



The CONTROL
(COgNitive Therapy for depRessiOn in tubercuLosis treatment)
to improve outcomes for depression and TB in Pakistan and
Afghanistan

Community Engagement Activity Report

Khalabut, Haripur, Pakistan

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Executive Summary

This Community Engagement and Involvement (CEI) activity was conducted on 28 June 2025 in Sector 3, Khalabut, Haripur, Pakistan. The session was organized in a community space regularly used for local gatherings and involved a separate parallel session for female participants. The male session, detailed in this report, engaged 38 male participants, including individuals with disabilities and those facing substance use challenges. The activity was conducted under the CONTROL Programme, which focuses on integrating Cognitive Therapy for Depression within Tuberculosis (TB) treatment services. The session aimed to enhance community understanding of TB, its symptoms, modes of transmission, and the importance of early diagnosis and complete treatment. A strong focus was placed on the relationship between TB and mental health, especially depression and anxiety, through culturally appropriate education and interactive dialogue. The session further aimed to reduce stigma, promote timely health-seeking behavior, and introduce the CONTROL Programme's integrated approach to mental health care in TB services. Participation from religious leaders, community representatives, and local influencers ensured culturally sensitive dissemination of key messages. An awareness video was also shared to support continued learning, and participants provided valuable suggestions for future outreach and programme expansion.

Activity Aims & Objectives

On 28th June 2025, a Community Engagement and Involvement (CEI) activity was conducted in Khalabut, Haripur, to raise awareness about the CONTROL study, tuberculosis (TB), and associated mental health issues such as depression and anxiety. The specific objectives of the session were to provide accurate, culturally relevant information on TB and its association with mental health conditions such as depression and anxiety, while addressing stigma through discussion, lived experiences, and faith-based perspectives. It also introduced simple coping strategies, promoted psychological well-being within the community context, encouraged early care-seeking behaviors, and familiarized participants with nearby CONTROL Programme sites offering integrated TB and mental health services. The session aimed to mobilise community members and build trust in the healthcare system through collaborative and participatory engagement.

Context and Setting

The community engagement session took place at Community Center 3 in Khalabut, a semi-urban area of Haripur District. Khalabut is a well-established town that hosts a diverse population, including both affluent and low-income households. The local population primarily speaks Hindko, while Urdu is also widely understood and spoken. Additionally, a portion of the community consists of Pashto speakers, reflecting the town's linguistic and cultural diversity.

Community Center 3 was selected in coordination with the local focal person and the community leader, ensuring that the location was accessible and appropriate for outreach activities. The site is strategically located near key healthcare facilities, including Civil Hospital Khalabut and the private clinic of Dr Rafiq Tanoli. This proximity enabled the CEI team to facilitate referral pathways for tuberculosis and mental health services as part of the session follow up.



Activity Plan

The CEI session held in Sector 3, Khalabut, Haripur, was planned in coordination with a locally recognized focal person who played a central role in facilitating community engagement and logistical arrangements. The focal person, an assistant to the area's community leader, was contacted three days before the session via telephone. He was briefed in detail about the session's objectives, content, and target population. Throughout the preparatory period, he remained in daily contact with the CEI team, providing timely updates on community interest, expected attendance, and venue readiness.

Leveraging his local influence and trust, the focal person was responsible for inviting community members, including both males and females, particularly those from underrepresented or hard-to-reach groups. His efforts ensured the inclusion of diverse participants, including individuals with disabilities and those facing substance use challenges. Based on his recommendation, the community centre in Sector 3 was selected as the venue. This space is commonly used for local meetings and was described by the village councilor as a platform where important communal matters are regularly discussed.

Male Community Engagement Session

Facilitators

From the CONTROL team, the activity was facilitated by:

- Asad Ullah (CEI Lead),
- Mr. Asad Ullah Safi (PPIE Advisory Board Member)

Male Hujra Setting

The male session of the Community Engagement and Involvement (CEI) activity was held in the open space of the corridor adjacent to the main hall which is allotted to female session of the community centre in Sector 3, Khalabut, Haripur.

