KCTF), divisional TB teams, DTUs (49 health facilities) and community network (40 community supporters and 6 community supervisors). Figure 8 provides a summary of the supported activities at each level of project support.

Figure 8: Flow Chart illustrating TRACK TB support in Kampala



Sub-Result 1: Health Systems Strengthened

Strategies and Key Interventions

a. A planning and coordination mechanism for Urban DOTS established and facilitated

The TRACK TB Project in collaboration with KCCA initiated discussions with key partners involved in TB and TB/HIV control—including Infectious Disease Institute (IDI), Mulago Hospital Assessment Centre, The AIDS Support Organization (TASO), AIC, The Union, TB CARE I, and MakSPH—with the aim of identifying the gaps in service delivery and strengthening coordination mechanisms.



A cross section of members attending KCTF meeting at KCCA

Following these discussions the Kampala City TB Task Force (KCTF) was established under the stewardship of the Acting Director Public Health and Environment (DPH&E) of KCCA with the main objective of improving coordination and provision of strategic, operational, and technical guidance in the implementation of TB control activities in Kampala.

The KCTF coordination meetings were initially held on a monthly basis and later changed to bimonthly. One of the initial activities of the KCTF was a rapid assessment of TB and TB/HIV services at 12 DTUs in KCCA to provide information that would guide the prioritizing of key interventions.

Following the assessment, the identified key gaps such as incomplete patient data in the unit TB registers and the lack of some tools, e.g., laboratory TB registers, transfer forms, and laboratory request forms for sputum analysis, were identified and addressed collectively through provision of relevant tools and mentorship/supportive supervision. KCTF mobilized and guided the partners to support health units with recording and reporting tools, improving the



A Mulago Hospital TB Ward staff (L) and a KCTF team member during a supervision visit

completeness of records at unit TB registers, and the collection of data(from the health facilities to the divisions, from divisions to district and from the district to NTLP).

The information collected during the rapid assessment was used in developing the KCCA annual TB operational plan that is currently being implemented. TRACK TB provided technical and logistical support to this process.

Health workers mentored in TB and TB/HIV case management and records management

TRACK TB closely worked with the DPH&E of KCCA to identify a team of technical officers from partners, health care facilities, and members of the City Health Team to participate in the mentorship of health workers in TB and TB/HIV care at the health facility level.



Mentorship session at Kisenyi Health Centre IV



A nurse at Nsambya Home Care Explaining the use of the ICF tool for TB Screening

Subsequently the project supported the mentorship teams to provide on-the-job mentoring of the health workers at all the DTUs. About 15–25 health workers per DTU: health facility in-charges, clinicians, nursing staff, laboratory staff, counselors, and village health teams (VHTs) working at the health facilities have been mentored in each health facility. The aim of the mentorship was to equip health care workers with skills to implement TB and TB/HIV control interventions at the health facility level; introduce the quality improvement approach for TB control in the DTUs; enhance the capacity of supervisors at the district and health facility levels as well as health care workers in DTUs to carry out mentorship; and establish teams responsible for TB, TB/HIV control at the health facility level.

b. Divisional TB Focal persons supported to collect data from 49 DTUs

TRACK TB provided technical and logistical support to KCCA to collect data from all the DTUs and hold a data exchange meeting in which data from the facilities recorded in the divisional TB registers was cleaned up. Through project support, this data was submitted on time to NTLP.



A TB data exchange meeting in progress at KCCA

c. Divisional and Zonal quarterly performance review meetings held

The project also supported KCCA to hold two performance review meetings at zonal level and 12 at divisional level (two meetings per division). These meetings were aimed at reviewing TB and TB/HIV data collected from the DTUs and devising strategies for performance improvement. The facilitators of these meetings included the Senior Medical Officer and biostatistician at KCCA as well as DTLS and ZTLS. Some of the poor performance areas identified during these meetings include: low cure rates for infectious TB patients; high death rates in TB/HIV care centers; many TB patients seeking care from Mulago Hospital, yet such services are offered in all the divisions in Kampala;

insufficient patient counseling at initiation of anti-TB treatment leading to high rates of loss to follow-up; decline in HIV testing among diagnosed TB patients in Mulago Hospital; low ART uptake among TB/HIV co-infected patients; human resource gaps in the management of TB; and irregular supply of logistics, specifically HIV kits and data capturing tools like the lab registers.

d. Development of SOPs for TB case notification and case holding supported

The TRACK TB project supported KCTF to develop drafts of SOPs for TB case notification and case

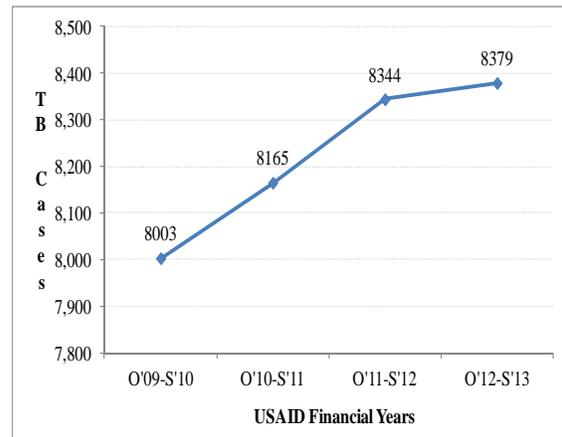
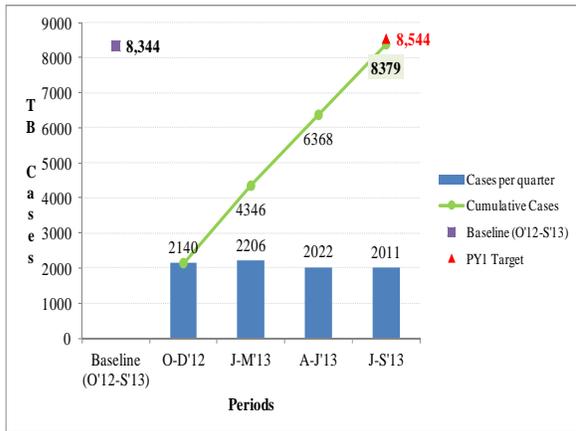


A cross-section of KCTF members during development of the KCTF operational plan and SOPs for TB case notification and case holding

holding in August 2013. The drafts have been shared for input from stakeholders. Finalized versions of each will be presented at the next KCTF meeting scheduled for November 2013 and will be distributed and disseminated to all DTUs thereafter.

As a result of the health systems strengthening interventions described above, KCCA was able to register improvements in a number of areas of performance as shown in the indicators in Figures 9–10 below.

Figure 9: Case Notification (All TB Forms) - TRACK TB PY1 performance **Figure 10: Case Notification (All TB Forms) trend in KCCA 2010-2013**



The treatment success rate and cure rate also showed progressive improvement during 2013. The continued improvement in the cure rate after the April–June quarter provides credence to the reported efforts of smoothly transitioning activities between TRACK TB and TB CARE I. This is seen in Figures 11 and 12 below.

