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a TB-free world!**

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A Whole-of-Society Approach to Tuberculosis Care: Community-Led Monitoring in Khayelitsha

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(TB Proof)

Background & Aim

Tuberculosis is the leading cause of infectious death in South Africa.

Driven by health inequity and social injustice.

Community leaders are uniquely positioned to keep health services accountable to deliver high quality services to all people, free from stigma and discrimination.

Community-Led Monitoring (CLM) is when people in a community come together to check and improve their own health services.

Why is it important?

- It helps ensure that health services meet the needs of everyone in the community.
- It gives a voice to people who use the services and helps make sure their concerns are heard.

Aim: To strengthen accountability for TB services and enhance political commitment to TB policy implementation at district and provincial levels, and build community demand for TB services, through advocacy and outreach.

Methods:

TB champion training and mentorship

18 members of the Khayelitsha Health Forum participated in the TB training and mentorship programme.

Six training sessions:

- TB 101
- TB policies (TUTT and TPT)
- Advocacy, media and communication skills.

CLM Responsibilities:

- Document service delivery,
- Assess patient experiences,
- Co-create solutions for improvement, and
- Lead TB awareness activities focusing on increasing TB testing and uptake of TB Preventive Therapy (TPT).

CLM conducted across 8 PHC facilities in Khayelitsha



Results: Staff capacity

Strengths:

Most staff had training on TUTT & TPT

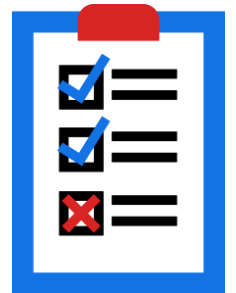
- 4 facilities requested refresher training on both TUTT and TPT (Matthew Goniwe, Mayenzeke, Nolungile, Michael M)

Several facilities have functional clinic committees- Michael M, Town Two, Kuyasa & Site B

Gaps:

2 facilities lacked TB IEC materials

Uncertainty around TUTT targets & TB positivity rate (interpretation and actual rate).



Results: Staff identified barriers to TB testing and TPT



1. PLHIV

TB Testing

- **Difficulty producing sputum**
- Stigma and denial
- Anxiety and fear of a new TB diagnosis
- Limited IEC material

TPT

- Concerns about side effects (e.g., neuropathy)
- 12-month duration
- High pill burden
- Limited counselling support

1. TB Contacts

TB Testing

- **Difficulty producing sputum**
- Not sick- no signs and symptoms
- Stigma
- Lack of education and awareness on TB

testing eligibility criteria

TPT

- Not sick- no signs and symptoms
- Work/school commitments
- Not informed

Results: Staff identified barriers to TB testing and TPT



3. People who had TB in the past 2 years

TB testing

- **Lack of adequate health education upon discharge**
- Difficulty producing sputum

Staff recommendations to address barriers

Strengthen TUTT & TPT training for all staff

Implement daily TB talks in waiting areas on new TB testing eligibility criteria

Ensure consistent availability of TB IEC materials

Results: Patient perspectives

Facility	Same day testing	Patients Informed to Notify Contacts	All Contacts Tested	Some Contacts Tested	No Contacts Tested	Patients Aware of TPT	Contacts Started on TPT
Matthew Goniwe (n=10)	9	10	5	2	3	10	5
Luvuyo (n=10)	9	9	7	2	0	5	3
Michael M (n=10)	8	8	6	2	0	2	1
Kuyasa (n=10)	9	8	5	0	3	6	2
Site B (n=10)	5	8	3	2	3	6	5
Town Two (n=10)	9	8	2	3	3	8	4
Nolungile (n=10)	9	6	1	4	1	8	2
Mayenzeke (n=9)	9	6	1	2	3	5	3

Results: Patient perspectives

Barriers to TUTT

Stigma (n=10)

Difficulty producing sputum (n=8)

Work/ school commitments (n=8)

Long waiting times (n=5)

Multiple clinic visits (n=3)

Lack of education (n=2)

Index patients are not taken seriously (n=2)

Barriers to TPT

Stigma (n=9)

