



2020

# THE USAID PROGRAM FOR ACCELERATED CONTROL OF TB (PACT) KARAMOJA REPORT (JAN-DEC 2020)





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Tuberculosis (TB) remains a major public health problem due to continued high incidence, prevalence and mortality. In Africa alone, TB accounted for 28% of the estimated 9.6 million incident TB cases that occurred worldwide and accounts for 74% of the estimated 1.2 million HIV-infected TB patients notified globally. Uganda is one of the 30 high TB/HIV burdened countries with an estimated 88,000 people who fell ill with TB, of which 15,600 people died in 2019.

In response to the pressing need for improved TB service delivery in one of the TB hot spots in Uganda, the Infectious Diseases Institute (IDI) with Doctors with Africa (CUAMM) partnered with Uganda's National TB and Leprosy Program (NTLP) to implement the USAID funded five-year project Program for Accelerated Control of TB in Karamoja region - PACT Karamoja (2020-2025). PACT Karamoja, which is funded through the USAID Global Accelerator to End TB, is committed to funding sustainable local solutions for improved health and productivity. PACT Karamoja is focusing on strengthening regional and district structures for the management of drug susceptible TB, drug resistant TB and TB preventive services. PACT Karamoja aims at scaling up evidence based and high impact interventions towards achievement of the End TB strategy targets of 90% treatment coverage and treatment success in all districts of North Eastern sub-region of Uganda. PACT Karamoja was launched on 13th January 2020 in Abim, Amudat, Kaabong, Karenga, Kotido, Moroto, Nabilatuk, Nakapiripirit and Napak districts of Moroto, to strengthen Karamoja region's healthcare system to effectively and sustainably achieve the End TB targets.

In its first year, PACT Karamoja developed capacity of 264 community-owned resource persons (CORPs) to support early identification of TB patients and provide psychosocial adherence to those diagnosed with TB until they cure from this disease thus preventing new infections and death from TB. The CORPs successfully screened 21,640 community members for TB in Karamoja sub-region which led to diagnosis of 592 TB cases thus contributing 13% of 4655 TB cases registered in 2020. The Activity supported district health system to avert stock outs of TB medicines and supplies thereby achieving 100% timely ordering for all 63 facilities in the region (56 public and seven PNFPs). In the second project year (PY) 2022, PACT Karamoja will consolidate the achievements and learning from PY1 to further scale up coverage of evidence-based interventions to achieve intended project goals. This will be achieved through capacity building, application of quality improvement principles to close identified gaps, strengthening service delivery platforms for improved accountability, and strengthening community structures and operations research.





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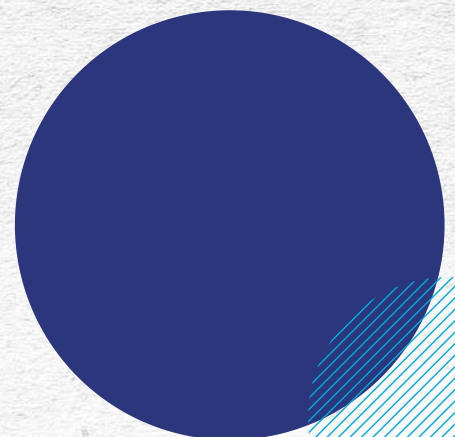
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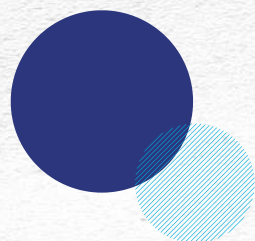
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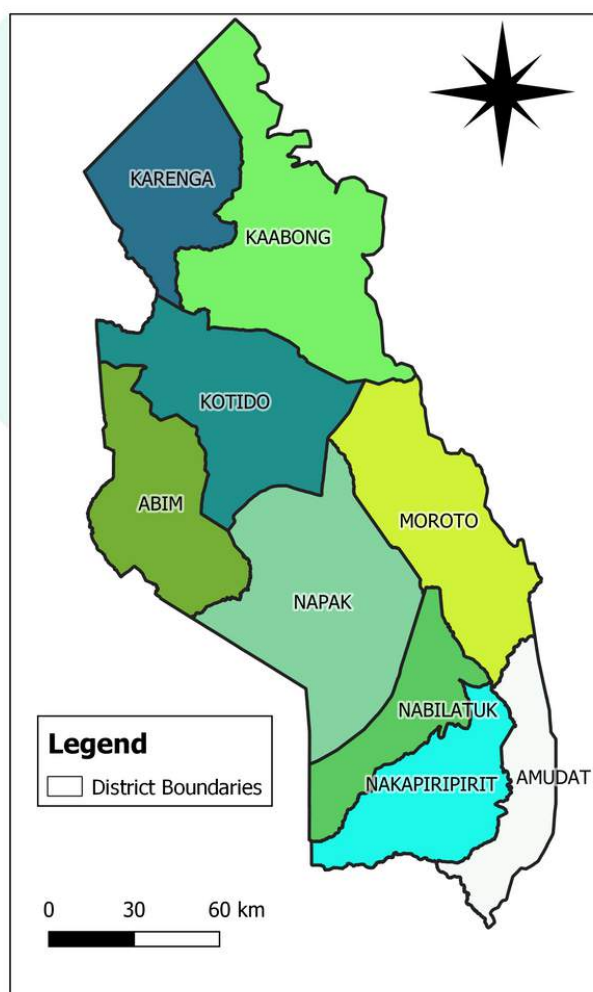
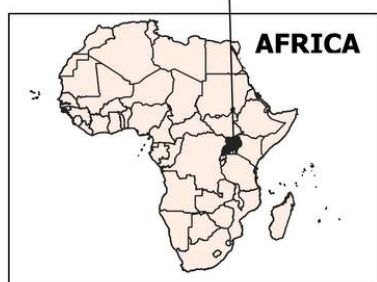