Figure 11: Trends in TSR for new SS+ cases 2010 - 2012

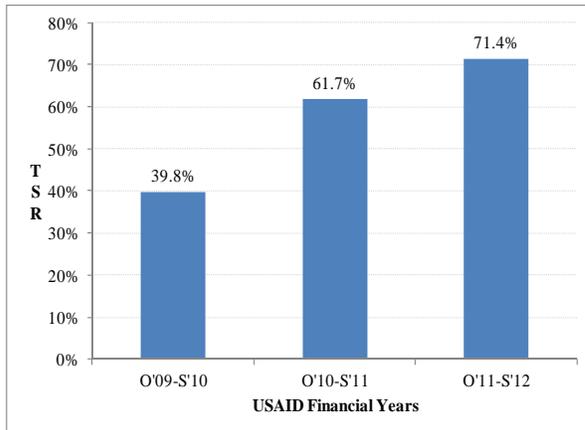
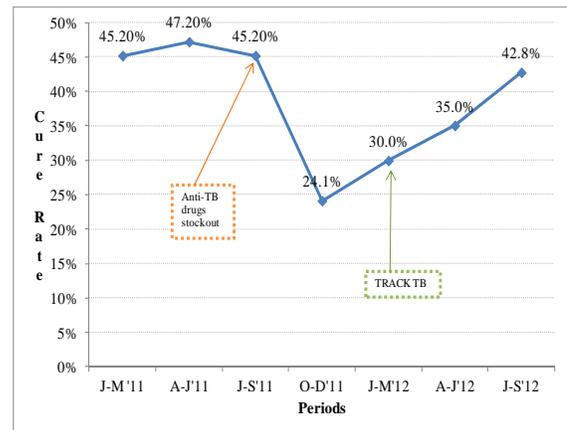


Figure 12: Trends in Cure rates in KCCA by quarter Jan 2011 to Sept 2012



Sub-Result 2: Integration of TB and TB/HIV services improved

Strategies and Key Intervention

Most of the strategies and key interventions that were implemented under this sub-result overlapped with those that have been described under sub-result 1 above. As a result of these interventions, such as mentorships of health workers, provision of recording and reporting tools, facilitation of data collection from health facilities, and data exchange meetings, there has been a noted improvement in the TB/HIV indicators at KCCA. The Figures 13 -15 below show the performance of KCCA health facilities in selected TB/HIV indicators, namely: percentage of TB patients tested for HIV increased from 77% to 91.6% and the percentage of TB/HIV co-infected patients receiving Anti-Retroviral Therapy from 51.8% to 62.1%

One additional intervention that started off in PY1 but was not fully implemented was the identification of model TB/HIV clinics. Three health facilities had initially been selected by KCTF to serve as model TB/HIV clinics, however the approach was changed. KCTF agreed that all the KCCA DTUs should be supported to provide a package of services described under a model TB/HIV clinic and those with best practices would be supported to mentor the others. The package of services being referred to has been presented to KCTF for inputs and will be agreed upon during the next KCTF meeting scheduled for November 2013. Full implementation of this will be done during PY2.

Figure 13: Percentage of TB Patients tested for HIV in KCCA Jan–Sept 2013

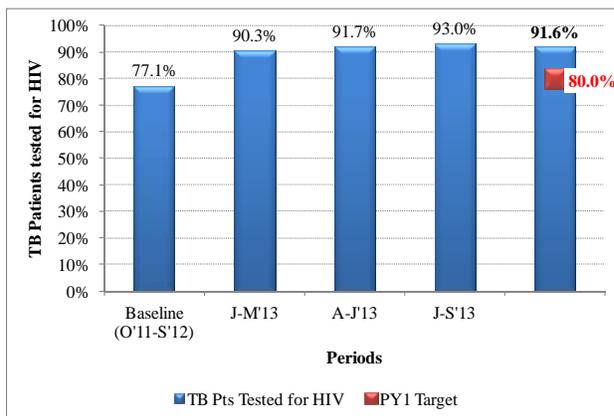


Figure 14: Percentage of TB/HIV patients receiving Cotrimoxazole in KCCA Jan–Sept 2013

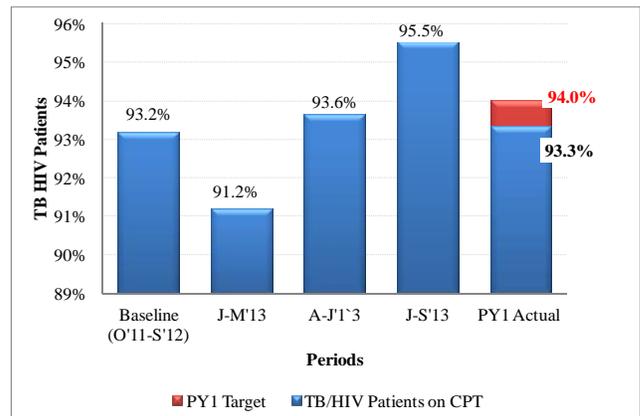
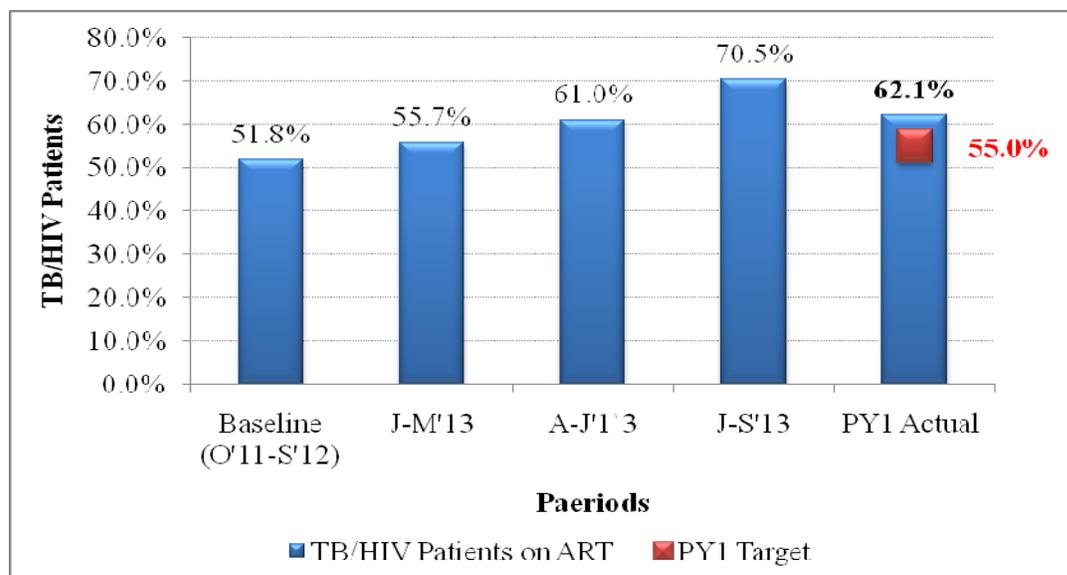


Figure 15: Percentage of TB/HIV CO infected Patients on ART KCCA Jan–Sept 2013



TRACK TB Strategies that contributed to improvement of TB/HIV indicators in KCCA

- Establishment of a planning and coordination mechanism for Urban DOTS
- Regular mentorship and supportive supervision of health workers
- Support quality data collection and exchange
- Support quarterly divisional and zonal performance review meetings.

Sub-Result 3: Community-Based (CB) DOTS strengthened

Strategies and key interventions

Community supporters and supervisors selected, equipped, and facilitated



Community Treatment Supporters and Supervisors after the training

In collaboration with AIC a team of 46 Village Health Team members were selected, oriented in TB control activities, and facilitated to follow up patients in communities. The community supporters were selected from existing resource persons, including VHTs, who were already known at health facilities and would easily be accepted at the facility level. Forty (40) community supporters have been distributed to the parishes in KCCA and the support health facilities located

within those parishes, and they are being supported by a team of 6 community supervisors. The main role of this community team is to strengthen DOTS at health facility and community levels. This community TB control support team was equipped with the knowledge and skills to carry out TB control activities including DOTS, referral of TB suspects, and health education about TB at the community level. They have been provided with job aids and recording and reporting tools to

facilitate them in their work.

