ASSOCIATION OF PEOPLE LIVING WITH HIV
PAKISTAN

Global Fund GC-7 Grant

QUARTERLY

Community-Led Monitoring Analysis Report

Findings from CLM of HIV Treatment Centers,
Toll-Free Helpline & Complaint Management Services

Q1 — 2026
January - March

24	120	5,953
ART Centres Visited	Beneficiaries Engaged	Helpline Calls

Punjab · Sindh · Khyber Pakhtunkhwa · Baluchistan · ICT

SUBMITTED TO
NACP / Common Management Unit (CMU)

PREPARED BY
APLHIV Pakistan

ACKNOWLEDGMENTS

APLHIV	**Association of People Living with HIV**
ART	**Anti-Retroviral Therapy**
ARV	**Anti-Retroviral**
BCC	**Behavior Change Communication**
CBOs	**Community Based Organizations**
CMU	**Common Management Unit**
CD4	**Cluster Determinant 4**
CSGs	**Community Support Groups**

APLHIV expresses sincere gratitude and thanks to all those who contributed to the implementation of project activities and to the successful completion of this report. First and foremost, I offer my deepest thanks to the **team at APLHIV** for their hard work, dedication, and commitment.

Special thanks to the leadership and team at Common Management Unit (**CMU**)/National AIDS Control Program (**NACP**) for invaluable guidance, facilitation, and support through the period under review. Unwavering support and facilitation by the Provincial AIDS Control Programs (**PACPs**) are highly acknowledged and appreciated.

PLHIV and **care providers** at ART centers who provided insightful feedback during CLM activities at ART Centers across Pakistan owe a special debt of gratitude. Special thanks to the **Provincial Coordinators** for their time, collaboration, and constructive discussions during CLM activities that enriched the content of this report.

Thanks to the helpline staff for their 24/7 services. Thanks to all team members for providing essential resources, data, and access to facilities critical to this project.

Appreciation to APLHIV for fostering an environment conducive to learning and professional growth. It is always teamwork that makes the difference, and we at the APLHIV are a changemaker. We will continue to work as a team in close collaboration, coordination, and partnership with our key stakeholders.

National Coordinator
APLHIV-Pakistan
Dated 10th April 2026

ACRONYMS

HCP	**Healthcare Professional**
IEC	**Information, Education & Communication**
KPs	**Key Populations**
LSP	**Living Support Package**
MOV	**Means of Verification**
NACP	**National AIDS Control Program**
OIs	**Opportunistic Infections**
PLHA	**People Living with HIV & AIDS**
PACPs	**Provincial AIDS Control Programs**
PIMS	**Pakistan Institute of Medical Sciences**
PPTCT	**Prevention of Parent-to-Child Transmission**
STIs	**Sexually Transmitted Infections**
VCCT	**Voluntary and Confidential Counseling and Testing**

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EXECUTIVE SUMMARY:

This Quarterly Analysis Report presents the findings of APLHIV's Community-Led Monitoring (CLM) activities & Toll-Free Helpline operations implemented during Q1 2026 (January–March) under the Global Fund GC-7 grant.

Under the CLM component, APLHIV visited 24 ART centres against a target of 24, achieving 100% coverage despite late fund disbursement. Feedback was collected from 120 beneficiaries (69 male, 41 females, 10 transgender) across Punjab, Sindh, KPK, Baluchistan, and ICT. The AAAAQ framework assessment highlighted strong ARV availability and respectful staff behavior across most regions. However, persistent gaps were identified in infrastructure since a few ART Centres met the minimum three-room requirement, counsellor availability (40% in Punjab), HIV physician availability (64% in Punjab versus 100% in Sindh, 75% in KPK, 67% in Baluchistan, and 100% in ICT), and contraceptive supply (33% in Baluchistan).

Viral load testing emerged as the most critical systemic concern. VL uptake (during the last six months) by the PLHIVs ranged from 100% in KPK to just 20% in Baluchistan. However, with effect from 1st Jan 2026, VL facilities were not functional across Sindh, KPK, and Baluchistan; only the ART center at the Indus Hospital Karachi (Sindh) had an operational VL machine. During current quarter, the VL testing uptake is negligible. This is to be noted that VL testing is one of the Global Indicator on which Pakistan needs to report, thus it is imperative that, this issue is resolved at an earliest. This finding was reinforced by complaint data, where 8 out of 10 complaints (80%) related to VL testing issues across four provinces. The absence of clear national guidance on VL referral pathways following changes in the Aga Khan testing arrangement remains an urgent gap requiring immediate attention.

Referral readiness for critical services was weak, particularly in Punjab, where readiness for violence prevention (4%), PMTCT (16%), EID (14%), and VL sample collection (6%) was critically low. In Sindh, awareness of the APLHIV helpline was at 0%, and 40% in ICT. No readiness was reported for violence prevention, PMTCT, EID, or transgender hormonal support. A dedicated Loss-to-follow-up tracking policy was absent across all provinces, including ICT. Although LTFU tracking protocols are integrated into the updated National Guidelines issued by WHO, these revised versions have not yet been disseminated to the facility level, and no detailed guidelines are available.

The Toll-Free Helpline dialed and received 5,953 calls during the quarter — 4,331 outgoing and 1,622 incoming — achieving **258 percent** of the quarterly target. Referral services, HIV information, and HIV testing counselling were the leading service categories among incoming calls. Ten complaints were received; two were resolved, and eight remain under process, all relating to VL testing access.

Addressing VL testing access, counselling capacity, referral pathways, contraceptive supply, and stigma-free inpatient care through stronger coordination with CMU and PACPs, simplified approval processes, and timely fund disbursement is essential to ensure equitable and uninterrupted HIV services across Pakistan.

INTRODUCTION AND BACKGROUND:

The Association of People Living with HIV (APLHIV) is a nationwide network of people living with HIV from diverse backgrounds, working to support and advocate for people living with HIV while also addressing the needs of key populations. Established in 2008, the APLHIV was formed in response to the lack of an appropriate platform for voicing and addressing the human rights issues faced by people living with HIV and related populations, as well as to enhance their quality of life with dignity. Additionally, the APLHIV serves as an effective and vibrant venue facilitating collaboration among a diverse array of national and international organizations with varying objectives, enabling them to exchange and share HIV-related resources while engaging in partnerships aimed at improving the quality, coverage, and impact of their efforts to combat the HIV epidemic and address issues associated with HIV and AIDS. The APLHIV collaborates with existing national structures, regional partners, and international non-governmental organizations (INGOs) to implement various projects and activities. The partners include, but are not limited to, government entities, UN agencies, regional and international partners, and donor agencies. The primary **Strategic Directions of APLHIV for 2025 –2030 focus on Research and Advocacy, Improved Community Health Outcomes, Organizational Innovation and Adaptability, Resource Mobilization, and Community System Strengthening**.

Under the Global Fund Grant and under the guidance of the Principal Recipient (PR), NACP/CMU, APLHIV is responsible for delivering Community-Led Monitoring (CLM) of HIV treatment centres across Pakistan, along with operating helpline services to provide information, counselling, advice, referral support, linkages with treatment cascade, tracking, preparing, and relinking LTFU cases with treatment and complaint management for PLHIV and affected communities. This initiative aims to address issues related to access and use of HIV treatment, care, and support services, addressing human rights, gender based, and other barriers in accessing HIV treatment services, thereby enabling the program to comprehend and respond to the significant challenges encountered by people living with HIV (PLHIV) and key populations (KPs) while accessing services. This is achieved through regular feedback from clients and service providers and by delivering services to communities in need by providing basic information, advice, counselling support, referrals, relinkages with treatment, care, and support, and a complaint management mechanism facilitated by a 24-hour helpline service. Furthermore, the APLHIV provides HIV treatment adherence counselling and tracks cases of loss to follow-up, facilitating re-linkage with treatment centres. The support services delivered by this Sub-Recipient (SR-APLHIV) serve as the primary mechanism through which people living with HIV actively engage in the national HIV program.

This report presents the findings of the Community-Led Monitoring initiative on Antiretroviral Therapy (ART) Centres undertaken by APLHIV, focusing on feedback collected from both PLHIV beneficiaries and service providers, alongside insights generated through the 24/7 helpline services. The purpose of this monitoring effort is to assess the effectiveness of ART Centres in delivering services to PLHIV and to gather input from both representatives of ART Centres and beneficiaries.

SECTION 1

COMMUNITY-LED MONITORING REPORT

HIV Treatment (ART) Centers

24	120	5
ART Centres Visited	Beneficiaries Engaged	Provinces/Regions Covered

OBJECTIVE:

The primary objective of this Community-Led Monitoring initiative, conducted by the APLHIV as part of the Global Fund grant, is to evaluate the effectiveness and impact of ART Centers. The main goal is to ensure that the services provided to PLHIV are aligned with community needs and expectations.

SCOPE OF WORK:

The focus/scope of the monitoring of ART Centers is as listed below: -

1. To record the service's availability as per the mandate of CLM (AAAA&Q) availability, accessibility, affordability, acceptability, and quality.
2. To see the general environment of the centers.
3. To see if the required staff is available to provide the services.
4. To see if the services are offered by principles of equity, without stigma and discrimination, and are human rights-based and gender responsive.
5. To see if the National HIV Treatment guidelines are available or not.
6. To see if there are any shortages or stockouts of lifesaving drugs, etc.
7. To know the feedback of staff and clients to further improve the services by identifying the gaps and offering recommendations.
8. Provincial programs are updated about the outcomes of visits through reports, and a detailed analysis report will be provided to the provinces each quarter.

METHODOLOGY

During the **first quarter of 2026**, Provincial Coordinators of APLHIV, in collaboration with federal staff, played an active role in monitoring ART centers across various regions. This comprehensive assessment aimed to evaluate service delivery, identify gaps, and enhance patient-centered care for PLHIV.

The monitoring process involved direct engagement with ART center personnel to assess operational efficiency, adherence to national and international guidelines, and the overall quality of services provided. The teams conducted on-site observations of daily clinical activities to ensure that standard protocols were followed. Additionally, structured interviews were carried out with beneficiaries to gather firsthand insights into their experiences, service accessibility, and any challenges they faced in receiving ART treatment.

To maintain methodological consistency and ensure data reliability, a structured questionnaire approved by NACP/CMU was used across all centers. The M&E team managed the complete data cycle, including verification, cleaning, analysis, reporting, and secure storage in a cloud-based system for real-time access. Printed records were also maintained through a systematic filing system to ensure traceability and compliance.

In addition to these data management functions, the team prepared a one-page summary report for each ART visit and compiled a detailed quarterly report to support analysis, reporting, and future programmatic decision-making.

APLHIV visited 24 ART centers, meeting the target of 24 centers and achieving 100% of the set goal. Feedback was gathered from 24 Healthcare Professionals from the ART Centers and 120 beneficiaries representing diverse demographic groups, including men, women, and transgender individuals.

The insights derived from this monitoring exercise will contribute to evidence-based improvements in ART service provision, addressing systemic challenges while reinforcing best practices in HIV treatment and care.

BRIEF ANALYSIS OF THE INFORMATION GATHERED

During the reporting period, monitoring teams visited **24 ART** centers and engaged directly with 120 beneficiaries to assess service quality and patient experiences.

Region	ART Centers Visited	Male Beneficiaries	Female Beneficiaries	Transgenders Beneficiaries	Total Number of Beneficiaries Engaged
1. Punjab	10	26	20	4	50
2. Sindh	6	20	8	2	30
3. KPK	4	13	7	0	20
4. Baluchistan	3	7	4	4	15
5. Islamabad	1	3	2	0	5
Grand Total	**24**	**69**	**41**	**10**	**120**

Table 1: *Regional Distribution of ART Center Visits and Gender-Disaggregated Beneficiary Engagement.*

Regional Overview of ART Centre Assessments: Insights from Facility Representatives

As part of the Community-Led Monitoring initiative, feedback was systematically collected from representatives (HCP) of ART centers across all four provinces, including ICT.

A total of 24 HCP representatives participated in the assessment, with site visits conducted at 10 ART centers in Punjab, 6 in Sindh, 4 in Khyber Pakhtunkhwa (KP), 3 in Baluchistan, and 1 in ICT.

The data collection process was structured around a standardized questionnaire consisting of 16 key indicators designed to assess:

1. ART center operational protocols.
2. Treatment methodologies.
3. Availability of essential services and equipment

A province/region-wise analysis of the collected data provides insights into service delivery strengths and areas requiring improvement across the ART centers. The findings will inform targeted interventions to enhance service quality and accessibility for People with HIV (PLHIV).

Beneficiary Feedback - HIV Treatment (ART services), and Viral Load Services

A total of **120 individuals** were interviewed for feedback to gain insights into the primary services they received at the ART centers. The evaluation was structured around the **Availability, Accessibility, Affordability, Acceptability, and Quality (AAAAQ) framework**, ensuring a comprehensive assessment of HIV service delivery.