The corridor was spacious and well-maintained, providing a comfortable environment for the participants. The weather on the day of the session was relatively pleasant and not as hot as usual for the summer season. Chairs were arranged in rows to



facilitate easy visibility of the speaker and to encourage participation. The setting supported a focused and respectful discussion environment. The focal person played an active role in organizing the space and ensuring that all participants were seated comfortably.

The session was attended by approximately 35 to 38 male participants, including community leaders, local school teachers, one individual with a physical disability, and two participants experiencing substance use-related issues.

The session was formally opened by the village councilor, who extended a warm welcome and apologized for the delay. He acknowledged the visit of the CEI team from Khyber Medical University (KMU) and contextualized the purpose of the session for the attendees. This was followed by a recitation from the Holy Quran by a local religious scholar, setting a respectful and culturally grounded tone for the discussion. Mr Asad Ullah, the moderator and CEI focal person, then began the session by thanking all participants for attending and emphasizing the importance of health awareness in improving individual and community well-being.

Session Content and Discussion

The session included a detailed and interactive discussion on tuberculosis (TB), aimed at enhancing participants' understanding of the disease, its symptoms, transmission, treatment, and prevention. The moderator explained that tuberculosis is an illness caused by germs that can damage the lungs and other body parts such as the kidneys and bones. He listed symptoms in simple language: coughing for more than two weeks, coughing up mucus or blood, sudden weight loss, tiredness, chest pain, fever at night, and sweating during sleep.

He further explained that TB spreads through the air when someone with the disease coughs or sneezes, and people nearby breathe in those germs.

Regarding treatment, the moderator emphasized that TB is curable with medication, but the course lasts for at least six months. He introduced the concept of drug-resistant TB, explaining that this happens when people stop taking their medicine before the doctor advises. He added a familiar example: “You might have heard doctors always say to complete the full course of antibiotics. When people stop taking their medicine halfway through, the germs become stronger and harder to kill. The same thing happens with TB if the patients discontinue treatment prematurely, which can lead to the development of resistance to standard medications. This condition, referred to as Multidrug-Resistant TB (MDR-TB), requires a more intensive treatment approach involving stronger medications and a longer duration of therapy, often extending up to two years. Despite its complexity, MDR-TB remains curable with early detection and adherence to proper medical management.

Awareness of Mental Health

The moderator then shifted focus to mental health. He outlined the symptoms of depression as persistent sadness, loss of interest in daily activities, tiredness, sleep problems, and difficulty concentrating. Symptoms of anxiety were also explained as excessive worrying, restlessness, rapid heartbeat, sweating, and nervousness.

The moderator emphasized that mental illness is not a character flaw or weakness, but a medical condition. He introduced coping strategies, including spending time with loved ones, regular prayer, going outdoors, and staying connected with community support.

Relationship between TB and Mental Health

During the session, the moderator provided a detailed explanation of the relationship between tuberculosis (TB) and mental health, with a particular focus on depression and anxiety. It was highlighted that individuals diagnosed with TB often experience not only physical symptoms but also psychological challenges that can significantly affect their overall well-being. Many patients may feel fear, embarrassment, or social rejection due to the stigma commonly associated with TB. This often results in emotional withdrawal, reduced communication with family and friends, and a decline in social functioning.



The discussion further addressed how TB can interrupt various aspects of daily life, especially for individuals who rely on daily wages and are unable to work during treatment. The inability to support one's family, along with a sense of uncertainty about the future, can contribute to depressive symptoms. Additionally, the fear of infecting others may lead to increased depression and self-isolation.

Strategies for Improving Mental Health

The session highlighted simple coping strategies to support mental well-being among individuals affected by tuberculosis (TB). Participants were encouraged to stay socially connected by spending time with family and friends, while taking precautions such as wearing a mask and avoiding close contact when coughing. The importance of using separate utensils during meals was emphasized to prevent disease transmission within households. Spending time outdoors and walking in open fields were suggested as helpful ways to relieve stress and improve mood. Friendly gatherings in well-ventilated spaces were also encouraged, as long as

protective measures were observed. Religious practices, such as prayer and reflection, were discussed as culturally relevant tools for emotional strength. The moderator stressed that mental health is an important part of TB recovery and encouraged participants to seek help when needed.

