



TB COMMUNITY, RIGHTS AND GENDER

CRG ASSESSMENT AND COSTED ACTION PLAN

2024 - 2026



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one behind!



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Rationale for Community, Rights and Gender in TB Control

According to the World Health Organization (WHO), 611,000 people developed a new episode of tuberculosis (TB) (including relapse) in Pakistan in 2021, which represented an estimated incidence rate of 264 new TB cases per 100,000 population. The number of deaths from TB approximately, for the same year, stood at 50,100 with a mortality rate of 21.9 TB deaths per 100,000 population. The most recent epidemiological evaluation of TB in Pakistan reported that the trends of estimated TB incidence rate was relatively stagnant from 2000 to 2015. A mild reduction was observed between 2015 and 2020, and an increased estimate in 2021. It is ascertained that the TB incidence rate declined, in overall, by 2.2% between 2015 and 2021. There has been no real decline in TB mortality. The last epidemiological review highlighted that there is a 1.8% overall increase in total number of TB deaths between 2015 and 2021. However, the estimated mortality rate tends to slightly decline with a decrease rate of nearly 1% per year from 2015 to 2021. At this current rate, Pakistan will not meet the goal of ending TB by 2030.

TB in Pakistan, in countries sharing similar context, is rooted and disproportionately affects marginalized populations; those who are at higher risk have increased exposure and who have limited access to services. This coupled with legal, structural, and social barriers prevents access to essential TB services and thus peoples' ability to realize their right to health. To accelerate the TB response in Pakistan, assessing and overcoming these barriers is key. As such in 2022 and as part of the Joint Programme Review Mission (JPRM), Pakistan included Community, Rights and Gender (CRG) as a thematic area and conducted a rapid Community, Rights and Gender assessment, building off the original CRG Assessment, conducted in 2018 by APLHIV, to inform its findings further. The CRG findings and recommendations subsequently informed the JPRM and led to the development of a costed National CRG Action plan, to support for the National Strategic Plan for TB 2024-2026.

Led by DOPASI Foundation with strategic guidance and support from the National and Provincial TB Programmes, the CRG assessment was conducted in October-November 2022.

This report presents details of the assessment, as well as the findings and recommendations, which have since informed the development of a National CRG Costed Action Plan (2023-2025). The Action Plan seeks to advance and integrate a CRG approach in the TB response in Pakistan. By proposing key activities to address the CRG dynamics influencing risk, exposure and access to essential TB, this CRG approach aims to find the missing people with TB and consequently support the National and Provincial TB Programme goal of ending TB by 2030.

This work was in collaboration with and with the support of the Stop TB Partnership.

Aim and Objectives

The aim of the assessment was to ascertain the community, rights and gender dynamics influencing exposure, risk and access to TB care and support services with a focus on key and vulnerable populations.

The specific objectives of the assessment were to:

- 1) To review policy and legal framework for TB response in Pakistan (based on international regional and sub-regional conventions, frameworks and guidelines)
- 2) To determine information gaps and sub-groups considered as 'key, vulnerable underserved population' in TB response in Pakistan
- 3) To understand the perceived TB-related stigma and its manifestations in Pakistan
- 4) To assess how gender affects the vulnerability to TB (access to TB services and treatment outcomes) in Pakistan.
- 5) To recommend ways of overcoming legal, human rights, gender and key population related barriers for improving TB response in Pakistan
- 6) To develop a costed national action plan and accountability framework for implementation of CRG assessment recommendations in Pakistan.

Methodology and Scope

The Dopasi Foundation conducted the comprehensive CRG assessment using the CRG tools developed by the Stop TB Partnership, which is implemented in more than 20 countries globally. The assessment simultaneously aimed to enhance community leadership and engagement in the TB response and was conducted using a community-led participatory approach. The assessment involved a mixed-methods approach, including a desk review of secondary data, provincial consultations, CRG focus group discussions, semi-structured interviews, and key informant interviews, as well as a CRG survey.

The assessment was divided into five phases:

1. An **inception phase** in which high-level commitment for uptake and buy-in was secured. A core group for technical and strategic guidance were established and engaged. .
2. An **adaptation phase** in which the protocol and questionnaires were adapted to the Pakistani context and ethical clearance was sought and secured.
3. A **data collection phase** which consisted of a desk review, a multi-stakeholder inception meeting, focus group discussions, in-depth interviews and a survey.
4. An **analysis and validation phase** where the data were analyzed presented and agreed upon. This resulted in firm recommendations agreed upon during a multi-stakeholder meeting.
5. **Development and Action Planning Phase:** Based on the recommendation a National Costed CRG Action Plan was developed and launched.

With the findings and recommendations of the assessment, a costed action plan was developed and launched in November 2022.

The assessment drew upon various data collection and validation methods, rational and details are below and in table 1, CRG Assessment Overview.

- 1) To emphasize the importance of and to ensure that vulnerable populations were accurately identified and prioritized, as part of a CRG approach to TB, a **national level multi-stakeholder inception meeting** was convened, which brought together local and international technical experts, partners, and advocates. The meeting validated the groups considered key and vulnerable in Pakistan. The groups identified aligned with those and the definition of key and vulnerable populations in the Global Plan to End TB. Those prioritized are those with poor nutrition, those living with co-infections and co-morbidities, those living crowded living spaces with poor ventilation and lack of access to clean water and sanitation, people who use drugs, and transgender individuals. To collect information on the impact of barriers to TB treatment services on affected populations, **in-depth interviews** and **focus group discussions** were conducted.
- 2) To build an understanding of challenges facing people affected by TB a quantitative survey conducted using the online ONEIMPACT dashboard platform, allowed communities to report TB challenges in real-time.

The assessment's findings and recommendations were endorsed at a high-level event, which included the First Lady of Pakistan and the Joint Program Review Mission representatives, as well as representatives from the government, development partners, private sector, academic institutions, civil society organizations, and TB survivors. The findings and recommendations were used to develop a costed action plan that will inform the national strategic plan 2023-2025.

In addition to the above methods, DOPASI Foundation held national and provincial multi-stakeholder inception meetings. These stakeholder consultations informed and brought visibility to the importance of the assessment and related issues in TB and enhanced the potential of future uptake of findings. Participants included those from National TB Control Program, Provincial TB Programs, United Nations, World Health Organization, medical practitioners, allied

health, private enterprises etc. Each consultation (in Punjab, KP, Balochistan and Sindh) had an attendance of more than fifty participants.

The survey part of the CRG rapid assessment was conducted as a cross-sectional survey. Data was collected from the TB affected people in four provinces of Pakistan (Sindh, Punjab, Khyber Pakhtunkhwa and Balochistan) using the OneImpact Dashboard

WhatsApp: wa.link/qbtgqo

Android: <https://play.google.com/store/apps/details?id=com.duretechnologies.apps.android.oneimpactdopasi>

iOS: <https://apps.apple.com/in/app/oneimpact-hosted-by-dopasi/id1633396274>.

The minimum number of respondents was calculated at 385 to capture information from a representative size of TB affected populations, at 95% confidence interval with 5% margin of error. However, information from 809 people affected by TB was collected, analyzed and used. Details of the survey respondents are in Box 1:

The structured questionnaire was adapted from the Stop TB Partnership CRG assessment protocol to align with the national context and translated into Urdu. It was then uploaded on OneImpact for data collection. The data was downloaded in an Excel format from OneImpact. The Excel data was cleaned and exported to SPSS for analysis to obtain the survey findings.

Throughout the assessment, the Dopasi Foundation ensured community leadership and engagement, as well as strategic guidance and support from the National and Provincial TB programmes. The assessment's success is attributed to its community-led participatory approach, which enabled affected communities to act as experts and human rights advocates, with additional expertise from independent, locally recruited consultants and a group of gender, data, and legal experts from respective ministries.

Out of the total respondents:

- 68% were female, 31% were male while 1% were transgender.
- Most (49%) of the respondents were between the ages of 18-30.
- 22.3% of all respondents were not literate while the rest reported to have some form of education.
- 66% of the people were married. Most (42%) of the respondents were unemployed. Half (50%) of the respondents earned less than USD 100 a month.
- 57.7 % of the respondents had other co-morbidities.
- 53.7% of the respondents were on treatment at the time of the survey. Most (61%) of the respondents had pulmonary TB.
- 40 % of the respondents had a history of hospitalization due to TB.

