

**THE DEVELOPMENT OF AN ADAPTED TUBERCULOSIS DIRECTLY  
OBSERVED TREATMENT PROGRAMME IN LIMPOPO PROVINCE OF SOUTH  
AFRICA.**

**BY**

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## ABSTRACT

One of the most important unresolved challenges in TB Control is the completion of treatment by TB patients. The implementation of the Directly Observed Treatment, Short course (DOTS) strategy has been recommended by the World Health Organisation (WHO) for implementation globally in order to improve the TB outcomes. Among the 5 pillars of the DOTS strategy, the Directly Observed Treatment (DOT) plays a major role in ensuring that patients take their treatment to completion. However, DOT should not be a rigid model involving observation of drug swallowing, but should include an array of incentives and enablers for supporting the patient.

The purpose of this study was to critically analyse the effectiveness of the existing TB DOT programme to inform the development of an adapted DOT programme to improve TB control in Limpopo Province.

Qualitative and descriptive designs were employed in this study. Focus group discussions were conducted with the various groups of Health Care Workers, namely, Provincial Coordinators, District coordinators, Sub-district coordinators and Professional nurses, and DOT Supporters, using a semi-structured interview guide. Individual interviews were conducted with the patients. Ethical considerations were observed in the study.

The study findings revealed that both the Facility-Based DOT and the Community-Based DOT are employed in the province, using health care workers and community volunteers. However, gaps were identified in the implementation of DOT. A framework programme was developed to address the shortcomings that were identified. The programme was validated by an expert, Professor Kay Bartholomew from the University of Texas in the United States of America. Recommendations for the reform of the health system were made that include recommendations for all stakeholders involved in the TB DOT programme, namely Health Care Workers, patients, DOT Supporters, families and communities, Private Practitioners and Traditional Health Practitioners.

**KEY WORDS:** Directly Observed Treatment; Adapted DOT programme; tuberculosis; DOT supporters; patients; health care workers; treatment adherence