Religious Perspectives

During the session, a religious scholar shared insights from Islamic teachings to help the community understand illness and mental well-being through a faith-based lens. He emphasized that Islam encourages seeking medical treatment, citing the Hadith: ***“Make use of medical treatment, for Allah has not made a disease without appointing a remedy for it, except for old age.”***

The scholar stressed that protecting others from harm is a religious duty, aligning with Islamic principles that promote hygiene and care for others. Participants were encouraged to wear masks, cover their coughs, and use separate utensils when ill to prevent disease transmission.

He also referenced the Prophet’s guidance on epidemic control as

“If you hear of a plague in a land, do not enter it; and if it occurs where you are, do not leave.”

Lived Experience Sharing

One participant shared the lived experience of his aunt, who had been diagnosed with TB the previous year. He recalled that she had suffered from a persistent cough for more than a month, and initially relied on cough syrup and home remedies such as black tea with ginger or hot water. Her condition worsened, and she became extremely weak in a short time.



Eventually, she sought medical care and was diagnosed with TB. She began treatment and, after a few months, fully recovered. During the illness, she often stayed isolated in her room and avoided conversations with family. Reflecting on this, the participant stated that had she gone for medical consultation earlier, she could have avoided much of the pain and trauma. The moderator thanked him for sharing and acknowledged the value of such personal stories in reinforcing community understanding.

Use of video for community awareness

Mr. Asad Ullah introduced a short video developed under the CONTROL Programme to raise awareness about tuberculosis and mental health. The video was based on real community feedback and aimed to deliver simple and clear health messages using local language and familiar social settings. It was designed to address common myths, explain symptoms, and encourage early treatment and emotional support.

The moderator explained how visual media can be a useful tool in reaching wider audiences, especially in communities with limited literacy. He shared the video with several participants via messaging platforms and requested the community leader to distribute it further through local WhatsApp groups. Some participants watched the video during the session, while others committed to viewing and sharing it later with friends and family.

Suggestions from Participants

Toward the end of the session, the moderator invited suggestions from participants on how to improve future sessions and expand their outreach. One participant recommended involving



more religious scholars who could integrate health messages into Friday sermons to reach larger audiences. Another suggested holding sessions specifically for youth, noting that younger people are more active, can understand the issues better, and can guide others in the community. He also proposed creating youth WhatsApp groups to share guidance and health updates. A third participant proposed organizing similar sessions in schools, emphasizing that children are quick learners and can carry messages home to their parents. Another participant recommended targeting traders and shopkeepers in market areas, offering to help arrange such a session himself given his personal connections.

Closing Remarks and Conclusion

The village councilor stood up to thank every participant and praised the CEI session as one of the most informative and impactful sessions ever conducted in their community. He appreciated the efforts of the CONTROL project team and encouraged all attendees to act upon what they had learned. He urged participants to share the information with their families and neighbors and requested the CEI team to conduct similar sessions on other health topics in the future.

As the session concluded, the moderator asked the participants if anyone could recall the name of the project. One participant raised his hand and responded, “CONTROL.” The moderator then asked, “What does CONTROL mean to us?” After a moment of silence, he explained, “CONTROL is about taking action to manage tuberculosis and mental health in our communities. Through awareness, early treatment, and support, we can control these conditions together.”

The message was met with enthusiastic applause. Participants expressed appreciation for the session and requested collective prayers. The gathering concluded with warm handshakes, hugs, and the distribution of refreshments. The community members left the venue with a sense of unity, purpose, and gratitude.

Female Community Engagement Session

Facilitator

From the CONTROL team, the activity was facilitated by:

- Rida Zarkaish, (Trial Site Coordinator/Research Assistant)
- Mahnoor Ahmad (Research Assistant-Volunteer)

Workshop Proceedings: Day & Venue

A community engagement activity was held on July 28, 2025, in Kalabat, a semi-urban area of Haripur in Khyber Pakhtunkhwa (KP). Most of the people living in this area speak Hindko as their first language and Urdu language as well.