<b>ACF</b>	Active Case Finding
<b>AMELP</b>	Activity Monitoring, Evaluation and Learning Plan
<b>ART</b>	Antiretroviral Therapy
<b>CBO</b>	Community Based Organization
<b>CLF</b>	Community Linkage Facilitators
<b>CORPs</b>	Community Owned Resource Persons
<b>CQI</b>	Continuous Quality Improvement
<b>CUAMM</b>	Doctors with Africa
<b>DHIS2</b>	District Health Information System
<b>DR-TB</b>	Drug Resistant TB
<b>DTU</b>	Diagnostic and Treatment Unit
<b>EQA</b>	External Quality Assurance
<b>GIS</b>	Geographical Information System
<b>HIV</b>	Human Immunodeficiency Syndrome
<b>ICF</b>	Intensified Case Finding
<b>ICTLM</b>	Integrated Course on Tuberculosis and Leprosy Management
<b>IDI</b>	Infectious Diseases Institute
<b>IPC</b>	Infection Prevention and Control
<b>IR</b>	Intermediate Result
<b>MTB</b>	Multidrug Resistant TB
<b>OFM</b>	Office for Financial Management
<b>PACT</b>	Program for Accelerated Control of Tuberculosis
<b>PY</b>	Project Year
<b>TB</b>	Tuberculosis
<b>TPT</b>	TB Preventive Therapy
<b>USAID</b>	United States Agency for International Development







## MAP OF KARAMOJA SUBREGION, NORTH EASTERN UGANDA

Data Source:  
janda\_Districts\_2020\_UBC  
\_ESPG\_4326  
Coordinate System:  
WGS 1984 UTM Zone  
36N  
Datum:  
WGS 1984

Designed by Infectious Diseases  
Institute





The World Health Organisation published a framework to guide new multisectoral strategic approaches and new international targets for the post-2015 period fight against Tuberculosis (TB). The framework stipulates three milestones that reflect an end to the TB epidemic globally - (a) 75% reduction in tuberculosis deaths (compared with 2015), (b) 50% reduction in tuberculosis incidence rate (less than 55 tuberculosis cases per 100 000 population), (c) No affected families facing catastrophic costs due to tuberculosis.

**Uganda's End TB strategy:** The people-centred Uganda National Strategic Plan for TB and Leprosy Control (2020/21- 2024/25) that seeks to end TB and Leprosy by 2030 by 'reducing the incidence of TB by 20% from 200/100,000 population in 2019/20 to 160/100,000 Population, and the proportion of Leprosy notification that are children from 8% to less than 3% by 2024/25'.

**The Problem in Karamoja Region:** A 2019 baseline survey in Karamoja region showed that the number of prevented or notified, screened and treated TB cases was low.

Only 15% of the clients seeking health services at health facilities were screened for TB at the time of the baseline survey. Only 821 new and relapse TB cases were notified and 77% successfully completed their TB treatment. Timeliness of ordering commodities at health facilities was at 5%, potentially resulting in stock-outs and treatment interruptions for patients initiated on TB treatment.

**The USAID PACT Karamoja Activity:** PACT Karamoja Activity recognizes the role of the community in ending the TB epidemic by contributing to identification of additional TB cases that would otherwise have been missed last year. PACT Karamoja recognises the role of the district health teams in supporting the roll-out of proven innovative and sustainable community TB interventions as well. The Activity is committed to enhancing complementarity of services in order to fully integrate TB services within all levels of the health system over the five years' period.

USAID PACT KARAMOJA ACTIVITY	
Districts of activity Implementation	Karamoja Region (Abim, Amudat, Kaabong, Karenga, Kotido, Moroto, Nabilatuk, Nakapiripirit and Napak)
Activity start and End date	January 13, 2020 to January 12, 2025
Prime implementing Partner	Infectious Diseases Institute Ltd (IDI)
Subcontracted Implementing Partners	Doctors with Africa -CUAMM
USAID contract/agreement number	72061720CA00003
Project targets for End TB Strategic Targets	90% treatment coverage and 90% treatment success in Karamoja region
Chief of Party	Dr. Mary Gorreth Nabukenya Mudiope (mmudiope@idi.co.ug)



## PURPOSE ,OBJECTIVES AND INTERMEDIATE RESULTS

### PURPOSE

Scaling up evidence based and high impact interventions towards achievement of End TB strategy targets of 85% treatment coverage and 90% treatment success.

### OBJECTIVES

- Improve case detection rates to 85%
- Improve treatment success rates to 90%
- Improve cure rates to at least 70%

### INTERMEDIATE RESULTS

- IR1: Improved access to high-quality, person-centered TB, DR-TB, and TB/HIV services through differentiated service delivery.
- IR2: Strengthened TB service delivery platforms.
- IR3: Reduced TB disease transmission and progression.
- IR4: Accelerated TB research and innovations to improve impact on program implementation.