Box 1: Respondents of CRG assessment, Pakistan

Table 1: CRG Assessment Overview

Method	Objective	Target Audience	Geographic location	Number of sessions conducted

Provincial Consultations	To identify the CRG barriers, which prevent universal access to TB prevention, diagnosis, treatment, care and support, and to develop solutions to address them. Key Vulnerable Population Prioritization	Government, UN, Private Sector, CSOs, Affected Population, Private Sector	Punjab, Sindh, KP and Balochistan	1 day workshop in each province
Key informant Interviews (semi structured)		National/ provincial managers, M&E officers, UN/ INGO representatives, CSO, private sector, pharmaceutical representatives and other experts/ advocates in the field	Punjab, Sindh, KP and Balochistan	55 interviews were conducted
In depth Interviews (semi structured)	To build an understanding of the challenges and barriers faced by people affected by and with TB. To identify the health system bottlenecks in the provision of TB treatment and care.	TB affected population	Punjab, Sindh, KP and Balochistan	5-7 x 4
Focus group discussions	Gain a deeper understanding of the experiences of TB affected individuals in relation to social determinants that can hinder or promote access to TB healthcare service	TB affected population	Punjab, Sindh, KP and Balochistan	10 FGDs

Findings

The information collected and analysed across the survey, the FGDs and in-depth interviews revealed the following findings, which are elaborated using the normative right to health framework and agreed upon by the technical working and the multi-stakeholder groups.

1. Governance
2. Availability, Accessibility, Acceptability and Quality
3. Non-discrimination and equal treatment
4. Health related freedom
5. Gender Perspective
6. Vulnerable and marginalized groups
7. Participation
8. Remedies and Accountability

Governance

This sub-section outlines the findings related to Community, Rights and Gender from a governance perspective:

1. Leadership: There is a momentum at the highest political leadership level, however, this is not well aligned with efforts at the provincial and community levels. Overall, there is a push for engaging and empowering communities, which has the potential for impact
2. Recognition and support: The NTP and PTP are committed to recognizing and supporting CRG as a key intervention area, which facilitates joint participation, engagement, and decision-making, demonstrated in the 2022 Joint TB Programme Review and the inclusion of CRG as a thematic area of focus.
3. Representation of the TB community: The TB community is represented in the CCM. The CMU and the Global Fund recognise the importance of representation of the TB affected community which is reflected by their presence on the CCM. However, there is no mechanism in place to support continuous capacity building for the TB affected community representative.
4. Patient cost survey: The NTP plans to conduct a patient cost survey, which will provide insight into the cost of accessing care for TB patients and their households.
5. Lack of focal point for CRG: There is no focal point for CRG at the national and provincial levels; this threatens the potential institutionalization of CRG in the TB response at all levels.
6. Lack of technical working group: There is no functional technical CRG working group or similar entity where key stakeholders can discuss progress in different partner-led community engagement efforts.
7. Lack of domestic funding for CRG: There is no domestic funding for CRG, which threatens the potential institutionalization of CRG in the TB response.

8. Lack of CRG policy or guideline: There is no CRG policy or guideline on providing person-centred TB response.
9. Absence of relevant CRG data: The national surveillance system has no indicators to track the contribution of communities to TB notifications and treatment success in the last 10 years since WHO started to collect the relevant data globally. The relevant data points exist in the facility TB registers, but not at the aggregated levels of the TB performance at the higher levels of the TB M&E system.

Availability, Accessibility, Acceptability and Quality

The CRG assessment revealed a range of AAAQ (accessibility, availability, acceptability, and quality) challenges in the TB response in Pakistan. The findings of the assessment are as follows:

Accessibility:

- Limited knowledge among people affected by TB regarding the availability of free TB services across the country.
- Financial, social, cultural, logistical, and personal barriers impede access to treatment.
- High transportation costs and lack of social support further lead to delay in accessing care.
- Stigma and discrimination are most felt at the time of identifying symptoms and diagnosis, which impact access to care
- Prohibitively long distances to TB clinics are a physical accessibility challenge.
- Discriminatory treatment of TB key and vulnerable populations in healthcare is a significant challenge.
- Discriminatory administrative barriers to health services in five countries in Eastern Europe and Central Asia.
- Out-of-pocket payments for TB tests and incidental expenses associated with TB treatment are economic accessibility barriers.

Availability:

- TB services are not available at the BHU level.
- Limited availability of trained TB health workers in TB centres, primary health care and other clinics, and prisons.

Acceptability:

- Limited access to information about TB disease and TB health services.
- Low awareness and lack of access to information about TB disease and TB health services.
- Psychosocial support services are not widely available.
- Quality of TB care services perceived to be low.
- TB awareness programs have limited access to communities.
- Quality concerns related to the standard TB treatment, particularly the length of treatment, treatment side effects, and the nature of DOT.

- Limited availability of rapid molecular diagnostics for TB that are faster and more accurate than traditional sputum smear microscopy and detect resistance to first-line TB drugs.
- Lack of integration of TB care with HIV and diabetes care and opioid-substitution therapy as a challenge at the primary health care level.

Quality:

- A lack of privacy and confidentiality in TB clinics and health services is a significant concern.
- Limited availability of TB treatment support services, particularly counselling and other mental health care.
- Lack of access to nutritional support during TB treatment.

The assessment also revealed that while TB services are free of charge, they are not always available, accessible, acceptable to all, free from stigma, and discrimination. Counselling and mental health services to support people affected by TB are not always available, and the engagement of LHWs is not optimized or at scale. Overall, the findings suggest a need for significant improvements in the accessibility, availability, acceptability, and quality of TB services in Pakistan.

Non-discrimination and equal treatment

Under the heading of "Non-discrimination and equal treatment," the findings suggest that a significant proportion of individuals affected by TB face various negative emotions and reactions from people around them. When diagnosed with TB, almost 30% of respondents felt anxious and worried, while 15% felt depression, 13% felt powerless, and 10% felt shame and guilt. Similarly, people around people with TB also reported negative emotions such as anxiety, worry, depression, and unpredictability.

The fear of stigma and discrimination often prevents people from seeking treatment, with 46% of respondents reporting that TB was a reason that stopped them from seeking treatment. Moreover, a large number of respondents (41%) did not disclose their TB status to people around them, fearing exclusion, discrimination, rejection, or harassment.

Stigma and discrimination were prevalent across a variety of settings, including households, marital status, and employment. As a result, people affected by TB often maintained distance from others, leading to a loss of relationships. Misconceptions and negative beliefs about TB were also noted to contribute to stigma against those affected by the disease.

The findings suggest that stigma and discriminatory attitudes are significant barriers to seeking treatment and can have long-lasting effects on individuals' social and emotional well-being. Service providers need to be aware of these issues and work to create safe and inclusive environments that encourage people to seek treatment without fear of discrimination. More public education and awareness campaigns are also needed to combat misconceptions and negative beliefs about TB.

Health related freedoms

Findings related to health related freedoms indicate that there is a lack of awareness regarding the right to health among a significant 50% portion of the population. The constitution does not explicitly mention the right to health, and nearly one-third of the respondents were not aware of this fundamental right. As a result of TB, 44% of the respondents reported experiencing violations of their rights, and 26% filed complaints.

Many respondents believe that the government or the Ministry of Health should provide more information on the availability of health services to ensure that individuals' rights are protected. In addition, a quarter of the respondents feel that legislation that is more explicit is needed to safeguard people's right to health.

Respondents reported concerns about the lack of privacy and confidentiality in health clinics. They felt that personal information was not always protected, compromising their right to confidentiality. This was a significant deterrent for many individuals seeking TB testing and treatment.

One respondent shared their personal experience, stating that they felt disappointed with themselves upon discovering they had TB. They had seen how their sister was treated by the extended family and feared that seeking treatment would lead to their entire neighbourhood finding out and stigmatizing their family.

In conclusion, the findings related to health related freedoms suggest that there is a need for greater awareness of the right to health and the need for more explicit legislation to safeguard individuals' rights. Protection of personal information and confidentiality should be a priority in health clinics to ensure that individuals are undeterred from seeking testing and treatment.

Gender Perspective

The assessment findings highlight the significant impact of gender on the experience of people with and affected by TB. Half of the respondents reported feeling discriminated against due to their gender, with women and girls facing additional barriers in accessing care. Domestic responsibilities and duties of care limit women's decision-making in seeking treatment, and the unequal distribution of domestic tasks often leads to a lower priority given to their health. Furthermore, women face more intense stigma and discrimination and have less access to information and knowledge than their male counterparts have. Men, on the other hand, are more concerned about employment and may have insecurities and worries about being able to re-join their respective jobs after TB treatment.

The disproportionate ratio of male/female health staff available at health facilities is also a concern, and the gender of the healthcare provider remains a controversial subject, particularly in certain provinces where 'purdah' is observed more strictly. Transgender engagement and adherence to TB treatment are abysmally low, with no separate registration counters/desks at out-patient facilities and reports of neglectful behaviour and poor-quality services. It is crucial to address these gender-based barriers to ensure equitable access to TB treatment for all individuals, regardless of their gender identity.

