

LEAVING NO-ONE BEHIND: TRANSFORMING GENDERED PATHWAYS TO HEALTH FOR TB



**CHALLENGES, COMPASSION, AND
CAPACITY OF TB SURVIVORS:
A PHOTOVOICE STUDY**



KAMPALA & LUGAZI, UGANDA



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Tuberculosis (TB) is a major global health threat and affected more than 10.8 million people worldwide in 2023.* People living in poverty and those who are marginalised are among the most affected by the disease. TB is an infectious disease that is caused by bacteria, that most commonly affects the lungs, taking the lives of an estimated 1.25 million* people globally every year. While TB can affect anyone, it disproportionately impacts people living in sub-Saharan Africa, with nearly 2.55 million* people with TB and over 400,000* TB-related deaths reported each year.

**WHO Global Tuberculosis Report 2024*

TUBERCULOSIS IN UGANDA



Uganda is one of the 30 countries designated by WHO as having a high TB burden. In 2023, more than 260 people developed TB disease each day and approximately 27 people died from TB daily. Consistent with global trends, the majority of those who developed TB in Uganda were men (65%), followed by women (22%) and children (13%).* Nationwide, 9 out of 10 people with TB accessed care in 2023 and most (91%) successfully completed their treatment.** Despite these achievements, TB remains a common disease - particularly among men.*

Each year, tens of thousands of people complete treatment and are declared cured. However, these TB survivors are not routinely engaged in Uganda's TB programmes, despite global recommendations to involve affected communities.

This study, conducted by LIGHT partners MLI and LSTM, used photography and storytelling to explore how male and female TB survivors in urban Central Uganda can be more meaningfully included in TB programmes by understanding their lived experiences and engagement preferences.

**WHO Global Tuberculosis Report 2024*

***Uganda National Tuberculosis & Leprosy Programme Annual Report 2023/24*



This booklet is one of a series of four, with one booklet created for each of the participatory action research studies by LIGHT partners in Nigeria, Kenya, Malawi and Uganda.

LIGHT is a six-year cross-disciplinary global health research programme funded by UK Aid, led by Liverpool School of Tropical Medicine working with partners in Kenya, Malawi, Nigeria, Uganda and the UK. The partners are the African Institute for Development Policy (AFIDEP), Malawi Liverpool Wellcome Programme (MLW), Makerere University Lung Institute (MLI), Respiratory Society of Kenya (ReSoK), Zankli Research Centre (ZRC), London School of Hygiene & Tropical Medicine, and the Liverpool School of Tropical Medicine (LSTM).

AFIDEP

African Institute for
Development Policy



Malawi Liverpool Wellcome Programme



mli



Zankli Research
Center

ReSoK

RESPIRATORY
SOCIETY OF KENYA

LONDON
SCHOOL OF
HYGIENE
& TROPICAL
MEDICINE



LSTM
LIVERPOOL SCHOOL
OF TROPICAL MEDICINE



UKaid
from the British people

PLACE, PEOPLE & PROCESS

PLACE

The study took place in collaboration with two hospitals, Kawolo and Naguru, in Central Uganda. Kawolo General Hospital is in Lugazi, a municipality about 40km east of Kampala along a main transport corridor from Kenya to Uganda with an estimated population of 115,000 people. Naguru National Referral Hospital is in Kampala's Nakawa Division with an estimated population of over 315,000 people.



PEOPLE

Fifteen TB survivors participated in this study, eight men and seven women aged 26 to 64 years. Eight TB survivors had received treatment from Naguru hospital and seven from Kawolo hospital. All were declared cured between February 2022 and August 2024. None of the participants had any affiliation as a volunteer with TB clinics. You will get to know the participants in the following pages.

PROCESS

Photovoice is a creative and participatory research method that empowers individuals to document their daily lives and express their perspectives through photography. Through visual narratives, photovoice fosters understanding and empathy, encourages dialogue and can inspire meaningful action. In this study, TB survivors were actively involved as co-researchers and participants.