## CORE PRINCIPLES

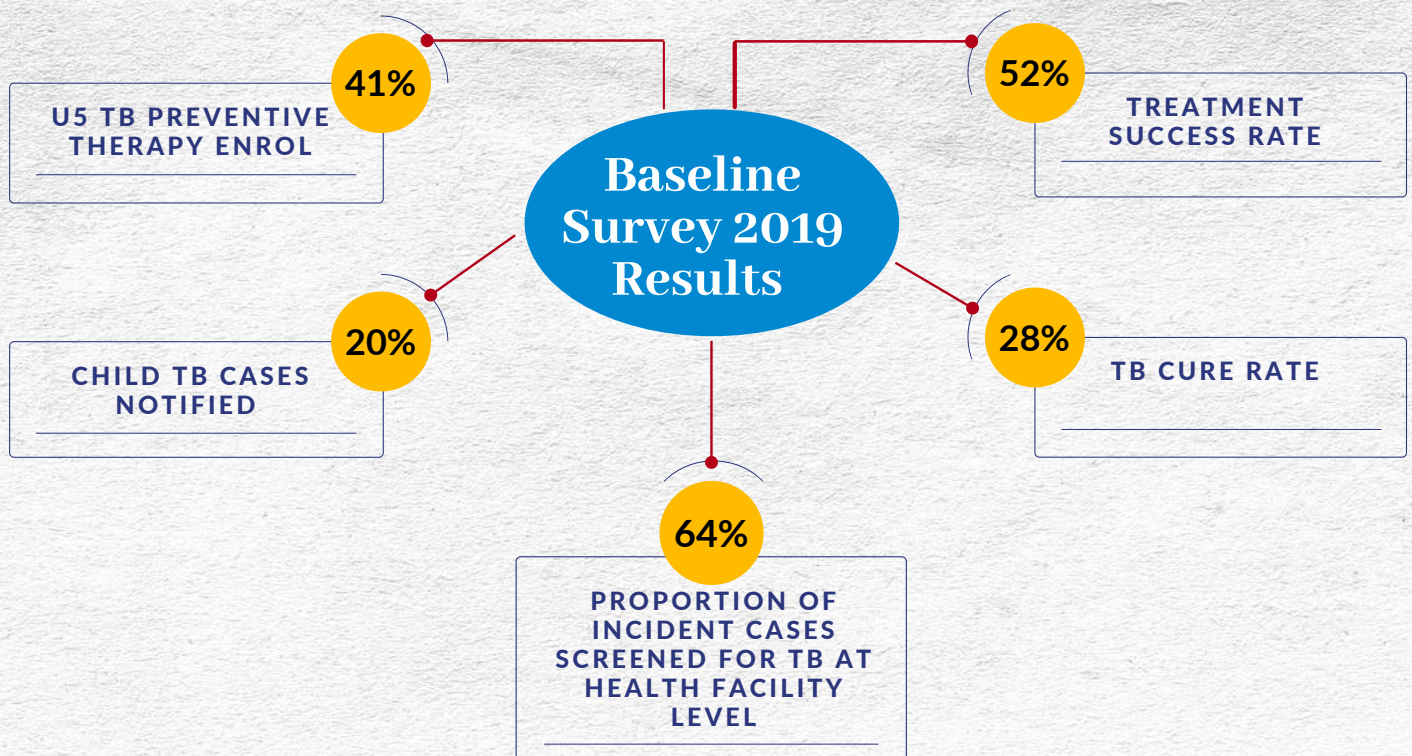
Focusing on Key Vulnerable Populations

Integrating Gender transformative and Youth friendly approaches

Developing Local Capacity and sustainably

***"Join hands against TB."***





## OTHER SYSTEMIC GAPS

### Limited District Action Plans on TB

Only four out of nine districts had a drafted a current (FY 2019/2020) District Action Plan on TB. Of these, only two reported implementing at least one of the activities in their district action plans.

### Health worker capacity gaps .

Less than 22% of the healthcare workers at the surveyed health facilities had been trained in the recent key national packages of TB care.

### TB/HIV Co-infection care among the marginalized communities.

None of the surveyed health facilities under the Ik and Tepeth tribes had a one stop shop center for TB/HIV management. HIV testing among patients diagnosed with TB was also suboptimal with 68% of all registered TB patients having a documented HIV status against a national average of 99%.

### Translation of CQI principles to health data utilisation projects

All the surveyed health facilities implemented CQI projects in HIV service delivery and maternal/child health services only. Health workers articulated CQI principles well, with limited translation into CQI projects in the area of TB services



PACT Karamoja implementation plan utilised a hybrid model that combines and integrates the Uganda MoH guiding principles for TB control and prevention as well as the USAID core values for Collaboration, Learning, Adaptation (CLA) and the Continuous Quality Improvement (CQI). This approach was useful in identifying and addressing unique gaps leading to low TB treatment retention, gender, youth and social exclusion, loss of patients to follow up, incomplete paper-based registers of TB related indicators of success in the Karamoja region. The CLA comprises of a set of processes and activities that facilitate meaningful engagement, coordinated programming and evidence led decision making to ensure effective activity implementation. The CLA also informed the design and implementation of the CQI projects at all levels of TB prevention, care and treatment.

## THE CLA PROCESS



### DISTRICT HEALTH TEAMS

- Stake holder engagement for collaborative learning.
- District performance review meetings.
- CQI activity planning.
- Performance based incentives for CORPS.
- Strengthening Community TB treatment points.



### HEALTH FACILITIES

- CQI coaching for improved TB prevention , screening ,treatment.
- Health worker mentorship on continuum of TB care.
- Strengthen linkages within facilities to improve TB care.
- Improve TB care documentation.

