

TB SPECIMEN REFERRAL PROGRESS

23rd March 2018

Background of the TB sample referral system

The TSRS was established in September 2008, in which:

- Samples collected from HFs and transported to Posta Uganda by HWs
- Posta Uganda transports samples direct to NTRL
- Patient results sent back through the same means

In May 2015 TSRS was completely merged with the Hub transport

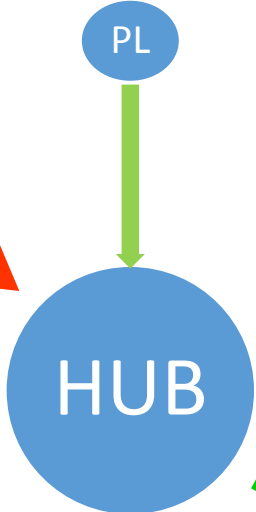
Background of the TB sample referral system

From August 2017, CPHL revised the sample transport network and introduce a pilot in which;

- Samples picked from HFs and transported to hubs and Genexpert sites by hub rider
- Samples for referral to NTRL picked by CPHL pickup/vans from hubs
- Posta Uganda's role in sample transportation taken over by the CPHL
- However due to needs of TB sample for Posta services, NTRL still engages Posta Uganda occasionally (once a week or whenever needed to deliver commodities to peripheral sites)

The Hub transport System to improve access to TB DTUs (2015-2017)

