

# Accelerating eCBSS access and utilisation to enhance TB/HIV program implementation through multifaceted, district-led Quality Improvement Initiatives in Mid-Western Uganda: ‘The Bunyoro region success story!’

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**Type selection**

**Category:** Public health practice

**Preferred presentation type:** Oral abstract presentation

**Track selection**

**Track:** Track H1: Training, education and programmatic capacity building

**2nd Track:** Track H2: Information systems and surveillance

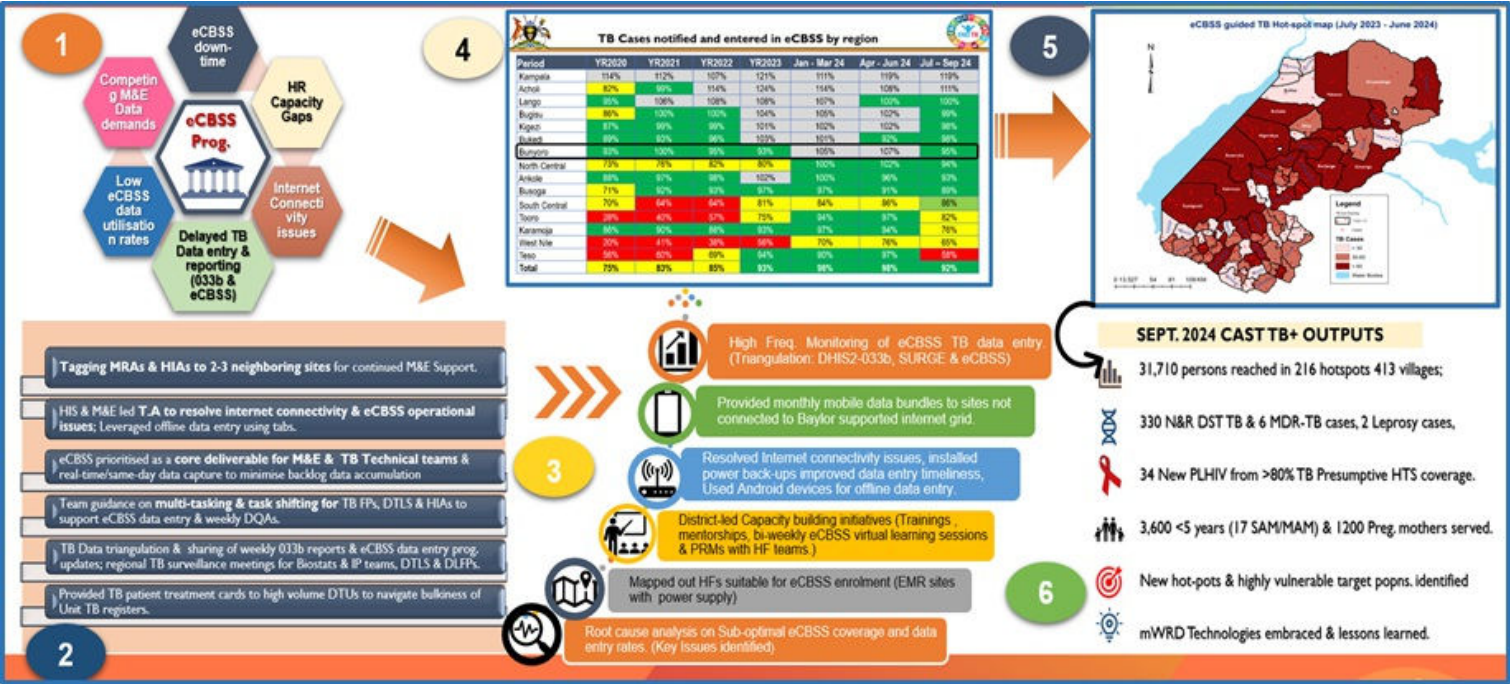
**Public Health Practice Abstract Text**

**Background and challenges to implementation:** In 2020, Uganda’s Ministry of Health launched eCBSS to improve TB and leprosy case management. Built on DHIS-2, it integrates with existing data streams, supports offline capture, and enables real-time data entry via Android devices, enhancing efficiency and care. Bunyoro struggled with poor outcomes due to data gaps. A root cause analysis identified limited human resources and poor internet connectivity as key barriers to optimal system performance.

**Intervention or response:** Using a CQI approach, Baylor Foundation Uganda, MoH, HISP, and district local governments implemented collaborative interventions to improve TB DTU-eCBSS coverage and utilisation. We mapped eligible HFs, focused on district-led QI capacity building, and trained regional trainers, Biostatisticians, DTLs, IP, and high-volume DTU staff. TOTs trained 87 more DTUs; MRAs & HIAs were tagged to 2-3 nearby sites for cost-effective M&E; supported offline data entry via phones/tabs; facilitated staff performance monitoring, multi-tasking, and task shifting for real-time data entry; conducted weekly DQAs; integrated eCBSS into TB surveillance meetings; and provided TB client cards, power backups, and monthly data bundles to sites without IP-supported internet.

**Results/Impact:** Bunyoro region made significant progress, with DTU coverage increasing from 9% (10/114) in 2020 to 85% (97/114) in September 2024. 21 newly accredited DTUs to be enrolment in 2025, and the eCBSS-TB data entry rate is 95%. CAST+ TB case finding improved by 30%, from 230 (March 2024) to 330 (Sept. 2024), driven by eCBSS-guided hotspot mapping, and the cost of the CAST TB+ campaign dropped from \$150 to \$30 per patient.

**Conclusions:** District-led eCBSS continuous quality improvement (CQI) initiatives are key to scaling up the program and enhancing data use. Timely data entry and backlog clearance enable effective TB hotspot mapping and patient monitoring, improving outcomes. By increasing efficiency in TB/HIV program implementation, eCBSS strengthens surveillance and response, with continued investment promising greater data-driven public health impact.



**Summary**

**Summary:** This abstract presents the impact of deploying multifaceted, district-led quality improvement initiatives to accelerate the access and utilisation of the electronic case-based surveillance system (eCBSS) as a major gateway to strengthening data-driven TB and leprosy surveillance and response in Bunyoro Region during the period September 2020-December 2024.

**Other Fields**

**Country of research:** Uganda

**Did you benefit from the Abstract Mentor Programme (AMP)?:** No

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