Pictured: Neighbourhood in Lugazi. Photo credit: TB survivor 1, Kawolo

Consulted TB survivor
networks and stakeholders

1



Study protocol developed
and approved

2



Trained the study team
comprising researchers,
TB survivors, and
healthcare workers

3



Recruited TB survivors
as participants &
obtained informed
consent

4



Trained
participants
(photography
& ethics)

5



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STEPS IN THIS PHOTOVOICE STUDY

Researchers transcribed audio recordings & participants validated captions

Participants clustered photos & summarised meaning

Researchers analysed data & produced booklet

9

10

8

11

Photovoice exhibition & stakeholder workshops

7

Participants selected & presented their key photos to the group

6

Participants took photos over a two-week period



*Adapted from Caroline C. Wang (1999),
Camille A. Sutton-Brown (2014), and
Sara Ronzi and colleagues (2019)*

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PEOPLE BEHIND THE LENS

PHOTOVOICE PARTICIPANTS WHO HAD RECEIVED TB CARE FROM KAWOLO HOSPITAL



TB survivor 1: *"I am 26 years old and live in Kitega. While I have a job as a painter, I am also an artist making my own music. I recorded a song about TB in 2023. For this study, I took a lot of pictures to show the need and potential for TB survivors to raise awareness about TB."*



TB survivor 2: *"I am a 52-year-old businesswoman from Nammengo. Although I still struggle to understand how I acquired TB, it was a bad experience, and I don't want others to go through it. So, I make sure people with persistent cough around me seek medical care."*



TB survivor 3: *"I am a boda boda rider from Kikate. I am 51 years old and have a big family to take care of. Thanks to the medication, I fully recovered from TB but do not want to go through it again. As a boda boda rider, I help people get to the hospital when they are sick."*



TB survivor 4: *"I am a 37-year-old businesswoman from Nakazadde selling vegetables for a living. In addition to my own children, I also raise the children of my sister whom I lost because of TB. It still pains me a lot, this is why I raise awareness about TB among women using my story as a TB survivor."*



TB survivor 5: *"I am 27 years old and live on my own in Kitega. I run a business selling electronics in Lugazi. Although I recovered fully from TB, I worry about contracting it again in congested public spaces from people with poor cough etiquette."*



TB survivor 6: *"I am a 39-year-old mother of three and work in a factory. I find purpose in faith and am grateful to God because it is hard to recover from TB. I reflected a lot, writing my thoughts down before taking photos. We should believe in ourselves as TB survivors and show love to others."*



TB survivor 7: *"I am 64 years old and have four children. My home is in Katungulu but most of the time I work as labourer on farms elsewhere. I had to travel far to be part of this study. But I am grateful because it helped me gain recognition as a TB champion in my village."*

PHOTOVOICE PARTICIPANTS WHO HAD RECEIVED TB CARE FROM NAGURU HOSPITAL



TB survivor 1: *"I am a 46-year-old father of five from Kibuli. As a mechanic, I used to paint cars and believe I contracted TB at a local bar. After TB diagnosis, my boss gave me a supervisor role as I could no longer paint. I have stopped drinking and encourage my friends and neighbours to follow my lead."*



TB survivor 2: *"I live with my husband and four children in Kamwokya. I am 27 years old and a trained hairstylist earning a living from selling water. I suffered discrimination during TB treatment and wish there were more TB awareness campaigns on TV to reduce stigma and avoid the trauma I faced."*



TB survivor 3: *"I live with my family in Kitintale and run a successful barbershop in town. I was 34 years old when I got sick and prayed and fasted until I realised my sickness was not spiritual but needed a doctor. TB may be a blessing in disguise as I can protect and educate the community."*



TB survivor 4: *"I am a 41-year-old mother of two and live in Banda. Surviving TB makes me feel that I have been given a second chance at life. I gave up mining and started a small food stall and pick and sell plastic bottles for a living. I am proud to help keep my church clean as an usher."*



TB survivor 5: *"I am 45 years old and live in Kasokoso. Before TB, I used to work on big construction projects. Although I cannot carry heavy loads as before, I must continue with this work to sustain me and my six children. I am passionate about speaking up for others in my community."*



TB survivor 6: *"I am a 28-year-old performing artist from Kabalagala. TB has disrupted my career; I can no longer sing and dance like before. I enjoy playing local instruments and teaching dance in school. As a TB survivor, I support village health teams during health campaigns in my neighbourhood."*



