

## ABSTRACT

**Background:** Since 2008, the uptake of Tuberculosis Preventive Treatment (TPT) among household contacts (under-five children) in Myanmar has been low, with rates of 3% in 2018, 7% in 2019, and 6.6% in 2021. Limited documentation exists assessing service providers' fidelity. This study aimed to explore the quality of TPT service delivery by contact investigators, focusing on health education and counseling approaches and participants' responsiveness.

**Methods:** An exploratory qualitative case study design was employed using open semi-structured questionnaires for in-depth interviews with 10 healthcare providers and 14 caregivers and focus group discussions with 14 contact investigators to evaluate the quality of TPT service delivery and responsiveness.

**Results:** The quality of TPT service delivery by contact investigators is suboptimal due to infrequent home visits to all drug-sensitive TB index patients. Challenges include incorrect addresses, high migration rates, insufficient funds, overwhelming workloads, and political instability. Health education and counseling approaches have significant shortcomings, failing to meet checklist standards. Although most contact investigators have received TB-related training, specific TPT training is often lacking, leading to confusion. Community involvement is weak, with many daily wage earners unable to afford time for TB screenings, resulting in low clinic attendance. Adherence to TPT among children is generally high, with most caregivers committed due to the absence of severe side effects, but their understanding of TPT benefits is incomplete, affecting their belief in the treatment. Administering TPT is challenging, especially getting young children to swallow tablets, often requiring caregivers to crush the medication.

**Conclusion:** The implementation fidelity of TPT among household contacts (under-five children) is suboptimal due to gaps in procedural adherence, contact investigation frequency, and the quality of health education and counseling. Insufficient training, budget constraints, community reluctance, and caregivers' time availability further hinder TPT effectiveness. Targeted training programs, better community engagement strategies, and increased budgets are essential for improving TPT uptake and effectiveness in Myanmar.

**Keywords:** *Implementation Fidelity, TPT, Under-Five Children, Health Education & Counseling*