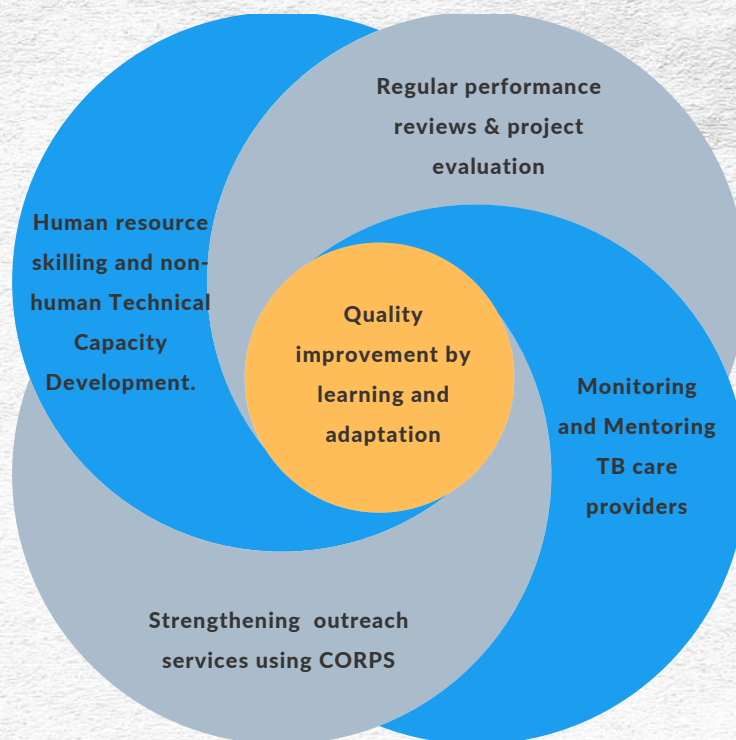


### COMMUNITY LEVEL

- Orient community leaders on TB awareness and anti-stigma messaging.
- Community targeted TB on radio talk shows.
- Strengthen CORPS activities
- Link communities to health facilities for TB screening.







### Inputs –at a Glance

- Capacity building and technical assistance at district and health facility levels
- Orientation of project staff on the USAID OFM regulations for anti-corruption, anti-sexual harassment, anti-human trafficking
- Recruitment of Community Linkage Facilitators (CLFs) at 30 high volume health facilities to support TB screening and linkage to relevant TB services in the catchment areas.
- Setting up of 52 community TB treatment points at community level to bring TB treatment nearer to the patients.
- Setting up of automated records systems at facilities to enable timely complete reporting of patient referrals and transfers
- Integration of TB screening and testing services into Youth Friendly Services at health facilities

***"Every breath counts . END TB now."***



"ENGAGING MARGINALISED COMMUNITIES"





Through CQI- driven partner collaborations, the high burden health facilities ably screened 788,523 clients for TB, representing 76% of the presumed TB cases in PY1. This was higher than the 38% observed at the national level during the same period. The CORPs initiative contributed 32% (21670) screened for TB, of which 4936 cases registered on TB treatment between January and December 2020. CORPs provide patient support by reminding patients in their catchment areas to return for their scheduled appointments, delivering TB medicines, door-to-door TB screening and linking identified presumed TB patients to a nearby facility for a diagnostic test. Herein, we highlight results based on the PY1 activities aiming to strengthen TB service delivery platforms and improve access to high-quality, person-centered TB, DR-TB, and TB/HIV services through differentiated service delivery. Data sources include the national DHIS2, PACT Karamoja project reports and other district health reports.

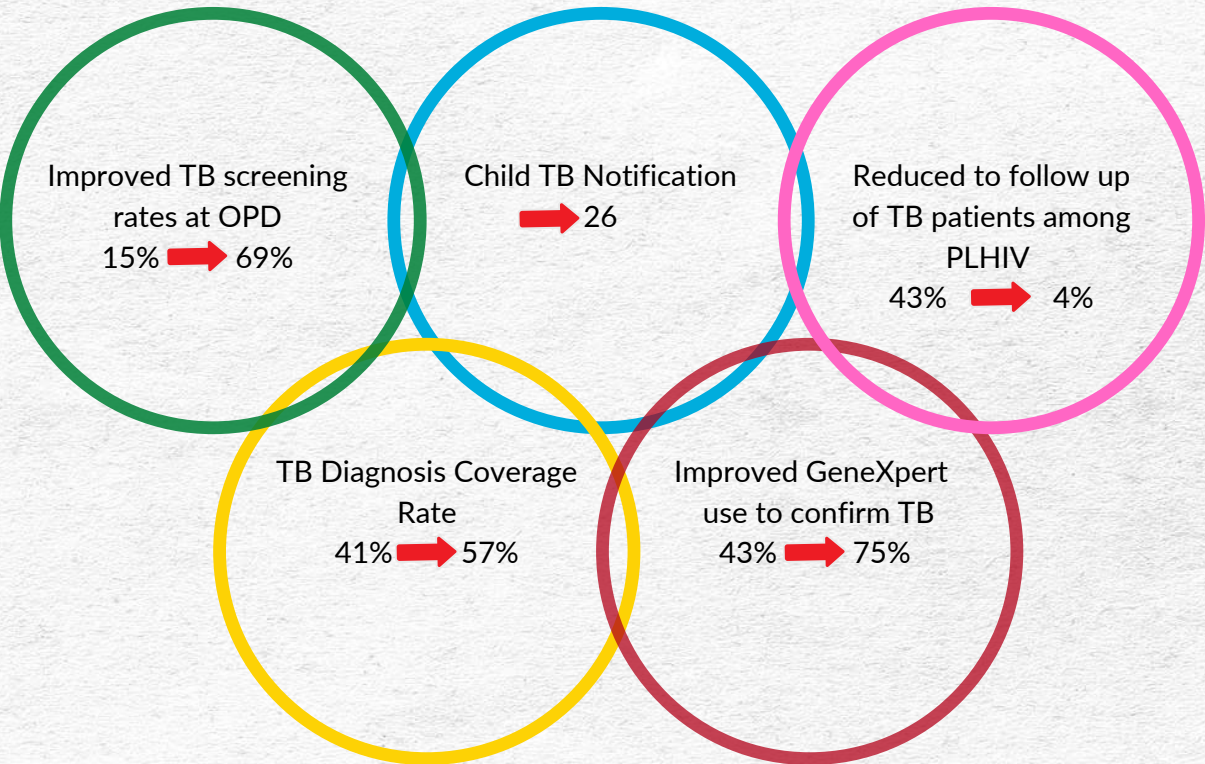
Activities 1(a)

Pillar 1: INTEGRATED PATIENT CENTRED CARE & PREVENTION

Component 1(a): Active TB Case Finding

- Enhancement of provider skills for clinical diagnosis of TB including pediatric TB
- Improved notification of pediatric cases among incident TB cases
- Systematic Screening of Contacts and high-risk groups
- Strengthening of Universal TB drug susceptibility testing
- Identify TB hotspots and track patients lost to follow up.