TB survivor 7: *"I am 34 years old and live with my family in Kamwokya. I used to earn money from washing clothes, but I cannot do this work anymore. I took photos to show how poverty makes us live in unhealthy environments which affects our health as TB survivors."*



TB survivor 8: *"I am a 58-year-old hardworking mother of six. I left my work as a miner since I am weak and no longer earn much from crashing stones. I now live in Gayaza outside Kampala with my grandchild depending on subsistence farming. Life is hard as I experience a lot of pain and mental distress."*

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**WE FELL SICK, RECEIVED
TREATMENT, RECOVERED
BUT WERE NEVER THE
SAME AGAIN**

TB left lasting scars on the lungs and lives of TB survivors. The photo stories illustrated their realisation and worries that they would never be the same again. TB survivors in Naguru spoke more openly about their vulnerabilities compared to those in Kawolo, documenting a range of **physical, emotional, and work challenges**. Common symptoms such as breathlessness, physical weakness, and fatigue left survivors feeling "crippled". Physical health issues particularly affected women's ability to carry out domestic chores and disrupted the livelihoods of both women and men. Some women were forced to **give up physically demanding jobs** such as mining and washing clothes, while men often had to **reduce their scope of work** to continue earning an income.

The emotional toll of TB was also shaped by gender. Women described losing their appetite, experiencing discrimination, and facing isolation during TB treatment. These experiences led to self-doubt and a dislike of themselves. Many **felt devastated** about the loss of work and income, the need to rely on others, and having to ask for help. Men also reported frustration, particularly over the impact of TB on their ability to work. **Fear of reinfection** was shared by both men and women in Kawolo.

Overall, men expressed more optimism than women. Men spoke of the possibility of **recovery** through treatment and emphasised the importance of a nutritious diet. Women encouraged fellow TB survivors to keep moving forward and to seek alternative ways of earning a living.

A photograph of an avocado tree with a green text overlay. The tree has a thick, textured trunk and several branches with green, oval-shaped leaves. Some branches are bare. The background shows a clear blue sky and a distant landscape with hills and fields.

"This is an avocado tree. It appears unaffected, but it's actually been infected by this parasite. If left unchecked, this parasite can devastate the tree, potentially consuming it entirely. You can remove the parasite early, and the tree goes on to bear good fruits, but it still doesn't grow the way it should. You are this tree. The parasite is TB."

TB survivor 6, female, Kawolo



"I used to work on large construction sites building flats and dealing with heavy bags of cement before I fell sick. I recovered and returned to work, but my energy levels have been gradually decreasing, and I can no longer carry loads. I have a colleague who has just finished the TB dosage. When we get contracts, we work together. My colleague says where I am is possibly where he is headed, because he wakes up feeling body aches and difficulties in breathing. We, TB survivors, are left feeling crippled. You undergo treatment and recover but are left unable to do your usual work. How can we be helped to become whole again?"

TB survivor 5, male, Naguru



"When I light the fire in this kitchen, I am heavily affected by the smoke. Sometimes I move outside after lighting it. At times, the wood doesn't ignite properly, and I am stuck in the smoke. I suffocate, get a burning sensation, experience difficulties in breathing and wanting to explode emotionally. Smoke affects our lungs. We are left with no peace of mind."

TB survivor 8, female, Naguru



"Before developing TB, my work was washing clothes to earn money. When I became ill, I lost physical energy and could not do that kind of work anymore. Suffering from TB affects finances."

TB survivor 7, female, Naguru

"Before, I would crush about 34-40 jerry cans a day. But I am unable to do this anymore. You wonder why I bother when the stones I crush aren't enough to fill ten jerry cans. I do not earn much from them. For 8 jerry cans, I earn 2,000 Shillings. I give 500 Shillings to the person who helps with weighing, then go back home with 1,500 Shillings, weak and burned out without an ounce of energy left to pick up a cup. I start questioning myself what I had been doing all day."

TB survivor 8, female, Naguru





"I took this photo to share the life I passed through when I was sick with TB. My life changed. After starting TB treatment, I used to eat like an animal the first three months. I would eat like 8 times a day. If I hadn't eaten anything by 10am, I would be hugely affected. This left me wondering what was wrong with me."