To provide a detailed analysis, the assessment indicators were further categorized into **10 key criteria**, each encompassing multiple questions designed to evaluate various dimensions of service provision for People Living with HIV (PLHIV). They include:

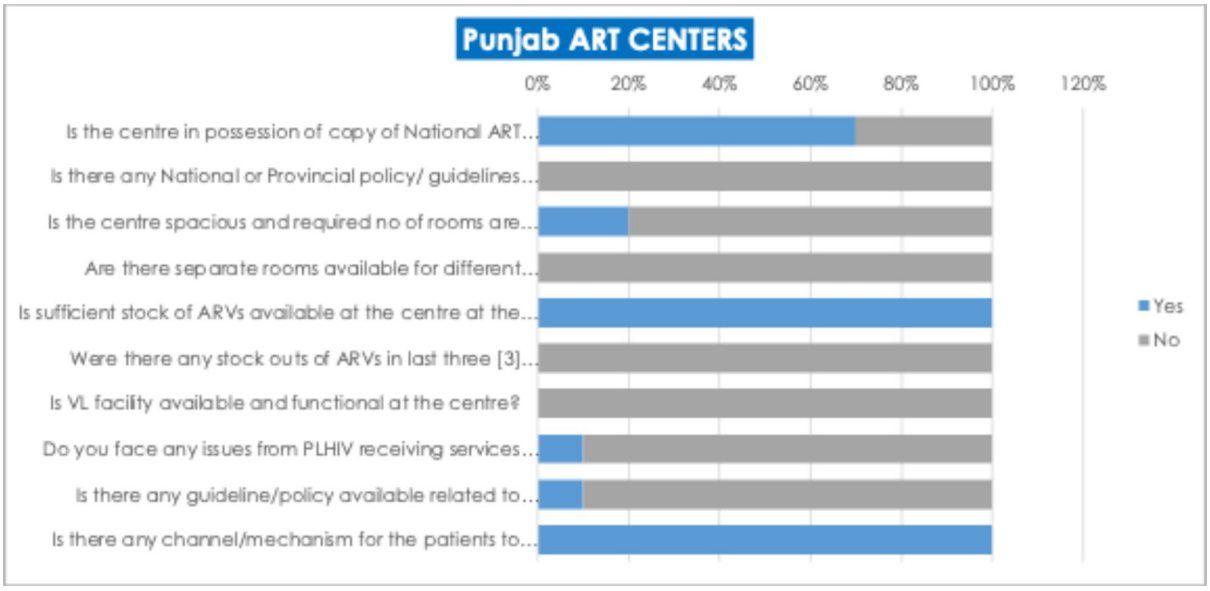
1. Availability and Accessibility
2. Staff Availability and Behavior
3. Confidentiality
4. Available Facilities / Viral Load
5. Viral Load Testing
6. Staff Readiness for support in linkages and referral services
7. Availability of ARVs & Contraceptives
8. Stigma and Discrimination
9. Overall Satisfaction of the Beneficiaries

Province/Region-Wise Facilities Assessment & Beneficiaries Feedback Analysis

1. Punjab:

This report critically evaluates key performance indicators across **10 ART Centers** visited during the period under review, involving **10 HCP representatives** from the ART centers and a cohort of **50 beneficiaries** in Punjab, to assess the effectiveness of HIV services. The analysis primarily focuses on service availability, patient satisfaction, medical support, and adherence to treatment protocols. The findings, derived from the graphical representations provided, reflect both strengths and areas for improvement in the delivery of ART.

Analysis – ART Centres Assessment



Graph 1a: *Service Delivery Assessment of Punjab ART Centers: Key Findings and Challenges*

This graph presents an analysis of Punjab ART Centers based on key service delivery indicators. The key insights are:

Key Findings:

In Punjab, 70 percent of ART centers (7 out of 10) had copies of the National ART Guidelines; there is a notable absence of a dedicated Loss-to-Follow-Up (LTFU) policy. Although LTFU tracking protocols are integrated into the updated National Guidelines issued by WHO, these revised versions have not yet been disseminated to the facility level. Infrastructure gaps were significant: only 20 percent of centers (2) met the minimum requirement of at least three rooms, and none (0) of the ART centers had separate rooms for different genders.

All centers (100 percent) reported sufficient ARV stock at the time of the visit, with no stock-outs reported in the last three months. None of the centers had functional on-site viral load facilities; blood samples were collected and sent to the PACP central lab for testing. Issues from PLHIV receiving services were reported at 10 percent of centers (1). Only 10 percent of centers (1) had guidelines or policies on client data privacy. All centers (100 percent) reported having an APLHIV mechanism in place to receive patient complaints or feedback.

Analysis – Feedback from Beneficiaries

Key Findings:

I. **Availability:** Service availability varied significantly across ART centres in Punjab. ARV medicines were available to 90% of respondents, with 10% reporting stock-out issues, 98% of beneficiaries reported no stock-outs or shortages of condoms and related supplies. Human resource availability was a major concern: only 40% of beneficiaries confirmed having a counsellor present during their visit, while 60% reported their absence. Laboratory staff availability stood at 60%. Clinical staffing was also constrained, with only 64% confirming the presence of a dedicated HIV physician.

II. **Accessibility:** Physical access to ART services was strong. All respondents (100%) reported that ART center locations were easy to reach and that opening hours were convenient. Viral load testing was accessible through referral mechanisms. Despite this, 70% of beneficiaries reported having undergone viral load testing in the past six months, while 30% had not, suggesting challenges in timely uptake.

III. **Affordability:** On average, beneficiaries reported a travel time of about 50 minutes to reach ART centers. Transportation costs ranged from PKR 0 to PKR 1,200, with most beneficiaries spending PKR 200–600 per visit. While ART services are provided free of charge, travel costs remain a concern for regular access.

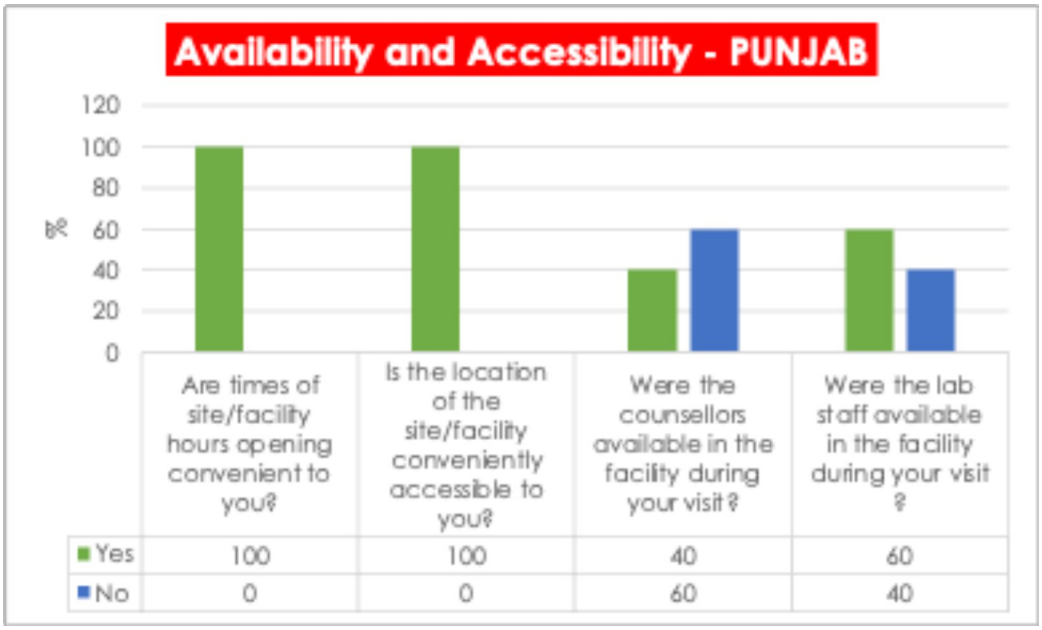
IV. **Acceptability:** All respondents (100%) reported that the staff were friendly and respectful. Confidentiality was maintained for 92% of beneficiaries during ART consultations and blood sample collection, while 8% raised concerns. No beneficiaries reported experiencing stigma or discrimination during this quarter. However, 10% reported being denied health services at hospitals (besides ART centers) because of their HIV status, showing that stigma remains outside ART center settings.

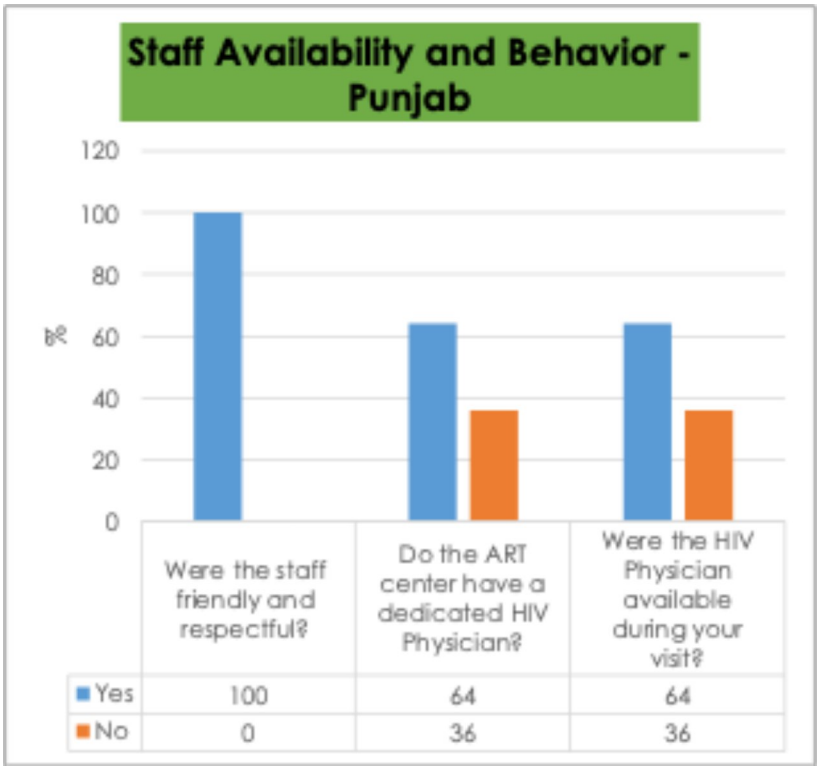
V. **Quality:** Counselling quality showed mixed results. While 82% of beneficiaries reported receiving education on ARV side effects, only 58% confirmed adequate counselling time, 64% received proper treatment adherence counselling, and 50% reported being provided with practical ART adherence methods. Only 62% found the treatment adherence counselling helpful, indicating inconsistency in counselling depth and quality.

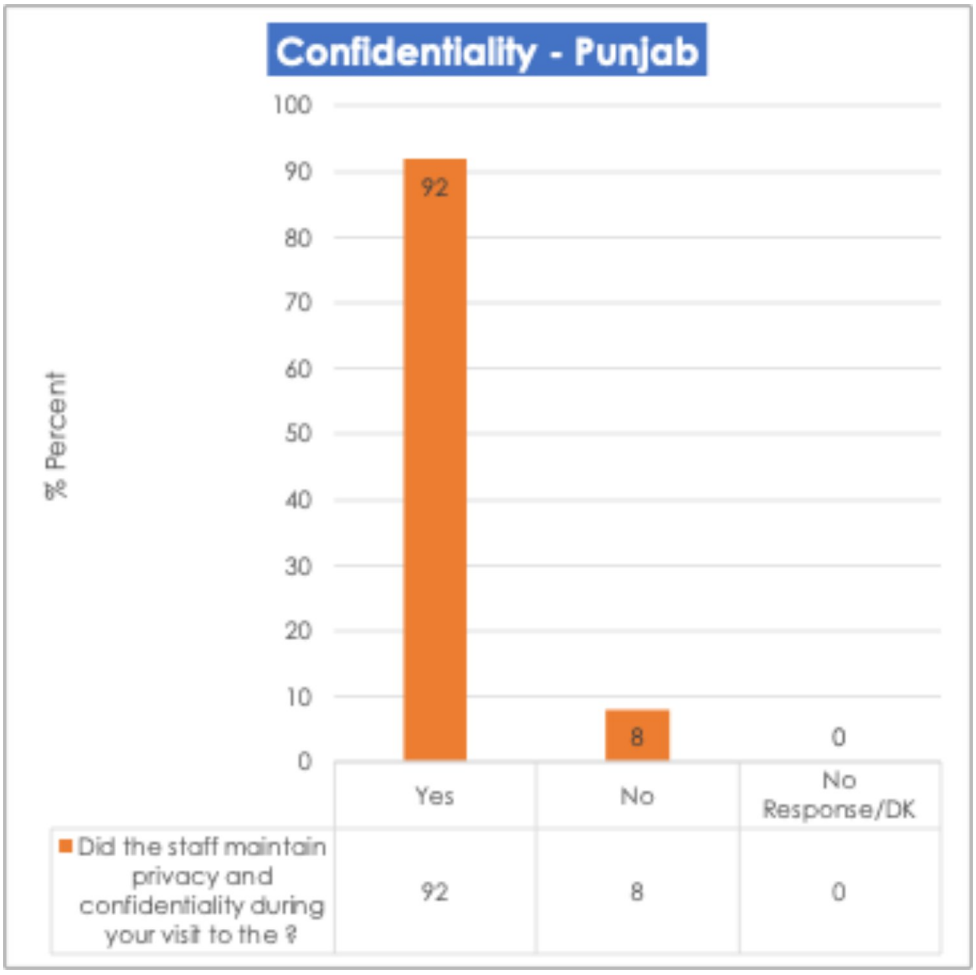
Staff readiness for linkage and referral services revealed significant gaps. Readiness for the APLHIV toll-free helpline was strong (92%), and complaint management mechanism awareness stood at 86%. However, readiness for violence prevention services (4%), transgender hormonal support (12%), PMTCT (16%), EID (14%), STI treatment (36%), and viral load sample collection support (6%) were critically low, highlighting serious deficiencies in clinical referral pathways in Punjab.

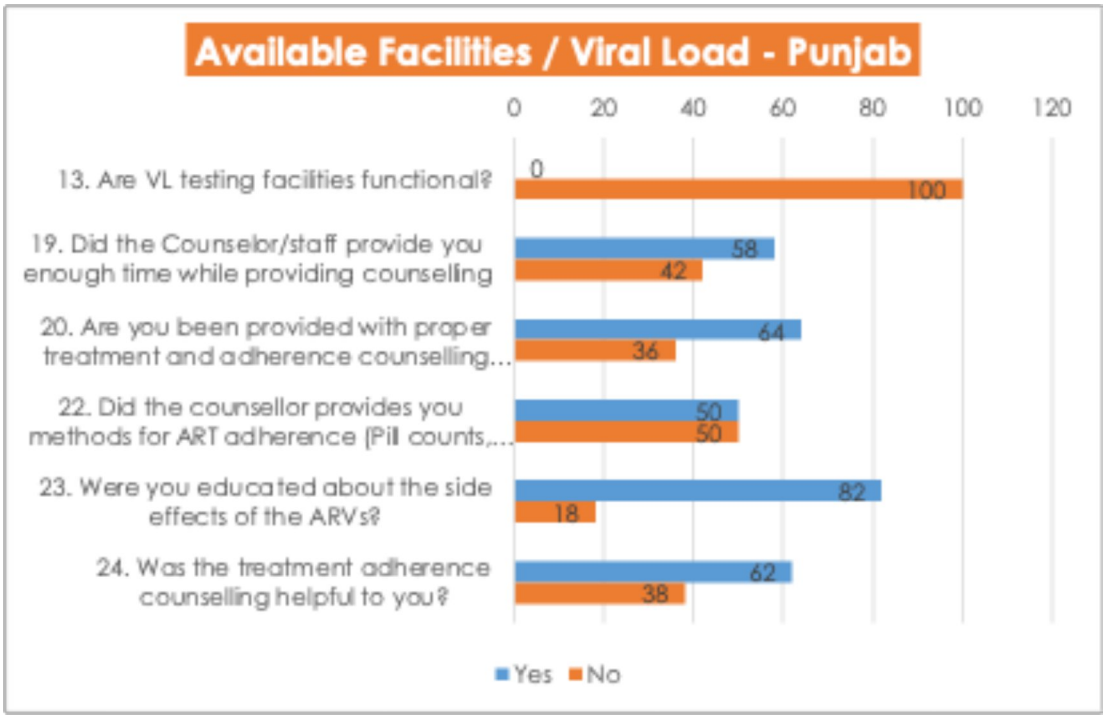
Overall Satisfaction: Overall satisfaction in Punjab was moderate. Many beneficiaries rated services at 3–4 on a 5-point scale. Only 6% reported being highly satisfied (rating 5), while most expressed moderate satisfaction. No respondents reported dissatisfaction. Improvements in staffing consistency, counselling quality, contraceptive supply, and referral linkages are needed to elevate satisfaction levels.