Vulnerable and marginalized groups

The Stop TB Partnership Global Plan to End TB describes key and vulnerable populations (KVPs) are those who are at higher risk of TB due to compromised immune function, have increased exposure to TB bacteria and/ or who have limited access to health services. . Through the CRG assessment Pakistan identified the following KVPs in Pakistan: healthcare providers, coal miners, prisoners (including former prisoners), madrasa students, hard-to-reach communities, urban poor, adolescent girls, IDPs/migrants/refugees, people with disabilities, people living with HIV, people with diabetes, malnourished people, and people who use drugs.

However, disaggregated data on KVPs is not available, and being labelled as a KVP can hinder access to TB care. Many KVPs face stigma, discrimination, and criminalization, which act as barriers preventing them from accessing health services. For example, transgender in Pakistan have low engagement in TB care due to fear of social isolation and low earning frequency, and people who use drugs are stigmatized more, making them more vulnerable. Former prisoners are also among the most marginalized people when affected by TB, while adolescent girls and IDPs/migrants/refugees are hard to reach due to their displacement.

Furthermore, KVPs often host misconceptions or lack appropriate knowledge about TB, contributing to barriers to diagnosis and treatment. The lack of reporting on demographic diversities in Pakistan exacerbates this problem, as some KVPs are uncomfortable sharing their affiliations due to their criminal nature and statelessness. This information gap must be bridged to expand services, bring missed cases under surveillance, and minimize the risk of TB vulnerability.

The issues faced by KVPs in Pakistan have many implications, with rejection by families and society being central reasons for limited access to care. Other issues include difficulty adhering to treatment regimens, loss of income due to treatment, lack of employment opportunities, and conservative societal views that build an exclusionary environment. To address these issues, there is a need for inclusive networks and service expansion to provide TB services to these hidden populations who require them.

The CRG assessment revealed that the below populations are the KVPs in Pakistan.

Increased Exposure (due to where they live or work)

- 1) Health care providers (including CHWs)
- 2) Coal Miners
- 3) Prisoners (including former prisoners)
- 4) Madarsa Students

Limited Access

- 5) Hard to reach communities
- 6) Urban poor
- 7) Adolescent Girls
- 8) IDPs/Migrants/Refugees
- 9) People with disabilities
- 10) Transgender

Increase Risk (due to biological and behavioral factors)

6. People living with HIV
7. People with diabetes
8. Malnourished people
9. People who use drugs

Participation

Findings under the heading of participation are as follows:

- There are multiple community actors involved in providing TB services, including Lady Health Workers (LHWs) and Supervisors, Civil Society Organizations (CSOs), TB Survivors, and Key Vulnerable Population

(KVP) representatives. This diverse range of actors play a crucial role in the community-based and community-led approach to TB prevention, care, and support.

- However, the current level of engagement of civil society in the TB response is inadequate, and their involvement in community-led activities such as monitoring, advocacy, and research is limited. This represents a missed opportunity for strengthening community-led TB responses and engaging communities in the fight against TB.
- Furthermore, existing community actors and responses are often poorly resourced and coordinated, which limits the effectiveness of TB prevention, care, and support efforts at all levels. This highlights the need for increased investment in community-led TB responses, and for improved coordination and collaboration between different community actors and stakeholders.

Remedies and Accountability

- OneImpact has been adapted to country context back in 2021 there after the reach has been to over 20,000 people affected by TB. There is now huge need to institutionalize the NTP and PTPs need to look at the dashboard regularly one effective way will be Dopasi Foundation the lead CSO in Pakistan to present the barriers in every quarterly National TB Program Review Meeting.

Discussion and Conclusion

The CRG Assessment conducted in Pakistan in the second half of 2022 revealed and prioritized key and vulnerable populations and the significant challenges they face in accessing quality TB diagnosis and treatment services. This Costed Action Plan (2023-2025) was developed on the principles outlined in the UN Right to Health framework. The framework has served as a guide for our proposed recommendations for action.

The seven areas/ pillars underpinning the structure of Right to Health framework are AAAQ, non-discrimination and equal treatment, health related freedoms, gender, key vulnerable population, community participation and accountability. The assessment examined both supply and demand side perspectives across the aforementioned pillars that can be strengthened to advance communities, rights and gender equality in the national TB response.

In terms of the **availability, accessibility, acceptability, and quality** (AAAQ) of services, while TB care services are available to all segments of society and are free of cost in public health facilities, poor quality of services, inadequate availability, and physical inaccessibility were reported as major barriers to accessing TB diagnosis and treatment services. **Discriminatory behaviour** by healthcare staff, particularly towards members of key populations, was identified as a significant barrier to service uptake and utilization. TB stigma that govern socio-cultural norms are major constraints in availing treatment especially the patronizing attitude of healthcare workers and discriminatory practices of medical professionals towards TB affected population was reported to be a source of unpleasant experience for patients that often led them to withdraw from treatment. The assessment also revealed that co-morbidities such as poor mental health, malnutrition, blood pressure, diabetes, and HIV further compromised the availability of holistic treatment support services hindering effective treatment.

The assessment highlighted the need to prioritize **health-related freedom** that is considered a fundamental human right. Protection of personal information and confidentiality, decision-making power, owning liberty to pursue healthcare without any restriction or fear (in case of females) were reasons listed to encourage TB testing and treatment. The lack of health related freedom in Pakistan is explained as a causal factor attributing to low diagnostic and treatment especially for TB given the stigmatizing characteristic attributed to the disease leading to progression and increased transmission of the disease.. **Key and vulnerable populations**, often considered socially invisible, face increased ostracization and exclusion from seeking treatment. This can be traced back to lack of numerical available on statistics / information regarding their numbers and size of population. Due to their lack of recognition in personal, social, political, legal, and economic terms, it is much more challenging to safeguard their health interests. Living in enclosed settings, environmental factors and failure to reveal identity-fearing non-acceptability are additional barriers to their diagnosis and treatment for TB. In conclusion, the CRG assessment for Pakistan has unveiled a web of interconnected challenges that demand immediate attention to fulfil Pakistan's commitment to eliminating TB by 2030. While, the availability of TB care services remains undeniably critical, it is evident that merely making these services available is insufficient. The quality, accessibility and acceptability of services particularly for key vulnerable populations require focused and multisectoral efforts. The assessment underscores the imperative of prioritizing health-related freedoms particularly safeguarding personal information and confidentiality for women. Addressing these, issues require comprehensive and coordinated effort involving policymakers, healthcare professionals, community actors and civil society organizations. These stakeholders must work together to ensure that breach of TB responses services are held accountable with active involvement of those on the receiving end as active participants as a means for fostering a care system that respects dignity and rights of every individual beyond their gender, caste, age and other social determinants.

Recommendations

1. Strengthen TB governance to focus on CRG

- Identify a CRG Focal Point at the NTP and PTP to oversee and evaluate the implementation of the CRG Action Plan
- Political leadership/ Parliamentarians should be engaged and sensitized through regular in-person meetings and advocacy sessions.
- Contingency plans should be made and implemented to cater natural calamities and unforeseen circumstances.

2. Strengthen availability, accessibility, acceptability, and quality of TB services

- TB programs at Federal and provincial levels should conduct mapping of stakeholders and health facilities both public and private in order to increase communities' access to TB care and support with focus on far flung areas.
- Health Care Commission should regulate private sector in order to provide accessible, equitable and affordable care and support to TB patients.
- Un-interrupted availability of medicines should be ensured through an effective supply chain management system.
- TB care and support services at doorstep provided for those who cannot travel due to illness or any other reason.
- Social support interventions like financial support, food baskets and engagement of LHWs as counsellors should be implemented to sensitize and mobilize the community especially women and girls.

3. Promote freedom of information and Increase access to information on privacy and confidentiality

- Social awareness sessions should be organized at schools, madrassas, colleges and universities.
- Moreover, IEC material and documentaries in local language should also be used for social mobilization.
- TB should be included in the syllabus of schools and medical and allied education.
- Electronic, print and social media should be used to impart awareness to communities on TB being a treatable and curable disease.

4. Eliminate TB-related stigma and discrimination in communities, health care settings and workplaces

- Stigma, fear, shame and cultural constraints should be removed through behavior change communication programs, strategies and interventions.
- Religious leaders and village notables should be engaged in awareness-raising programs.
- Involvement of all segments of society through seminars, meetings and awareness campaigns should be ensured at grass root level.