TB survivor 2, female, Naguru



"When I was sick, I was sent to a hospital ward overcrowded with very many people like in this photo. The healthcare worker disclosed that I had TB, and people ran out saying hurtful things. When people find out you have TB, they presume you are going to kill them instantly. I was overcome with emotion, cried a lot and developed feelings of self-hatred."

TB survivor 2, female, Naguru

"Sewing is a big part of my life. Before I fell sick, I was fast. I would sew a piece in two hours, but it takes days now. I learned using a sewing machine so I could reduce workload. But it uses the same energy level throughout and cannot fasten clothes the way I desire. With my bare hands, I can calculate how much energy I should apply and when, but it takes more time. I am trapped and unable to enjoy what I love doing."

TB survivor 6, male, Naguru



"I love working from the bottom of my heart. Planting one sweet potato set leaves me feeling very tired and unable to do the second. I live with my grandchild who is capable of working more than I do, given my vulnerable state, but doesn't attempt, so I have to keep pleading with her to help. I carry a lot of emotional weight recalling how I used to do all the heavy work myself, but now I have to plead for help. It breaks my heart. Pleading to be helped with tasks we used to perform ourselves crushes our spirits."

TB survivor 8, female, Naguru



"As you inspect your banana plantation, you might discover a diseased banana plant and remove it to prevent the disease from spreading. We go to public places but cannot distinguish between sick and healthy people. I fear getting close to people who are sneezing, and hearing someone cough makes me feel like I am coughing too."

TB survivor 6, female, Kawolo



"We got sick and began using this medicine, the red one. I struggle with it, we all struggle with it. We wake up daily and fight for our health until the end of time. We can all contract this disease, but perhaps preventive medication could protect and help us interact with other people without worrying."

TB survivor 3, male, Kawolo



"This tree is similar to us. The infection circled around the tree core, sparing the central part. That's how TB is. It engulfs us but treatment works. This tree continues to thrive despite the infection. Even when its branches are cut, it continues to grow. If we contract TB and get treated, we can recover just fine. Even if we stay with scars, we remain healthy and thriving."

TB survivor 3, male, Kawolo

"You see a tomato, onion, and garlic. Personally, I remained strong when I was sick because I used to eat them. Even after starting treatment, I continued eating them because I realised they are medicinal which left me strong and able to walk. We need the nutrients in these ingredients like vitamins. At times, they are costly, but we can find ways of minimising the cost by using onion leaves. I grow them in my small garden."

TB survivor 6, male, Naguru





"This is the job I changed to from stone mining. When one comes to purchase a piece of chicken, they often ask that you include tomatoes, onions and chips to their meal. Initially, I was a stone miner but when I saw how much the stones had affected me, I pondered my going back to it. You know some people tie their entire life in one place. Yet if they left, they would discover something else to do. I encourage my fellow TB survivors to find other things to do starting with the little they have."

TB survivor 4, female, Naguru

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**WE DO NOT WANT
OTHERS TO GO
THROUGH THE SAME**

TB survivors feared TB and other diseases could easily spread within their communities due to both prevailing behavioural and structural challenges. Some men documented **harmful behaviours** they had witnessed, such as poor cough etiquette and consumption of sick animals in Kawolo. The use of alcohol and tobacco among men across both sites, and among some women in Naguru were also seen as contributing to the risk.

However, TB survivors viewed **structural challenges** as even greater threats. Women raised serious concerns about exposure to **smoke** from cooking and waste burning, as well as **polluted water** from open manholes, flooding, and near roadside kitchens and make-shift food vending kiosks. Men, on the other hand, were particularly worried about crowded, poorly ventilated public spaces. Common concerns shared by both men and women included **poor housing conditions**, the **distance to health facilities**, and **lack of affordable transport**. These environments, shaped by poverty, affected the well-being of TB survivors and enabled TB to thrive.

In Naguru, TB survivors observed that other people with TB were often **isolated and discriminated** against and left to struggle alone without support within their communities. Drawing from their own experiences, TB survivors recognised and emphasised the importance of the need for **community support** in preventing spread of TB and improving the recovery journey.