Boda boda to aid sample and result delivery



PL

PL

PL

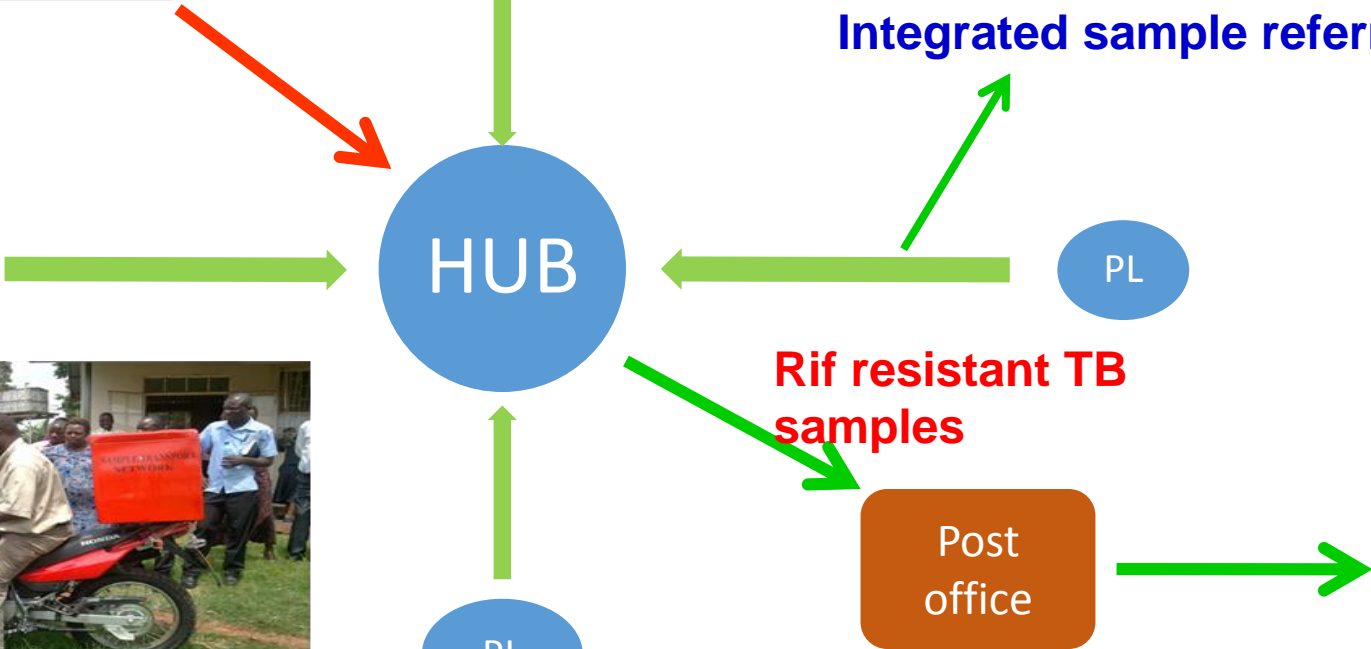
PL

Integrated sample referral

Rif resistant TB samples

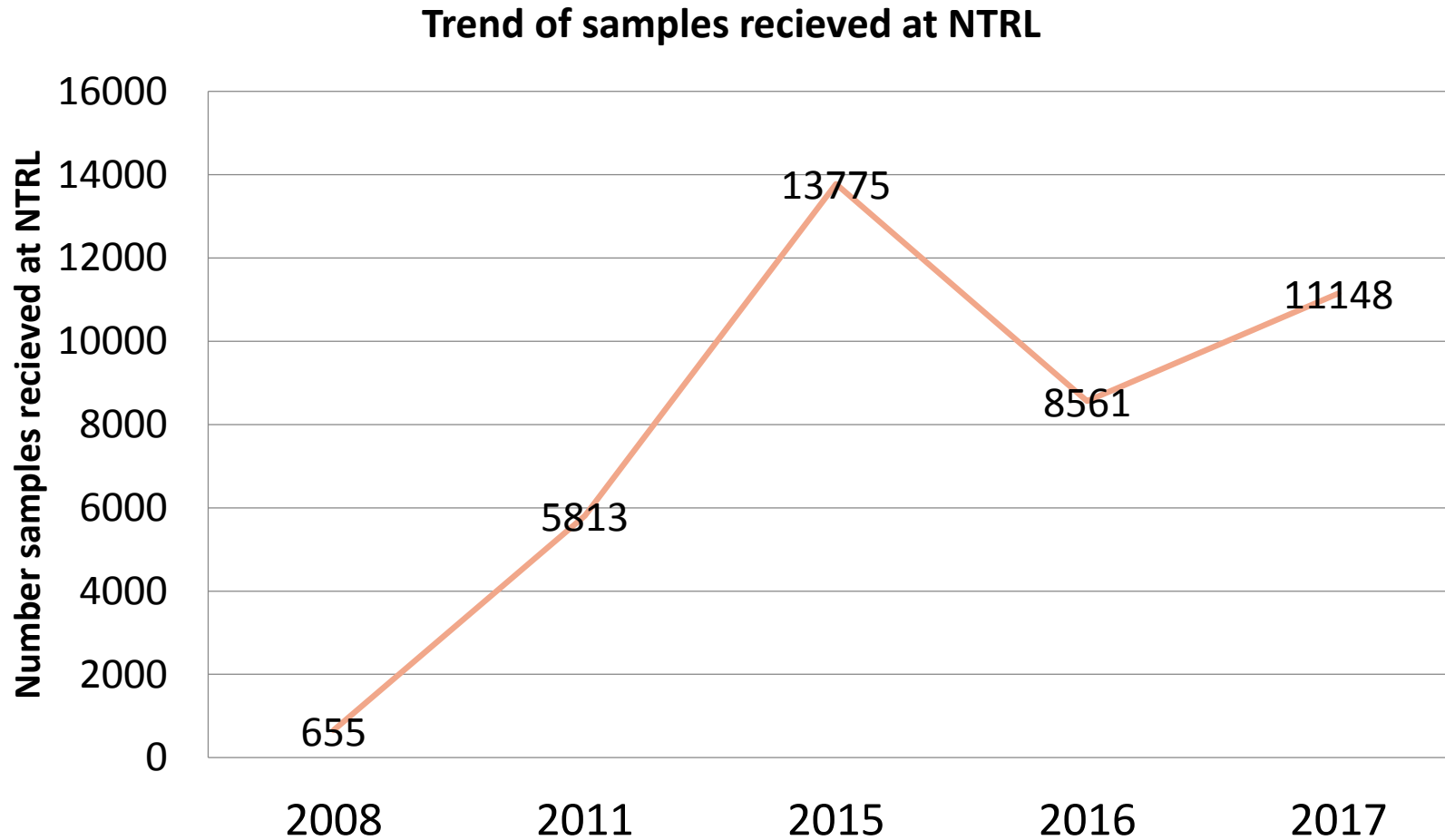


NTRL
LPA/culture



Achievements:

Increased number of samples received at NTRL for culture & DST for patient monitoring.