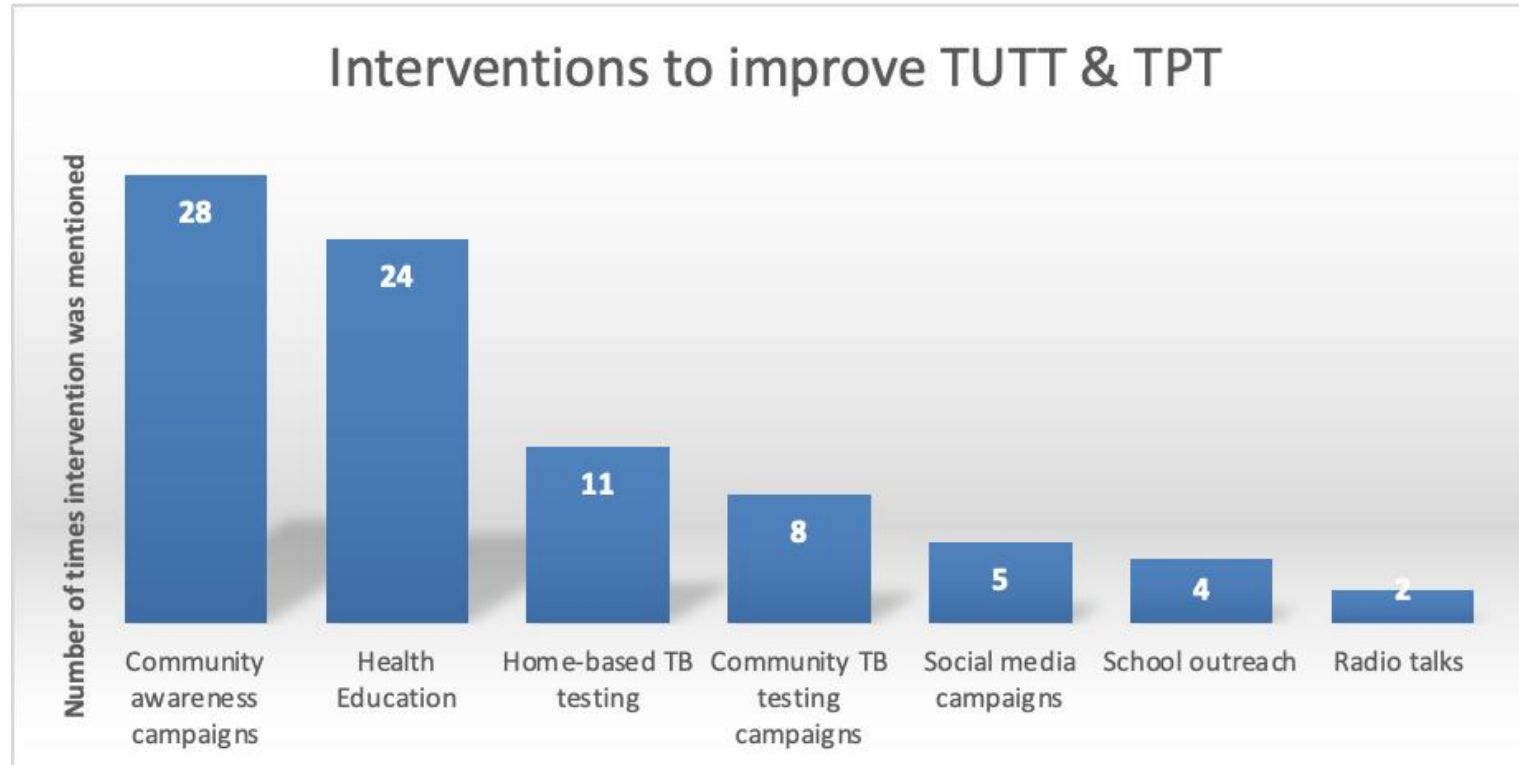
Concerns about side effects (n=8)

Long waiting times (n=7)

Work/school commitments (n=6)

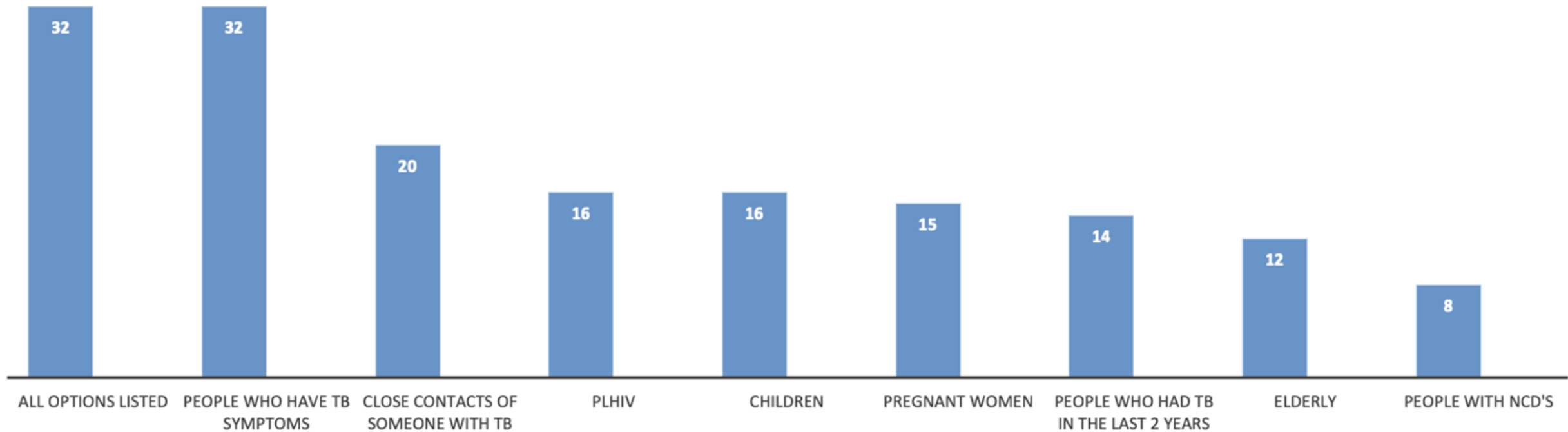
Limited awareness (n=6)

Results: Patient perspectives



Results: Patient perspectives

Who should be tested for TB?



Community engagement

TB Champions Activities

Participation in key health events (Youth Day, Women's Day, Close the Gap)

Co-planned 5 TB testing & awareness events

- 184 clients tested (NAAT)

TB health education in waiting areas at host facilities

Outreach activities with host facilities, including schools



Lessons learned and recommendations



- Same-day TB testing and clear patient explanations are strong across most facilities, indicating good frontline service delivery.
- However, staff lack clear TB testing targets, limiting their ability to plan, track progress, and identify gaps.
- There is a clear need for more data-driven decision-making to improve TB testing coverage and increase TPT uptake, particularly among high-risk groups.
- Some Champions had difficulty fully completing CLM assessment tools.
- Incomplete or minimal responses may reflect language barriers, literacy levels, or limited familiarity with the tools. Closer supervision and support during CLM assessments is needed in future.
- Community-led monitoring supported by structured training and mentorship can strengthen accountability, improve collaboration with health services, and support TB awareness and demand generation.



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to make the world TB Proof.