Achievements 1 (a)



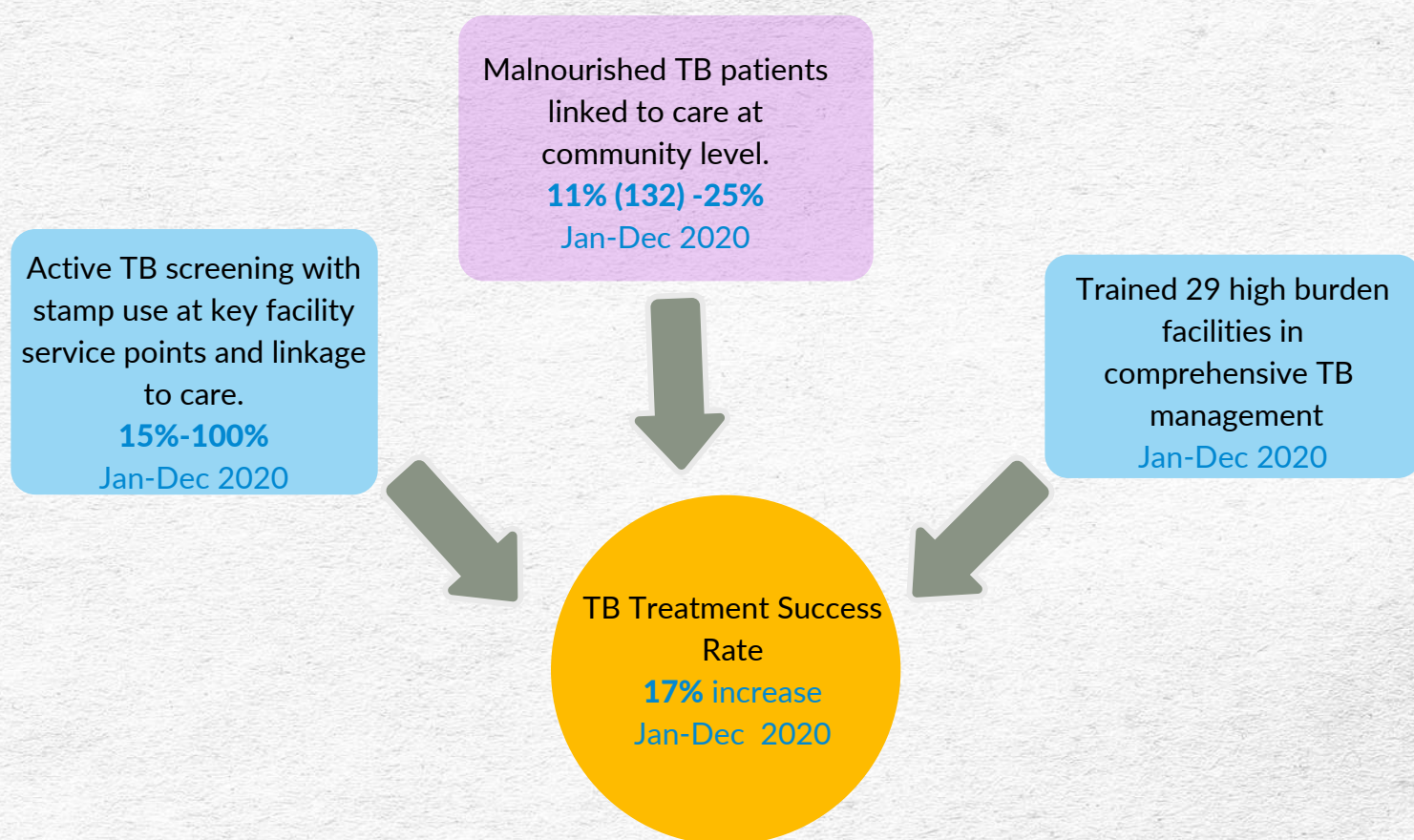


## Component 1 (b) : Reduce TB transmission, mortality and improve the quality of care

### Activities 1 (b)

- Increase TB screening
- Improve treatment success rate
- Conduct nutritional assessments of notified TB cases

