



PROJECT

# Snapshot

STRENGTHENING UGANDA'S SYSTEMS FOR TREATING AIDS NATIONALLY



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## Strengthening Uganda's Healthcare Systems for Delivery of Quality Tuberculosis (TB) Control Services

*The USAID Strengthening Uganda's Systems for Treating AIDS Nationally (USAID/SUSTAIN) project supports selected regional referral and general hospitals to deliver quality HIV and TB prevention, care and treatment services, including management of drug-resistant TB (DR-TB).*

### TB/HIV Collaborative Activities

#### Service Delivery Interventions

In collaboration with the Ministry of Health (MOH) and the National TB and Leprosy Programme, USAID/SUSTAIN supports:

- Healthcare service provider knowledge and skills strengthening through training and on-site mentoring
- Use of Quality Improvement approaches to improve TB care service delivery processes and outcomes
- Strengthening of inter- and intra-facility linkages for patient care and support, including referral networks and collaboration with Zonal and District TB and Leprosy Supervisors

#### Systems Strengthening Interventions

##### **Enhancing supply chain management (SCM) systems**

By closely working with hospital teams to ensure availability of TB medicines and supplies through onsite coaching and mentoring on SCM; and routine coordination and support for accurate and on-time reporting and ordering.

##### **Strengthening the use of HMIS**

USAID/SUSTAIN provides the required TB care tools and registers to each hospital, and works with service provider teams to continually improve management of records, reporting and utilisation of service delivery and client data to inform practice and planning.

##### **Building laboratory capacity for TB/HIV services**

Hospital laboratories have been renovated and equipped with florescent microscopes, bio-safety cabinets, and Gene-Xpert equipment to support diagnosis and management of TB. The

laboratories are supported to participate in External Quality Assurance schemes for TB sputum smear microscopy. Sub-grants are provided to hospitals to recruit staff to bridge critical laboratory personnel gaps. Hospitals are routinely supported to effectively quantify, submit orders and reports and manage laboratory reagents.

### Key Achievements and Progress

#### **Service provider skills strengthening**

- 124 service providers from 18 hospitals trained on basic TB/HIV co-infection management and application of Quality Improvement (QI) methods in routine service delivery
- 16 TB care staff at 16 hospitals are trained on advanced TB/HIV co-infection management
- Quarterly on-site mentorship and QI coaching of all TB care teams

#### **Improving TB infection control**

- Hospital teams are supported to design and implement improvement projects to enhance infection control measures (triage, fast-tracking, patient separation and education at patient care points)
- National TB infection control guidelines have been distributed, hospital committees established and are functioning and TB care teams provided with personal protective equipment
- The project plans to improve physical infrastructure at 6 hospitals that offer DR-TB treatment services

#### **Upgrading laboratory services to effectively support quality TB services**

- 17 hospital laboratories have been renovated and equipped; 26,040 TB sputum smear tests were performed for TB diagnosis and treatment monitoring during project year 3 (up from 20,664 during project year 2)