- Education on TB and other infectious diseases should be included in the syllabus of school education in order to address stigma related barriers through awareness raising.
 - Discrimination faced at health facilities, cultural constraints, low awareness about health rights, transmission routes and TB care treatment, quality of care and availability of medicines should be ensured at all public and private health facilities.
 - Community mobilization/advocacy sessions should be implemented for community notables, religious leaders and community health workers at regular intervals.
- 5. Reduce TB-related human rights and gender barriers, harmful gender norms against TB Key and vulnerable populations (KVP) including women and people affected by TB in accessing TB services in communities, health care settings and workplaces.**
- Management information system should be further strengthened and upgraded in order to provide adequate gender sensitive information on all important and relevant indicators.
 - All genders should be engaged in TB care interventions including awareness raising and service provision initiatives.
 - Gender equity should be promoting in the TB workforce and the Lady Health Worker Program should be scaled up to support TB efforts and to promote gender transformation in TB.
- 6. Mobilize and empower Key and vulnerable populations to engage and influence the TB response**
- Issues and challenges being faced by key and vulnerable populations during the process of seeking TB care should be addressed.
 - People living with HIV and TB should be facilitated through intersectoral and collaborative approach.
 - User-friendly unbiased services should be ensured to provide benefits to all genders without any discrimination.
- 7. Strengthening the legal remedies and policies that facilitate an enabling environment for key and vulnerable people to access TB services**
- There should be a law in place for having a certain number of people allowed to occupy an enclosed space/ accommodation to avoid overcrowding (the spaces can be offices, residential, schools, prisons)
 - More explicit legislation should be made and implemented to protect people's health in Pakistan. Regular amendments in laws should be done when required.
 - There should be legislation for job security and leave policy for TB affected employees.
 - OneImpact CLM should be scale up and institutionalized.

Action Plan

#	List of activities	Calendar			Cost considerations	Responsible	Indicators	Link to Global Fund CRG's Intervention
		Start	End	2024 2025 2026				
Intervention 1: Availability, accessibility, acceptability, and quality of TB services.								
Objective 1: Strengthen availability, accessibility, acceptability, and quality of TB services								
Activity 1.1	Assess National coverage of TB prevention, care and treatment services and the availability of TB drugs				<ul style="list-style-type: none"> - Facilitator fee - Meetings (Fees, perdiems, transport, venues, refreshments) 	NTP M & E Officer and Lead CBO	<ul style="list-style-type: none"> - Ratio of TB treatment and diagnostic centres by total number of Health Facilities - Ratio of TB treatment and diagnostic centres by population - Number of TB treatment and diagnostic centres by province - Number of HCWs by province 	Ensuring people-centered and rights-based TB services, at health facilities
Activity 1.2	Assess the supply, distribution, and management of drugs, diagnostics, and treatment materials for tuberculosis.				<ul style="list-style-type: none"> - Recruit a national consultant (10 days) - Meetings (Fees, perdiems, transport, venues, refreshments) 	NTP and Lead CBO	<ul style="list-style-type: none"> - Number of stock outs of TB commodities by province per annum 	Ensuring people centered and rights-based TB services, at health facilities
Activity 1.3	Engage CHWs, LHWs and TB survivors in TB prevention and care at the Health Facility and community levels				<ul style="list-style-type: none"> - Orientation of LHW: Facilitator fees, venue, travel, refreshment, per diem, materials - Payment incentive for CHWs, LHWs & TB survivors for duration of the activities. 	NTP and Lead CBO	Number of CHWs, LHWs and TB survivors involved in TB response by province and district	Community engagement, linkages and coordination.

Activity 1.4	Identify and engage CBOs operating in key and vulnerable population areas to implement Active TB case finding	<ul style="list-style-type: none"> - Data collection package - Conduct mapping of CBOs - Train CBOs on Active TB Screening (Fees, per diems, transport, venues, refreshments) - Incentives per case notified 	NTP and Lead CBO	Number of CBOs involved in TB responses by province and district	Community engagement, linkages and coordination.
Activity 1.5	Scale-up the implementation of OnelImpact community-led monitoring (CLM) approach (including use of mystery shoppers, suggestion boxes, and exit surveys) for TB to address stigma, human rights violations and barriers to TB care and support services.	<ul style="list-style-type: none"> - Training sessions (hall, travels, refreshment, per diem) - Facilitator, fees - Quarterly Key stakeholder dialogue to monitor OnelImpact CLM (review progress, identify gaps, proffer solutions): travels, venue, refreshment, per diem, materials, facilitator fees) 	NTP and Lead CBO	<ul style="list-style-type: none"> % of TB service delivery sites with a CLM mechanism in place NTP is engaged in OnelImpact CLM OnelImpact Adapted No of OnelImpact CLM trainings conducted No of people affected by TB engaged in CLM No of OnelImpact community discussion forums held No of challenges/violations 	Community engagement, linkages and coordination.

reported by people affected by TB

% of people affected by TB reporting TB challenges/violations

No of actions taken to address challenges/violations as a result of CLM data

% of TB service delivery sites with a CLM mechanism in place

No of reports with CLM data used by health facilities, NTPs, CCMs

No of advocacy meeting held in province, district, and country level, which used CLM data for change.

Activity 1.6	Assess barriers and facilitators of implementing collaborative TB activities at different settings: DM, OPD, and in-patient departments	<ul style="list-style-type: none">- Recruit consultant; fees- Meeting: Travel, venue, refreshment.- Report printing and publication	NTP and Lead CBO	Curricula and materials on how to provide rights-based, gender-sensitive and people-centred services available in different settings	Ensuring people centered and rights-based TB services, at health facilities
Activity 1.7	Develop approaches to the management of All people affected by TB		NTP and Lead CBO		

Activity 1.8	Build capacities of the NTP and PTP staff and providers on CRG	<ul style="list-style-type: none"> - Training events: Facilitators Fees; venues; training; transport; refreshments 	NTP, PTP and Lead CBO	Number of NTP staff trained on CRG	Capacity building and leadership development
Activity 1.9	Identifying a CRG Focal Point at the NTP and PTP to oversee and evaluate the implementation of the CRG Action Plan	<ul style="list-style-type: none"> - ToR elaboration - NTP's and PTP's nomination letters 	PTP and Lead CBO	Availability of CRG Focal point at NTP and PTP	Ensuring people centered and rights-based TB services, at health facilities
Activity 1.10	Establish a Technical Working Group on CRG at the National and Provincial Levels and support quarterly meetings of CRG TWG to review CRG implementation, identify gaps and proffer solutions	<ul style="list-style-type: none"> - ToR of TWG - Inaugurate CRG TWG - Group meetings, perdiems, venues, refreshments, transport support 	PTP and Lead CBO	<p>An inaugurated TWG on CRG available at the National and Provincial levels</p> <p>No. of Quarterly Review CRG TWG meetings held/annum</p>	Ensuring people centered and rights-based TB services, at health facilities
Activity 1.11	Organize pre- and in-service trainings of TB and TB/HIV for health care providers, including facility and non-facility based, health care administrators and health care regulators on patient rights, non-discrimination, duty to treat, informed consent and confidentiality, violence prevention and treatment, and mental health.	<ul style="list-style-type: none"> - Recruit a national consultant - Curriculum development/review - Training events: Facilitators Fees; venues; training; refreshments - Meeting: Travel, venue, refreshment. - Printing and publication 	NTP and Lead CBO	No of health care administrators and health care regulators on patient rights, non-discrimination, duty to treat, informed consent and confidentiality, violence prevention and treatment trained (by facility and non-facility, by category of health specialist, by sex).	Capacity building and leadership development
Activity 1.12	Engage peer educators, CHWs and LHWs to provide Treatment Support for people who are receiving TB care to complete treatment	Provide incentives for peer educators, CHWs, LHWs		No of peer educators, CHWs and LHWs that provide Treatment Support for people who are receiving TB care to	Ensuring people centered and rights-based TB services, at health facilities

					complete treatment by province and district
Activity 1.13	Develop and make available a quality improvement and infection control plan for health facilities in order to reduce transmission	<ul style="list-style-type: none"> - Workshop of 5 days/batch to elaborate/update the TB infection control strategy - Meeting: Travel, venue, refreshment. - Facilitators Fees; venues; training; refreshments 	NTP and Lead CBO	<p>An infection control Strategy is available for CHW and health care centers</p> <p>% of Health Centers implementing TB Infection Control Strategy</p>	Ensuring people centered and rights-based TB services, at health facilities
Activity 1.14	Adjust treatment facility opening times and provide appropriate signage to better meet the needs of all genders and KVPs	<ul style="list-style-type: none"> - Advocacy - Staff training, travels, venue, refreshment, perdiem - Provide appropriate signage 	NTP (and Lead CBO)	% of TB service delivery points whose opening hours and signage meet the needs of all genders and KVPs by province and district	Ensuring people centered and rights-based TB services, at health facilities
Activity 1.15	Intensify Quarterly Programme and community-led supportive supervision at all levels	Perdiems and travels	NTP and Lead CBO	No of Quarterly Programme and community-led supportive supervision held by province and district per annum	Ensuring people centered and rights-based TB services, at health facilities
Activity 1.16	Conduct Mid-term and End-Term review on the implementation of CRG action plan	<ul style="list-style-type: none"> - Recruit Consultant, fees - Meeting: fees, travels, refreshment, perdiems, - Review reports, dissemination 	NTP and Lead CBO	Findings and reports of Mid-term and End-Term available	Ensuring people centered and rights-based TB services, at health facilities
Activity 1.17	Optimizing the OnelImpact platform within the Care TB app	<ul style="list-style-type: none"> - Recruit IT Expert, fees - 	NTP and Lead CBO	No of districts where OnelImpact is incorporate within TB Care	Eliminating TB related stigma and discrimination

