

Description

The GF to Fight AIDS, Tuberculosis and Malaria has allocated a grant to tackle TB/MDR-TB among Afghan refugees, returnees and migrants with the title; **TB/MDR-TB interventions among Afghan refugees, returnees and mobile population in Afghanistan, Iran and Pakistan.**

The Pakistan's part is limited to provision of TB care to the Afghan National living in 21 refugee villages (RVs) in two provinces namely Khyber Pakhtunkhwa and Baluchistan. The following RVs have been selected from KP;

Peshawar- Badaber and Kababian

Kohat- Ghamkol and Ghulam Banda

Nowshera- Akora Khattak and Khairabad

Mardan- Jalala

Swabi- Barakai and Gandaf

Mansehra- Bareri and Khaki

Haripur- Padhana and Panian

To perform the activities, our trained field staff (24 Field Health Workers (FHW) and one Provincial Coordinator) have been posted in these RVs according to the population size.

The main activities in these villages through this MCG are;

- Ø Active case finding through symptom screening of tuberculosis at health centers in RVs especially women and children and household contact screening of TB patients.
- Ø Community engagement through Community Coalition meetings, Orientation of community coalition members for TB and its available services and Outreach community gathering
- Ø Upgrading health centers for TB services (referral and guidance)

Active Case Finding at facility level

The FHWs will screen people visiting health facility in refugee villages (RVs) or PHC/RHC nearby refugee villages for TB symptoms and will refer the TB presumptive cases to the nearest TB diagnostic facility for sputum smear microscopy and/or Xpert testing.

Those patients who are diagnosed with TB will be registered at nearest BMUs for treatment and will be followed-up by FHWs.

Household Contact screening

House held contacts of all B+ notified cases (registered from last one month) as index cases registered at BMU's will be visited and all the household members will be screened for TB.

Community coalition meetings and Orientation of community coalition members

The community coalitions are comprised of members from local NGO/ CBO/ FBO as well as the community leaders and other stakeholders (social workers, teachers, vocational institute's trainers, union council member, imam masjid, journalist, LHW/HCP).

The main purpose is to more actively involve them in TB detection, encouraging screening and TB treatment support. Additionally, these coalitions will work for raising awareness on TB DOTS, improving

the referral system, and especially to provide treatment supporters. The coalitions have good access within community and could be very helpful in engaging community influential and general public.

Outreach community gathering activity

Regular outreach community gathering activities will be implemented like school sessions, TB mela, walk.

Audience will be guided and sensitized for identifying people with TB symptoms, assist them with testing, also implement awareness activities in the villages.

Upgrading health centers

The refugee villages have health centers supported by UNHCR. These centers, 18 in KP will be upgraded.