During PY1 the major thrust of these community supporters' efforts was to identify and track TB patients whose records in the health unit registers were incomplete. They thus spent much of their time following up patients that had started treatment earlier. In the July–September quarter they intensified their efforts, which led to a sharp rise in the patients on DOTS in that quarter (as seen in Figure 16). The proportion of TB patients on community-based (CB) DOTS (10.6%) was higher than those under facility-based (FB) DOTS (3.7%) as shown in Figure 17.

Figure 16: Percent of patients on DOTS in KCCA Jan–Sept 2013

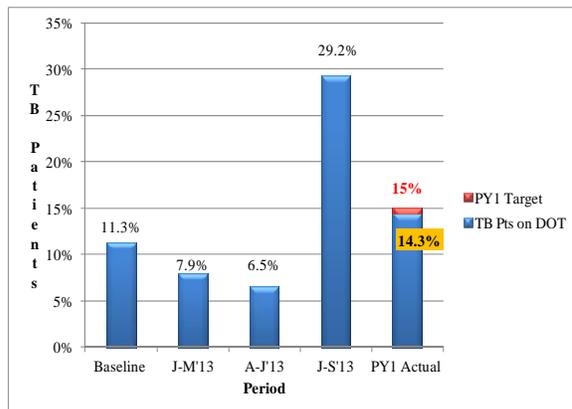
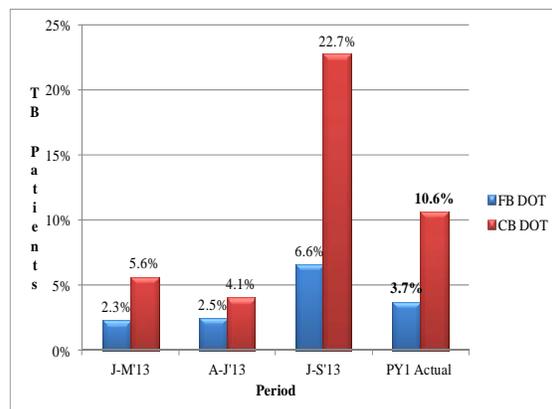


Figure 17: Percent of patients on CB and FB DOTS in KCCA Jan–Sept 2013



During PY2 the community supporters will spend more time following up newly enrolled patients to ensure they are closely supervised during their treatment.

TRACK TB Strategies which contributed to improvement of DOT in KCCA

- Recruitment and training of VHT as community treatment supporters
- Deployment and support of community supporters in the DTUs

Key challenges and next steps for PY2

1. Support for Urban DOTS implementation in KCCA entailed many activities that often had to be implemented concurrently. As such it was not possible for the one TRACK TB Technical officer to meet all these project demand. TRACK TB has proposed recruitment of additional Urban DOTS technical officers to provide continuous support to health facilities including conducting mentorship and onsite support of health facilities, supervision of the divisional focal persons.
2. KCCA is in the process of reorganizing the position of the DTLS and Divisional TB focal persons this has led to low morale among the current position holders who are uncertain of their future in these positions. TRACK TB is also waiting for KCCA to communicate the substantive technical persons in these positions before facilitating them with motorcycles received from TB CARE I. TRACK TB will work with the DPH&E to expedite the review of the positions in question and have the substantive technical persons appointed.
3. Some of the DTUs in KCCA charge a fee for services including sputum examination. This fee has acted as a deterrent for presumptive TB patients to receive prompt diagnosis. TRACK

TB successfully advocated for a reduction of this fee and will continue to advocate for other facilities to reduce the fee charged for sputum examination.

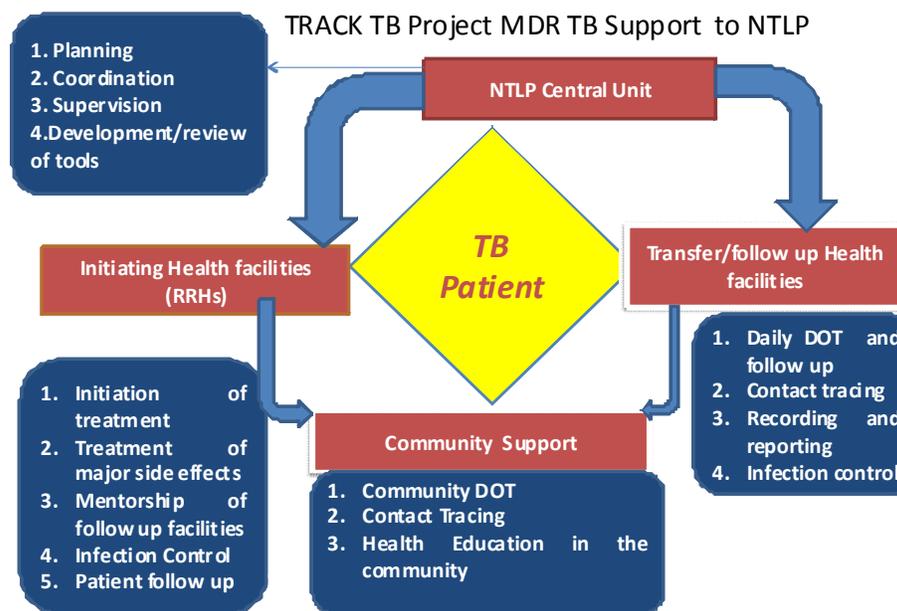
5.3 Result Area 3: Quality program for the management of MDR-TB implemented

Under this result area, the TRACK TB project supported the NTLP to achieve four sub-results: 1) Programmatic management of MDR-TB improved; 2) Uganda-specific model of care for MDR-TB developed; 3) Access to MDR-TB diagnosis, treatment and care increased; and 4) MDR-TB patient tracking and contacts investigation improved. All of these are interrelated and so the description of strategies and key interventions will relate to all the sub-results.

Strategies and Key interventions

The TRACK TB Project approach to supporting the implementation of a quality program for the management of MDR-TB is multi-pronged: 1) strengthen the NTLP Central Unit to oversee, coordinate, and monitor MDR-TB; 2) support direct implementation of MDR-TB treatment at three hospitals (and extend further to the follow-up health facilities and communities)—expanding to six hospitals during PY 2; and 3) provide technical support to other MDR-TB treatment sites supported by other implementing partners. (See Figure 18 below)

Figure 18: Flow Chart illustrating TRACK TB MDR-TB support to NTLP



a. Planning and coordination of MDR-TB at central unit strengthened

TRACK TB seconded an MDR-TB technical advisor to NTLP who spends 75 percent of time at the NTLP central unit coordinating and providing technical support for MDR-TB implementation at national level. The coordination role entails ensuring linkage of the various key components of a good MDR-TB program at national level, such as: carrying out MDR-TB surveillance (through which the newly diagnosed cases are identified); linking the identified patients to treatment at the nine currently available sites; maintaining the national MDR-TB register; ensuring the availability of guidelines and SOPs; coordinating MDR TB training activities; ensuring proper forecasting and quantification of

medicines at the national level and supporting treatment sites’ plan for their own supplies.