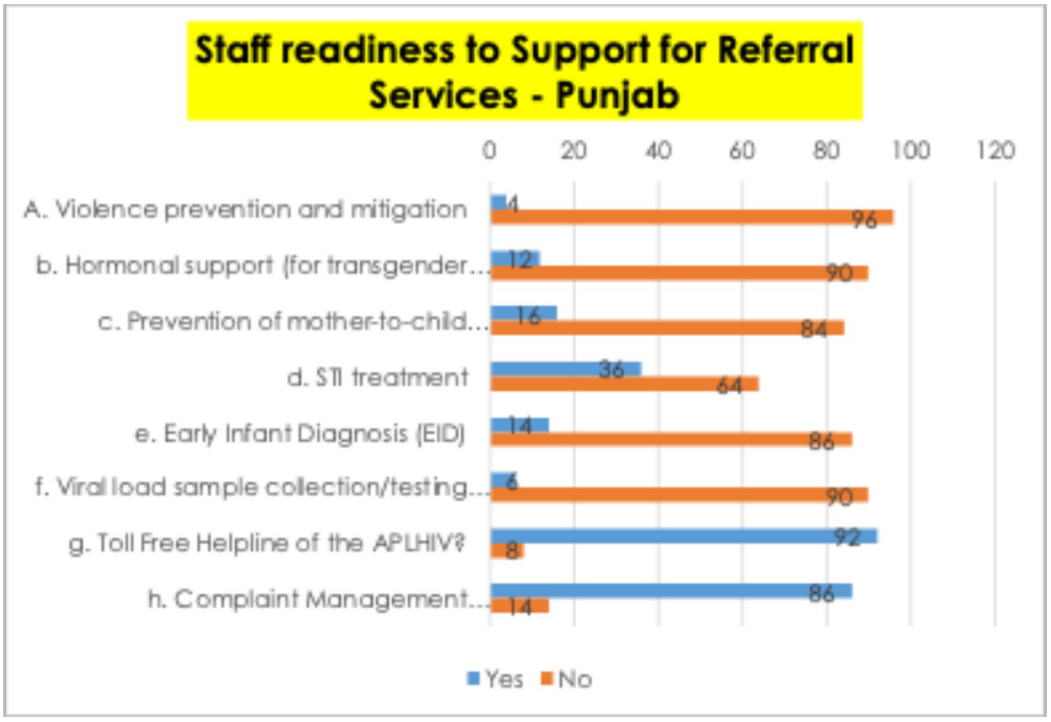
Annexure a (ii): Graphical findings, Feedback from Beneficiaries (Punjab)

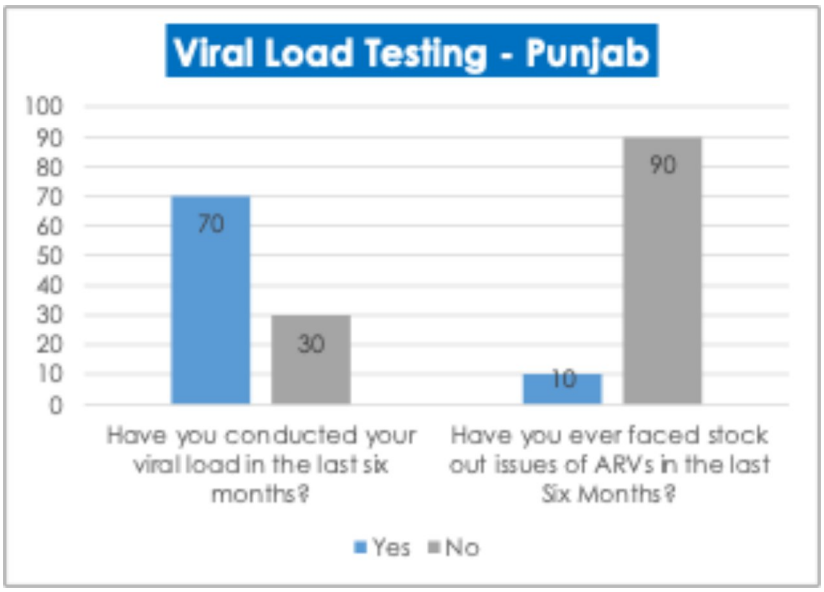

Availability and Accessibility - PUNJAB
120
100
80
60
40
20
0
%
Are times of site/facility hours opening convenient to you?
Is the location of the site/facility conveniently accessible to you?
Were the counsellors available in the facility during your visit?
Were the lab staff available in the facility during your visit ?
Yes 100 100 40 60
No 0 0 60 40

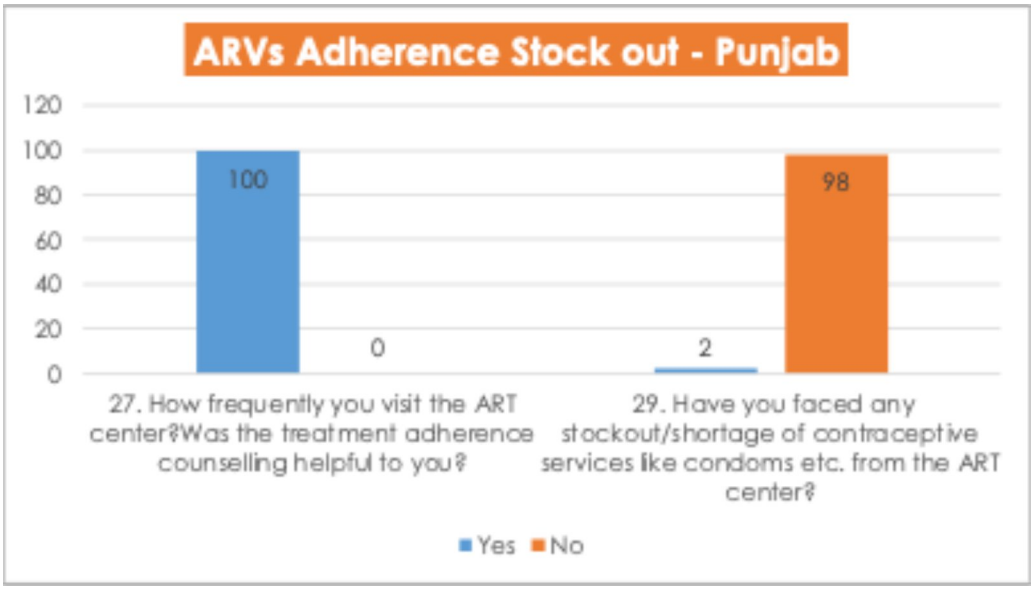

Staff Availability and Behavior - Punjab
120
100
80
60
40
20
0
%
Were the staff friendly and respectful?
Do the ART center have a dedicated HIV Physician?
Were the HIV Physician available during your visit?
Yes 100 64 64
No 0 36 36

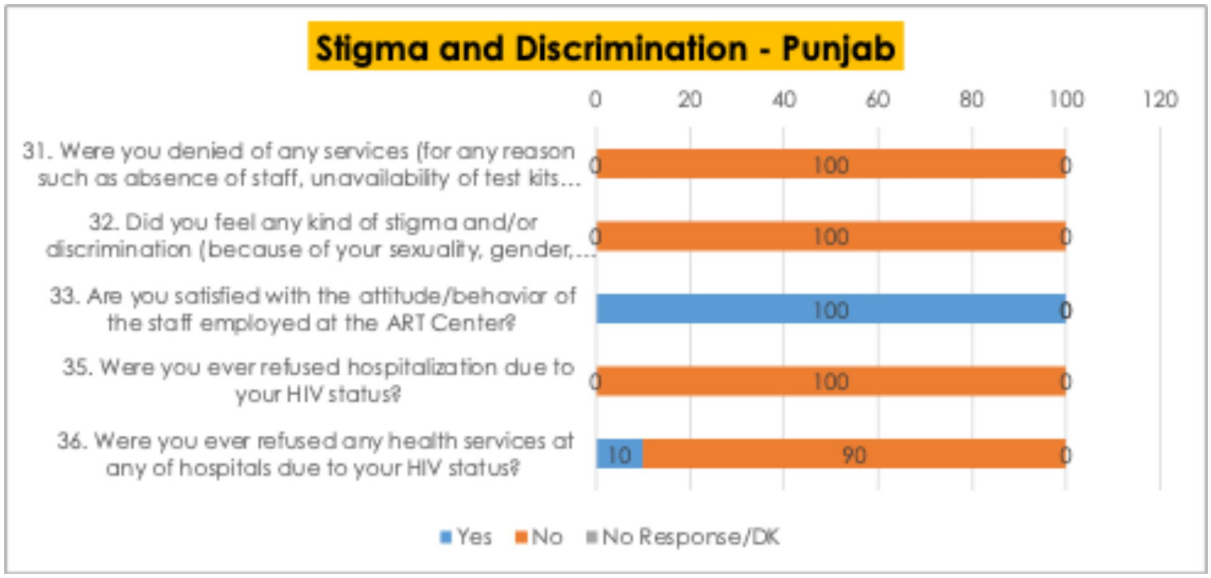

Confidentiality - Punjab
% Percent
100
90
80
70
60
50
40
30
20
10
0
92
8
0
Yes
No
No Response/DK
Did the staff maintain privacy and confidentiality during your visit to the ?
92
8
0

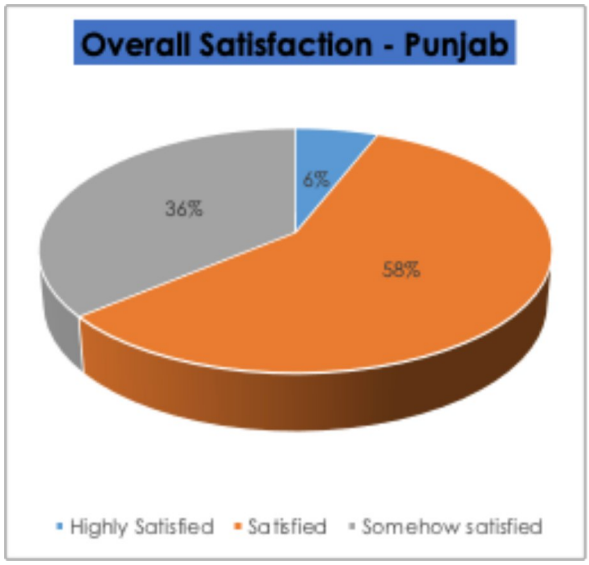

Available Facilities / Viral Load - Punjab
0
20
40
60
80
100
120
13. Are VL testing facilities functional?
0
100
19. Did the Counselor/staff provide you enough time while providing counselling
58
42
20. Are you been provided with proper treatment and adherence counselling...
64
36
22. Did the counsellor provides you methods for ART adherence (Pill counts,...
50
50
23. Were you educated about the side effects of the ARVs?
82
18
24. Was the treatment adherence counselling helpful to you?
62
38
Yes
No


Staff readiness to Support for Referral Services - Punjab
0
20
40
60
80
100
120
A. Violence prevention and mitigation
4
96
b. Hormonal support (for transgender...
12
90
c. Prevention of mother-to-child...
16
84
d. STI treatment
36
64
e. Early Infant Diagnosis (EID)
14
86
f. Viral load sample collection/testing...
6
90
g. Toll Free Helpline of the APLHIV?
92
8
h. Complaint Management...
86
14
Yes
No


Viral Load Testing - Punjab
100
90
80
70
60
50
40
30
20
10
0
70
30
10
90
Have you conducted your viral load in the last six months?
Have you ever faced stock out issues of ARVs in the last Six Months?
Yes
No


ARVs Adherence Stock out - Punjab
120
100
80
60
40
20
0
100
0
2
98
27. How frequently you visit the ART center?Was the treatment adherence counselling helpful to you?
29. Have you faced any stockout/shortage of contraceptive services like condoms etc. from the ART center?
Yes
No

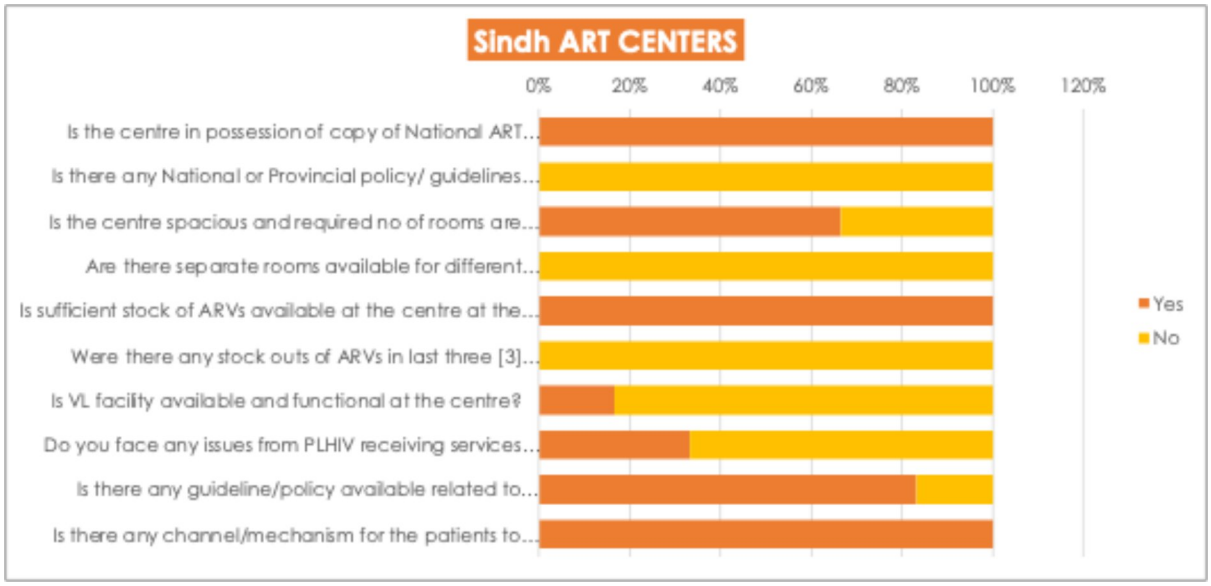

Stigma and Discrimination - Punjab
0
20
40
60
80
100
120
31. Were you denied of any services (for any reason such as absence of staff, unavailability of test kits...
32. Did you feel any kind of stigma and/or discrimination (because of your sexuality, gender,...
33. Are you satisfied with the attitude/behavior of the staff employed at the ART Center?
35. Were you ever refused hospitalization due to your HIV status?
36. Were you ever refused any health services at any of hospitals due to your HIV status?
0
100
0
0
100
0
100
0
0
100
0
10
90
0
Yes
No
No Response/DK


Overall Satisfaction - Punjab
6%
36%
58%
Highly Satisfied
Satisfied
Somehow satisfied

2. Sindh

This report critically evaluates key performance indicators across **6 ART Centers**, involving 6 HCP representatives from the ART centers, and a cohort of 30 beneficiaries in Sindh, to assess the effectiveness of HIV services. The analysis primarily focuses on service availability, staff performance, patient satisfaction, medical support, and adherence to treatment protocols. The findings, which are derived from the graphical representations provided, reflect both strengths and areas in need of enhancement within the delivery of ART services.