### Achievements 1 (b)



### The TB Screening Cascade at Community level in the region under PACT Karamoja Activity





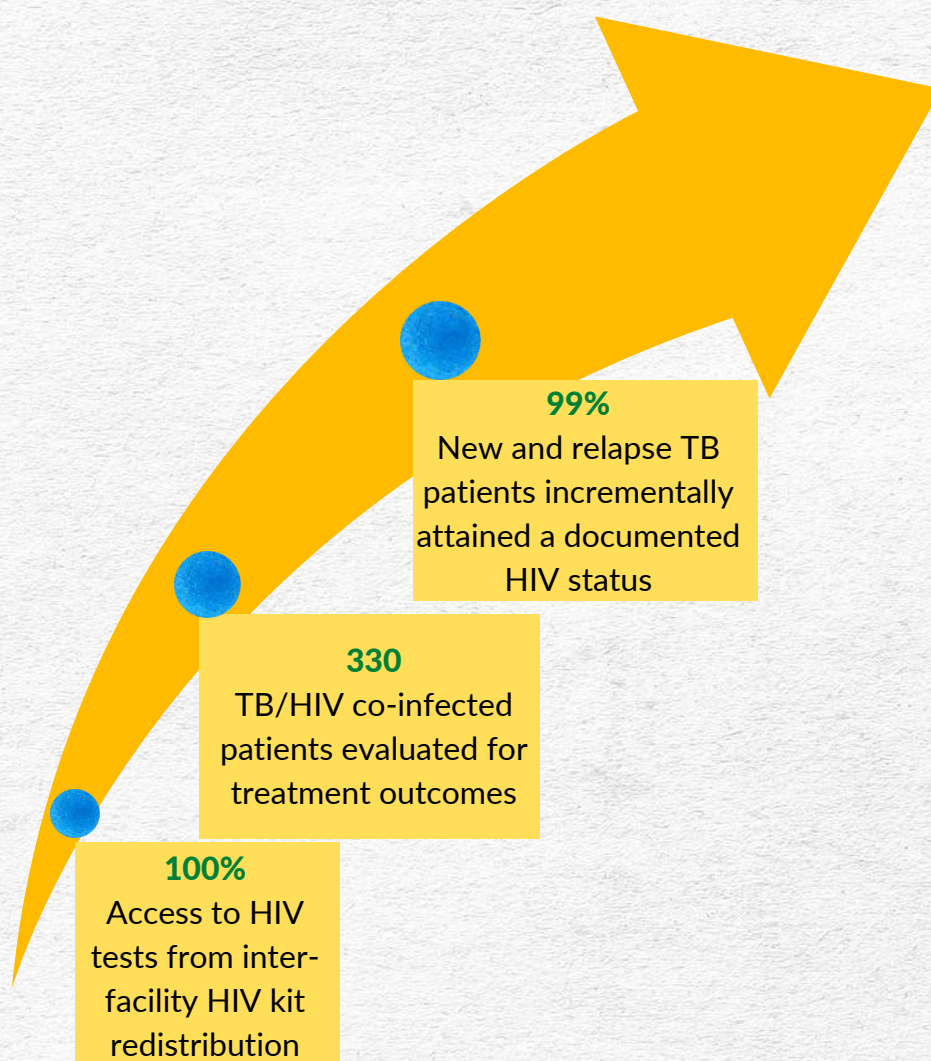
## Component 1 (c): Collaborative TB/HIV activities and management of comorbidities

### Activities 1 (c)

- Improve TB/HIV services through differentiated service delivery
- Ensure a more regular and consistent supply of HIV test kits at TB service delivery points.

### Achievements 1(c)

#### Improved HIV Care at high burden health facilities supported by PACT Karamoja



**"We can't fight AIDS unless we do much more to fight TB as well."**

Nelson Mandela



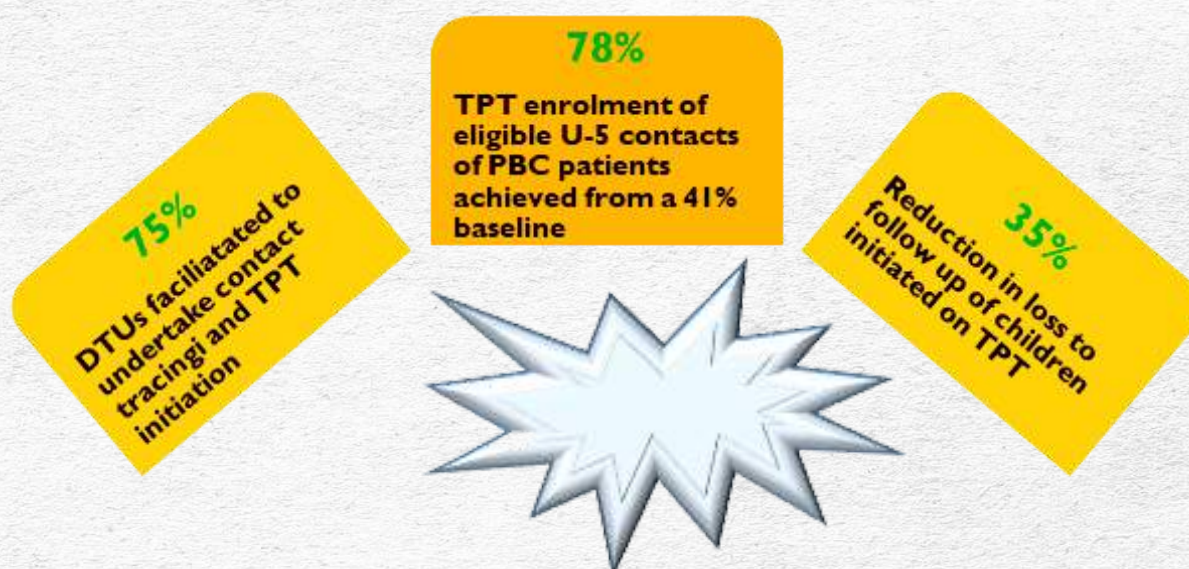
## Component 1 (d) : TB Preventive Therapy (TPT) initiation

### Activities 1 (d)

- Mapped households in CORPS catchment area to facilitate contact tracing for all index TB cases (bacteriologically confirmed)
- Provided TPT to eligible U5 contacts
- Increased community awareness about TB and reduce stigma.
- Fostered health workers involvement in TPT initiation and client retention from the community
- Supported logistic efforts to make Isoniazid 100mg available in a timely manner

