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Improving TB Preventive Treatment (TPT) Initiation Among Children Under Five Through Facility- and Community-Based Social Auxiliary Worker (SAW) Counselling An implementation experience from Dr Kenneth Kaunda(Dr KK) District, South Africa

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ORGANIZATION

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COLLABORATION

National Department of Health, North-West Department of Health, Dr KK District

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Background

High Risk Population

Children under five who are close TB contacts face a high risk of developing active TB.

Delayed TPT = Harm

Late or missed TPT initiation increases morbidity and mortality.

Routine TB Contact Tracing

TB contact tracing , screening and testing were routinely offered.

Persistent Gaps/ Barriers

Despite these efforts, timely TPT initiation in children under five remained suboptimal.

Rationale

Barriers Identified

Caregiver hesitancy & misconceptions

- Declined consent at first visit
- Raised safety & duration concerns
- Delayed decision-making
- Missed appointment

System Related Barriers

- No appointment scheduling
- Limited tracking and follow-up of eligible child contact by health care workers

Psychosocial barriers not addressed by routine clinic processes alone

SAW-Led Structured Psychosocial Counselling Approach

To improve caregiver acceptance and TPT Uptake

SAW-Led Intervention Benefits

Strengthen caregiver understanding

Improve tracking and follow-up of eligible child contact through:

- Facility : one-on-one counselling
- Community: home visits+ family counselling

Support timely TPT initiation

Goal and Objectives of the Approach

Overall Goal

To improve TPT initiation among children under five identified as TB contacts through SAW-led psychosocial counselling.

01 **Provide Structured Counselling**

To caregivers of eligible child contacts.

02 **Address Caregiver Concerns**

Caregiver concerns and misconceptions about TPT.

03 **Strengthen Tracking and Follow Up of eligible Child Contact**

Facility- and community-based support.

04 **Improve TPT Initiation in Children under five**

Referral and initiation for high-risk child contacts.

Implementation Setting & Approach

STUDY SETTING

Dr Kenneth Kaunda District

North West Province, South Africa

Implemented by IHPS in collaboration with the District Department of Health.

INTERVENTION/ APPROACH

Integrated facility + community psychosocial counselling

Delivered by Social Auxiliary Workers (SAWs) under the supervision of a social worker.

REFERRAL CRITERIA — caregivers were referred to the SAW if they:

- **Declined consent**
- **Missed appointments**
- **Delayed TPT initiation**
- **Requested more information**

SAW-Led Counselling Focus, Sample Size and Duration

- Medication Safety
- Treatment Duration
- Addressing Misconceptions
- Importance of Early TPT Initiation