"We were told eating dead animals is harmful. This sheep was sick. Someone slaughtered and ate it with others after it had died. Eating it, when it's already dead, could be hazardous because you don't know the cause of its death. TB survivors must be extra careful."

TB survivor 7, male, Kawolo

"There's somebody who wanted to buy this turkey unaware it was sick. After four days, it died. I am not sure what it was suffering from. I could have caught the disease and spread it to others through sharing. TB survivor eating this kind of bird can easily contract diseases weakening their immunity further."

TB survivor 7, male, Kawolo





"The tiny house facing this side is like a traditional shrine. Many women, about 20, come to smoke pipe and drink their small bottles of waragi (local gin) there. I believe when they gather, they are not just working but contracting diseases. I think they need to be sensitised on how to prevent such issues."

TB survivor 5, male, Naguru



"One cannot tell real money from fake. It has to be verified to identify authenticity. What does this mean? Unless you test for TB, you cannot tell if you have it. We are quick to visit clinics that are of no benefit, ignoring bigger hospitals. Clinics will prescribe Panadol and Septrin but the disease is progressing. When you notice any symptoms, seek medical attention at a reputable hospital promptly to receive proper treatment."

TB survivor 6, female, Kawolo

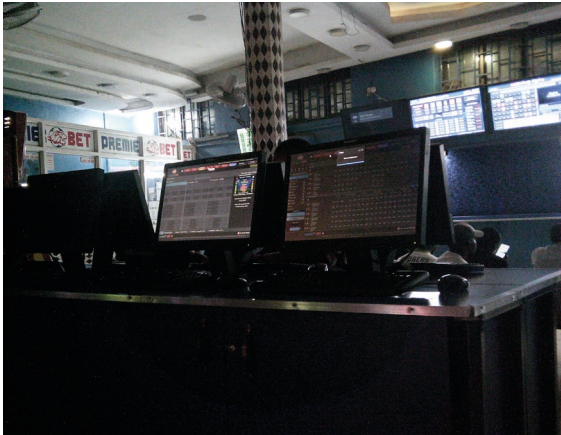
"Each person has a unique lifestyle and different background. Fun-loving people enjoy alcohol, cigarettes, shisha and the like. Men tend to enjoy alcohol more than women. Our lifestyles are responsible for our poor health. Fun-loving people don't take advice well, but you do your best."

TB survivor 1, male, Kawolo



"I took this photo to capture the environment where we live and work in close contact with others. TB spreads through inhaling (not handshakes) when someone coughs without a mask. They might not realise they have TB, have the time to visit the hospital or find someone to explain to them that prolonged cough warrants a TB test."

TB survivor 5, male, Kawolo



"We are looking at a betting spot. These are the popular places where men gather in big crowds to watch football matches. We stand here waiting for the next move, packed tightly with barely any room to move. There are no rules here. Laws exist but the enforcement is low. Infections are transmitted from here."

TB survivor 6, male, Naguru



"This is a goat's head on a charcoal stove. The smoke from it affects our health post-TB and that of our children and people we live with. We have this problem because it is someone's source of income; they cannot abandon it."

TB survivor 7, female, Naguru

"I had gone to withdraw money at the bank. We were about 50 people at least. Some people were coughing. We were crowded sharing the same air. One can unknowingly get infected, unsure of the source."

TB survivor 5, male, Kawolo



"Some people use firewood for cooking and their kitchen has no proper ventilation or chimney. We tend to blow the cook stove to ignite it. But each time we do this, we breathe in poor quality air causing cough and body pains. If you see someone cooking in this kind of kitchen, explain the smoke problem to them. I believe they wouldn't construct these kinds of kitchens if they knew the consequences."

TB survivor 6, female, Kawolo



"When you burn this suitcase, the smoke it emits is harmful. I was upset staring at the lady doing it, who was an adult, not a child, and questioned whether she's aware of the dangers involved in her actions. I know that any tiny thing or smoke significantly affects me so I cannot burn things, but they do it out of ignorance."

TB survivor 4, female, Naguru

"This is my friend's doorstep. Wastewater flows in front of it. When it rains heavily, water enters the house and affects the health of the residents. My friend is overwhelmed. She takes care of a child. Poverty can keep one, in these kinds of places. TB survivors live in such conditions."