Analysis – ART Centres Assessment



Graph 1b: *Service Delivery Assessment of Sindh ART Centers: Key Findings and Challenges*

Key Findings:

While 100% of the six ART centres in Sindh maintained copies of the National ART Guidelines, there is a notable absence of a dedicated Loss-to-Follow-Up (LTFU) policy. Although LTFU tracking protocols are integrated into the updated National Guidelines issued by WHO, these revised versions have not yet been disseminated to the facility level. Two-thirds of the centres (67 percent, 4 out of 6) met the minimum space and room requirements, and none (0) had separate rooms for different genders.

All centers (100 percent) reported sufficient ARV stock at the time of visit, with no ARV stock-outs in the last three months. Only 17 percent of centers (1) had a functional on-site VL facility (Indus Hospital Karachi), while 83 percent reported the absence of on-site services or referring patients to external labs. Issues from PLHIV receiving services were reported at 33 percent of centers (2). Data privacy guidelines were available at 83 percent of centers. All centers (100 percent) had an APLHIV functional complaint or feedback mechanism.

Analysis – Feedback from Beneficiaries

Key Findings:

I. **Availability:** Service availability across ART centers in Sindh was consistently strong. All respondents (100%) confirmed that counsellors were present and available during their visits. Laboratory staff availability was at 83%, with 17% reporting staff absence. Dedicated HIV physicians were present and accessible at all centers (100%). ARVs were fully available with no stock-outs reported. Contraceptive availability was largely maintained, with 87% reporting no shortages and 13% reporting some gaps.

II. **Accessibility:** All respondents (100%) confirmed that the ART center's operating hours were convenient, and locations were easy to reach. Viral load testing coverage was strong, with 77% of beneficiaries reporting testing within the last six months, though 23% had not completed testing, indicating room for improvement in uptake. However, VL services are discontinued, effective 1st Jan 2026, mainly due to administrative and coordination reasons.

III. **Affordability:** On average, beneficiaries spend about 60 minutes traveling to reach the ART center and incur transport costs ranging from PKR 100 to PKR 1,200 per visit, indicating a moderate time and financial burden.

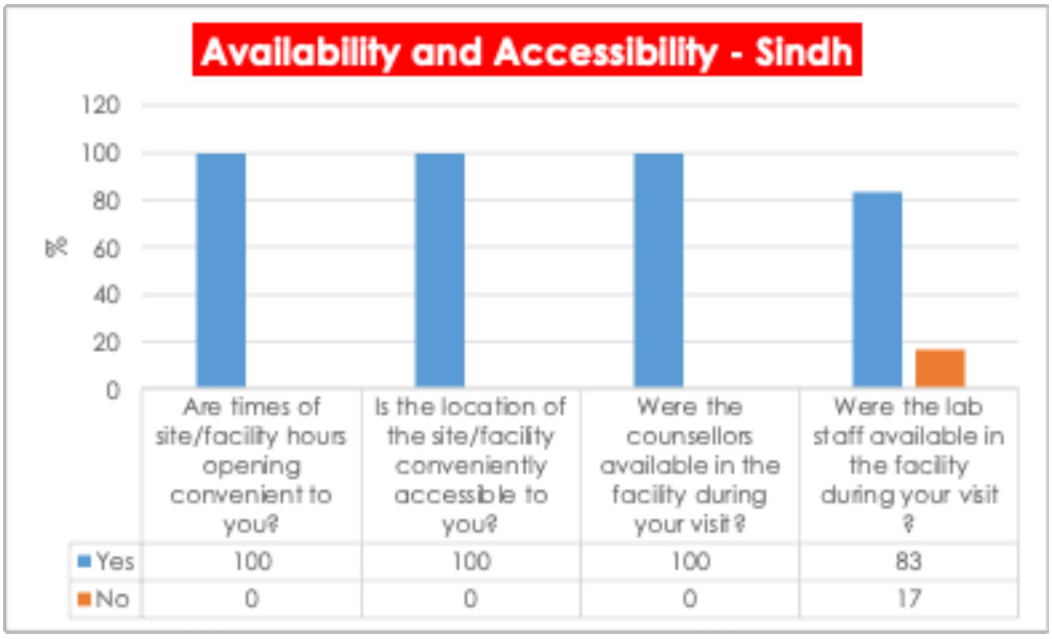
IV. **Acceptability:** All respondents (100%) reported respectful, friendly, and supportive staff behavior. Confidentiality was strictly maintained during treatment consultations and blood sample collection, with 100% confirmation. No stigma or discrimination was reported, and no cases of service denial, hospitalization refusal, or differential treatment due to HIV status were identified.

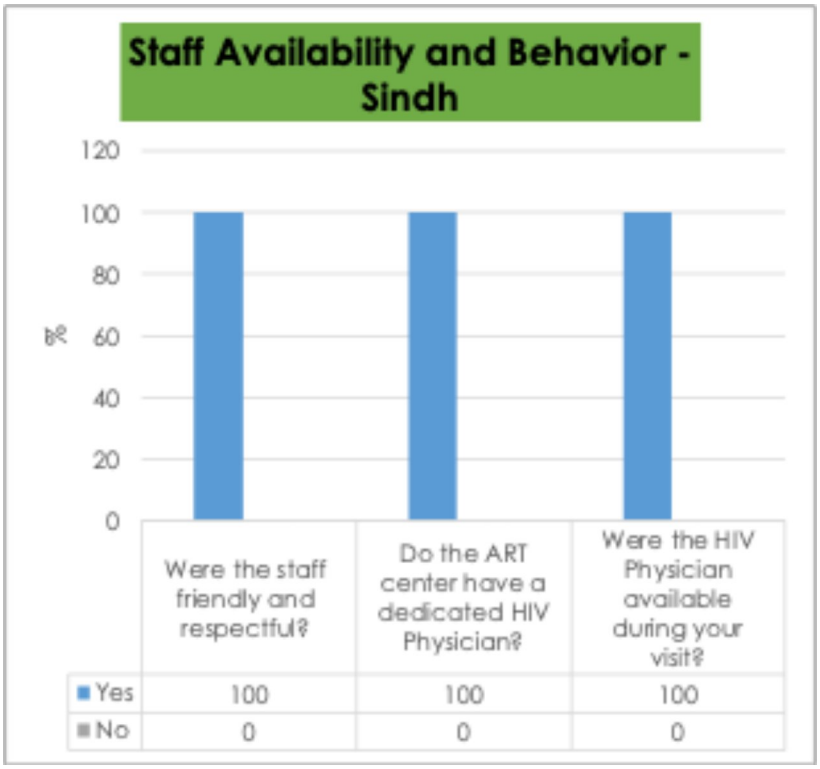
V. **Quality:** Counselling services in Sindh performed strongly across all indicators. All beneficiaries (100 percent) reported that counsellors provided adequate time during sessions, received proper treatment and adherence counselling support, were given practical ART adherence methods, received education on ARV side effects, and found the treatment adherence counselling helpful. However, viral load testing facility functionality remained a significant gap. Only 13 percent (**Indus Hospital – ART Center - Karachi**) of beneficiaries reported that VL testing facilities were functional at their ART center, while 87 percent reported them as non-functional. This indicates that the vast majority of Sindh beneficiaries rely on referral-based VL testing through external laboratories rather than on-site services, with only Indus Hospital Karachi operating a functional VL facility among the six centers. visited.

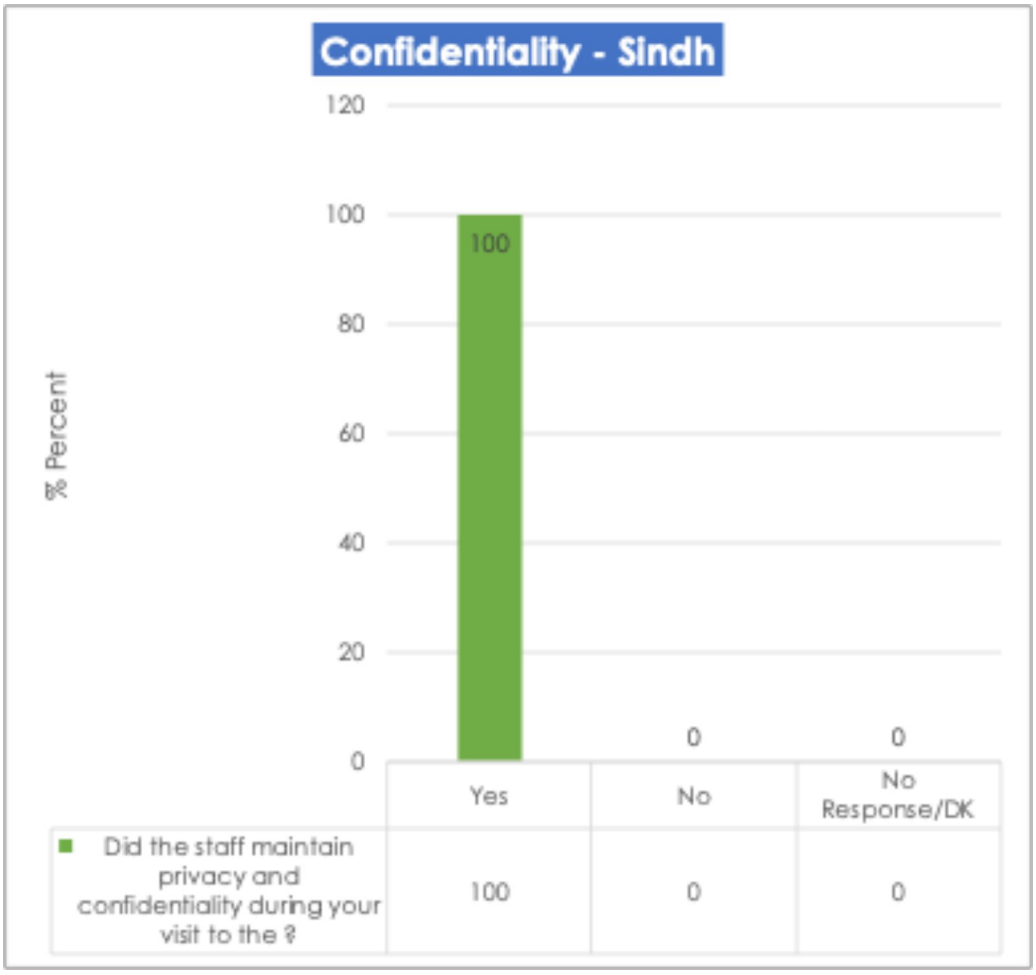
Staff readiness for referral and linkage services was mixed. Violence prevention readiness was relatively strong at 77%. However, readiness was lower for PMTCT (20%), EID (23%), STI treatment (40%), transgender hormonal services (10%), and viral load sample collection support (10%). Notably, awareness of the APLHIV toll-free helpline and complaint management mechanism was reported at 0%, indicating a critical gap in community accountability linkages at Sindh ART centers that requires urgent attention.

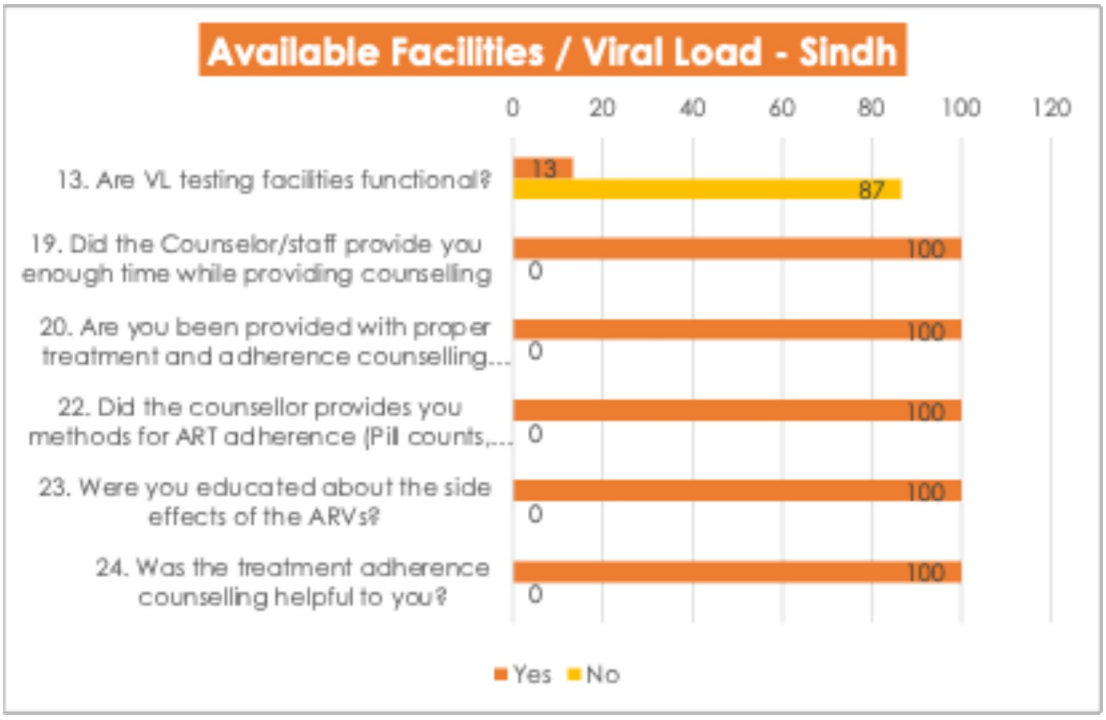
Overall Satisfaction: Overall satisfaction with ART services in Sindh was exceptionally high. All respondents (100%) reported being highly satisfied (rating 5 on a 5-point scale). No cases of partial satisfaction or dissatisfaction were recorded.