Activity 1.18	Facility-level accountability meetings/Patient-Provider committee to discuss the CLM outcomes.	Advocacy visit: trevels, refreshment Meeting; venue; refreshments, travels Facilitators Fees;	NTP and Lead CBO	No of facility-level meetings conducted per quarter	Eliminating TB related stigma and discrimination
Activity 1.19	Conduct Patient Cost Survey on access to TB care by persons affected by TB	- - Recruit consultant fees, - Meeting; travels, perdiems, venues, refreshments,	Lead CBO	Report and findings of patient cost survey available at PTP and NTP	Ensuring people centered and rights-based TB services, at health facilities
Activity 1.20	Establish Continuous quality Improvement and mentoring programme for provision of rights based and patient centred TB services	- Travels, refreshments	NTP and Lead CBO	No of TB service delivery points that show improvement in quality of service	Ensuring people centered and rights-based TB services, at health facilities
Intervention 2: Freedoms to information (privacy, confidentiality, access to information included for low level literacy for diverse language groups)					
Objective 2: Promote freedom of information and Increase access to information on privacy and confidentiality					
Activity 2.1	Produce SOPs on privacy, confidentiality and personal data and information of TB patient	- Recruit consultant - Training/orientati on Facilitators - Fees; venues; refreshments	NTP and Lead CBO	No of TB service delivery centres with SOPs on privacy, confidentiality and personal data and information of TB patient by district and province	Ensuring people centered and rights-based TB services, at health facilities
Activity 2.2	Produce quarterly newsletter to share report and best practices on CRG interventions and news	- Meeting: refreshment	Lead CBO	Number of newsletters produced annually by CBO	Ensuring people centered and rights-based TB services, at health facilities

Activity 2.3	Train journalists and media professionals on TB Stigma elimination and health related Community, Rights, and Gender issues	- Training: Facilitators Fees; venues; travels refreshments	Lead CBO	Number of Journalists and media professionals trained on TB Stigma elimination and health related Community, Rights, and Gender issues	Eliminating TB related stigma and discrimination
Activity 2.4	Organize mass and social media campaigns on TB, removing human right and gender barriers to TB services (SMS, radio, TV, social media, theatre, advertising spots etc.)	- Contract with mass media for the duration of the activity - Procure transistor radios for community and traditional leaders	NTP and Lead CBO	No of media campaigns conducted (by type of media)	Eliminating TB related stigma and discrimination
Activity 2.5	Conduct sensitization meetings on TB in communities and schools to improve basic knowledge on TB	- CHW, LHWs, TB survivors and TB Champions: provide incentives	Lead CBO	No of sensitization meetings on TB conducted in communities and schools	Eliminating TB related stigma and discrimination
Activity 2.6	Organize training and institutional support for educators and administrators in Government institutions on stigma reduction strategies	- Facilitators: fees, Training, venues, travel, refreshment	NTP and Lead CBO	Number of educators and administrators trained on stigma reduction strategies	Eliminating TB related stigma and discrimination

Intervention 3: Non-Discrimination and Equal Treatment

Objective 3: Eliminate TB-related stigma and discrimination in communities, health care settings and workplaces.

Activity 3.1	Conduct TB Stigma Index study, using the STP TB Stigma Assessment tool– “Implementation Handbook and Data Collection Instruments”	- Recruit consultant: fees, travels, perdiems, -	NTP and Lead CBO	TB Stigma Index report is available at the PTP and NTP Baseline indicators on stigma determined	Eliminating TB related stigma and discrimination
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Activity 3.2	Organize workshop to validate and share the findings of the studies with collaboration of NTP	<ul style="list-style-type: none"> - Facilitation: fees, travels, perdiems, - Meetings, venues, refreshments, 	NTP and Lead CBO	Validated report on findings available	Eliminating TB related stigma and discrimination
Activity 3.3	Conduct qualitative assessments of attitudes of healthcare providers including pre- and post-intervention assessments	<ul style="list-style-type: none"> - Recruit Consultants; fees - Refreshment, transport - Publication and report 	NTP and Lead CBO	Report of CAP of healthcare providers including pre- and post-intervention assessments is available	Eliminating TB related stigma and discrimination
Activity 3.4	Develop TB stigma reduction communication materials and translated in local and official languages for use in health facilities and the community s	Workshop (3 days): Facilitators, Fees; venues; refreshments; training materials; travel, per diem	NTP and Lead CBO	No of Health Facilities and communities with stigma reduction communication materials translated in local and official languages	Eliminating TB related stigma and discrimination
Activity 3.5	Conduct dialogues with policy makers on CRG to advocate for increased collaboration between TB and HIV national response using existing governing structures	<ul style="list-style-type: none"> - Facilitator, fees - Key stakeholder dialogue workshop (NTP, TB and HIV CSO representatives); venues, travels; refreshments, 	NTP and Lead CBO	Availability of action plan to improve TB/HIV collaboration on CRG	Collaboration with other providers and sectors
Activity 3.6	Develop an action plan to address community norms that drive stigma and discrimination based on the findings and recommendations from the TB Stigma assessment	<ul style="list-style-type: none"> Facilitator; fees, Travels Meeting venues; refreshment, transport, per diem 	NTP and Lead CBO	A TB action plan to to address community norms that drive stigma and discrimination is available.	Eliminating TB related stigma and discrimination
Activity 3.7	Create a linkage between communities and formal health systems in emergency settings, and support CHWs and LHWs to provide rights-based and gender-responsive TB services to persons affected by TB, KVPs and women.	<ul style="list-style-type: none"> - Facilitators: fees, - Meeting, venues, refreshment, travel 	NTP and Lead CBO	Number of people reached with rights-based and gender-responsive TB services (by type: IDPs, Coal miners, prisoners, migrants)	Ensuring people centered and rights-based TB services, at health facilities

Activity 3.8	Mobilize parliamentarians, medical professional associations, TB survivors, and celebrities to participate in stigma elimination activities.	<ul style="list-style-type: none"> - Advocacy; Advocacy kit, transport, refreshment - Facilitators: fees, - Meeting, venues, travel, refreshment 	NTP and Lead CBO	No of stigma elimination activities conducted by parliamentarians, medical professional associations, TB survivors, and celebrities	Collaboration with other providers and sectors
Activity 3.9	Develop institutional policies and a framework of accountability mechanisms for health care facilities.	<ul style="list-style-type: none"> - Facilitator: Fees - Task team meeting: Travel, venue, refreshment 	NTP and Lead CBO	No of health care facilities where accountability mechanisms are available and used	Eliminating TB related stigma and discrimination
Activity 3.10	Produce and distribute posters, pamphlets and bill boards on CRG	<ul style="list-style-type: none"> - Cost of production of posters, pamphlets and billboards 	NTP and PTP	IEC materials and bill boards produced and distributed	Eliminating TB related stigma and discrimination
	Evaluate levels of stigma and discrimination among people affected by TB	<ul style="list-style-type: none"> - Recruit consultant, fees, perdiem, materials (eg. digital) - Dissemination meeting; venue, travels, refreshment, perdiem, materials 	NTP and Lead CBO	<ul style="list-style-type: none"> - % of people diagnosed with TB who experienced self-stigma that inhibited them from seeking and accessing TB service - % of people diagnosed with TB who report stigma in health care settings that inhibited them from seeking and accessing TB services - % of people diagnosed with TB who report stigma in community settings that inhibited them from seeking and accessing TB services 	Eliminating TB related stigma and discrimination