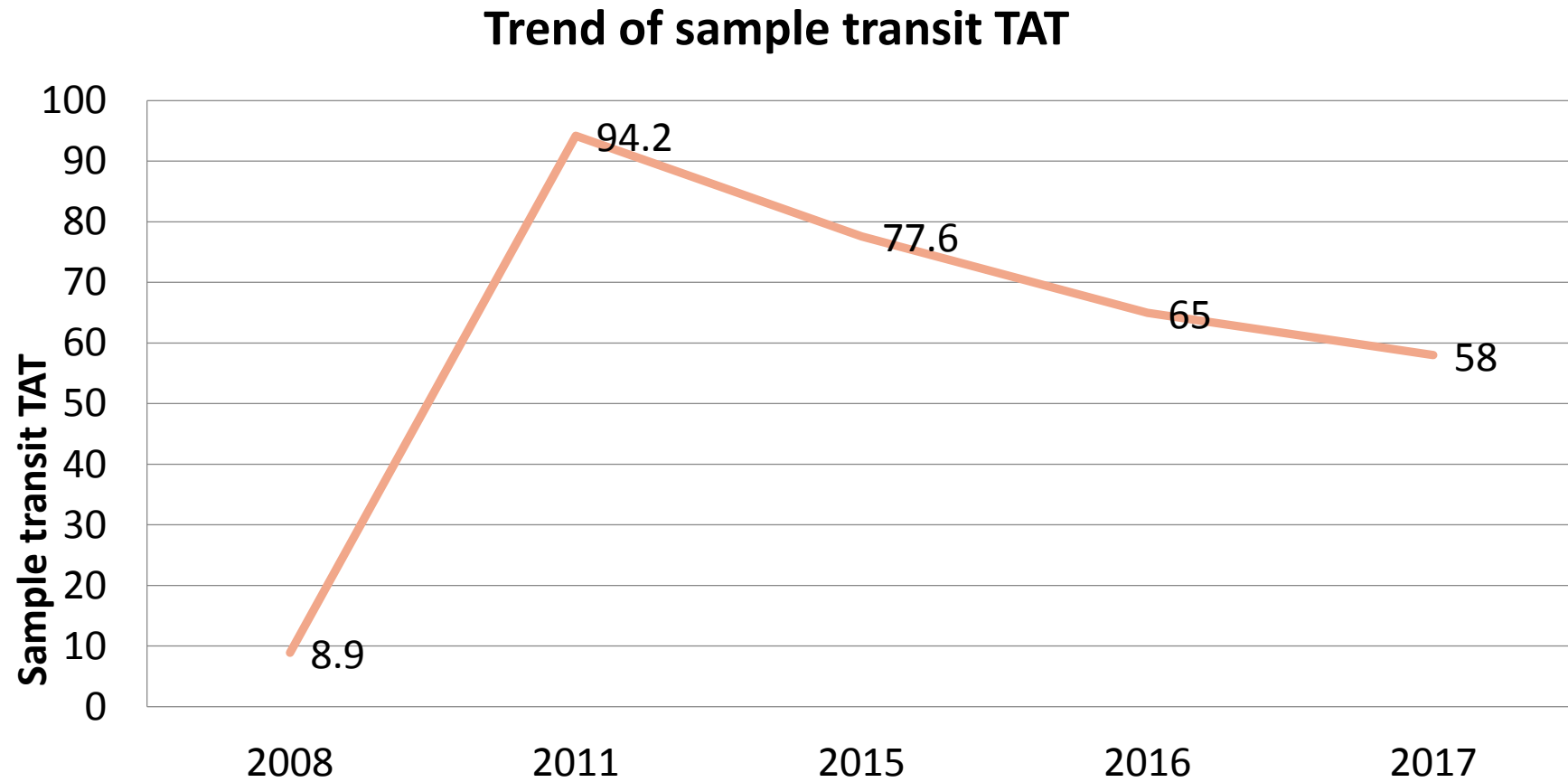


Achievements

- Improved access to high level lab services e.g Gene Xpert testing at hubs and other sites other than hubs.
- Transportation of TB EQA and PT materials to peripheral labs, transportation of feedback reports
- Distribution of reagents, GeneXpert cartridges and other TB lab commodities
- Biosafety –reduced risk associated with sample collection and transportation thru training (Triple packaging system).

Challenges

Declining sample transit TAT as shown below;



Challenges

- Hubs visited once a week by the CPHL vans/pickups, not acceptable for timely sample delivery (experiences of Hoima, Fortportal, Soroti, Lira and Kitgum hubs)
- Gap created by non involvement of Posta Uganda which was effectively delivering samples to NTRL, not addressed.
- Alienation of TB samples by some hub staff (hub riders refusing to pick TB samples, refrigerators in hubs dedicated to only CD4 and VL, NOT for TB samples – Jinja hub)
- Some IPs not operationalize the function of the second/third bike(one hub rider using 2 bikes-Pallisa hub)
- Delay in return of Genexpert results from testing sites by hub riders (widespread)
- Monitoring of the TB specimen referral indicators not implemented at hub level

Opportunities for improvement

- Joint CPHL, NTRL and IPs planning of hub operations, joint Hub review meetings (IPs to include NTRL in their budget for review meetings)
- Posta Uganda to be immediately and fully re-instated in TB sample transportation, requires a dedicated budget line for courier payments.
- IPs to operationalize the plan of using additional bikes in the hubs by recruiting more hub riders to perform any backup roles
- Financial support from IPs and other affected stake holders to carry out support supervision and mentorship in hubs
- TB indicators to be reported by DTLS/DLFP to CPHL, NTLP/NTRL and DHO on monthly basis and during every Quarterly review meetings. **IPs tag indicator reporting to funding.**

THANKS FOR LISTENING