SAMPLE

184

Parents & guardians counselled

PERIOD OF IMPLEMENTATION

April 2022

↓

September 2025

SAW-Led Counselling and TPT Initiation Cascade

184

Caregivers referred for counselling

161

Children referred for TPT initiation

136

Children initiated on TPT

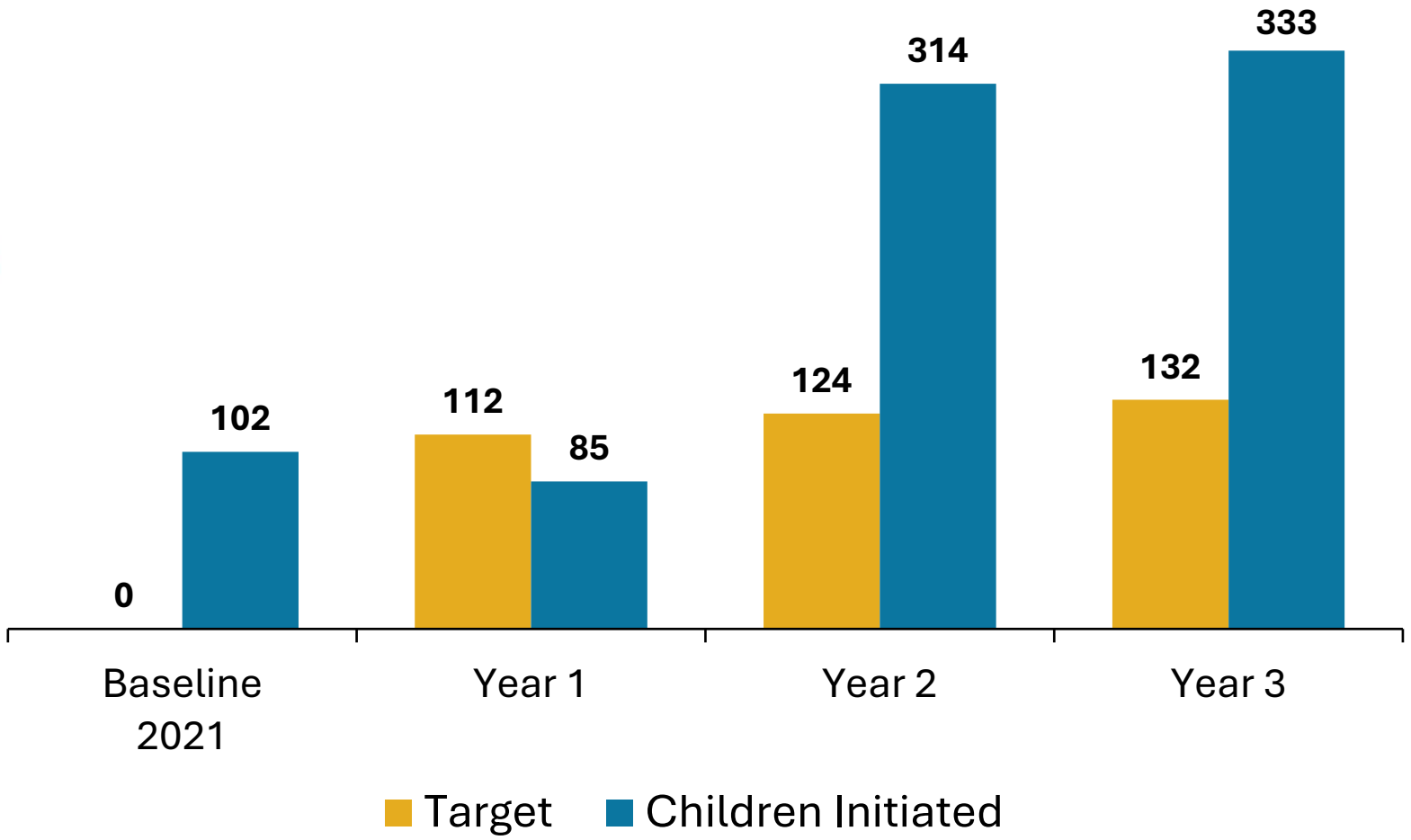
87.5% (161/184)

Successfully Referred

84.5% (136/161)

Successfully initiated on TPT

Results



YEAR 2

253%

YEAR 3

252%

TARGETS EXCEEDED

in both Years 2 and 3 after SAW-Led counselling scale-up.

Lessons Learned

Targeted and Structured SAW-Led Counselling for Caregivers

An enabler of TPT initiation in children under five years .

Facility + Community

Complementary approaches that work together.

Empower SAWs

Strong role in strengthening TB prevention services.

Structured Referrals

Improved follow-up and accountability.

Recommendations

01	**Institutionalize and Integrate**	SAW-led structured psychosocial counselling for caregivers within routine TB services.
02	**Scale Up**	SAW Led counselling SAW interventions to other districts and high burden settings
03	**Tracking and Follow-up**	Strengthen routine tracking and follow-up of eligible child contacts under five

Conclusion

SAW-led targeted counselling can significantly improve TPT initiation among child TB contacts and should be integrated into routine TB service provision

Thank You

Delly Mashele • Institute of Health Programs & Systems (IHPS)

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THE GLOBAL FUND

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