Intervention 4: Gender

Objective 4: Reduce TB-related human rights and gender barriers, harmful gender norms against TB Key and vulnerable populations (KVP) including women and people affected by TB in accessing TB services in communities, health care settings and workplaces.					
Activity 4.1	Organize community consultations to workout a comprehensive district specific plan to over come gender related barriers	<ul style="list-style-type: none"> - Recruit consultant - Meeting: facilitator, fees, travels, venues, refreshments. 	NTP and Lead CBO	No of specific gender related barriers identified	Eliminating TB related stigma and discrimination
Activity 4.2	Conduct Assessment on Gender Based Violence: Identify and mitigate Sexual Exploitation Abuse and Harassment (SEAH) related risks against persons affected by TB	<ul style="list-style-type: none"> - Recruit Consultant - Meeting: facilitator, travels, venues, refreshments. 	NTP and Lead CBO	Sexual Exploitation Abuse and Harassment Assessment report and recommendation is available.	Eliminating TB related stigma and discrimination
Activity 4.3	Develop Sexual Exploitation Abuse and Harassment (SEAH) action plan based on assessment conducted	<ul style="list-style-type: none"> - Meeting; Facilitator fees, venue, travels, refreshment 	NTP and Lead CBO	Copies of Sexual Exploitation Abuse and Harassment Action Plan available	Ensuring people centered and rights-based TB services, at health facilities
Activity 4.4	Sensitize and engage community, religious and opinion leaders on gender-based violence	<ul style="list-style-type: none"> - Facilitator: Fees - Meeting: Travel, venue, refreshment 	NTP and Lead CBO	No of sensitization meetings held with community, religious and opinion leaders	Eliminating TB related stigma and discrimination
Activity 4.5	Orient a women CSO/CBO network and LHWs for meaningful engagement and community-led advocacy and leadership of women in all their diversity against TB related stigma and discrimination	<ul style="list-style-type: none"> - Training: Facilitator fees, venue, travels, perdiems, refreshments, 	NTP and Lead CBO	No women CBOs and LHWs oriented TB related stigma and discrimination	Eliminating TB related stigma and discrimination

	Build capacity of LHWs, CBOs, TB Champions and TB survivors on identification, referral and provision of treatment support for persons affected by TB	- Training: Facilitator fees, venue, travels, perdiems, refreshments,	NTP and Lead CBO	No. of LHWs, CBOs, TB Champions and TB survivors trained on identification, referral and provision of treatment support for persons affected by TB	Capacity building and leadership development
Activity 4.6 (Access/Accept)	Develop patient management strategies to support women in accessing TB services	- Facilitator; fees - Meeting: Travel, venue, transport, refreshment. - Facilitators Fees; venues; training; refreshments	NTP and Lead CBO	Availability of patient management strategy to support women to access TB services	Ensuring people centered and rights-based TB services, at health facilities
Activity 4.7	Support women CSO/CBO network and LHWs to raise awareness on TB and TB/HIV-related rights and to monitor violations and advocate for change. ¹	- Advocacy kit development, travels, refreshment - Facilitator: Fees - Meeting: Travel, venue, refreshment -		No women CSO/CBOs and LHWs supported to raise awareness on TB and TB/HIV-related rights and to monitor violations and advocate for change	Ensuring people centered and rights-based TB services, at health facilities
Activity 4.8	Support communities and community-led organizations and TB affected people, in advocacy community-led outreach campaigns to address harmful gender norms and stereotypes and other gender and human rights-related barriers including stigma reduction and human rights literacy	- Facilitator: Fees - Meeting: Travel, venue, refreshment - Advocacy kit development, travels, refreshment	NTP and Lead CBO	No. of outreaches conducted by communities and community-led organization to raised awareness on harmful gender norms and stereotypes and other gender and human rights-related barriers	Community-led research and advocacy
Activity 4.9	Develop and disseminate communication materials on patient rights and other human rights.	- Key messaging production workshop; facilitator (transport, venues, refreshments,	NTP and Lead CBO	Number and type of communication materials on Know Your Rights and legal literacy disseminated	Removing Human rights and gender - related barriers to TB services

¹ Use the Gender investment package to inform this? <https://stoptb.org/assets/documents/communities/TB%20Gender%20Investment%20Package.pdf>

		perdiem), procure communication materials,			
Activity 4.10	Support the inclusion of TB in national human rights commission operational guidelines and human rights observers' networks	- TWG Meeting, travel, venue, refreshments), reports prints;	NTP and Lead CBO	TB included in the National human rights commission and Human Rights bodies operational guidelines	Improving laws, regulations and polices relating to TB
Activity 4.11	Develop a gender equity policy and guidelines	- Recruit consultant; fees, meeting (travel, venue, refreshments, perdiem); - Publishing, printing,	NTP and Lead CBO	A gender equity policy is developed and used	Improving laws, regulations and polices relating to TB
	Roll out guidelines on gender sensitive care on TB at all levels	- Production costs - Training; venue, transport, refreshment, perdiem, materials - Quarterly meeting (NTP, PTP & Lead CBO) to monitor implementation: venue, transport, refreshment, perdiem, materials	NTP, PTP and Lead CBO	Guidelines on gender equity available and used at all TB service delivery points % of females involved in TB service delivery at Health Facility % of females involved in TB service delivery in the community % of females among people diagnosed with TB	Ensuring people centered and rights-based TB services, at health facilities
Intervention 5: Key and Vulnerable Populations					
Objective 5: Mobilize and empower Key and vulnerable populations to engage and influence the TB response					

Activity 5.1	Update data collection tools in accordance with the prioritization of TB KVPs, disaggregate by KVP	<ul style="list-style-type: none"> - Facilitator fee - Meetings (Fees, perdiems, transport, venues, refreshments) 	NTP M & E, and Lead CBO	<ul style="list-style-type: none"> - Proportion of TB treatment and diagnostic centres with updated data collection tools 	Ensuring people centered and rights-based TB services, at health facilities
Activity 5.2	Conduct a review of policies that impact access to TB services for KVPs including Coal miners, Transgenders, PLHIVs, TB affected people and communities.	Engage Consultant x15 days (fees, travel, transport), meetings (travel, venues, refreshments)	NTP and Lead CBO	Policy that promotes accessing barriers free TB service is available	Ensuring people centered and rights-based TB services, at health facilities
Activity 5.3	Conduct mapping of TB related CSOs/CBO and use the results to develop a community engagement strategy included TB survivors' engagement	<ul style="list-style-type: none"> - Consultant contract; fees, travels, perdiems, - Meetings, venues, refreshments, travels 	NTP and Lead CBO	Community engagement strategy on CRG is available	Ensuring people centered and rights-based TB services, at health facilities
Activity 5.4	Conduct a country dialogue to identify opportunities to increase social protection among KVPs and TB affected persons and communities	<ul style="list-style-type: none"> - 3 days meetings (participants' transport, venues, refreshments) 	NTP and Lead CBO	Social protection mechanism available for KVP (Urban poor, Coal Miners, IDPs, and other affected TB communities).	Ensuring people centered and rights-based TB services, at health facilities
Activity 5.5	Conduct mapping, size estimation and prioritization of KVPs (IDPs, Coal Miners, PWUDs, PLHIVs and Children) for strategic targeting with intervention	<ul style="list-style-type: none"> - Recruit Consultant: fees, travels, perdiems, - Meetings, venues, refreshments, - Publication and report 	NTP and Lead CBO	Report on the size and location of KVPs (IDPs, Coal Miners, PWUDs, PLHIVs and Children) available	Ensuring people centered and rights-based TB services, at health facilities
Activity 5.6	Organize "Know-Your Rights" and legal literacy trainings, for TB affected persons and KVPs	<ul style="list-style-type: none"> - Adapt Curriculum - Facilitators Fees; - Training; venues; refreshments; materials, meals; travel, perdiem 	NTP and Lead CBO	No of TB affected persons and KVPs trained on Know-Your Rights" and legal literacy	Removing Human rights and gender - related barriers to TB services