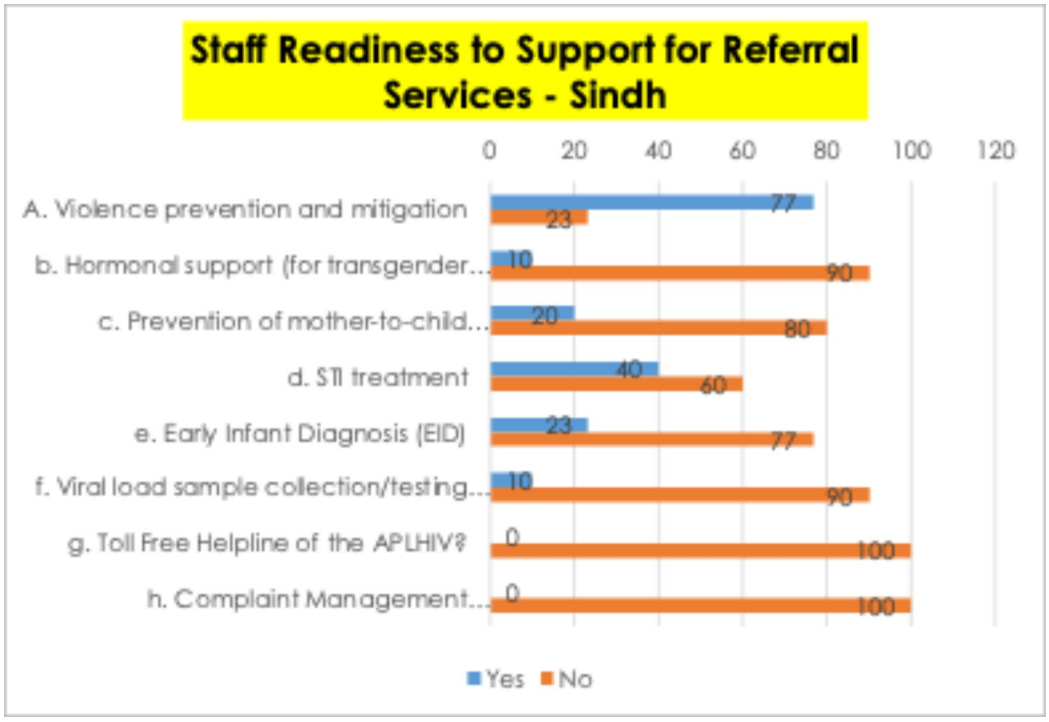
Annexure b (ii): Graphical findings, *Feedback from Beneficiaries (Sindh)*

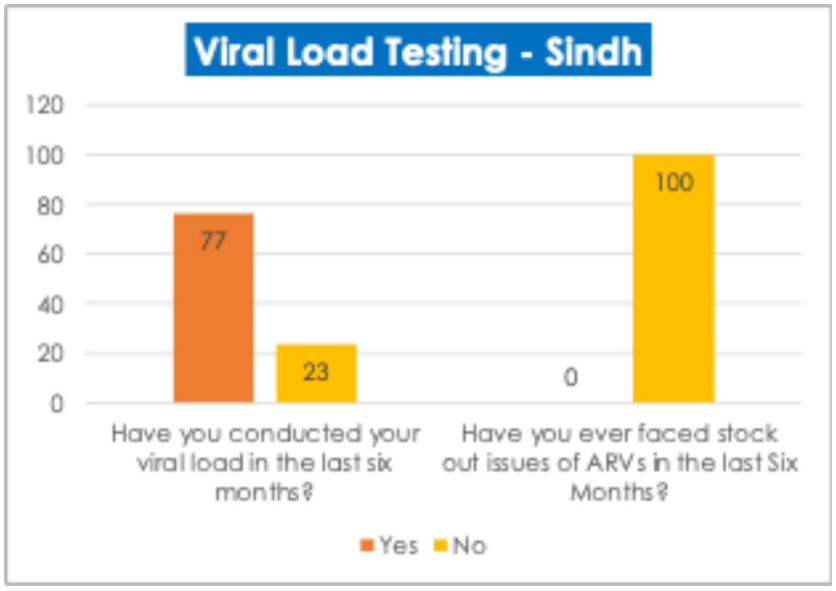

Availability and Accessibility - Sindh
120
100
80
60
40
20
0
%
Are times of site/facility hours opening convenient to you?
Is the location of the site/facility conveniently accessible to you?
Were the counsellors available in the facility during your visit?
Were the lab staff available in the facility during your visit ?
Yes 100 100 100 83
No 0 0 0 17

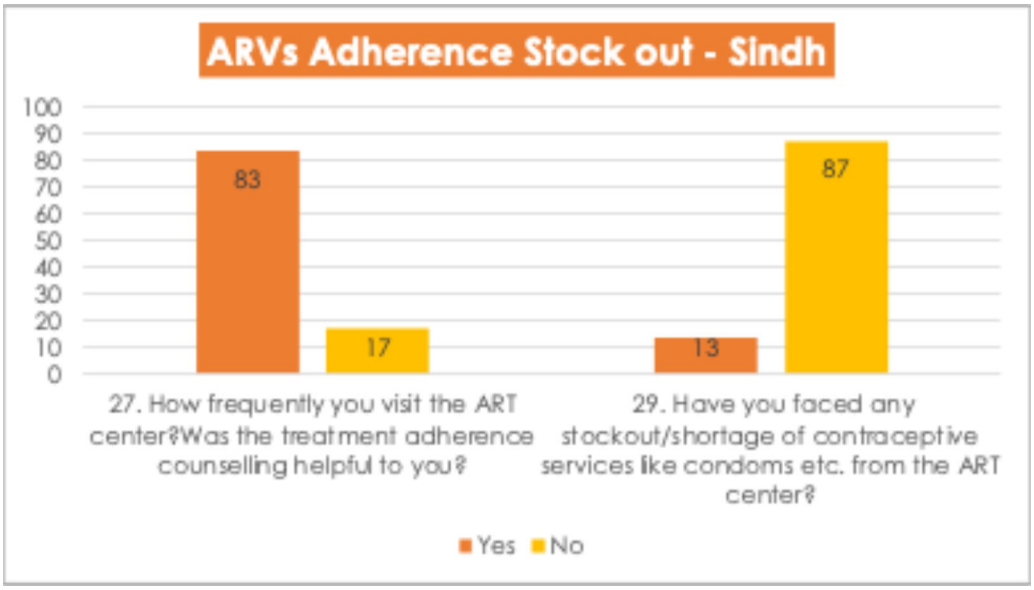

Staff Availability and Behavior - Sindh
120
100
80
60
40
20
0
%
Were the staff friendly and respectful?
Do the ART center have a dedicated HIV Physician?
Were the HIV Physician available during your visit?
Yes 100 100 100
No 0 0 0

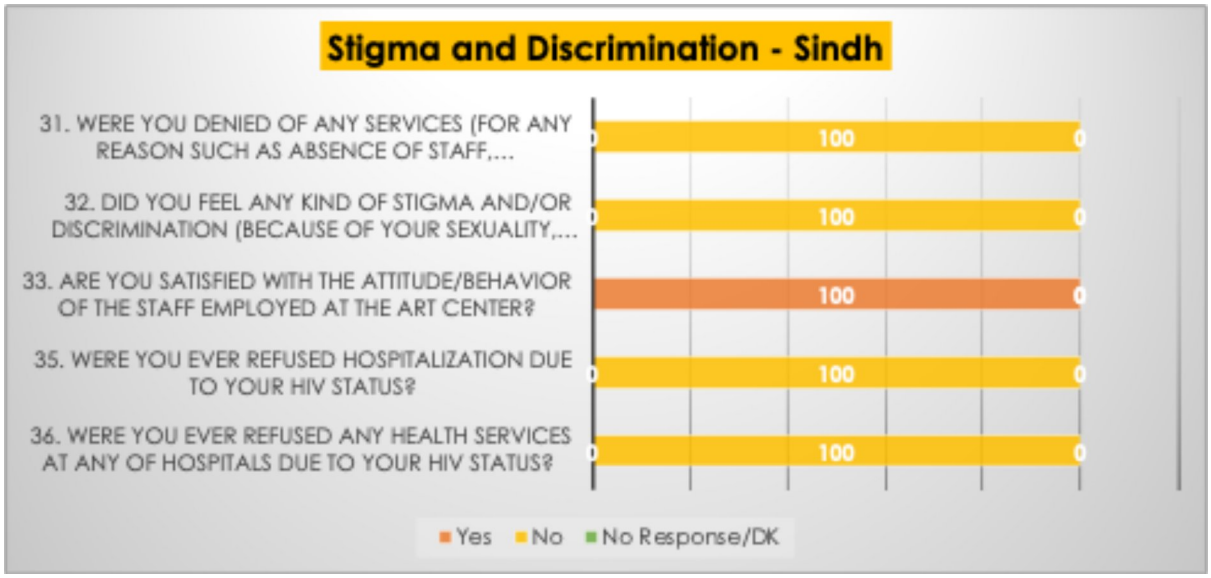

Confidentiality - Sindh
120
100
80
60
40
20
0
% Percent
100
0
0
Yes
No
No Response/DK
Did the staff maintain privacy and confidentiality during your visit to the ?
100
0
0


Available Facilities / Viral Load - Sindh
0
20
40
60
80
100
120
13. Are VL testing facilities functional?
13
87
19. Did the Counselor/staff provide you enough time while providing counselling
100
0
20. Are you been provided with proper treatment and adherence counselling...
100
0
22. Did the counsellor provides you methods for ART adherence (Pill counts,...
100
0
23. Were you educated about the side effects of the ARVs?
100
0
24. Was the treatment adherence counselling helpful to you?
100
0
Yes
No


Staff Readiness to Support for Referral Services - Sindh
0
20
40
60
80
100
120
A. Violence prevention and mitigation
77
23
b. Hormonal support (for transgender...
10
90
c. Prevention of mother-to-child...
20
80
d. STI treatment
40
60
e. Early Infant Diagnosis (EID)
23
77
f. Viral load sample collection/testing...
10
90
g. Toll Free Helpline of the APLHIV?
0
100
h. Complaint Management...
0
100
Yes
No


Viral Load Testing - Sindh
120
100
80
60
40
20
0
77
23
0
100
Have you conducted your viral load in the last six months?
Have you ever faced stock out issues of ARVs in the last Six Months?
Yes
No


ARVs Adherence Stock out - Sindh
100
90
80
70
60
50
40
30
20
10
0
83
17
13
87
27. How frequently you visit the ART center?Was the treatment adherence counselling helpful to you?
29. Have you faced any stockout/shortage of contraceptive services like condoms etc. from the ART center?
Yes
No

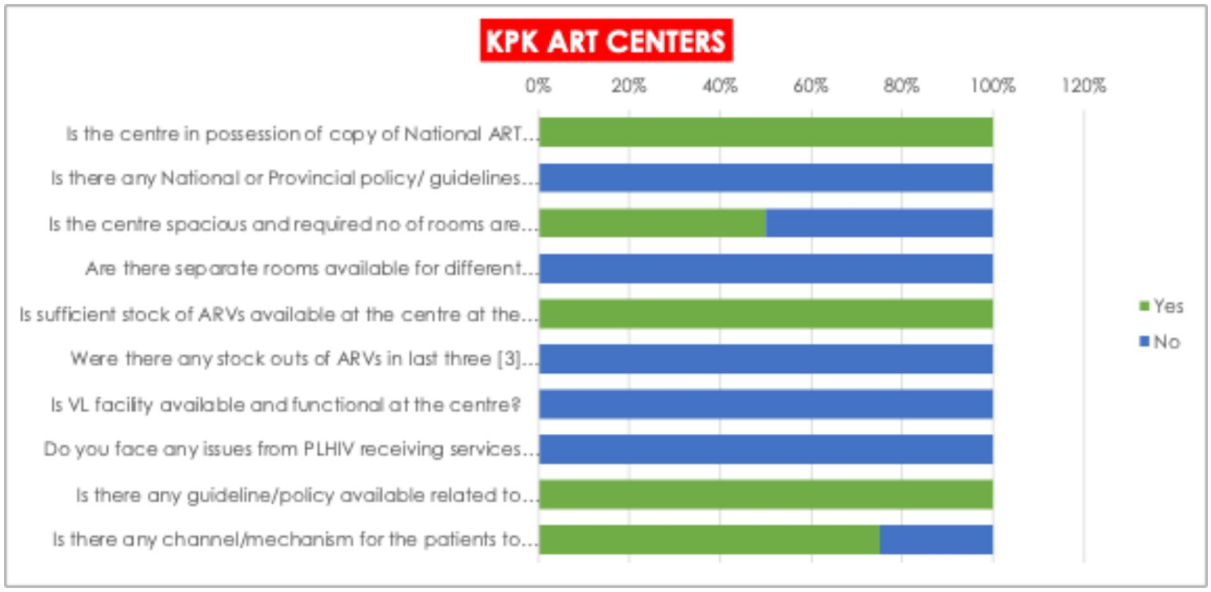

Stigma and Discrimination - Sindh
31. WERE YOU DENIED OF ANY SERVICES (FOR ANY REASON SUCH AS ABSENCE OF STAFF,...
32. DID YOU FEEL ANY KIND OF STIGMA AND/OR DISCRIMINATION (BECAUSE OF YOUR SEXUALITY,...
33. ARE YOU SATISFIED WITH THE ATTITUDE/BEHAVIOR OF THE STAFF EMPLOYED AT THE ART CENTER?
35. WERE YOU EVER REFUSED HOSPITALIZATION DUE TO YOUR HIV STATUS?
36. WERE YOU EVER REFUSED ANY HEALTH SERVICES AT ANY OF HOSPITALS DUE TO YOUR HIV STATUS?
100
0
Yes
No
No Response/DK


Overall Satisfaction - Sindh
0%
100%
Highly Satisfied
Satisfied
Somehow satisfied

KPK:

This report critically evaluates key performance indicators across 4 ART Centers, involving 4 HCP representatives from the ART Center, a cohort of 20 beneficiaries in Khyber Pakhtunkhwa, to assess the effectiveness of HIV services. The analysis primarily focuses on service availability, patient satisfaction, medical support, and adherence to treatment protocols. The findings, derived from the provided graphical representations, reflect strengths and areas for improvement in the delivery of ART services.