Participants

The workshop was attended by 32 female participants from Kalabat, including religious scholar, pregnant and lactating mothers and few school teachers accompanied by children.

Activity



The activity commenced with the recitation of the Holy Quran by Mahnoor Ahmad, Rida Zarkaish introduced the CONTROL team to the participants, and explained the purpose of the activity. She shared its main aims and objectives. She also highlighted how the community can support and take part in the project.

Community Knowledge on Tuberculosis and Mental Health

To initiate the discussion, Rida Zarkaish asked the participants, “Does anyone know what tuberculosis is and what its signs and symptoms are? Please feel free to share anything you know.”

A 55-year-old woman from Haripur shared her 24-year-old journey with TB. Diagnosed at Civil Hospital Haripur, she underwent six months of medication, strictly following dietary precautions. “I never missed a dose,” she said. What made her story unique was the

unwavering support from her family, no isolation, no stigma. “They ate with me, sat with me, like nothing had changed,” she recalled and now fully recovered.

Session content

All about Tuberculosis

Miss Mahnoor Ahmad provided a comprehensive explanation of the signs and symptoms of tuberculosis (TB), detailing that symptoms include a persistent cough lasting two weeks or longer, chest pain, and coughing up blood or sputum. Other symptoms of TB disease were also covered, such as weakness or fatigue, weight loss, lack of appetite, chills, fever, and night sweats. In addition to discussing the types of tuberculosis, she elaborated on various precautionary measures for patients, caregivers, and those interacting with TB patients.

If tuberculosis (TB) treatment is not completed as prescribed, the bacteria can develop resistance to standard medication, resulting in a condition known as multidrug-resistant tuberculosis (MDR-TB). This form of TB requires a longer treatment duration, often up to two years, and involves the use of more potent medications. Despite the challenges, MDR-TB remains curable when detected early and managed with appropriate medical supervision.

Prevention plays a key role in controlling the spread and complications of TB. This includes ensuring full adherence to the prescribed treatment regimen, practicing respiratory hygiene such as wearing a mask when coughing or in close contact with others, maintaining proper ventilation in living spaces, and observing general cleanliness. Ms. Mahnoor Ahmad then invited her colleague, Ms. Rida, to continue facilitating the session.



Discussion on Mental Health

Miss Rida Zarkaish then shifted the discussion to mental health by asking if any participants were aware of what mental illness is. Most of the participants responded by referring to mental illness as “tension”.

Miss Rida Zarkaish continued the session by introducing two common mental health conditions: depression and anxiety, which are frequently experienced by individuals living with prolonged physical illnesses such as tuberculosis. She explained that depression is not simply a temporary feeling of sadness but a medical condition that affects how a person thinks, feels, and functions in everyday life. It can lead to a lack of motivation, reduced interest in daily activities, and difficulty maintaining personal relationships or fulfilling responsibilities. Participants were informed about key symptoms, including persistent low mood, feelings of hopelessness, loss of appetite, sleep disturbances, low energy, poor concentration, and in some cases, thoughts of self-harm or suicide. She emphasized that if such symptoms persist for more than two weeks, they should be taken seriously.

Regarding anxiety, Miss Rida described it as a condition in which a person experiences excessive worry or fear, often without an obvious or immediate cause. It can lead to both emotional and physical symptoms, such as irritability, restlessness, rapid thoughts, chest tightness, shortness of breath, and stomach discomfort. She also highlighted how stress related to illness, financial hardship, and social stigma can intensify anxiety, particularly among individuals with TB. The discussion stressed that both depression and anxiety are treatable through psychological support, lifestyle changes, and when necessary, medical care.

Relationship between TB and Mental Health

Miss Rida Zarkaish provided a detailed overview of the close connection between tuberculosis and mental health challenges, particularly depression. She explained that individuals diagnosed with TB often experience significant emotional distress due to various social and personal factors. These include the stigma attached to the disease, the loss of employment or daily income, financial difficulties, social withdrawal, and fear of being judged or excluded by family or community members.