Activity 5.7	Support sensitization campaign on "Know your rights" for TB among TB affected persons, KVPs and Communities	<ul style="list-style-type: none"> - Sensitization materials (design) printing - Peer educators/CHWs/ TB survivors/LHWs - Travels, incentives bonus for CHWs/ TB survivors/LHWs 	Lead CBO	No of sensitization campaigns conducted on the Know your rights among TB affected persons, KVPs and Communities	Removing Human rights and gender - related barriers to TB services
Activity 5.8	Support TB Champions (including Peer educators/CHWs/ TB survivors/LHWs) interventions in TB affected communities and KVPs	<ul style="list-style-type: none"> - Sensitization materials, - Peer educators/CHWs/ TB survivors/LHWs - Travels, incentives bonus for CHWs/ TB survivors/LHWs 	NTP and Lead CBO	Number of interventions implemented by TB champions	Ensuring people centered and rights-based TB services, at health facilities
Activity 5.9	Recruit and train TB survivors, CHWs and LHWs to become Peer Counsellors involved in the implementation of Snowball Approaches for supporting TB case detection and outreaches in TB affected communities and KVPs	<ul style="list-style-type: none"> - Sensitization materials (design) printing - Peer educators/CHWs/ TB survivors/LHWs - Travels, incentives bonus for CHWs/ TB survivors/LHWs 	NTP and Lead CBO	No of TB survivors, CHWs and LHWs trained as peers counsellors involved in TB cases detection	Capacity building and leadership development
PLHIV		-			
Activity 5.10	Conduct campaign of sensitization of the Know your rights for TB among PLHIV	<ul style="list-style-type: none"> - Sensitization materials (design) printing - Peer educators/CHWs/ TB survivors/LHWs - Travels, incentives bonus for CHWs 	NTP and Lead CBO	Number of campaigns of sensitization on the Know your rights for TB organized among PLHIV	Removing Human rights and gender - related barriers to TB services
Activity 5.11	Conduct screening of TB for all PLHIV in health care facilities and community	<ul style="list-style-type: none"> - Travel, refreshment, incentives 	NTP and Lead CBO	% of PLHIVs screened for TB	Ensuring people centered and rights-

					based TB services, at health facilities
Activity 5.12	Provide universal access to TPT for PLHIV	<ul style="list-style-type: none"> - TB screening Data collection tool. - Travels, incentives bonus for CHWs 		% of PLHIV initiated TPT	Ensuring people centered and rights-based TB services, at health facilities
Activity 5.13	Recruit and train PLHIV to become Peer Counsellors and involve them in TB case detection amongst PLHIV	<ul style="list-style-type: none"> - Sensitization materials - Peer educators//PLHIV - Travels, incentives bonus for PLHIVs 	NTP and Lead CBO	No of PLHIV trained to become Peer Counsellors and involved in TB case detection amongst PLHIV	Ensuring people centered and rights-based TB services, at health facilities
Children under 5 years					
Activity 5.14	Support CBOs, peer educators, TB survivors, CHWs and LHWs to intensify Paediatric TB case finding through community Contact tracing	Travels, incentives bonus for CHWs/ TB survivors/LHWs	Lead CBO	% of childhood TB cases notified through Contact Tracing by Peer educators/CHWs/ TB survivors/LHWs	Ensuring people centered and rights-based TB services, at health facilities
Activity 5.15	Support TB CHWs, LHWs, peer educators, and TB survivors to Screen Children 0-14years in the health facilities and the community	<ul style="list-style-type: none"> - Travels, incentives bonus for CHWs/ TB survivors/LHWs 	NTP and Lead CBO	No of communities and Health facilities where CHWs, LHWs, peer educators, and TB survivors Screen Children 0-14years for TB	Ensuring people centered and rights-based TB services, at health facilities
Hard-to-Reach Populations					
Activity 5.16	Provide universal access to TPT for TB affected communities, hard-to-reach populations and KVPs;	<ul style="list-style-type: none"> - CHWs/ Peer educators - TB screening Data collection tool. 		Number of KVPs initiated on TPT	Ensuring people centered and rights-based TB services, at health facilities

		- Travels, incentives bonus for CHWs			
Activity 5.17	Develop SOP for TB programming among hard-to-reach and KVPs	- Facilitator, fees, travels, venues, refreshments, perdiem	NTP and Lead CBO	SOP for TB programming among hard-to-reach KVPs available and used	Ensuring people centered and rights-based TB services, at health facilities
Activity 5.18	Integrate human rights and legal literacy into TB KVPs outreach.	- Meeting; facilitators Fees; venues. - Training materials, meals; travel, - TB human rights and legal literacy data collection and report tools adaptations	NTP and Lead CBO	Human rights and legal literacy integrated into TB key and vulnerable populations outreach.	Removing Human rights and gender - related barriers to TB services
Activity 5.19	Support TB CSO paralegal services for TB KVP to include TB human rights and gender issues in the package of activities.	- Meeting (travel, venue, refreshments, perdiem); - Training of paralegals, venues, fees, review of data collection and reporting tools	NTP and Lead CBO	Number of paralegals who conduct TB human rights and gender activities (sensitization, case reports, etc.)	Improving laws, regulations and polices relating to TB
Activity 5.20	Create a link between CHWs, LHWs with Community/Religious Leaders to collaborate on TB case detection.	- Meeting: facilitator, travels, venues, refreshments - Sensitization materials (design and printing)	Lead CBO	% of TB cases notified from communities through CHWs, LHWs	Community engagement, linkages and coordination.

Intervention 6: Participation of TB survivors and TB key and vulnerable populations in TB responses

Objective 6: Promote greater involvement and participation of key and vulnerable populations to TB prevention, case finding, care, and treatment

Activity 6.1	Create, coordinate, and support a network of TB champions that includes Patient Clubs and representatives of TB key populations, National TB CBO and TB survivors Network with a quarterly based meeting for meaningful engagement in TB response	<ul style="list-style-type: none"> - Meetings, venues, refreshments, 	NTP and Lead CBO	Reports of quarterly meetings conducted	Community engagement, linkages and coordination.
Activity 6.2 (Access/Accept)	Identify and orient representatives of affected communities for inclusion in decision-making/policies regarding TB diagnostics and ensure patient-centered diagnosis and decentralization of testing where appropriate	<ul style="list-style-type: none"> - Facilitator, fees - Meeting: Travel, venue, refreshment. - Report writing 	NTP and Lead CBO	Number of community organizations that received a pre-defined package of training	Capacity building and leadership development
Activity 6.3	Develop the capacities of the national Network of TB CBO and TB survivors to engage in governance structures and decision making	<ul style="list-style-type: none"> - Meetings, venues, refreshments, facilitator fees, communication materials, 	Lead CBO	Number of CBOs whose capacity is developed on governance	Capacity building and leadership development
Activity 6.4	Create a community CRG working group to provide oversight of the CRG Action plan and related issues at the community level	<ul style="list-style-type: none"> - CHWs/peer educators transport, refreshment, sensitization materials, 	NTP and Lead CBO	<p>No of CRG Working Group meetings held</p> <p>CRG Working Group Meeting reports</p>	Community engagement, linkages and coordination.
Activity 6.5	Support TB survivors as TB Champions to demystify TB and serve as Counsellors and Treatment supporters at facility level and in all levels of programming to enhancing TB case finding among TB affected communities, hard-to-reach populations and KVPs	<ul style="list-style-type: none"> - Facilitator: Fees - Meeting: Travel, venue, refreshment, per diem - Advocacy kit development, travel, refreshment 	NTP and Lead CBO	No of TB cases notified from TB affected communities, hard-to-reach populations and KVP	Ensuring people centered and rights-based TB services, at health facilities

Activity 6.6	Support community representatives to participate in country's strategic process and resource mobilization meetings including the GF-CCM and other national forums	- Meeting: Facilitators Fees; travels, venues; refreshments	NTP and Lead CBO	No of community representatives participating in country's strategic process and resource mobilization meetings including the GF-CCM	Community engagement, linkages and coordination.
Activity 6.7	Include TB CSO and TB survivors into national bodies or communities' networks for community-led monitoring of law and policy implementation.	Meeting: travels, venues; refreshments	NTP and Lead CBO	Number of national bodies with TB survivors as members	Community engagement, linkages and coordination.
Activity 6.8	Review and implement advocacy communication and social mobilization (ACSM) strategy to include gender, stigma, discrimination, and human rights issues related to TB	- Facilitator; fees, - Meetings, venues, travels, refreshments, perdiems	NTP and Lead CBO	Updated ACSM strategy available	Community engagement, linkages and coordination.
Activity 6.9	Conduct community-based capacity building sessions on Community, Rights and Gender for KVP.	- Training; facilitator, fees, venues, training materials, meals, participants' travel, perdiems	NTP and Lead CBO	Number of KVP trained on CRG	Capacity building and leadership development
Activity 6.10	Support development and implementation of the national Monitoring Committee to share lessons on CRG implementation	- Facilitation: fees, travels, perdiems, - Meetings, venues, refreshments, travels	NTP and Lead CBO	National monitoring committee on CRG implementation available	Community engagement, linkages and coordination.
Activity 6.11	Engage TB affected communities, CSO Networks, TB affected persons/survivors and community representatives in planning, implementation, monitoring of TB response	Meetings, venues, refreshments, travels	NTP and Lead CBO	TB affected communities, CSO Networks, TB affected persons/survivors and community representatives involved in planning, implementation, monitoring of TB response	Community engagement, linkages and coordination.