In the absence of a substantive MDR-TB central unit team, TRACK TB supported the set-up of a team to work with the MDR-TB Technical Advisor, including representation from the NTRL, the head of the Mulago TB unit, and a doctor and a nurse from Mulago hospital. The team held meetings and followed up key tasks and ensured regular updating of the MDR-TB register. This team compiled MDR-TB activities for inclusion in the NTLP annual implementation plan.

b. Capacity of MDR-TB treatment sites strengthened



NTLP/TRACK TB/Mbarara RRH meeting to discuss MDR-TB activities

TRACK TB worked with TB CARE I and NTLP to ensure smooth transitioning of three sites that had been under TBCARE I support namely Mulago, Mbarara, and Kitgum hospitals to TRACK TB. Because most of the patients had been diagnosed 3–4 years earlier, and at that time the patient location and contact information was not indicated on the waiting list, it was not immediately possible to locate the patients and start them on treatment right away.

TRACK TB worked closely with TB CARE I to clean up the MDR-TB waiting list and continuously update it thereafter. The purpose of updating this list was to identify the patients that have been diagnosed over the years and put them on treatment. During the process of cleaning up the MDR-TB registers, teams were sent to the districts armed with lists of known patients diagnosed since 2008. They teamed up with DTLs to trace the patients. Consequently, information on 112 patients was obtained as shown in Table 1 below.

Table 1: Outcome of MDR-TB patient tracing exercise

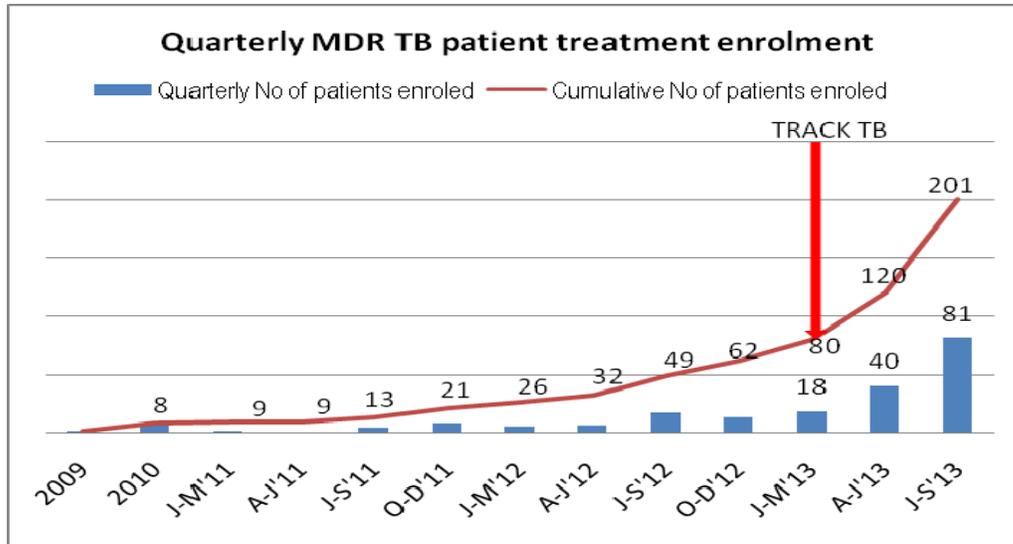
| 112 MDR patients traced during active search | | |
|--|-----------------------------|----|
| | Deceased | 21 |
| | Lost to follow up | 22 |
| | Mono resistant | 5 |
| | Susceptible TB | 2 |
| | Already on treatment | 12 |
| | Alive, not on treatment yet | 50 |

When information on patient location became available, TRACK TB worked closely with partners that included SUSTAIN, STAR EC and SW, Baylor Uganda to link patients to the nearest and most convenient treatment sites so as to start treatment right away. In addition TRACK TB worked with the NTRL to ensure all newly diagnosed patients were identified within the NTRL records and promptly linked to one of the nine treatment sites currently in the country. On many occasions this process involved the ZTLs as well as the DTLs of the region and district, respectively, to ease the tracing and locating of the patients. TRACK TB also worked with the treatment sites to ensure that the conditions imposed on patients before they are enrolled on treatment are less stringent—for instance the need for repeat sputum cultures that would take a long time and prolong the patient’s wait enrolling on treatment.

As a result of all these initiatives and strong drive and support from the MOH (including availing the

second-line drugs) there was a rapid enrollment of MDR-TB patients on treatment with the number of patients on treatment at the nine sites in the country rising to 201 at the end of September 2013 from 62 at the end of 2012, as can be seen in Figure 19

Figure 19: Trends in patient enrollment from 2009 to 2013



Food support for MDR-TB patients was found to be crucial to improve response to treatment as well as adherence. The support was required at three levels: the therapeutic level to treat malnutrition, as most (63%) of the patients had moderate to severe acute malnutrition according to a study conducted by TB CARE I; for admitted patients (who are not allowed to have attendants to bring them food); and supplementation—cereal-based foods—for the patient at home. Following a linkage through USAID, TRACK TB worked with Baylor Uganda to access Ready to Use Therapeutic food (RUTF) for malnourished patients at Mulago hospital. TRACK TB also worked with TB CARE I to provide cereal-based food supplies to patients at Mulago and Mbarara hospitals.

The country is currently implementing a mixed model of MDR-TB treatment that combines both hospitalized as well as ambulatory MDR-TB patient care. During PY 1 TRACK TB worked with the supported treatment sites to identify a minimum package of activities that need to be supported to ensure that patients receive a good quality MDR-TB treatment. This package includes

- 1) Supporting the treatment of patients; this involves training treatment site staff to acquire capacity to diagnose, conduct patient baseline evaluation, carry out regimen construction, treatment and follow up monitoring and regular review of progress by the MDR TB panels at Regional and National level. Supporting the performance of key clinical investigations and ensuring availability of ancillary medicines is an important activity, too. Standard operating procedures need to be developed for standardization of care. (To enable the treatment sites to provide this package of services, TRACK TB supports the salaries of additional staff at the treatment sites 5 at Mulago and 3 at Kitgum hospitals.)
- 2) Community care through the involvement of the nearest health facility as a follow-up center and the involvement of Village Health Teams to support the treatment and ensure DOTS. This also ensures tracing and screening of contacts for TB. Mentoring of follow-up facility staff by Treatment site staff is a key ingredient.
- 3) Provision of enablers in the form of food , transport support, and psychosocial support

- 4) Ensuring proper records are kept and appropriate reports made at the appropriate intervals. This involves both paper-based and electronic systems working together.
- 5) TB Infection control in the form of facilitating the development of TB Infection control plans for each facility; technical support in implementing administrative measures; and remodeling in-patient facilities to meet TB IC standards and provision of Protective wear.
- 6) General administration in form of communication, stationery, and meeting transport needs.

During PY2 TRACK TB will continue to work with the treatment sites and the MDR-TB central unit to refine this package further and generate national consensus to serve as a standard package of care at all MDR-TB treatment sites. In addition TRACK TB will support the three current treatment sites in becoming centers of excellence from which other sites in the country can learn by studying the management of MDR-TB.

TRACK TB procured protective gear, including 150 boxes of respirators and 500 boxes of masks, to be distributed to the health workers and patients at MDR-TB treatment initiation and follow-up sites to enhance TB Infection Control. The project successfully secured permission from the Medical Director of Mbarara Regional Referral Hospital to start remodeling the MDR-TB ward. The report of the TB Infection control consultant that carried out the assessment under TB CARE I has been useful in the preliminary stages of carrying out the renovations. TRACK TB has forwarded to USAID an approval request for the renovation in line with the new policies and procedures and awaits a response to be able to proceed.