She further highlighted that the experience of prolonged illness, along with the physical weakness caused by TB, can contribute to feelings of hopelessness, anxiety, and low self-

worth. These mental health concerns, if left unaddressed, can negatively impact treatment adherence and recovery outcomes.

It was also shared that Pakistan carries a substantial burden of TB, ranking among the countries with the highest number of cases globally. Available estimates suggest that nearly half of individuals living with TB may experience symptoms of depression during their illness.

Strategies for Improving Mental Health

Miss Rida Zarkaish guided managing mental health, depression, and anxiety, and a middle-aged woman quietly shared her concerns about her mother-in-law, describing signs like silence, frequent crying, and withdrawal. Others related to her experience. Rida gently acknowledged her courage and explained effective coping methods, including open communication, seeking help, and building a support system. The woman felt relieved, heard, understood, and guided, turning a moment of pain into a step toward healing.

Lived Experiences of Participants

Participant 1:

A 30-year-old woman shared her experience of living with depression and anxiety. She reported that she was married at the age of 25, but her husband left during her pregnancy and divorced her within three years to marry another woman. Currently a single mother, she described symptoms including early greying of hair, tremors, disturbed sleep, and continuous intrusive thoughts. She stated that although she has tried multiple treatment options, she continues to experience psychological distress. She also mentioned facing social stigma related to her marital status, which has contributed to her sense of isolation. Her account reflects the ongoing mental health challenges she faces while managing parental responsibilities alone.

Participant 2:

A 22-year-old schoolteacher described the onset of depressive symptoms two years ago, initially presenting as mild physical complaints such as headaches, stomach pain, and weight gain. These symptoms progressed gradually, and she sought medical help only after experiencing a locked jaw during a meal. Following clinical assessment, she was diagnosed with severe depression and is currently undergoing treatment, including medication. Her experience highlights how somatic symptoms may delay recognition of underlying mental health conditions and the importance of early medical consultation.

Participant 3:

A 20-year-old woman, married for three years, reported emotional distance developing within her household. She explained that her husband had become increasingly withdrawn and disengaged from both her and their child. He often expressed feeling mentally absent and unable to focus. After observing these behavioral changes for over a year, she encouraged him to seek professional help, which he eventually did. Her account illustrates the impact of untreated mental health issues on family relationships and the role of family members in initiating care.

Religious Perspectives on Health and Well-Being

Miss Rida Zarkaish invited the local religious scholar to share perspectives on communicable diseases and mental health from an Islamic viewpoint.

The scholar stated that Islam places a strong emphasis on the preservation of life, personal responsibility in health matters, and care for the vulnerable. Concerning communicable diseases, the religion encourages preventive action, early treatment, and community responsibility. Islam encourages believers to support one another during distress and illness. The Prophet stated, “The best among you are those who are most beneficial to others.” This hadith reinforces the communal obligation to care for those facing isolation due to illness or social circumstances, such as divorce or emotional hardship. It also encourages listening, showing compassion, and offering help without judgment.

Dissemination of Awareness Video

Miss Rida Zarkaish shared an awareness video (Gul Makai Ki Kahani) that had been developed in alignment with community preferences, focusing on essential information about tuberculosis and mental health. The video was disseminated via WhatsApp so that everyone can easily access it.



During the session, two female teachers provided valuable suggestions. They recommended playing the video Gul Makai Ki Kahani in their school through multimedia to raise awareness among students about TB and mental health, enabling them to share this knowledge with their families. Additionally, they suggested including the YouTube link to the CONTROL channel in students' daily diaries, so parents can access reliable information on TB and mental health.

Closing Remarks

As part of the closing message, the facilitators informed participants that if they or anyone in their surroundings experience symptoms related to tuberculosis or signs of emotional distress, they are advised to visit the nearest healthcare facilities involved in the CONTROL Programme. These include **Civil Hospital Khalabut** and **Dr. Rafiq Tanoli Clinic**, both of which offer TB screening, treatment, and integrated mental health support.

The session ended with thanks to the participants for taking part actively. The facilitators encouraged them to seek medical help early, support each other, and share the video and information to spread awareness. Everyone agreed to work together to raise awareness about TB and mental health in the community.