



## **The CONTROL**

**(COgNitive Therapy for depReSSIOn in tubercuLosis treatment) to improve outcomes  
for depression and TB in Pakistan and Afghanistan**

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**CONTROL Community Advisory Group**

**Feedback On CONTROL Pilot Trial Process**

**Evaluation Topic Guides**

**Tuesday, 7<sup>th</sup> May 2024**

## Executive Summary:

The **CONTROL project** pilot trial is currently in progress. After this **pilot trial**, the entirety of the process, identification of any shortcomings, key observations, and areas for improvement in both intervention steps and other logistical aspects will be assessed. To address this, we will conduct a **Process Evaluation**.

The **CONTROL Community Advisory Group** comprises individuals who have either experienced TB themselves or regularly interact with TB patients in Afghan camps as part of their role as social mobilizers within the community.

The process evaluation team conducted a discussion session with CONTROL community advisory group members on 7<sup>th</sup> May 2024 at Khyber Medical University. The **main aim** of this session was to facilitate discussions on **Process Evaluation “Topic Guides”** between the research team and the advisory group. The feedback from the members ensures that the topic guides are not only theoretically sound but also practical, relevant, and effectively serve the needs of the community regarding the intervention to treat depression in TB patients. This report narrates the proceedings and discussion outcomes of this session.



## **Introduction:**

### **Facilitator:**

Dr. Fayaz Ahmad (Post-Doc Fellow CONTROL)

### **CONTROL Team:**

- Dr. Saima Aleem (CONTROL Communication Manager & Community Engagement Lead)
- Dr. Fatima Khalid Qazi (Qualitative Analyst)
- Miss Mariyam Rahim (Qualitative Interviewer)
- Mr. Asadullah (Data Analyst)

### **Community Advisory Group Members:**

- Dr. Ghazala Yasmin (Service User)
- Mr. Asadullah (Social mobilizer, Khazana Camp)
- Mr. Farman (Social mobilizer, Afghan Refugees)

### Workshop Day, Date & Venue:

The session was held on Tuesday, May 7th, 2024, at the Institute of Public Health & Social Sciences, Khyber Medical University Peshawar.

### Proceedings:

The session commenced with introducing CONTROL community advisory group members to the process evaluation team.

**Dr. Ghazala** is currently working in the community medicine department at Gandhara University and had previously been a **TB and Depression patient** herself. Dr. Ghazala is **leading** the group overall, and communication from the members to the CONTROL leads is primarily facilitated through her. **Mr. Asadullah** is a social mobilizer at **Khazana Afghan Refugees Camp in Peshawar** and works closely with TB patients there. **Mr. Farmanullah** is a social mobilizer in an Afghan community on **Nasir Bhag Road** and holds diverse experience



in community engagement with marginalized populations.

Dr. Saima Aleem briefed the members about the progress of the CONTROL Pilot Trial, master's in health research admission details, seat allocation for Afghan Refugees,

the contribution of Afghan team members in CONTROL, the launch of the community engagement course by NIHR, and the plan for expansion of community advisory group.

### CONTROL Pilot Trial Process Evaluation:

In the first half of the session, **Dr. Fayaz Ahmad** first explained the objective of the session to all the participants. He mentioned the importance of getting feedback from the community advisory group members on the content and structure of process evaluation topic guides and then shared details regarding the steps of the process evaluation including:

- ❖ Use of both quantitative and qualitative data collection methods
- ❖ Setting of the interviews
- ❖ Obtaining informed consent from participants
- ❖ Objectives of the process evaluation.

The initial draft of the **Topic Guide** was displayed on the screen, and each section was discussed sequentially, with input sought from each member.

**Dr. Ghazala** inquired about the **schedule for conducting patient interviews and the strategy for conducting additional focus group discussions (FGDs)**. **Dr. Fayaz**



responded by detailing the eligibility criteria for interviewees, focusing on patients who have completed their 6 weekly cognitive behaviour therapy (CBT) sessions and patients who haven't completed their CBT sessions, aiming to comprehend the underlying reasons for their incomplete participation. He also outlined the total number of planned in-depth interviews (IDIs) and FGDs.



Notably, IDIs will exclusively engage patients, whereas FGDs will involve both the trial team and TB staff.



After this, **Dr. Fayaz**, along with the members, read through each section of the topic guide and explained the purpose and method of asking questions during interviews. Members showed their concern about the provision of any incentives to the participants who will be

interviewed for process evaluation. They stressed the provision of at least their transportation expenses and if possible, compensation of their time. It was assured by the research team that incentives would be provided accordingly.

Members suggested **some changes to the arrangement of certain questions**, which were noted. Additionally, **probes for some questions were suggested** to the team to inquire about the intervention in more detail.

Members emphasized on conducting interviews with patients in their **local language** and making it easier for them to comprehend.

Since the community advisory group members were involved with the



CONTROL study at every stage of intervention development and pilot study,

so they appreciated that the topic guide was well-developed, and the questions that should be asked were mentioned in it, which covers the intervention completely.

Dr. Fayaz mentioned to the advisory group members about sharing the topic guides with all via email to further read and suggest any changes required.

The advisory group members nominated **Dr. Ghazala** for the topic guides to be shared with via email and she will provide detailed feedback on the topic guide after discussing it with all members in the group.

- Can you tell us about the DOTS facilitator and his style of communication in the sessions?
  - Attitude
  - Simplicity of language
  - Pace of therapy delivery
  - Overall clarity and command on therapy
- Did the DOTS facilitators engage you in discussion?
  - Did they ask you any questions? What did they ask you? *(Is it feasible, cause in 6 sessions they may have asked so many questions about so many things, do you think they will recall, it has to be specific, like probe about a specific session and discussion and then ask, I am not clear about this)*
  - How did you feel about answering these questions? *(I think it is a general question, they can answer this)*
- On a scale of 1-10, how satisfied you are from the therapist? *(We should explain 1 means Not at all Satisfied & 10 means extremely satisfied)*

## 2. Experience with CONTROL CBT therapy.

### 2.1. Experience with attending CBT therapy and its delivery.

- Can you share if you had any prior experience with psychological therapy sessions? If so, how did you find these CBT sessions different from your previous experience?
- What days did you attend the sessions? How was this decided?
- What time of the day did you attend the sessions? How was this decided?
- How did you organize your other duties (e.g. household/family) to attend the sessions?
- On average, how long each session lasted? (For the feedback to help them recall in

Mr. Asad Ullah, Research Assistant in CONTROL and Pilot trial site coordinator shared his experience of the pilot trial for the understanding of advisory group members. He mentioned the determinants of pilot trial in terms of any potential barriers and facilitators. This experience sharing further

helped the members to understand the need for process evaluation.

In the end, Dr. Fayaz Ahmad and Dr. Saima Aleem extended the vote of thanks to all participants for their valuable time and inputs during the session.

## Session Outcome:

Three days after this session, Dr. Ghazala provided feedback on the topic guide, proposing some adjustments to simplify it for patients and suggesting additional prompts.



## Lest We Forget