**TB survivor 7, female,
Naguru**



"This house accommodates both people and chicken. It is not proper for someone to share their sleeping space with birds. I believe these birds also have their own different diseases and could infect us. That is why I took this photo."

**TB survivor 4, female,
Naguru**



"A TB survivor got reinfected. He lives in a small, cramped house without any windows or ventilators. His children abandoned him because of his living condition. If we, who know about TB and have lived through it, could unite and speak with one voice and the government would enact laws to support vulnerable individuals like these, it would bring relief."

TB survivor 1, male, Kawolo



"The road maintenance team dug this hole where people live, eat, and sleep. Dirty water passes there, and it has a bad smell. We may contract diseases from this hole."

TB survivor 2, female, Kawolo

"This food is prepared as early as 4am, left uncovered and sold from morning till midnight. When one person doesn't cover their food, others start doing the same. They are along a road that accumulates and retains water containing a lot of filth. Imagine this water splashing in the food. It negatively affects our health."

TB survivor 7, female, Naguru





"This gentleman is sick and usually sits by himself. People who pass by him can't help but feel compassion. He has no one to help him at home, no support system. He seeks medical attention at the hospital. I encouraged him to follow all the orders from the healthcare workers and reassured him that we have all been there, but God helped us, and we came out on the other side. We have people in Kampala that are on their own. Sickness finds you unprepared. It makes no appointment. If only we had treatment options right from the grass root, but he has been left to fend for himself."

TB survivor 5, male, Naguru

"This lady was staying with her mother and siblings before she suffered from TB. When the family heard that she had been diagnosed with TB, they started avoiding her. They got her one of those tiny houses (pit latrine) and locked her in. So, she stayed there and could no longer eat or stay with them. The neighbours found out about it and contacted the son who said that his mother would not live like that. So, he constructed a house for her as he had nowhere else to take her."

TB survivor 1, male, Naguru



"Some TB patients live far from the hospital like my friend from Nalumuli island. His hospital trip was 30,000 Shillings and extra money for snacks and drinks. Lacking the funds meant skipping the appointment. Once he misses his medication, he will suffer the consequences as illness has no patience."

TB survivor 1, male, Kawolo



"There's one fact we all know about tomatoes. Once one is rotten, it can spoil the rest. Tomatoes aside, that's how we are as people. We appear like each of us is on their own, but we are connected. If one of us has a disease like TB, we may all end up sick. Even if these tomatoes have a life span of a week, we can extend their freshness by refrigeration. Relating it to people, if we acquire a disease, we can live longer if we seek medical care, similar to keeping the tomato in the fridge. If you abandon a sick friend without medication, they will die."

TB survivor 3, male, Naguru

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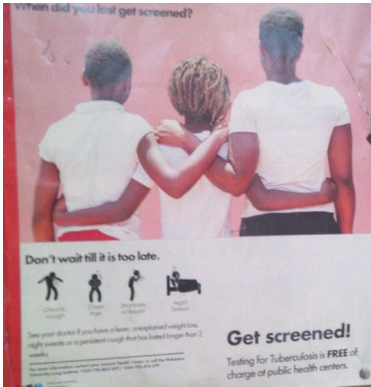
**OUR SUFFERING FROM
TB IS A BLESSING TO
THE ONES INTERESTED
IN LEARNING MORE
ABOUT IT**

All TB survivors agreed that they had a role to play in ending TB. Men recognised the need to overcome the tendency to keep illness private and to **confront the fear of stigma** in order to become champions who could raise awareness and support others.

Both women and men felt compelled by own experience with TB to offer **emotional support** and promote healthy behaviours among friends, colleagues, and other people with TB. While their **advice** was often well-intentioned and sometimes well received, it was not always acted upon.

Women TB survivors reported using their social networks, such as women's groups, to share TB information and support others. Men described using their workplaces and talents to **raise awareness**. Churches were commended for encouraging mask wearing and providing a **supportive space** where people could help others and find renewed purpose. Many felt **media campaigns, public health education**, and **survivor storytelling** were powerful, but underutilised, tools for raising TB awareness and behaviour change.

Several women and men described how they recognised **people with a persistent cough** and encouraged them to seek healthcare; some even went as far as providing transport support.



