

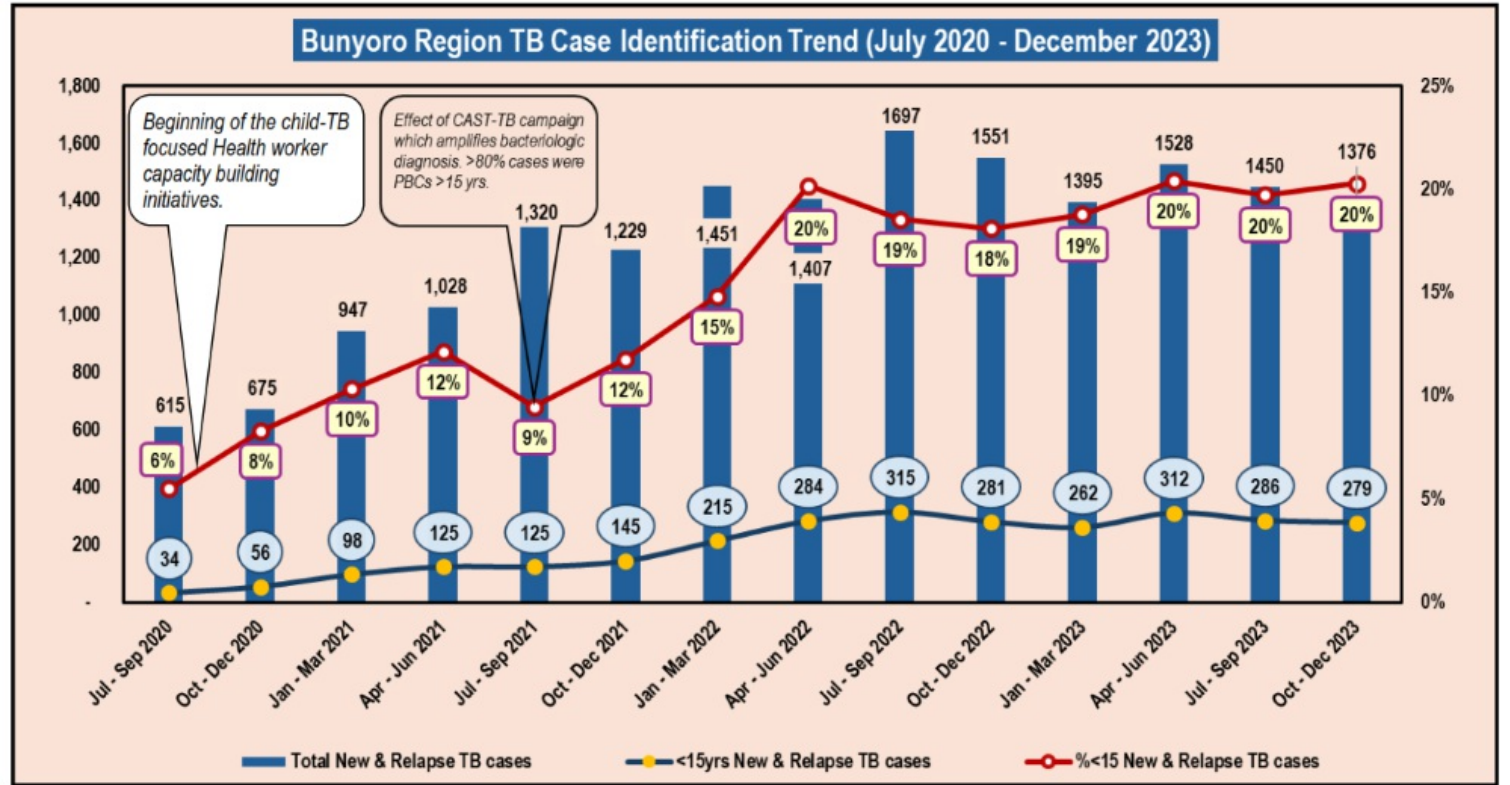
# Leveraging district-led capacity-building initiatives to improve childhood TB case-finding in Western Uganda

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**Type selection**  
**Category:** Public health practice  
**Preferred presentation type:** Oral abstract presentation

**Track selection**  
**Track:** C3: Maternal and child TB  
**2nd Track:** H1: Systems for training and programmatic capacity building

**Title**

**Public Health Practice Abstract Text**  
**Background and challenges to implementation:** Childhood tuberculosis (TB) poses a critical public health threat as it reflects recent transmission and poses a high risk of disease severity. By September 2020, cases found among children <15 years in Bunyoro Region, Western Uganda, represented only 6% of total notified TB patients, compared to the national target of 15%. The intervention’s objective was to improve childhood TB case finding in Bunyoro Region.  
**Intervention or response:** Focusing on continuous quality improvement capacity building, a collaborative intervention was implemented by Baylor Foundation Uganda, Uganda Ministry of Health and district local governments to improve childhood TB case finding. Teams of ten mentors from each of the nine districts were selected based on their work ethic and clinical mentorship skills. A three-day regional training of trainers was conducted for the 90 district-based TB mentors who then facilitated quarterly two-day on-site child-TB mentorships in their respective districts. Paediatric TB-related standard coaching guides and Continuing Medical Education sessions were used to train health workers on multi-entry integrated TB/HIV screening, timely diagnosis, contact tracing and commodity management. We trained cough monitors, strengthened bacteriologic diagnosis, implemented artificial-intelligence-guided digital x-ray TB screening and disseminated learning materials for clinical reference. Community resource persons were trained on effective referrals while clinicians were incorporated into contact tracing teams to improve suspicion and diagnostic confidence. Weekly data reviews were conducted to monitor site-level progress and provide targeted support. We retrospectively analyzed District Health Information Software-2 quarterly data collected over three years to assess the intervention’s impact.  
**Results/Impact:** Quarterly childhood TB case notifications consistently increased, from 34 to 284 and the proportion of child TB patients notified increased from 6% in July-September 2020 to 20% in April-June 2022 and was sustained until October-December 2023 (Figure).



**Conclusions:** District-led capacity-building initiatives addressing health system gaps resulted in sustained improved childhood TB patient identification.

**Summary**  
**Summary:** This abstract presents the contribution of district-led continuous quality improvement approaches to sustained childhood TB case finding in Bunyoro Region, Western Uganda during the period September 2020 - December 2023.

**Other Fields**  
**Country of research:** Uganda  
**Did you benefit from the Abstract Mentor Programme (AMP)?** No

**Confirm submission**

**1. I confirm that I have previewed this abstract and that all information is correct:** Yes

**2. I agree to the resubmission policy.:** Yes

**3. I have read the [Stigmatising Language Policy](#), and confirm I have not used stigmatising language in the abstract.:** Yes

**4. The corresponding author is responsible for informing the other authors.:** Yes

**5. If accepted, I hereby agree to the [attached information](#) relating to the release, recording and publication of the presentations and session:** Yes

**6. I understand that my abstract if accepted may be used by the Scientific Committee of The Union for the rapporteur session or shared with the media team. The media and communication teams may use the summary of the abstract for advertisement of the conference content.:** Yes

**Do you intend to apply for a scholarship? (After notifications are sent).:** No

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