Analysis – ART Centres Assessment



Graph 1c: *Service Delivery Assessment of KPK ART Centers: Key Findings and Challenges*

This graph presents an analysis of KPK ART Centres based on key service delivery indicators. The key insights are:

Key Findings

In KPK, all 4 centers (100 percent) possessed the National ART Guidelines and had policies, but there is a notable absence of a dedicated Loss-to-Follow-Up (LTFU) policy. Although LTFU tracking protocols are integrated into the updated National Guidelines issued by WHO, these revised versions have not yet been disseminated to the facility level. Half of the centers (50 percent, 2 out of 4) met the minimum room requirement, while none (0) had separate rooms for different genders.

All centers (100 percent) had sufficient ARV stock at the time of visit, with no ARV stock-outs reported in the last three months. None of the centers had a functional on-site VL facility. No service-related issues from PLHIV were reported at any center (0 percent), other than the non-availability of the VL testing facility. Data privacy guidelines were available in all centers (100 percent), while 75 percent confirmed familiarity with the APLHIV complaint or feedback mechanism.

Analysis – Feedback from Beneficiaries

Key Findings:

I. **Availability:** Service availability was strong across all visited ART centers. All respondents (100%) confirmed the availability of counsellors and dedicated HIV physicians during their visits. Laboratory staff availability stood at 50%, indicating a gap in lab staffing. ARV medicines and contraceptives were fully available with no stock-outs or shortages reported.

II. **Accessibility:** All respondents (100%) reported that ART center locations were easy to access, and operating hours were convenient. Viral load testing uptake was excellent, with 100% of beneficiaries reporting testing within the last six months.

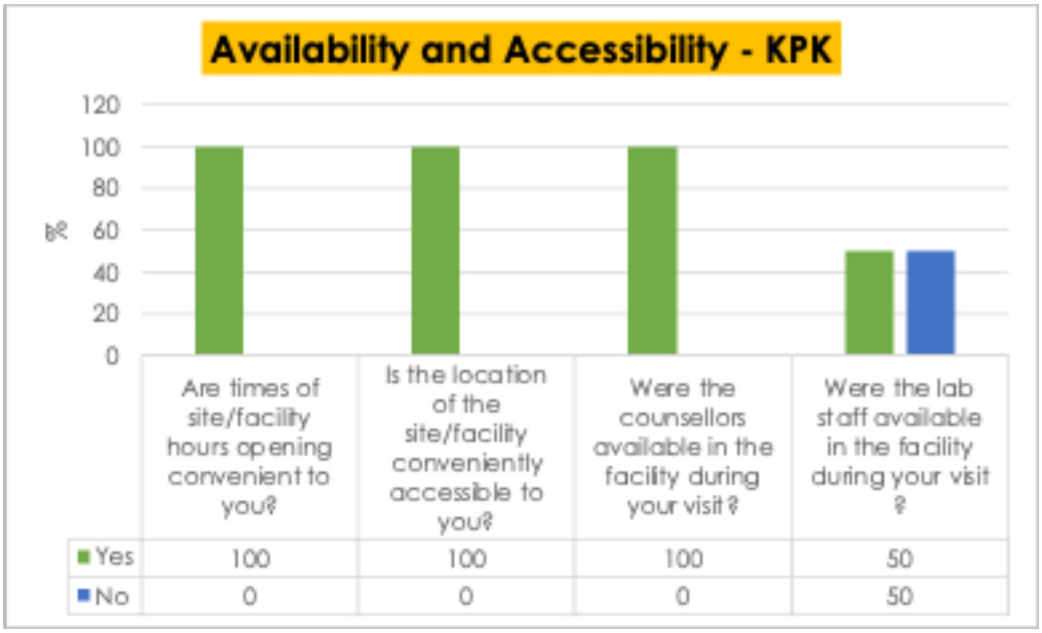
III. **Affordability:** Beneficiaries take approximately 75 minutes on average to reach the ART center. Transport costs range from PKR 50 to PKR 500 per visit, representing a relatively moderate burden compared to other provinces.

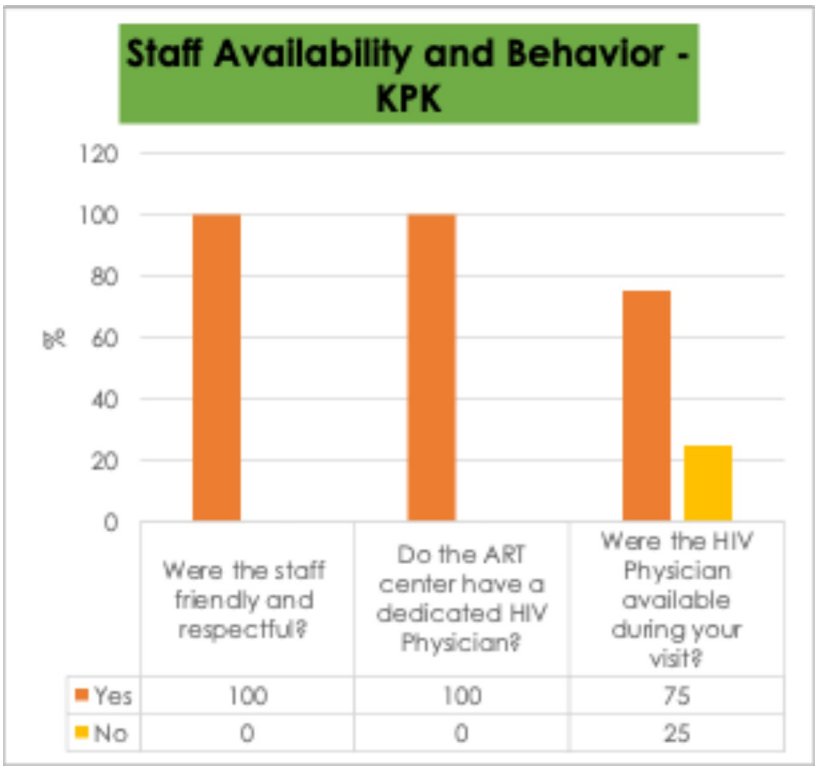
IV. **Acceptability:** Acceptability was excellent. All respondents (100%) reported friendly and respectful staff behavior, with full confidentiality maintained during treatment. No cases of stigma, discrimination, service denial, or hospitalization refusal based on HIV status were reported.

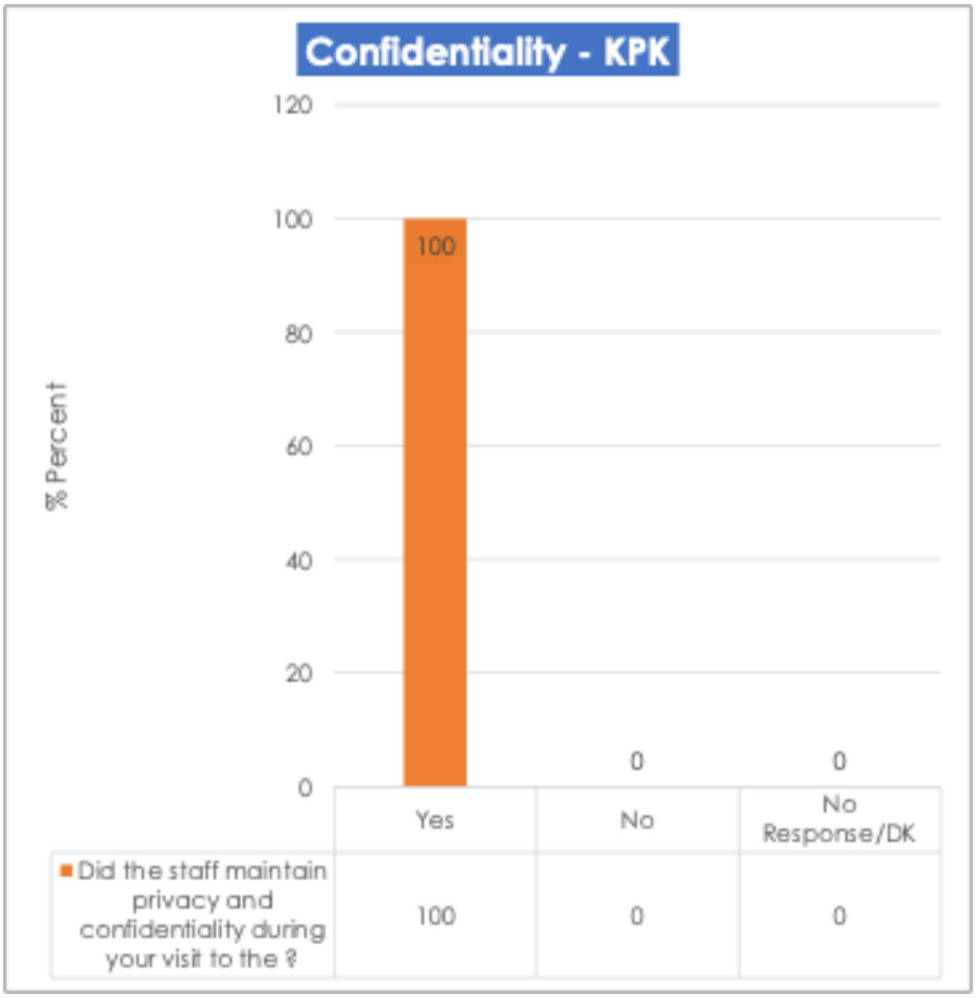
V. **Quality:** Viral Load testing was reported as dysfunctional (0%) at the time of reporting. Counselling quality was strong. All beneficiaries (100%) confirmed adequate counselling time, adherence support, medication education, and found counselling helpful. Staff readiness for linkage and referral services was high across most areas, with 100% readiness for violence prevention, PMTCT, STI treatment, EID, and viral load sample collection. The APLHIV toll-free helpline and complaint management mechanism were known to 100% of respondents.

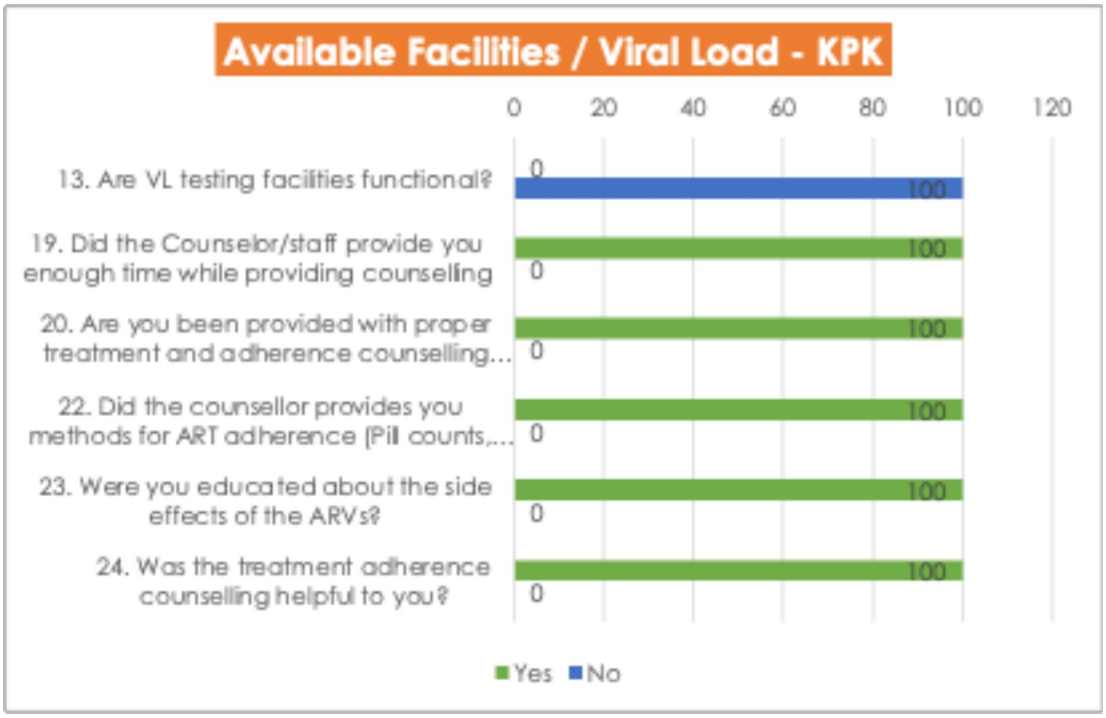
Overall Satisfaction: Overall satisfaction was excellent. All respondents (100%) reported being highly satisfied (rating 5), with no reports of partial satisfaction or dissatisfaction.