"Seeing this image still brings up emotions. I started by coughing but when asked, I would deny it. We keep our sickness private, yet disclosing sooner would bring quicker support. If you visit the hospital immediately you get cough symptoms, you will receive faster help. Masses need to be educated, we are like a toddler still learning to stand independently. We could go out in communities and mobilize people for education. How can we be supported?"

TB survivor 3, male, Kawolo

"These are private cars. The word that resonated with me is private. They represent TB survivors, each with a private life. We are still private because we are afraid and questioning if having TB is a crime. TB survivors should overcome the fear that holds them back and speak up. We should realise that our suffering from TB is a blessing to people interested in learning more about it and tell them that TB is curable."

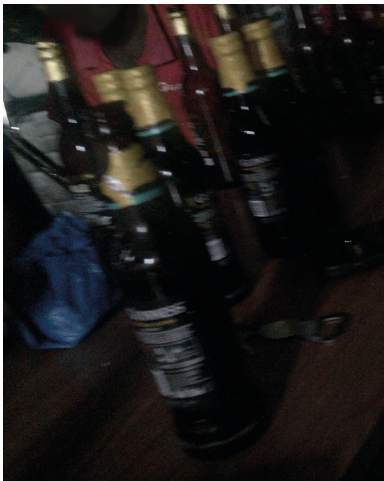
TB survivor 3, male, Naguru





"Often times we use flowers to express love. Taking medicine can trigger feelings of self-loathing. TB survivors should show love, rather than hostility, and build friendships with patients to encourage adherence. Each time one visits and offers support, they develop a positive attitude towards their medication and become hopeful that they will recover."

TB survivor 6, female, Kawolo



"I met my friend at a place where I used to hang out but stayed away after my TB diagnosis. He was also diagnosed with TB, completed treatment and recovered. I reminded him of what we went through when we still had TB and the possibility of having contracted it from this place. I urged him to consider his wife and children. Before I left, he requested I accompany him back home. It was clear he didn't want to go back in there."

TB survivor 1, male, Naguru

"I asked this gentleman if he was aware of the possibility of contracting TB from smoking and he wondered if cigarettes contained TB. I told him, no, TB is not an additive in cigarettes. But smoking cigarettes as a TB survivor may weaken your lungs further and risk reinfection. The problem is ignorance. But if taught, people can learn the truth."

TB survivor 1, male, Naguru





"This is the stone quarry where I acquired TB from. I tried to let my colleagues know that all the stone dust as they mine ends up in their lungs. Referring to my own experience, I said to them, I had visited to warn them about what could possibly happen to them. They requested for healthcare workers to go and further educate them. Stone miners are hardheaded. Something like sickness has to happen to them before they listen."

TB survivor 8, female, Naguru



"People need to be taught that most infections such as TB are contracted from public places like churches. Before the Covid pandemic, mask-wearers were often assumed to have TB, and people would subtly distance themselves. After Covid, they made it mandatory for people to wear masks which helped with the stigma. If I wish others well, I can wear a mask while shopping at the market and attending church."

TB survivor 1, male, Kawolo

"Not all problems are spiritual; some are physical and require visiting a medical doctor. I had to fast for 80 days to discover this, when God revealed to me that my sickness wasn't spiritual and I had to see a medical doctor. These are the issues we should address for the public to understand that not all problems are spiritual and that TB is a killer disease but also curable. Like this public address system, TB survivors could open up to people."

TB survivor 3, male, Naguru



"I help with maintaining cleanliness in the church as I enjoy work to do with sanitation. As a member of the ushering team, I prepare hand washing stations and make sure the toilet and chairs stay clean. I believe it is my responsibility. Although I lack financial resources to move and assist people, this is the help I can offer."

TB survivor 4, female, Naguru



"I am a member of this women's saving group. When some were coughing, I inquired about their awareness of TB. They believed TB was exclusive to people with HIV. I informed them that am HIV negative, yet suffered from TB, and it was agonizing for me. They didn't argue with me."

TB survivor 4, female, Kawolo

"I would like to visit schools one day and educate the children about TB and preventive measures. Those who learn will teach others."