The TRACK TB project team conducted a site visit to Lira Regional Referral Hospital, one of the selected additional MDR-TB treatment sites, to assess its readiness and prepare the team to initiate MDR-TB treatment. The project team assessed the facilities on the ground and the staffing position. Some of the needs identified include: training in PMDT, additional staffing, remodeling of the intended ward to isolate it and ensure proper ventilation, supply of protective wear, assistance in making key clinical investigations, and support in data management. The hospital team led by the Medical Director indicated a strong commitment to start treating MDR TB patients.

A number of MDR-TB patient contacts were traced and those with suggestive symptoms were referred to the health facility for further assessment. Further home visits were assigned to the follow-up facility staff to be conducted during home visits. One of the challenges faced was that the currently available tools do not provide for regular follow-up and monitoring for 24 months as recommended. TRACK TB will support the revision of the tools for contact tracing to incorporate a provision for periodic updating.

c. Supportive supervision and mentorship of MDR-TB treatment sites conducted



An MDR-TB supervision visit with the NTLP PM at Mbarara RRH



A TRACK TB/NTLP MDR-TB support visit to Kitgum district hospital

The TRACK TB project supported supervision visits for the central level team including the program manager to MDR-TB treatment sites. The sites visited include: Mbarara, Fort Portal, Mbarara, Masaka, Arua, and Gulu Regional Referral Hospitals as well as Kitgum Hospital. The purpose of this activity was to identify the challenges each site faces in managing MDR-TB patients and to jointly work out solutions. These visits helped mobilize and rally teams at newly established treatment sites to start enrolling patients and overcome the initial inertia that existed following training. During these visits newly trained teams were mentored on the key steps involved in MDR-TB treatment and made aware of the available support whenever needed to enable them gain confidence to start enrolling patients that were on the waiting list at that time.

The UCSF TRACK TB project MDR-TB Technical assistance partner also conducted site visits to MDR-TB treatment sites and provided bedside technical support to the health workers involved in MDR-TB treatment. During these visits they also identified gaps in the program that needed further support. In response to the recommendations made during the external NTLP review and also the following site visits made by UCSF, TRACK TB in collaboration with UCSF developed a rapid response plan that entailed establishing a team of 6 national mentors who were mentored by UCSF and in-turn would mentor the treatment sites.

This team of national mentors comprising three doctors and three nurses from the MDR-TB treatment initiation has been carrying out peer to peer mentoring of the health workers at all the nine treatment sites in the country with specific focus on: improving records management including documentation of results of follow-up sputum analysis; clinical patient management, especially monitoring for side effects and bacteriological progress; follow-up of patients at the follow-up sites among others. These mentorships have continued into PY2 and it is expected that they will help to standardize the practices at all nine MDR-TB treatment sites and also ensure improvement in the care received by the patients at all the sites which is in keeping with the sub-result of improved programmatic management of MDR-TB.

d. MDR-TB surveillance at NTRL strengthened

TRACK TB worked closely with the NTRL to ascertain the gaps in the MDR-TB surveillance conducted through the TB specimen referral system that needed support. Identified gaps in the sample movement from the facilities to NTRL were addressed by the project through provision for courier services for the samples. TRACK TB also worked with NTRL to pay for the maintenance of the Mycobacteria Growth Indicator Tube (MGIT) equipment used to diagnose MDR-TB. The project worked with already existing service providers identified by NTRL.

As indicated in (a) above, TRACK TB worked closely with NTRL to ensure that patients identified through the surveillance system are linked to treatment at the nearest and most convenient treatment site out of the nine that currently exist in the country.

e. MDR-TB Recording and Reporting Strengthened

TRACK TB has supported NTLP to develop a national electronic database in the format compatible with the MDR-TB unit register that captures details of the patients at the facility level. This register is currently being used to store patient details at the national level and has led to improvement in data analysis, recording, and reporting. This database will be upgraded to improve functionality and incorporated into the improved NTLP database in the following year. It will also be institutionalized at the MDR-TB sites next year. Table 2 below provides a summary of available MDR-TB patient data in the database

Table 2: Treatment outcomes for MDR-TB patients enrolled in the country since 2009

| Patient Outcome/Category | MDR-TB patients enrolled by health facility | | | | | | | | |
|--------------------------|---|------|--------|---------|-------------|-------|--------|------|-------|
| | Kitgum | Arua | Mulago | Mbarara | Fort Portal | Mbale | Iganga | Gulu | Total |
| Completed | 5 | 6 | 0 | 0 | 0 | 0 | 0 | 0 | 11 |
| Cured | 5 | 2 | 1 | 0 | 0 | 0 | 0 | 0 | 8 |
| Defaulted | 0 | 2 | 1 | 0 | 0 | 0 | 0 | 0 | 3 |
| Died | 1 | 1 | 5 | 5 | 0 | 0 | 0 | 0 | 12 |
| Still on treatment | 33 | 11 | 71 | 15 | 6 | 12 | 6 | 13 | 167 |
| Total | 44 | 22 | 78 | 20 | 6 | 12 | 6 | 13 | 201 |

f. National MDR-TB trainings harmonized and training materials updated.

TRACK TB as a lead MDR-TB partner provided technical support and coordination of all MDR-TB



trainings to ensure consistency with the national MDR-TB training materials. Forty-nine health workers from Mbale, Gulu, Masaka, and Iganga received these trainings. TRACK TB worked with the partners that supported the trainings to harmonize the training schedule that accommodated all the sites and mobilized the trainers to ensure availability of both the trainers and training materials. The partners that supported these trainings include World Health Organization (WHO), STAR-EC, and SUSTAIN.

Health workers complete a nutritional assessment during MDR-TB nutrition training

TRACK TB also supported and conducted trainings for 17 health workers at Mulago and 55 health workers at the follow-up sites where patients from Mulago hospital receive DOTS. Some of the health workers included the newly recruited Mulago hospital staff whose salaries are paid by TRACK TB. These trainings resulted in an increase in the enrollment of MDR-TB patients on treatment as well as better follow up at the treatment sites.

In collaboration with UCSF and NTLP, Track TB supported the review of available SOPs on MDR-TB and the updating of the national MDR-TB training materials to international standards. During PY2 the national team of trainers will be supported to make final inputs into the training materials and use them for training.

Key challenges and next steps for PY2

1. The central unit team members involved in MDR TB activities were always involved in other tasks that took priority over MDR-TB activities. This limited the available NTLP human resources to support and follow up implementation of activities at the national level. TRACK TB will work with NTLP to expedite the recruitment of the GF supported MDR TB coordinator who will be available on full time basis.

2. It took a long time to get to meet and discuss with the DG to agree on the additional MDR-TB treatment sites. Because of the urgency TRACK TB worked with the NTLP, USAID, and SUSTAIN to identify additional sites based on the distribution of MDR-TB patients.
3. Fewer than expected health workers from the MDR-TB follow-up facilities turned up for the training because most of them were from private-for-profit health facilities, and therefore were not willing to leave their businesses unattended to.
4. The Infrastructural division has taken a long time to respond to the submitted remodeling plan of the central unit. Although they drew the first plan when a senior engineer revisited the site, he decided to change the plan

5.4 Result 4: Coordination and implementation of DOTS, TB/HIV, and MDR-TB interventions improved

Under this result area, the TRACK TB project supported the NTLP to improve planning and coordination of TB/HIV implementation approaches and practices. Below we highlight the achievements in this sub-result.