### Achievements 1 (d)

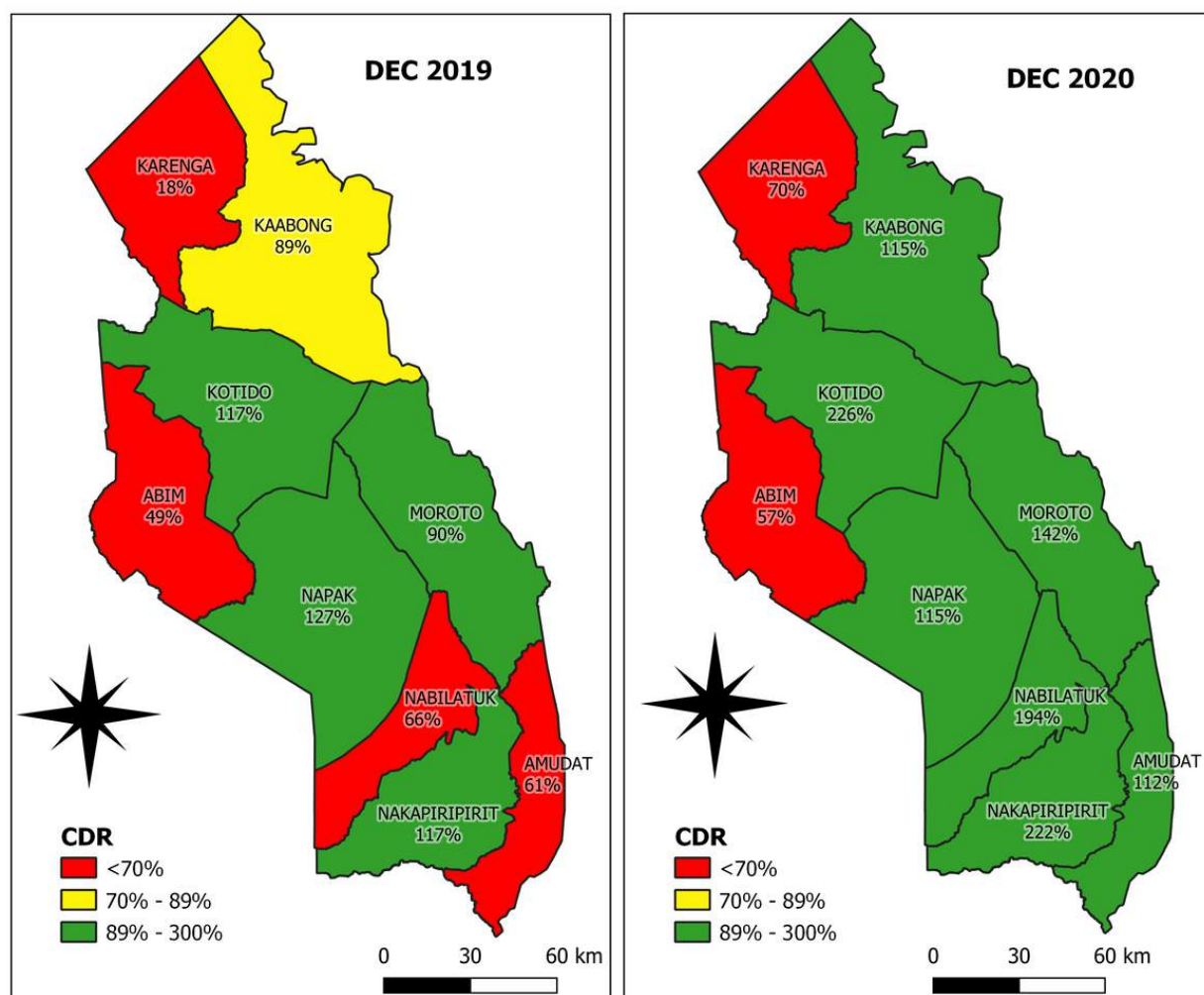
#### Successful implementation of TPT during PY1 of PACT Karamoja



**"Let's unite together to End TB"**



## IMPROVED TB CASE DETECTION RATE(CDR) IN KARAMOJA REGION



*"Life with TB is painful but the good news is that we can get rid of the disease."*



## Pillar 2: SUPPORTIVE POLICIES & STRENGTHENED HEALTH SYSTEMS

### Component 2 (a) : Expand coverage of community interventions with bold stakeholder engagement

#### Activities 2 (a) :

- Strengthen TB data harmonization
- Support District Health Team Performance review meetings
- Expand health facility laboratories enrolment on TB EQA
- Strengthen weekly reporting on TB surveillance

#### Achievements 2 (a)

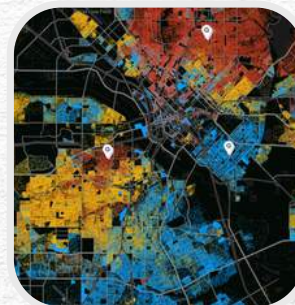
### Strengthened health systems for supporting TB Prevention and Control in Karamoja region



Regional TB medicines ordering rates improved from **48%** to **100%** during the report period