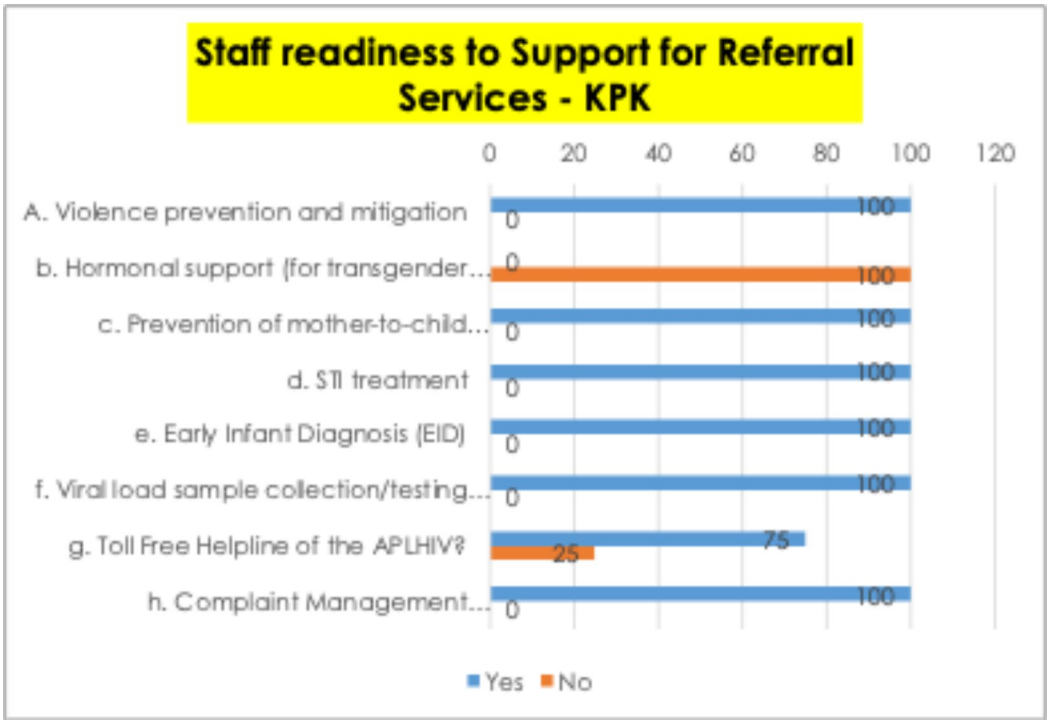
Annexure C (ii): Graphical findings, *Feedback from Beneficiaries (KPK)*

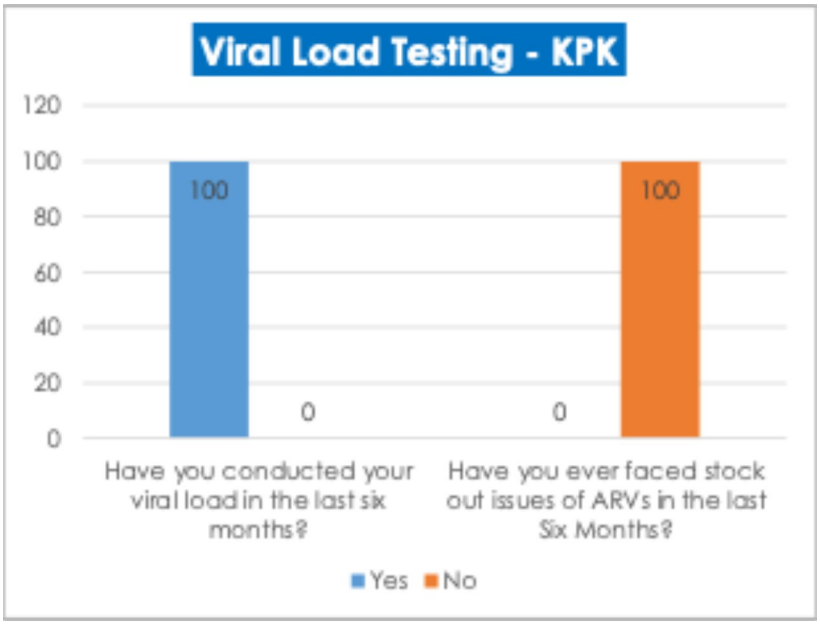


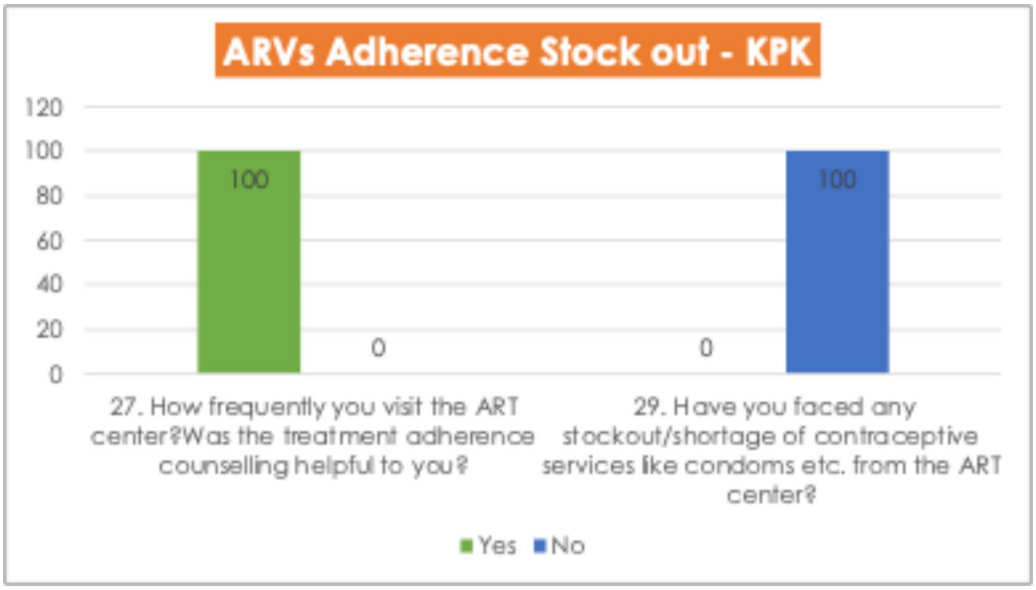


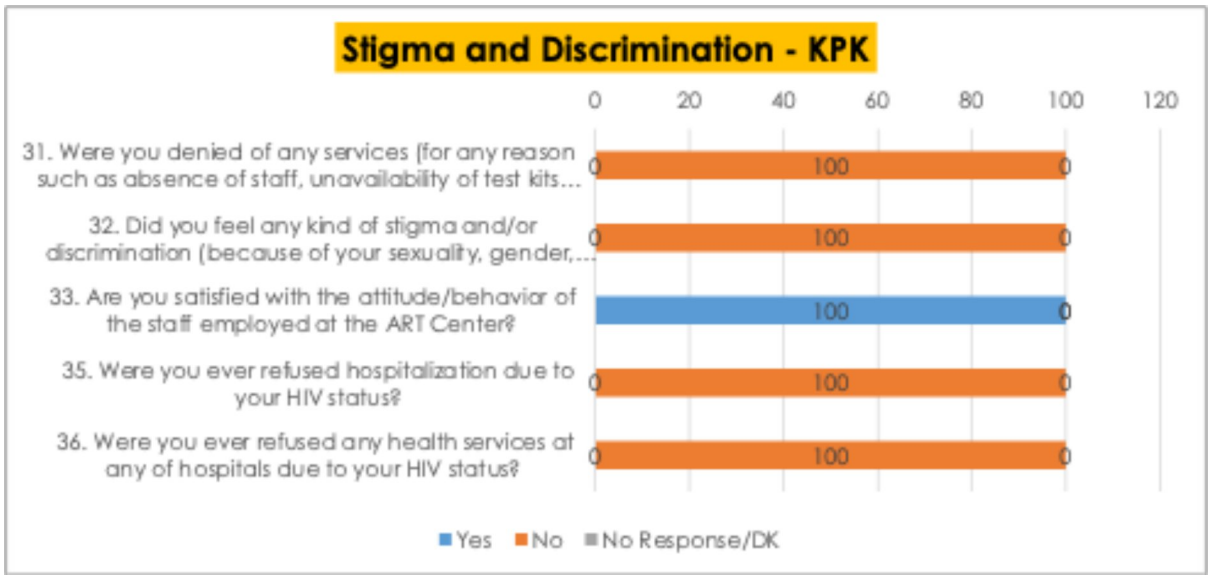

Confidentiality - KPK
120
100
80
60
40
20
0
% Percent
100
0
0
Yes
No
No Response/DK
Did the staff maintain privacy and confidentiality during your visit to the ?
100
0
0


Available Facilities / Viral Load - KPK
0
20
40
60
80
100
120
13. Are VL testing facilities functional?
19. Did the Counselor/staff provide you enough time while providing counselling
20. Are you been provided with proper treatment and adherence counselling...
22. Did the counsellor provides you methods for ART adherence (Pil counts,...
23. Were you educated about the side effects of the ARVs?
24. Was the treatment adherence counselling helpful to you?
0
100
100
0
100
0
100
0
100
0
100
0
Yes
No


Staff readiness to Support for Referral Services - KPK
0
20
40
60
80
100
120
A. Violence prevention and mitigation
b. Hormonal support (for transgender...
c. Prevention of mother-to-child...
d. STI treatment
e. Early Infant Diagnosis (EID)
f. Viral load sample collection/testing...
g. Toll Free Helpline of the APLHIV?
h. Complaint Management...
100
0
0
100
100
0
100
0
100
0
100
0
75
25
100
0
Yes
No


Viral Load Testing - KPK
120
100
80
60
40
20
0
100
0
0
100
Have you conducted your viral load in the last six months?
Have you ever faced stock out issues of ARVs in the last Six Months?
Yes
No


ARVs Adherence Stock out - KPK
120
100
80
60
40
20
0
100
0
0
100
27. How frequently you visit the ART center?Was the treatment adherence counselling helpful to you?
29. Have you faced any stockout/shortage of contraceptive services like condoms etc. from the ART center?
Yes
No

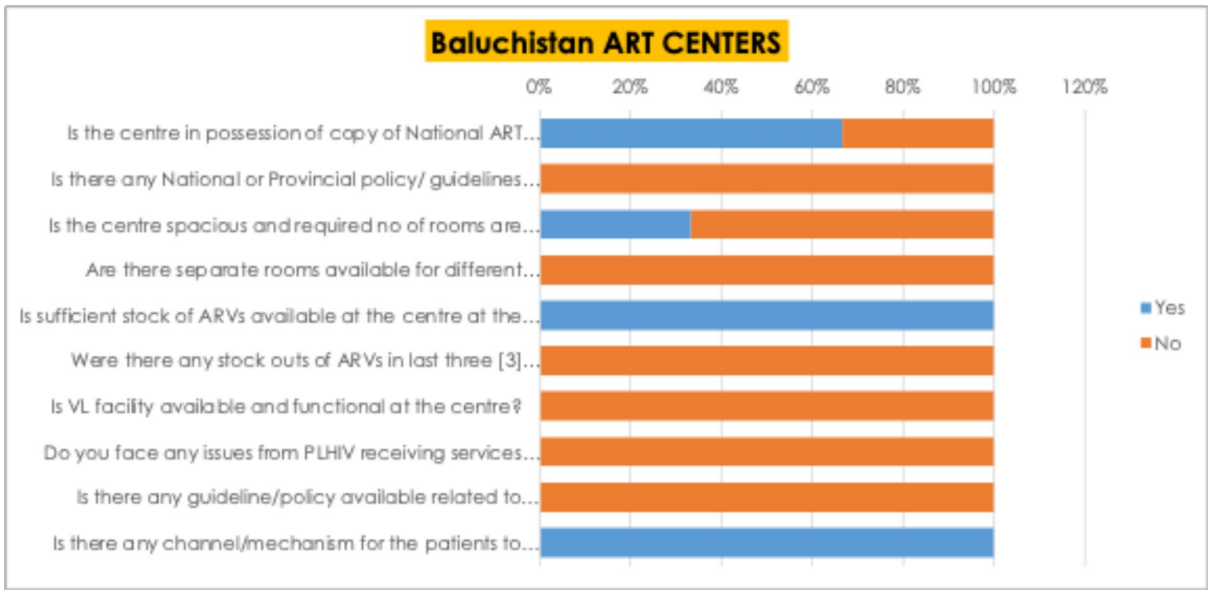

Stigma and Discrimination - KPK
0
20
40
60
80
100
120
31. Were you denied of any services (for any reason such as absence of staff, unavailability of test kits...
32. Did you feel any kind of stigma and/or discrimination (because of your sexuality, gender,...
33. Are you satisfied with the attitude/behavior of the staff employed at the ART Center?
35. Were you ever refused hospitalization due to your HIV status?
36. Were you ever refused any health services at any of hospitals due to your HIV status?
Yes
No
No Response/DK


Overall Satisfaction - KPK
0%
100%
Highly Satisfied
Satisfied
Somehow satisfied

4. Baluchistan

This report critically evaluates key performance indicators across **3 ART Centers**, involving 3 HCP representatives from the ART centers and a cohort of 15 beneficiaries in Baluchistan, to assess the effectiveness of HIV services. The analysis primarily focuses on service availability, patient satisfaction, medical support, and adherence to treatment protocols. The findings, which are derived from the provided graphical representations, reflect both strengths and areas in need of enhancement within the delivery of ART services.

Analysis – ART Centres Assessment



Graph 1d: *Service Delivery Assessment of Baluchistan ART Centers: Key Findings and Challenges*

This graph presents an analysis of Baluchistan ART Centers based on key service delivery indicators. The key insights are:

Key Findings:

In Baluchistan, 67 percent of centers (2 out of 3) had copies of the National ART Guidelines. None of the centers had policies or guidelines to track loss-to-follow-up cases. Only 33 percent of centers (1) met the minimum space and room requirement, and none had separate rooms for different genders.

All centers (100 percent) had sufficient ARV stock at the time of visit, with no ARV stock-outs reported. VL facilities were not available or operational at any center; patients were previously referred to Aga Khan University Labs for testing, but now the service has been discontinued. No issues from PLHIV receiving services were reported at any center other than VL testing. No formal data privacy guidelines were available, though data privacy was ensured locally. All centers (100 percent) reported familiarity with the APLHIV mechanism for complaints or feedback.

Analysis – Feedback from Beneficiaries

Key Findings:

I. **Availability:** Service availability showed mixed performance. ARV medicines were available with 100% reporting no stock-outs. However, contraceptive shortages were reported by 33% of beneficiaries. All respondents (100%) confirmed counsellor availability during visits.

Laboratory staff availability stood at 67%, with 33% reporting absence. Clinical staffing was more constrained, with only 67% confirming the presence of a dedicated HIV physician.