IR 4.1: Planning and coordination of TB control approaches and practices improved Strategies and Key interventions

a. NCC mechanisms strengthened



Dr Opio Alex chairs the quarterly TB/HIV NCC meeting

TRACK TB worked closely with TB CARE I to ensure smooth transitioning of the support toward the National Coordination Committee for TB/HIV (NCC). The NCC provides a forum for advocacy in the area of policy and any other issues where MOH approval is required. TRACK TB supported one quarterly meeting during which the NTLP provided updates on PMDT and held discussions concerning a need for increased support for the AIDS control program to implement infection control measures in HIV care settings.

TRACK TB is working with the chair of the NCC—the assistant commissioner of the National Disease Control—to make the NCC more effective and efficient. During the discussions TRACK TB requested that the NCC chair provide a work plan that outlines key priority activities. During PY2 TRACK TB will provide technical support to NCC to ensure it addresses key policy issues that are limiting the effective implementation of TB and TB/HIV services.

TB/HIV implementation guidelines finalized and approved by MOH senior management committee

During this reporting period TRACK TB worked with the NCC to support in finalizing and approving the second edition of the national TB/HIV implementation guidelines by the MOH senior management committee. The process of revision had been supported earlier by TB CARE I but after the TB CARE I closeout, TRACK TB took over the support to ensure that the guidelines are completed and available for use in the country. TRACK TB will support the printing and dissemination of the approved TB/HIV guidelines during the next quarter.

Guidelines for Isoniazid Preventive Therapy (IPT) developed

Following an NCC decision to develop the IPT guidelines for people living with HIV in Uganda, TRACK TB also supported the development of the IPT guidelines. The draft guidelines will be finalized and shared at the next NCC meeting before being submitted to the senior management committee for approval during the next quarter.

b. Partner coordination mechanisms improved

TRACK TB has worked with NTLP to identify the most appropriate mechanisms to improve partner coordination. During the April–June quarterly review meeting, participants discussed how to implement these mechanisms and get meaningful partner participation. One key approach agreed upon included ensuring that partner-supported regions and their respective ZTLS discuss performance issues and plan how to address the identified performance gaps in TB, TB/HIV, and MDR-TB.

This was done during the quarterly performance review meeting in August. Each zone agreed on an action plan to improve specific areas of poor performance highlighted during this meeting

TRACK TB did not provide direct technical assistance to the partners during PY1 other than the interventions described above. Despite this, however, the performance of the regions supported by district implementing partners has improved over the past three quarters of 2013. See Figures 19–21.

Ninety-four percent (94%) of the TB patients at the partner-supported districts were tested for HIV. Ninety-seven percent (97%) of the TB/HIV co-infected patients were on CPT, while 64% were on ART. Of the three TB/HIV indicators tracked by the project, two indicators—TB patients tested for HIV and TB/HIV patients on ART—surpassed the PY1 targets.

Figure 20: TB Patients tested for HIV - PY1 performance of USAID partners supported by TRACK TB

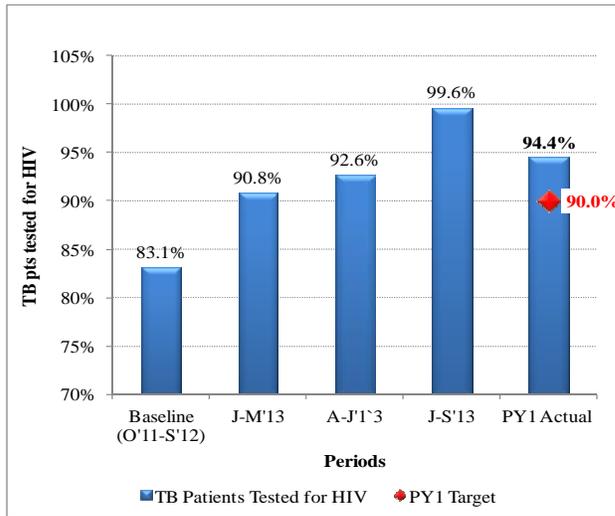


Figure 21: TB/HIV Patients on CPT - PY1 performance of USAID partners supported by TRACK TB

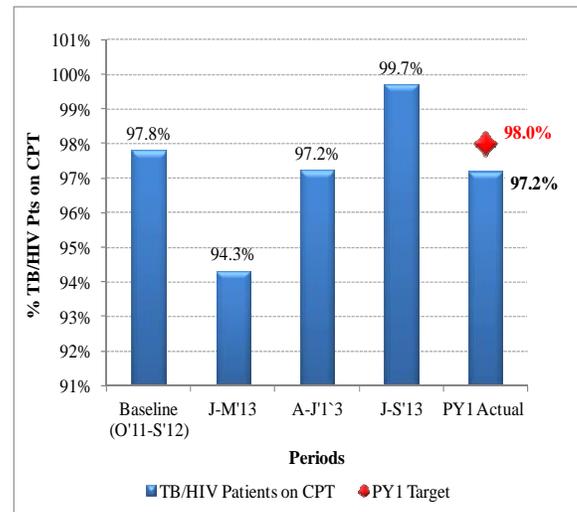
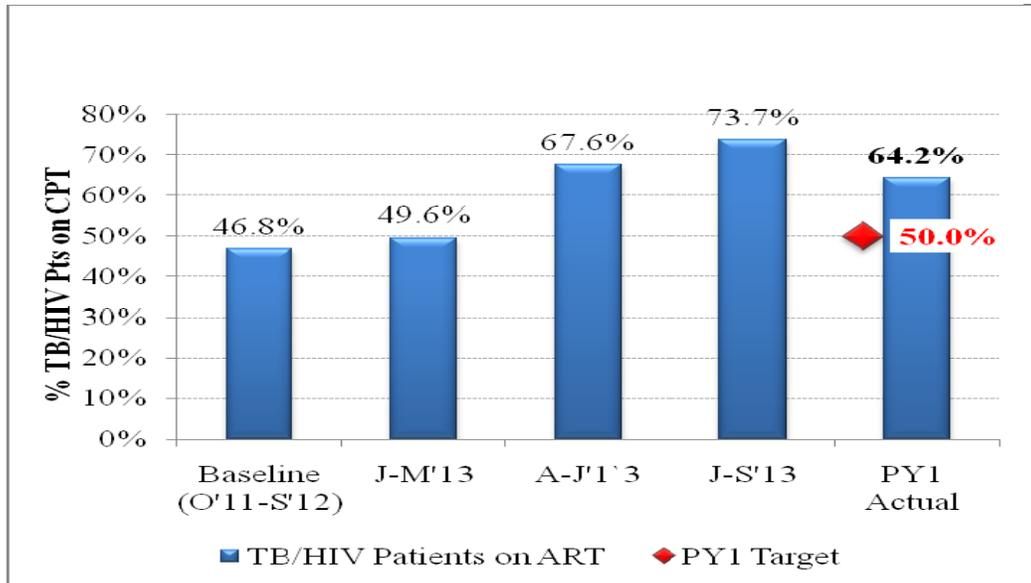


Figure 22: TB/HIV Patients on ART - PY1 performance of USAID partners supported by TRACK TB



Key challenges and next steps for PY2

1. Due to many competing priorities at NTLP especially during the July – Sept period it became difficult to conduct joint supervision visits led by NTLP to identify areas for support. TRACK TB will work with NTLP and partners during PY 2 to schedule and implement joint supervision visits that will inform priorities for partner support.
2. The TB/HIV data from district based technical assistance partner supported sites reported by TRACK TB is based on district reports submitted through the ZTLS. Owing to the different times at which it is compiled and reported there may be discrepancies in what is eventually reported by TRACK TB and the partners. TRACK TB will continue to work with the partners and USAID to agree on the accepted time of the year when all the data can be harmonized.