**98%**  
Increase in participation in TB EQA from 23%

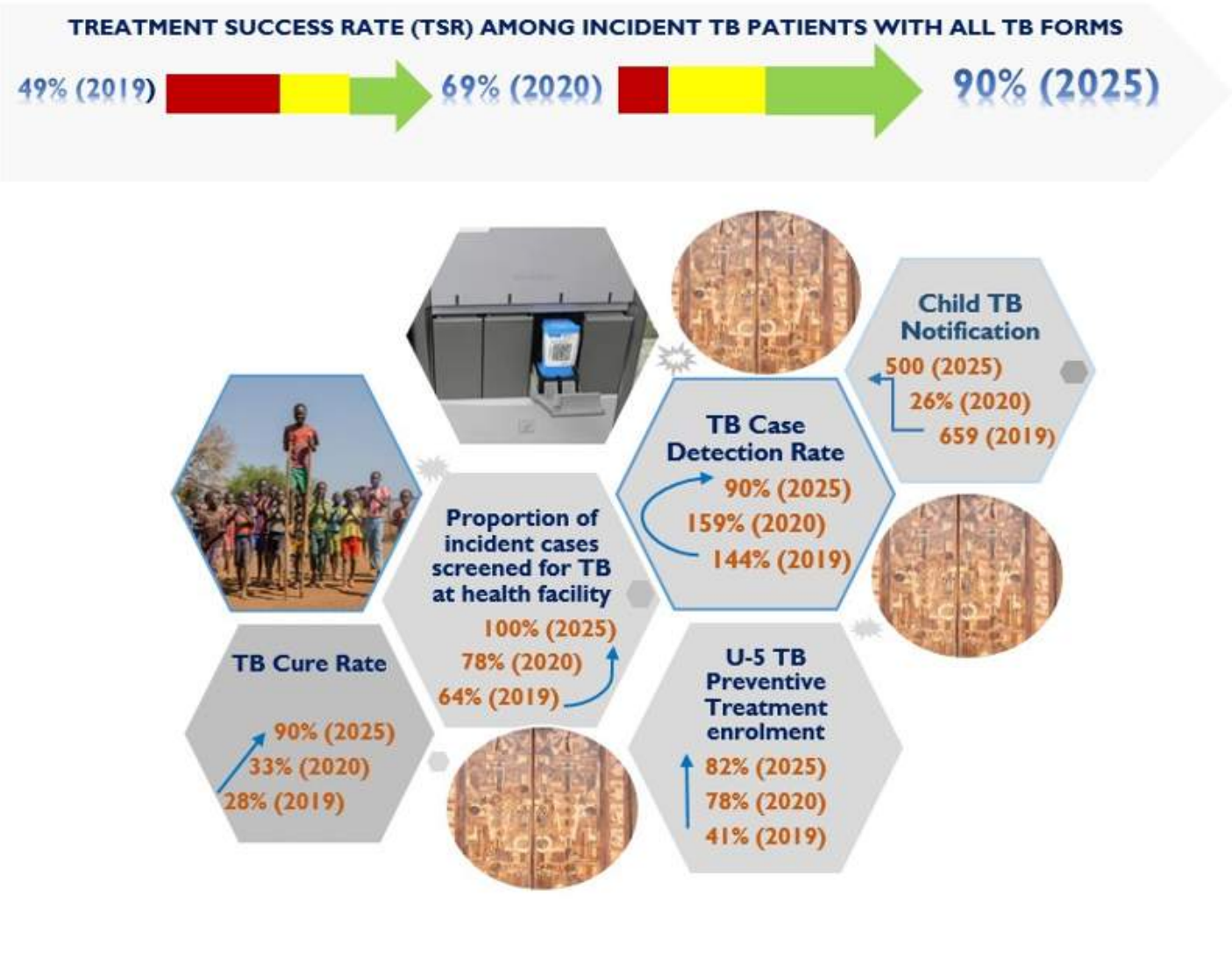


GIS Mapping of TB Hotspots for ease of surveillance



**33 DHTs in 9 districts**  
Facilitated to mentor health workers on the whole continuum of TB care

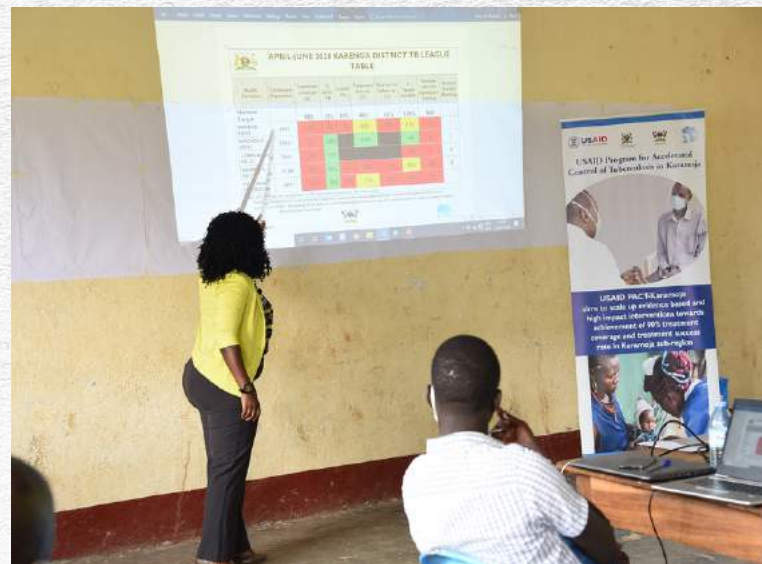




*"Imagine a world without TB."*



## "ENGAGING FORMAL STRUCTURES FOR TB CONTROL"







Roads washed away by seasonal rains in Karamoja region



Hard to reach communities due to difficult terrain



The COVID- 19 outbreak in Uganda



- One of the people helped by the project is Lokoru Lepatabo, the watchman at Tapac Health Centre III. Lokoru comes to work every day and sits under a tree a few meters away from the wired fence and gate that leads to the in-patient wards. Lokoru is just over six feet with a robust physique, uncharacteristic of his sixty years. He was able to work during the last stages of treatment for TB. [For more information about the success story go to the link below.](#)

Project Success stories are also available through the USAID Global Digest Newsletter.

<https://www.usaid.gov/global-health/health-areas/tuberculosis/resources/news-and-updates/global-accelerator-end-tb/stories/uganda-karamoja-region>

- Post-Training mentoring of health workers improves facility weekly epidemiological surveillance reporting on TB in Karamoja. [For more information on this success story click on the link below.](#)

<https://www.usaid.gov/global-health/health-areas/tuberculosis/resources/news-and-updates/global-accelerator-end-tb/stories/mentoring-health-workers-karamoja-region>



USAID Supports Improved TB Patient Tracking Among Nomadic Populations in Karamoja Sub-region....



USAID-PACT Karamoja Collaborating with Community-Owned Resource Persons to Provide TB Services

- [For more information on these success stories click on the link below to go to the USAID PACT-Karamoja success story book.](#)

From the PACT storybook: <https://idi.mak.ac.ug/wp-content/uploads/2021/04/USAID-PACT-Karamoja-Success-Story-Book.pdf>

Sept 2020 Event for USAID Global Accelerator 2nd Anniversary) – Success Story link, photos of ED as a panelist  
<https://fb.watch/6Nh6G381zU/>



*Thank You!*



## CONTRIBUTORS

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## VISION

## A WORLD FREE OF TUBERCULOSIS

-zero deaths, diseases and suffering  
due to tuberculosis



## GOAL

## END THE GLOBAL TUBERCULOSIS EPIDEMIC

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