







SUCCESS STORY

Last Mile Health — Subcounty Health Workers Revamp District TB Cure Rates

USAID'S REGIONAL HEALTH INTEGRATION TO ENHANCE SERVICES IN EAST CENTRAL UGANDA (USAID RHITES-EC)

In June 2020, Lukungu, 84, visited Busesa HC IV in Bugweri district complaining of cough, general body weakness, and weight loss. At the health centre, the 84-year-old grandfather received a diagnosis of TB. He was then started on a six month course of TB treatment. Following completion of his TB treatment, Lukungu did not return to the facility to have a sputum sample taken to confirm whether or not he was cured.

USAID Regional Health Integration to Enhance Services

in East Central Uganda (RHITES-EC), in collaboration with the National TB and Leprosy Program (NTLP), selected Bugweri district as a learning district to be part of a TB quality improvement collaborative. This collaborative focuses on engaging Sub County Health Workers (SCHWs) to follow-up patients who complete TB treatment to test them for TB. SCHWs in Uganda help bridge the health care gap between patients in the community and health workers at the facility.

During one of the district TB quality improvement collaborative meetings which were facilitated by USAID RHITES-EC, Amina Byobon, the District TB, and Leprosy



Tadeo Baziwo a subcounty health worker carrying out community TB screening in Bugweri district in East Central Uganda ©USAID RHITES EC 2021

Supervisor, learned that patients rarely returned to health facilities for a TB test after treatment, as instructed. A patient on TB treatment is classified as 'cured' after completing six months of anti-TB drugs and testing negative for TB. A sputum test after 6 months of treatment can be negative or positive depending on a patient's adherence or the bacteria's resistance to medication. During the meeting, health workers

May 2021

USAID's Regional Health Integration to Enhance Services in East Central Uganda Activity (USAID RHITES-EC) is made possible by the generous support of the American people through the United States Agency for International Development (USAID) under Cooperative Agreement number AID-617-A-16-00001. The project team includes prime recipient University Research Co., LLC (URC), and sub-recipients The AIDS Support Organisation (TASO), Communication for Development Foundation Uganda (CDFU) and Youth Alive Uganda.

agreed that patients who do not return to the facility or come in after a phone call require physical follow up at home to collect sputum samples for testing.

Amina supervised the sub-county health workers in the district to trace and collect sputum samples for testing from TB patients without a registered 6-month TB test.

Subcounty health workers are community members trained by USAID RHITES-EC to support TB activities in the district. They link health facilities to communities by tracing and testing for TB close contacts of newly diagnosed TB patients, conduct door to door TB screening using the Intensified Case Finding (ICF) Tool, deliver TB medication to patients that live far from health facilities, trace lost to follow-up patients, and mobilize communities for TB outreaches.

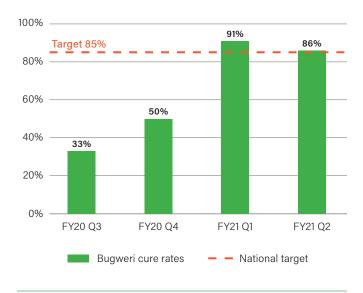
Tadeo Baziwo, 40, a sub-county health worker from Ibulanku sub-county, Bugweri district trained by USAID RHITES-EC engages communities to address TB diagnosis and treatment myths and misconceptions. He also persuades contacts of TB patients and those with coughs that continue more than two weeks, with persistent fevers, and night sweats to get screened and tested for TB.

"I called my patients before I visited their homes. They were surprised to hear from me, but I reminded them that TB could restart in the body even after 6 months of treatment, or when they've stopped coughing, I thus needed to get another sample for testing", Tadeo says.

When carrying out community TB screening, he ensures that he never misses a TB screening opportunity by always carrying a sputum container, gloves for infection prevention and control, and a notebook to record patient information; Tadeo also takes time to line list and trace TB patients from Busesa HC IV without a 6-month TB test result. Tadeo learned about these good practices for proactive follow-up of TB patients during a virtual TB treatment success quality improvement collaborative monthly meeting he attended. The TB treatment success collaborative aims at identifying lessons learned in improving active TB patient

Figure 1. The percentage TB cure rate for Bugweri district has significantly improved over three quarters from 35% in FY20Q3 to 86% in FY21Q1.

TB Cure Rates in Bugweri District V National Targets



cohort monitoring and follow up of missed clinic review appointments of TB patients.

As a community influencer, Tadeo convinced his patients to provide another sputum sample for testing post TB treatment. Tadeo is proud to report that during the past three months, all his patients who completed TB treatment have tested negative for TB, thanks to his consistent follow up.

Amina and the sub-county health workers in Bugweri district now conduct real-time follow-up of all TB patients, including patients who have completed TB treatment, to ensure they receive a six-month TB test result. This contributed to improved TB cure rates in the district from 35% in June 2020 to 86% by March 2021. At a regional level, TB cure rates have significantly improved over the last two quarters from 59% in FY21Q1(October to December 2020) to 71% in FY21Q2 (January to March 2021). This significant improvement across the region could be partly attributed to the TB treatment success quality improvement collaborative, which provides sharing and adapting of best practices and lessons learned in improving TB cure rates across the East Central Uganda.