6.0 Monitoring and Evaluation

During the reporting period, the following monitoring and evaluation achievements were made:

- The TRACK TB Project, with support from the NTLP, designed an electronic MDR-TB register for the programmatic management of MDR-TB patient data. This Microsoft Access-based e-register will improve data accuracy, quality, and analysis for better planning and management of MDR-TB in the country. Currently, TRACK TB is updating this electronic register. The photo below is a screen shot of the National MDR-TB Register.

| NTP DATABASE FOR QUARTERLY DATA | | | | | | | | | |
|---|--------|----------|-------------------------|----------------------------|-------------------------|---------------------|-------------|-------------|-------------------------------------|
| Report on the Results of Treatment of Tuberculosis Patients Registered 12 - 15 Mo | | | | | | | | | |
| Name of District | | Division | | Patients registered during | | Date form completed | | | |
| Name of District TB / Leprosy Supervisor | | | | Signature | | | | | |
| Patients reported during quarter (A) | | | Type of Patient | Cured (1) | Treatment completed (2) | Died (3) | Failure (4) | Default (5) | Transferred to another district (6) |
| Male | Female | Total | | NEW CASES | | | | | |
| | | | Smear positive | | | | | | |
| | | | Smear negative | | | | | | |
| | | | No smear done | | | | | | |
| | | | Extra-pulmonary | | | | | | |
| | | | Total | | | | | | |
| Male | Female | Total | | RETREATMENT CASES | | | | | |
| | | | Smear-positive relapses | | | | | | |
| | | | Smear-positive failures | | | | | | |

- Working in close collaboration with the NTP, TRACK TB also designed an electronic National Database for TB. This Microsoft Access electronic database was developed to store TB data reported by the districts, and it is currently being reviewed and pre-tested by the NTP. Before making the database online, TRACK TB will mentor the Data Manager at the NTP on managing and using the stored data. This innovation should improve data management, analysis, reporting, planning, and decision-making at the NTP. In the future, TRACK TB expects to expand this database to run from a central server and house all TB-related data in the country, including drug-susceptible TB, MDR-TB, and laboratory data.
- In an endeavor to improve TB treatment outcomes in KCCA, TRACK TB, through support from KCCA, has embarked on electronically capturing and storing all TB patients' data from unit TB registers of facilities in Kampala. This initiative is aimed at improving the monitoring and follow-up of patients, thus improving TB case holding indicators. Currently, the project has developed an electronic unit TB register using Microsoft Access, and data entry is ongoing at Mulago Hospital, which TRACK TB has supported with a new computer set for this purpose. So far, patients' data from four high-volume TB treatment health sites, including Mulago wards 5&6, Mulago ward 15, and Nsambya and Mengo hospitals, have been entered. Before institutionalizing this new approach at the DTUs in KCCA, in the next year TRACK TB will build the capacity of the persons responsible for patient record management in the facilities that are already in possession of functional computers. This capacity building will be achieved through mentorships so that each records manager can manage his or her own data electronically. For DTUs without computers, TRACK TB will support paper-based data systems while continuing to advocate for the provision of functional computers by partners and KCCA to these DTUs.
- Through a series of various meetings held at the NTP, TRACK TB also participated in revising the NTP recording and reporting tools; developing indicators to include in Ministry of Health DHIS2 web-based reporting system; organizing the NTP quarterly program reviews; prevalence survey preparations; and reviewing of draft NTP standard operating procedures (SOPs) for data management.

7.0 Other Activities

- The TRACK TB Project team was fully constituted at the beginning of May 2013, making it possible to initiate implementation across all the intermediate result areas. The team, together with in-county partners, AIC, and MakSPH, participated in a strategy development meeting during which the project was presented and discussed, and approaches were agreed upon. In addition, a team-building exercise facilitated the bonding and cooperation among the team members.

- The TRACK TB team has received technical support from USAID for work plan development, the PMP, and the baseline survey; this has been useful in finalizing these documents and activities.



The TRACK TB team participates in a team building activity

8.0 Technical Assistance

During PY1 TRACK TB received several Short-Term Technical Assistance (STTA) visits for both the technical and operational aspects of the project. Below is a summary of the STTAs.

1. Pedro G. Suarez, MSH Global TB Technical Lead, conducted three STTAs to support the TRACK TB project country team . These are outlined below:
 - a. January 21–February 2, 2013 to support the MSH country team during the TRACK TB project start- up and preparation of the PY1 work plan.
 - b. April 1–April 9, 2013 to conduct the MOST for TB workshop and provide support in finalizing the project performance monitoring and management plan
 - c. September 15–21, 2013to provide support to the TRACK TB project team in preparing the PY2 work plan.
2. Lim Yen—MSH Senior Contracts Officer—April 29–May 4, 2013 to support the two in-country sub-partners with the sub-award reading and monitoring of the OMB circular with emphasis on A110, A122 and A133 and the Cooperative Agreement reading with the TRACK TB team.
3. Kristan LaGuercia—MSH Contracts Officer—took two extra days after her visit to the MSH STAR E project to visit TRACK TB on 2 July 29–30 and supported the TRACK TB staff on a number of contractual/compliance issues.
4. UCSF team—Lisa Chen, Anne Raftery, Randall Reves—September 1–21, 2013 to provide technical support to the national MDR-TB program including review of training materials, bedside mentorship, and development of a rapid response plan as suggested by the program review recommendations.

9.0 International Travel

A TRACK TB officer and two other officers from the NTLP in July 2013 attended a regional training workshop on Gene Xpert MTB/RIF in Gaborone, Botswana. The training was supported by the African Society for Laboratory Medicine (ASLM) and the objective was to share experiences and provide guidance on the rollout of Gene Xpert MTB/RIF in each country. A key recommendation adopted was to strengthen planning and coordination between the national TB and AIDS control programs by incorporating the implementation of Gene Xpert MTB/RIF in the specific operational plans and providing regular updates to review progress in the rollout.

The TRACK TB Chief of Party and the Finance Manager traveled to the MSH home office in August 2013 for one week to undergo orientation on a number of project, MSH, and donor requirements. The areas covered included overviews of the SOPs and project implementation strategy.

10.0 Environmental compliance

There was neither construction nor medicines handling that necessitated any compliance considerations during the year.

11.0 Financial Accomplishment

Fifty two percent (52%) of PY1 (January 2 through September 30, 2013) budget of US\$2,043,197 was spent. This represents 42% of the total obligated amount US\$2,502,537 for the period from January 2 through January 1, 2014.