Intervention 7: Legal remedies, laws and policies

Objective 7: Strengthening the legal remedies and policies that facilitate an enabling environment for key and vulnerable people to access TB services

Activity 7.1	Conduct qualitative assessments of attitudes of police, judges, prison staff including pre- and post-intervention assessments	<ul style="list-style-type: none"> - Recruit Consultant; fees, travels, perdiems, - Meetings, venues, refreshments, travels 	<p>NTP and Lead CBO</p> <p>NTP and Lead CBO</p>	Report of CAP of police, judges, prison staff including pre- and post-intervention assessments is available	<p>Increasing access to justice</p> <p>#</p> <p>Monitoring and Evaluation</p>
	Assess the role of paralegal and legal aid activities at district level				Increasing access to justice
Activity 7.2	Establish paralegal committee at the community level and extend/integrate TB into their work	Incentive bonus, transport, sensitization materials,	NTP and Lead CBO	Number of paralegals involved in community-based TB activities	Increasing access to justice
Activity 7.3	Engage national legal aid board/agencies, and human rights/legal organizations to expand pro bono legal services and/or legal aid clinics to include TB/HIV and TB-related legal services.	<ul style="list-style-type: none"> - MoU (1- 3 years); - Representation allowances - Meeting: travels, venues, refreshments. 	NTP and Lead CBO	Number of MoU signed with national legal aid board/agencies, and human rights/legal organizations	Increasing access to justice
Activity 7.4	Strengthen linkage of OnelImpact community-led monitoring (CLM) to legal counselling and support	<ul style="list-style-type: none"> - MoU (1- 3 years); - Representation allowances - Meeting: travels, venues, refreshments. 	NTP and Lead CBO	Number of actions taken by legal counselling and support in response to community reporting.	Increasing access to justice
Activity 7.5	Install hotlines and other rapid response mechanisms in cases of TB and TB/HIV rights violations	<ul style="list-style-type: none"> - Recruit Consultant - Meeting: travels, venues, refreshments. 	NTP and Lead CBO	Hotlines available and used	Increasing access to justice

Activity 7.6	Develop partnership with national associations of lawyers including young lawyers, women lawyers and support legal networks and related costs.	- Meeting: travels, venues, refreshments.	NTP and Lead CBO	Partnership report available	Increasing access to justice
Activity 7.7 (Access/Accept)	Develop and integrate training curricula and materials on how to provide rights-based, gender-sensitive and people-centred services including mental health into pre- and in-service training of all health-care providers	- Consultant contract; Curriculum review - Training events: Facilitators Fees; venues; training; transportation; refreshments	NTP and Lead CBO	No of health care providers trained on rights-based, gender-sensitive and people-centred services with the newly developed curricula	Ensuring people centered and rights-based TB services, at health facilities
Activity 7.8	Mobilize community and religious leaders for alternative and community-based forms of disputes resolution, including engagement of traditional leaders and customary law in support of TB KVP and people affected by TB.	- MoU; Representation allowances - Meeting: travels, venues, refreshments.	NTP and Lead CBO	No of communities with community-based forms of disputes resolution mechanisms in place	Increasing access to justice
Activity 7.9	Identified and engage relevant bodies to provide legal support services and data on violations for informed interventions.	- Meeting: travels, venues, refreshments.	NTP and Lead CBO	No of legal services provided on rights violations to persons affected by TB	Increasing access to justice
Activity 7.10	Develop Communication materials on the human right of people affected by TB	- Meeting: travels, venues, refreshments, printing and dissemination	NTP and Lead CBO	Communication materials on human rights developed	Increasing access to justice
Activity 7.11	Initiate Assessments of attitudes of police, judges, prison staff, including pre- and post-intervention assessments	- Recruit Consultant - Meeting: facilitator, travels, venues, refreshments.	NTP and Lead CBO	Report and recommendations available	Strengthen rights-based law enforcement

Activity 7.12	Develop and integrate training materials into the pre- and in-service training for police members	<ul style="list-style-type: none"> - Recruit Consultant, fees - Training events: Facilitators Fees; venues; refreshments 	NTP and Lead CBO	Training modules on rights violation available	Strengthen rights-based law enforcement
Activity 7.13	Sensitize/raise awareness of judges on CRG.	<ul style="list-style-type: none"> - Facilitator: Fees - Meeting: Travel, venue, refreshment, per diem 	NTP and Lead CBO	Number of judges sensitized on CRG	Strengthen rights-based law enforcement
Activity 7.14	Conduct 'TB, rights and the law' sensitization training with law society, magistrates, and judges	<ul style="list-style-type: none"> - Training events: Facilitators Fees; venues; training; refreshments 	NTP and Lead CBO	Number of law society, magistrates, and judges trained on B, rights and the law'	Strengthen rights-based law enforcement
Activity 7.15	Support paralegals to sensitize HCWs on legal literacy	<ul style="list-style-type: none"> - Incentives bonus; travels. - Legal literacy data collection/report tools adaptation 		Number of paralegals engaged in health facilities	Improving laws, regulations and polices relating to TB
Activity 7.16	Update an Assessment of the legal and policy environment (LEA) for TB, TB/HIV and make recommendations	<ul style="list-style-type: none"> - Recruit Consultant (fees, travel, per diems, transport) - Meetings (travel, venues, refreshments, 	NTP and Lead CBO	Updated LEA report available	Improving laws, regulations and polices relating to TB
Activity 7.17	Engage parliamentarians in laws and policies reforms, particularly decriminalization and in the role of protective legal framework in the TB response.	<ul style="list-style-type: none"> - Meetings (travel, venues, refreshments, 	NTP and Lead CBO	Number parliamentarians engaged	Improving laws, regulations and polices relating to TB
Activity 7.18	Review and integrate CRG approaches in key NTP policies and guidelines	<ul style="list-style-type: none"> - Recruit consultant; fees - Meetings (travel, venues, refreshments, 	NTP	CRG approaches integrated into NTP policies and guidelines	Improving laws, regulations and polices relating to TB

Activity 7.19	Develop an action plan for law and policy reform, based on the assessments.	<ul style="list-style-type: none"> - facilitator (fees, perdiems, transport) task team meetings (venues, refreshments) 	NTP and Lead CBO	Action plans for law and policy reform available	Improving laws, regulations and polices relating to TB
Activity 7.20	Support the development of a CRG-oriented TB Law at National level and domesticate same law at sub-national levels	<ul style="list-style-type: none"> - Recruit consultant; fee, - Meeting; fees, perdiems, transport, venues, refreshments 	NTP and Lead CBO	<p>CRG-oriented TB Law available and used at National level</p> <p>CRG-oriented TB Law domesticated and used at provincial level</p>	Improving laws, regulations and polices relating to TB
Activity 7.21	Inform and educate parliamentarians and ministers of justice, interior, corrections, finance, industry, labour, education, immigration, housing, health, and commerce about the need to reform laws and policies that impede the TB response and ensure community involvement in these activities.	<ul style="list-style-type: none"> - Advocacy tool kit; travels, refreshment - Meetings (transport, venues, refreshments), Sensitisation materials 	NTP and Lead CBO	<p>Number of advocacy meting conducted</p> <p>No of laws enacted</p> <p>No of policies formulated</p>	Improving laws, regulations and polices relating to TB
Activity 7.22	Conduct community-led advocacy for law and policy reform, particularly decriminalization	<ul style="list-style-type: none"> - Advocacy took kit; travels, refreshment - Meetings (transport, venues, refreshments, perdiem) 	NTP and Lead CBO	Law and policy reform decriminalize TB available	Community-led research and advocacy

Costing - Summary

Costing CRG Plan Pakistan 2024-2026

Costing Summary

Sr #	Intervention	Year 1	Year 2	Year 3	Total in PKR in Million	Total in USD in Million	Remarks
		2024	2025	2026			
1	Availability, accessibility, acceptability, and quality of TB services	133,000,000	88,000,000	136,125,000	357	1.28	
2	Freedoms to information (privacy, confidentiality, access to information included for low level literacy for diverse language groups)	58,000,000	35,200,000	68,970,000	162	0.58	
3	Non-Discrimination and Equal Treatment	54,500,000	57,750,000	45,375,000	158	0.56	
4	Gender	119,500,000	125,950,000	132,495,000	378	1.35	
5	Key and Vulnerable Populations	103,000,000	98,450,000	105,875,000	307	1.10	
6	Participation of TB survivors and TB key and vulnerable populations in TB responses	15,000,000	23,650,000	21,175,000	60	0.21	
7	Legal remedies, laws and policies	38,500,000	23,100,000	27,225,000	89	0.32	
Grand Total		521,500,000	452,100,000	537,240,000	1,511	5.40	