#### **TB/HIV collaborative activities**

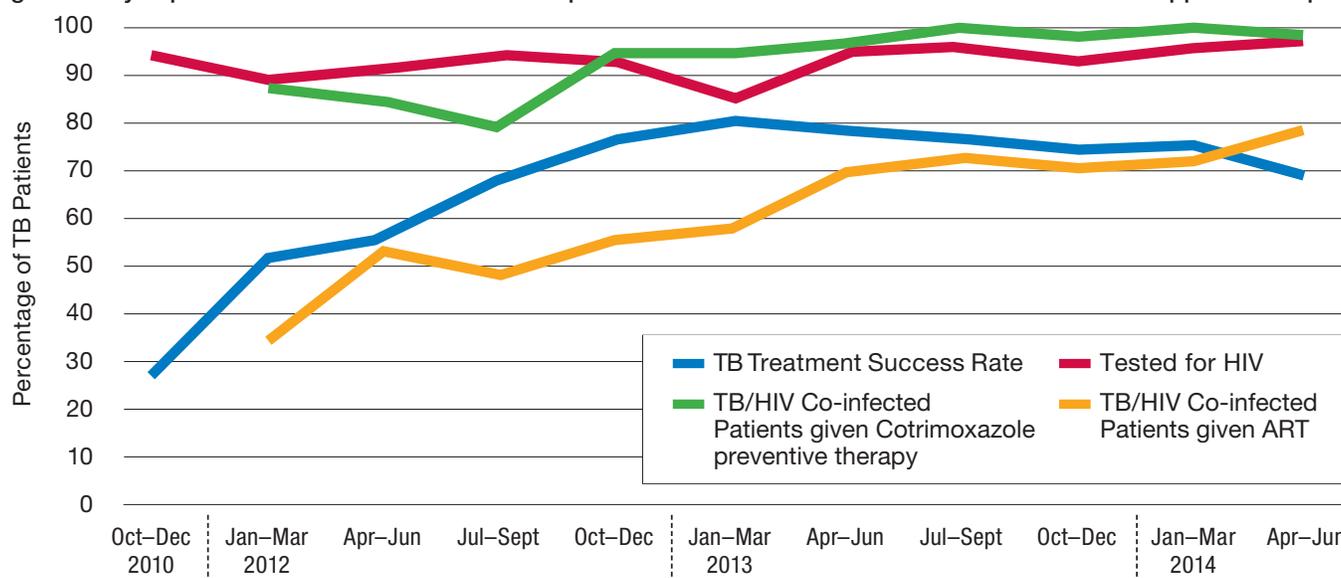
- 7,000 TB patients are diagnosed and enrolled in TB care across project-supported hospitals annually; 47% of all TB patients registered for treatment are TB/HIV co-infected (Figure 1)



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**Fig. 1 Steady improvement of TB/HIV Collaborative performance and TB treatment success rate at the supported hospitals**



## Management of Drug-resistant TB (DR-TB)

In April 2013, the project started implementing activities to strengthen the capacity of selected regional referral hospitals to diagnose and treat drug-resistant tuberculosis.

### Systems Strengthening Interventions

- Support for management of DR-TB medicines, personal protective equipment and DR-TB HMIS tools
- Engagement of regional specialists to provide clinical decision and coordination support
- Provider skills strengthening for DR-TB care and TB infection control through training and mentoring and support supervision. TB care teams have been trained and mentored in the following areas: clinical management of DR-TB (141); Programmatic management of DR-TB (15). Quarterly on-site mentoring and QI coaching is conducted at each treatment site
- Provision of logistics, coordination and technical support to organise an ambulatory model of care between the regional referral hospitals and respective lower level healthcare facilities
- Needs assessment for improving DR-TB care physical infrastructure at seven RRHs done and designs completed. In the interim, seven specially designed tents were provided as temporary shelter for isolation of DR-TB patients from other TB patients during routine service delivery.
- Laboratory systems improved to enable access to quality baseline and treatment monitoring tests for both susceptible or DR-TB patients

### Key Achievements and Progress

- DR-TB care is established at 6 regional referral hospitals (collaborating with 34 lower level healthcare facilities);
- 78 DR-TB patients are enrolled for treatment at the six hospitals (Figure 2)

**Fig. 2 DR-TB Patients enrolled for treatment**

Hospital	Time Period					Total
	Apr - Jun 2013	Jul - Sep 2013	Oct - Dec 2013	Jan - Mar 2014	Apr - Jun 2014	
Fort Portal	1	5	5	4	3	18
Gulu	1	10	7	1	5	24
Masaka	0	3	1	2	0	6
Mbale	7	7	3	4	4	25
Kabale	N/A	N/A	N/A	N/A	1	1
Mubende	N/A	N/A	N/A	N/A	4	4
<b>Total</b>	<b>9</b>	<b>25</b>	<b>16</b>	<b>11</b>	<b>17</b>	<b>78</b>

### Key Lessons Learned

- Significant improvements in TB service delivery can be achieved through low-cost, hospital-based interventions using QI approaches
- Involvement of frontline service providers in routine performance measurement enhances ownership and motivation for improvement changes
- Integration of DR-TB and TB/HIV support to hospital teams through mentorship is feasible and is an effective way to strengthen the entire cascade of TB control services