Appendix: TRACK TB Project PMP Indicators Performance

| PMP Indicators | New baseline values from Baseline Survey | Old Baseline Values | Oct-Dec 2012 | Jan-Mar 2013 | Apr-Jun 2013 | Jul-Sep 2013 | PY1 Performance | PY1 Target |
|---|---|---|--------------|--------------|-----------------|--------------------|---|--|
| 1. Case Detection Rate: New smear-positive TB cases in partner-supported sites | 53.3% | 48.9% | | 46.3% | 55.3% | 49.2% | 50.3% | 50.0% |
| 2. Case Notification: All Forms of TB in partner-supported sites* | 15,901 | 15,904 | 3528 | 3395 | 4062 | 3734 | 14719 | 16,304 |
| 3. Treatment Success Rate: New smear-positive TB cases in partner-supported sites | 83.4% | 83.6% | | 81.2% | 84.9% | 83.0% | 83.3% | 85.0% |
| IR 1: NTLP Leadership and Technical Capacity for Effective Management of TB Control Enhanced | | | | | | | | |
| 1.1.1. NTLP Annual work plan developed and implemented** | 0.0% | 0.0% | | 0 | 0 | 20% | 20% | 20.0% |
| 1.1.2. A National TB data management system in place*** | No National TB database exists to guide planning, decision making and reporting | No National TB database exists to guide planning, decision making and reporting | | | | | National TB Database available with complete 1 financial year data for 100% of the districts. Data utilized to guide planning, decision making and reporting | National TB Database available with complete 1 calendar year data for 50% of the districts |
| 1.1.3. Proportion of districts submitting reports timely to NTLP (by 28th day of next month) | 87.2% | TBD | | 91.0% | 97.3% | 86.6% | 91.7% | TBD |
| 1.1.4. Number of Quarterly and Annual NTLP reports produced and disseminated | 0 | 0 | | 0 | 1 Annual report | 1 Quarterly report | 2 (1 Quarterly and 1 Annual) reports | 3 (2 Quarterly and 1 Annual) reports |
| 1.3.1. Number of operational research reports produced and disseminated by NTLP with TRACK TB support | 0 | 0 | | 0 | 0 | 0 | 0 | 0 |
| IR 2: URBAN DOTS Model for Kampala Implemented | | | | | | | | |
| Case Detection Rate - NSS+ in KCCA**** | N/A | N/A | | 163.3 % | 146.3 % | 154.9 % | 155.5% | N/A |
| 2.1.1. Case Notification: All Forms of TB in KCCA* | 8,344 | 8,344 | 2140 | 2206 | 2022 | 2011 | 8,379 | 8,544 |
| 2.1.2. Treatment Success Rate: New smear-positive TB cases in KCCA | 64.4% | 69.7% | | 69.8% | 73.4% | 69.9% | 71.0% | 72.0% |
| 2.1.3. Cure Rate: New smear-positive TB cases in KCCA | 43.3% | 41.5% | | 30.0% | 35.0% | 42.8% | 35.7% | 44.0% |

| PMP Indicators | New baseline values from Baseline Survey | Old Baseline Values | Oct-Dec 2012 | Jan-Mar 2013 | Apr-Jun 2013 | Jul-Sep 2013 | PY1 Performance | PY1 Target |
|--|--|--|--------------|--------------|-----------------|--------------------|--|---|
| 2.1.4. Proportion of New smear-positive TB patients who have sputum examination at 2 nd month of treatment in KCCA***** | 55.2% | TBD | | 37.4% | 20.6% | 43.1% | 34.0% | TBD |
| 2.1.5. Proportion of category II patients who have sputum culture test result in their file***** | 22.0% | TBD | | 59.7% | 63.0% | 51.1% | 58.0% | TBD |
| 2.1.6. Number of registered health facilities providing TB services in KCCA | 38 | 48 | | 48 | 48 | 49 | 49 | 50 |
| 2.2.1. Percentage of HIV+ patients screened for TB in HIV care setting in KCCA***** | 70.0% | TBD | | TBD | TBD | TBD | TBD | TBD |
| 2.2.2. Percentage of TB patients tested for HIV | 78.3% | 77.1% | | 90.3% | 91.7% | 93.0% | 91.6% | 80.0% |
| 2.2.3. Percentage of TB/HIV Co-infected patients that received CPT in KCCA | 93.0% | 93.2% | | 91.2% | 93.6% | 95.5% | 93.3% | 94.0% |
| 2.2.4. Percentage of TB/HIV Co-infected patients that received ART in KCCA | 56.8% | 51.8% | | 55.7% | 61.0% | 70.5% | 62.1% | 55.0% |
| 2.2.5. Percentage of registered health facilities meeting set quality standards for implementing TB/HIV services | 0 | TBD | | 0.0% | 0.0% | 0.0% | 0.0% | TBD |
| 2.2.6. Percentage of TB patients under DOTS in KCCA | 6.8% | 11.3% | | 7.9% | 6.5% | 29.2% | 14.3% | 15.0% |
| IR 3: Quality Program for the Management of MDR-TB Implemented | | | | | | | | |
| 3.1.1. NTLPM PDT Annual work plan developed and implemented** | 0% | 0% | | 0 | 0 | 0.7 | 0.7 | 0% |
| 3.1.2. A National MDR-TB data management system to be merged with NTLPM database*** | No National MDR-TB database exists to guide planning, decision-making, and reporting | No National MDR-TB database exists to guide planning, decision-making, and reporting | | | | | National MDR-TB Database available with complete 1 financial year data and patients details. Database to be merged with NTLPM database after upgrade in PY2 | National MDR-TB Database available with complete 1 calendar year data |
| 3.1.3. Number of Quarterly and Annual MDR-TB reports produced and disseminated | 0 | 0 | | 0 | 1 Annual report | 1 Quarterly report | 2 (1 Quarterly and 1 Annual reports) | 3 (2 Quarterly and 1 Annual reports) |
| 3.3.1. Number of MDR-TB Treatment initiation sites | 3 | 3 | | 3 | 3 | 3 | 3 | 3 |

| PMP Indicators | New baseline values from Baseline Survey | Old Baseline Values | Oct-Dec 2012 | Jan-Mar 2013 | Apr-Jun 2013 | Jul-Sep 2013 | PY1 Performance | PY1 Target |
|---|--|---------------------|--------------|--------------|--------------|--------------|-----------------|------------|
| supported by TRACK TB | | | | | | | | |
| 3.3.2. Number of confirmed MDR-TB cases enrolled on treatment | 62 | 17 | | 82 | 126 | 190 | 190 | 100 |
| 3.3.3. Treatment Success Rate: MDR-TB cases | 0% | 50.0% | | 100.0% | 0.0% | 66.7% | 75.0% | 55.0% |
| 3.3.4. Cure Rate: MDR-TB cases | 0% | 20.0% | | 0.0% | 0.0% | 66.7% | 50.0% | 25.0% |
| 3.4.1. Percentage of MDR-TB patient contacts traced and screened for TB symptoms | 0% | 0% | | 0.0% | 0.0% | 0.0% | 100.0% | 10.0% |
| IR 4: Coordination and Implementation of DOTS, TB/HIV, and Community-Based MDR-TB Interventions Improved | | | | | | | | |
| 4.4.1. Percentage of TB patients tested for HIV in partner-supported sites | 94.0% | 83.1% | | 90.8% | 92.6% | 99.6% | 94.4% | 90.0% |
| 4.4.2. Percentage of TB/HIV Co-infected patients that received CPT in partner-supported sites | 94.0% | 97.8% | | 94.3% | 97.2% | 99.7% | 97.2% | 98.0% |
| 4.4.3. Percentage of TB/HIV Co-infected patients that received ART in partner-supported sites | 45.6% | 46.8% | | 49.6% | 67.6% | 73.7% | 64.2% | 50.0% |

* Indicator target set based on 4 quarters

** NTLF Work plan being tracked is for 2013/2014

*** Indicator is reported annually

**** Indicator initially not part of approved PMP but it was recommended during the course of implementation

***** Indicator reported through ART clinic, TRACK TB was not able to access the data but efforts are underway to access it through the DHIS2

***** Data for this indicator is not provided for in the NTLF tools, these values were got from NTRL. Thus, it may not accurately reflect the situation at the health facilities

***** Although data for the numerator of this indicator is in the TB Unit register, the current NTLF quarterly reporting tool (HMIS 106a: TB) does not provide the denominator required to compute the value of this indicator.