TB survivor 4, female, Kawolo



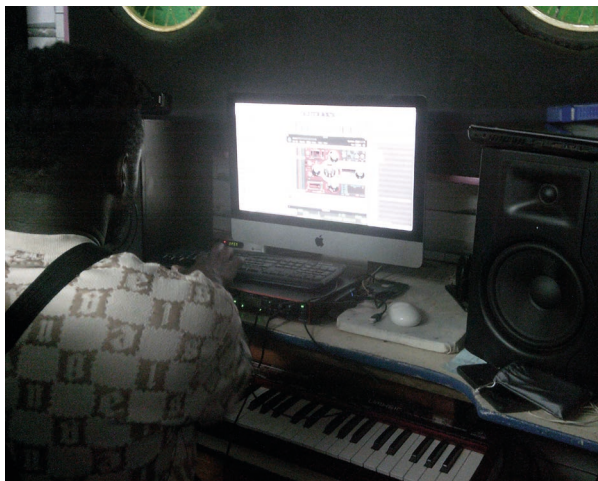


"If they would air TB advertisements on TV, people could understand that it is very harmful and be able to prevent it. This is why I took this photo."

TB survivor 2, female, Naguru

"I am thankful God gifted me with talent. I may not have a perfect voice but used this equipment and created a song about TB. It was released during the 2022-2023 TB awareness campaign among the youth, and public address systems played it in communities. Technology, computers, and phones can help us pass on information."

TB survivor 1, male, Kawolo





"This gentleman is a Pastor who normally preaches in churches and markets. I encouraged him to get tested due to his persistent cough, and the results revealed he had TB."

TB survivor 2, female, Kawolo

"It is my responsibility to warn people about TB's severity, encourage them to seek hospital care, and offer practical support like transportation to help them access timely treatment."

TB survivor 3, male, Kawolo



"At a school, where I train dance and drama, I decided to discuss TB with the children. I was taken by surprise how little they knew about TB in comparison to other diseases. They seemed afraid and pointed out one of their colleagues who had been coughing since the beginning of the term. I requested to speak to the child and advised him to get tested."

TB survivor 6, male, Naguru

RECOMMENDATIONS

FROM TB SURVIVORS FOR ACTION AND SUPPORT

RECOMMENDED ROLES FOR TB SURVIVORS

TB survivors see themselves as vital allies in the fight to end TB and have proposed several impactful roles they can play, based on their lived experiences:



Role Models: Lead by example by wearing masks, practicing hygiene and healthy behaviours, and seeking healthcare among others.



Community Education: Share personal stories to educate the public about TB prevention, treatment, and reduce stigma.



Early Detection Support: Identify symptoms in others, encourage testing, and support care-seeking.



Peer Counselling: Provide emotional and practical support to people undergoing TB treatment.



Stigma Reduction: Use lived experience to challenge myths and promote compassion and hope.



Programme Support: Contribute to TB campaigns, health outreach, and digital awareness efforts.

RECOMMENDED SUPPORT FOR TB SURVIVORS TO BE EFFECTIVE

Survivors stressed that passion is not enough - they need structured support to make a lasting impact:



Knowledge: Ongoing training on TB transmission, treatment, and prevention to ensure accurate public messaging.



Skills: Development of communication, counselling, and advocacy skills to engage communities effectively.



Tools: Provision of materials (e.g., posters, T-shirts, leaflets) to support outreach and build visibility.



Peer Networks: Strong survivor networks for coordination, emotional support, and shared learning.



Health System Integration: Recognition as partners in national TB programmes, with clear roles and referral pathways.



Social Protection: Prevent catastrophic costs, extend social protection, and offer skills building for TB survivors.



Infrastructure Development: Ensure access to safe housing, water, sanitation, and clean cooking.



Photovoice exhibition in Lugazi, June 2025

CONCLUSION

TB survivors offer powerful insight and motivation grounded in their own recovery journeys. With the right support, they can play a transformative role in TB prevention, care, and community mobilisation. Stakeholders are urged to invest in survivor-led models of care, integrate their voices into TB programmes, and empower them as champions of change.

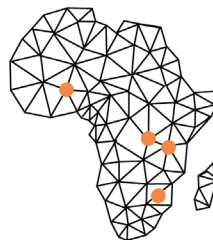
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