

# Acceptability and feasibility of household child-contact investigation and preventive treatment management in Cameroon and Uganda: a qualitative assessment

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## Intro

The CONTACT study (Cameroon, Uganda) is a cluster-randomized trial evaluating a community intervention for TB contact investigation and TB preventive treatment (TPT) management. We evaluated the post-intervention acceptability and feasibility of the CONTACT study.

## Methods

- In-depth interviews with 24 healthcare providers and community leaders
- 12 focus group discussions with 79 index cases (separated by gender) in Cameroon and Uganda.

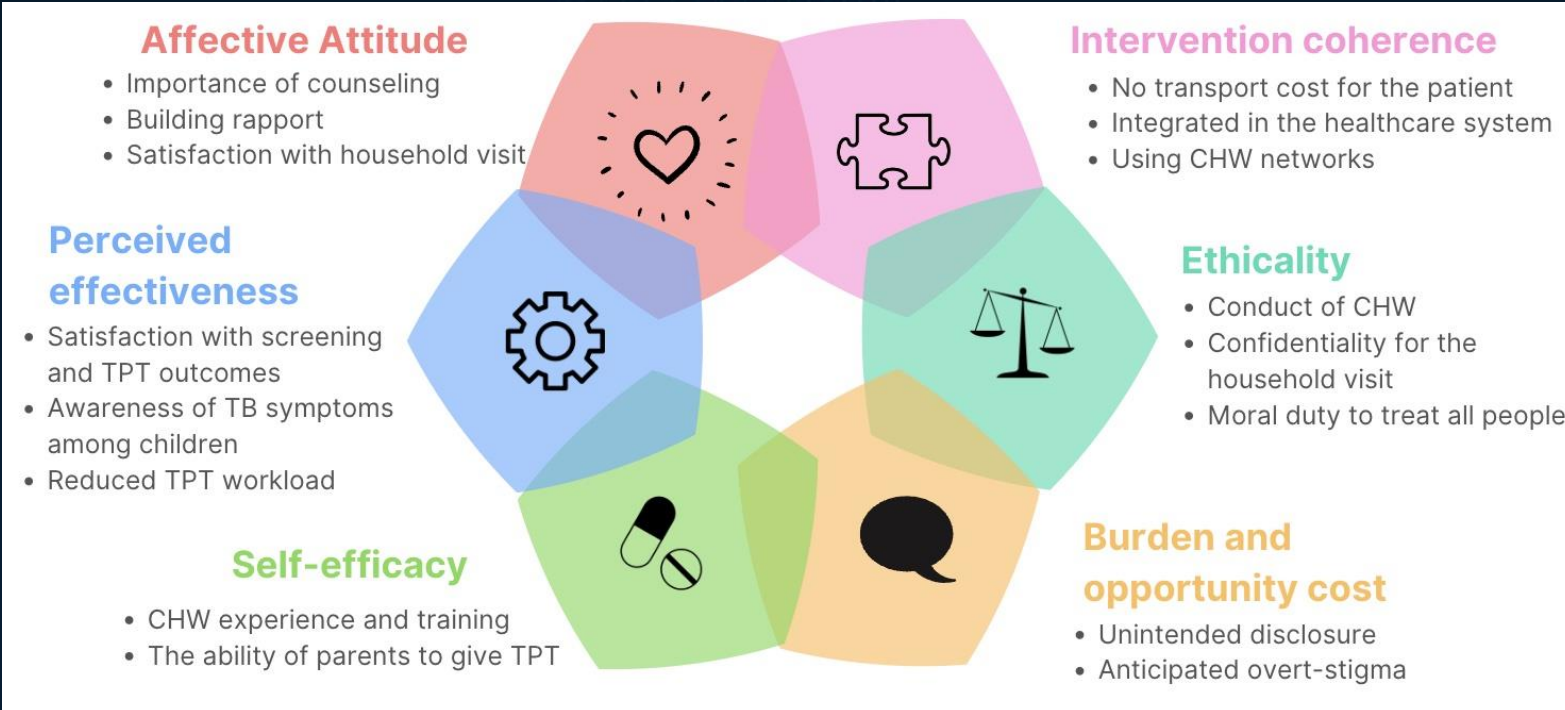
## Results

- The index case's counselling establishes a good provider-patient relationship and strengthens patients' self-efficacy and the legitimacy of CHWs.
- Initial counselling towards self-disclosure within or outside the family resulted in more children initiated on TPT.
- Despite anticipated fear of stigma, almost all participants reported family support following disclosure.
- Beneficiaries cited positive outcomes of the intervention: relief from transport, screening of all family members, and TPT efficacy.
- Providers highlighted the coherence of the intervention in their context.
- Main drivers of feasibility were CHWs' financial motivation and training, household visit planning, and community leaders' support.
- Sustainability issues were raised around securing CHWs' incentives.

## Conclusion

Community-based intervention is acceptable and feasible. Home-based child contact screening and TPT management has the potential of preventing the onset of TB disease in millions of children from high-burden, limited-resource areas.

## The community-based intervention for contact investigation and TB preventive treatment management is acceptable and feasible



## Quotes

### Affective attitude

"... everything happened at the first visit [at the health facility], at initiation [of the index case], it's there where we have emphasized a lot. Because after the acceptance [of the community visit], we had no difficulties" – TB focal person, Cameroon

### Burden and Opportunity cost

"They came to my place, they asked me if I had neighbors. I had a neighbor who was coughing so he came. My wife was also coughing. They came and saw all my 5 children, they took samples from my children, my wife and my neighbor. They then left. They gave me advice about my TB treatment" – male participant, Cameroon

### Ethicality

"we have to treat the poorest people. [...] We need to give them what's best in our hospital. That is the mentality we teach to our staff." – TB focal person, Cameroon

### Intervention coherence

"If children in the village are many, say three or more, then transport challenges crop up, [...] they bring medication at home and the children are taken care of at home and it helps us the parents or guardians not to suffer with transport" – female participant, Uganda

### Perceived effectiveness

"This TPT has helped us in getting more children on treatment because in some families, we have been able to get positive cases" – TB focal person, Uganda

### Self-efficacy

"The doctor has maybe 10 minutes to talk to him [the participant] because he has other patients, but the CHW can go to his place, spend 30 minutes to talk to him" – community health worker, Cameroon