II. **Accessibility:** Physical access was generally strong, with 100% reporting convenient operating hours and 93% reporting accessible locations. VL testing facility is not available in any of the centers visited. However, only 20% of beneficiaries reported completing viral load testing in the last six months, the lowest rate among all provinces, indicating significant gaps in uptake.

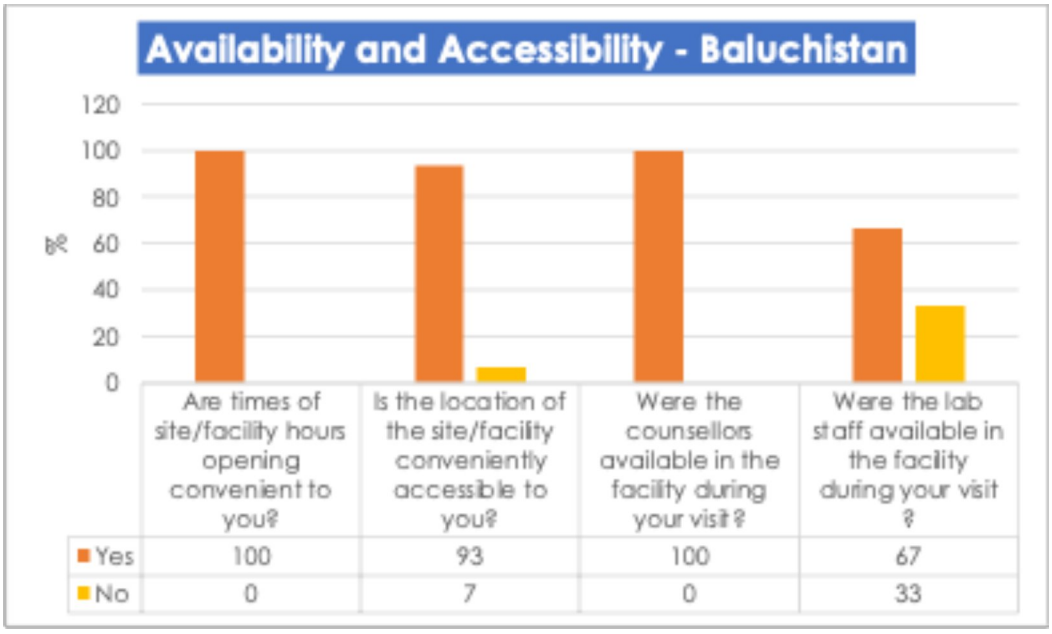
III. **Affordability:** Beneficiaries take about 70 minutes on average to reach the ART center, though this masks significant variation, from 20 minutes to a full day of travel. Transport costs range from PKR 100 to PKR 10,000, reflecting the geographical challenges in Baluchistan, where some beneficiaries travel extremely long distances to access services.

IV. **Acceptability:** All respondents (100%) reported friendly and respectful staff interactions, and confidentiality was fully maintained. One beneficiary (7%) reported experiencing stigma or discrimination. A serious concern emerged around inpatient care: 33% of respondents reported being refused health services at hospitals due to their HIV status, indicating persistent and systemic stigma beyond ART center settings in Baluchistan.

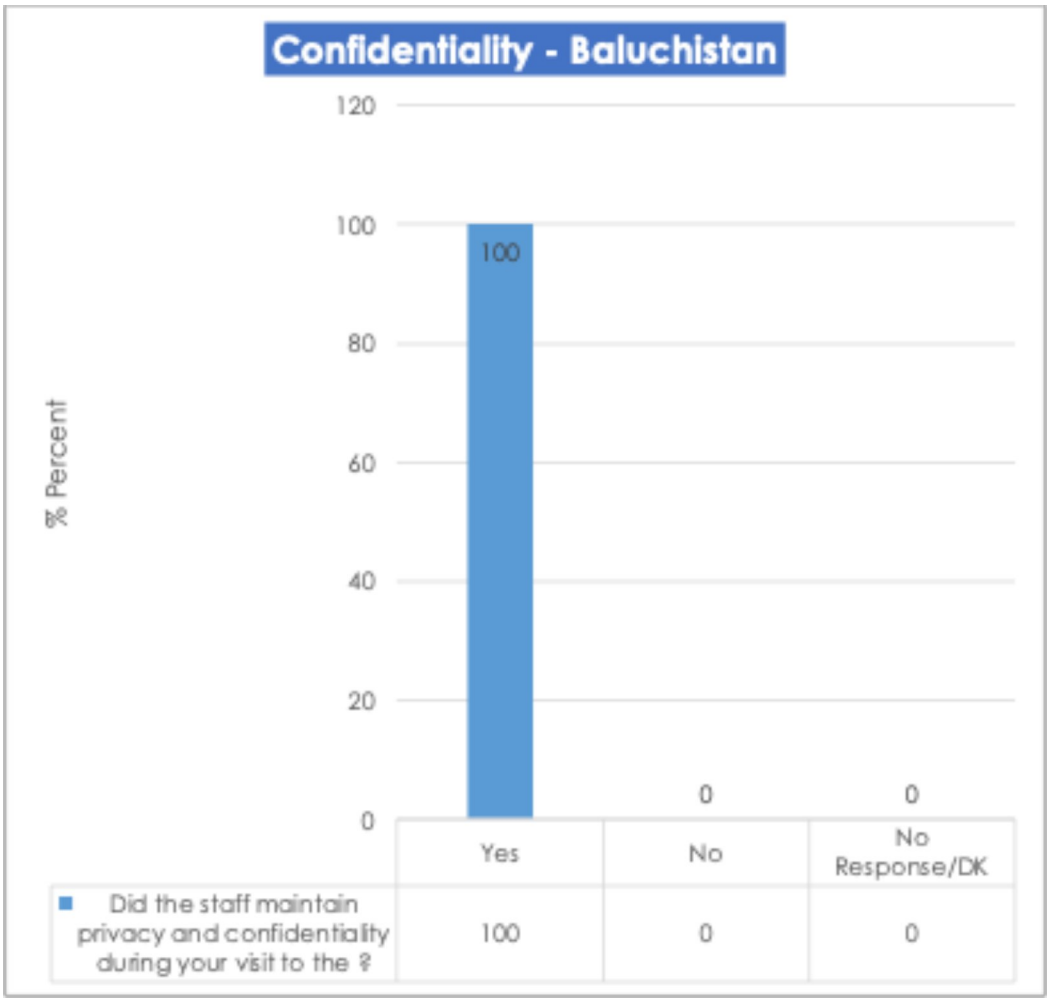
V. **Quality:** VL testing facilities were non-functional at all visited centers (100 percent No). Counselling quality was mixed. All beneficiaries (100 percent) confirmed receiving proper treatment and adherence counselling support, education on ARV side effects, and found the counselling helpful. However, gaps emerged in two areas: only 67 percent reported that counsellors provided adequate time during sessions, with 33 percent indicating insufficient time. Similarly, only 67 percent received practical ART adherence methods such as pill counts and daily routine adjustments, while 33 percent did not. These gaps suggest that while core counselling content is being delivered, the depth and practical application of sessions need strengthening at Baluchistan ART centers. Staff readiness for referral and linkage services was strong for PMTCT, STI treatment, EID, viral load sample collection, and the APLHIV helpline and complaint management mechanism (all at 100%). Readiness for violence prevention services was at 73%, and transgender hormonal support at 40%.

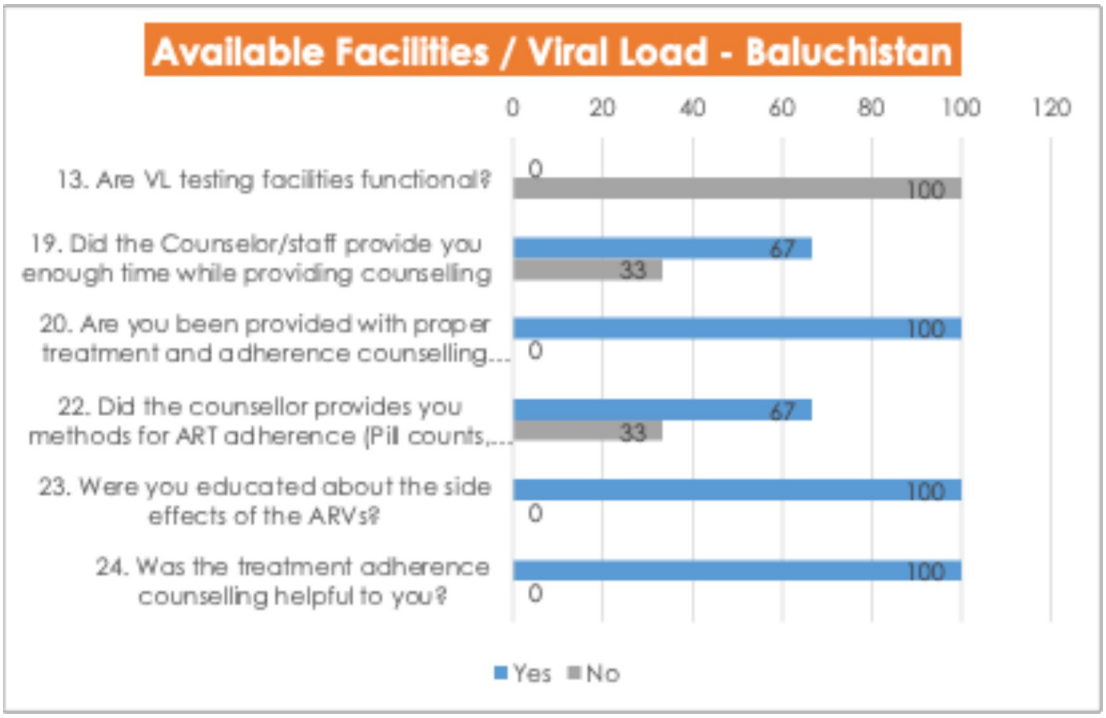
Overall Satisfaction: Overall satisfaction was positive. Most respondents (93%) rated services at 4 on a 5-point scale, with one beneficiary (7%) rating services at 5. While this reflects general confidence in core ART services, the findings point to priority areas for improvement, particularly physician availability, VL testing uptake, contraceptive supply, and stigma-free access to inpatient care.

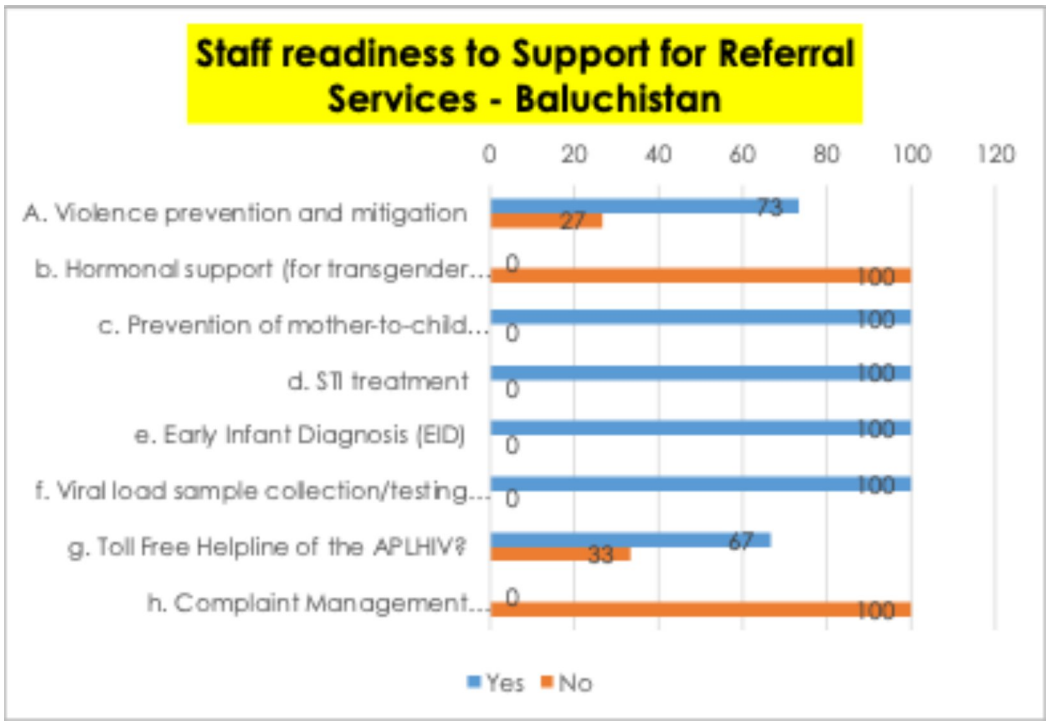
Annexure d (ii): Graphical findings, Feedback from Beneficiaries (Baluchistan)

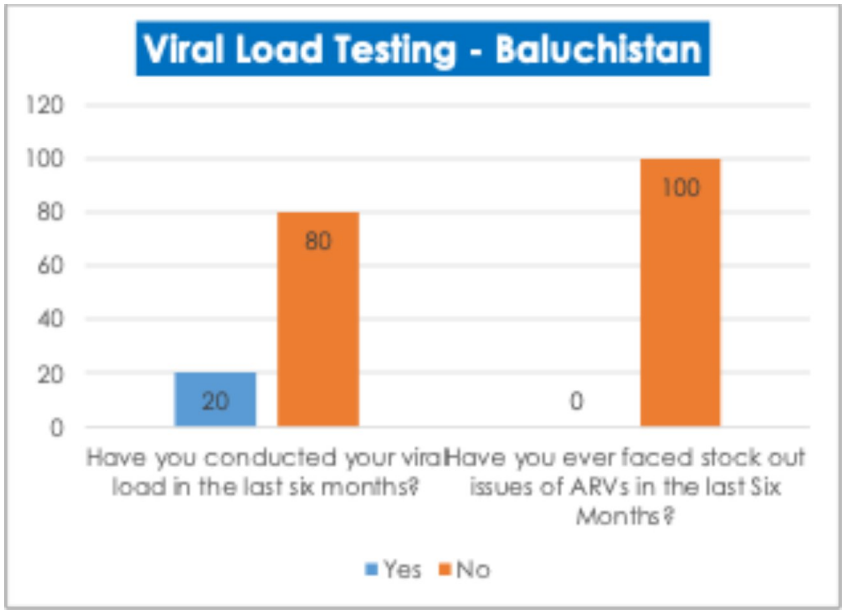


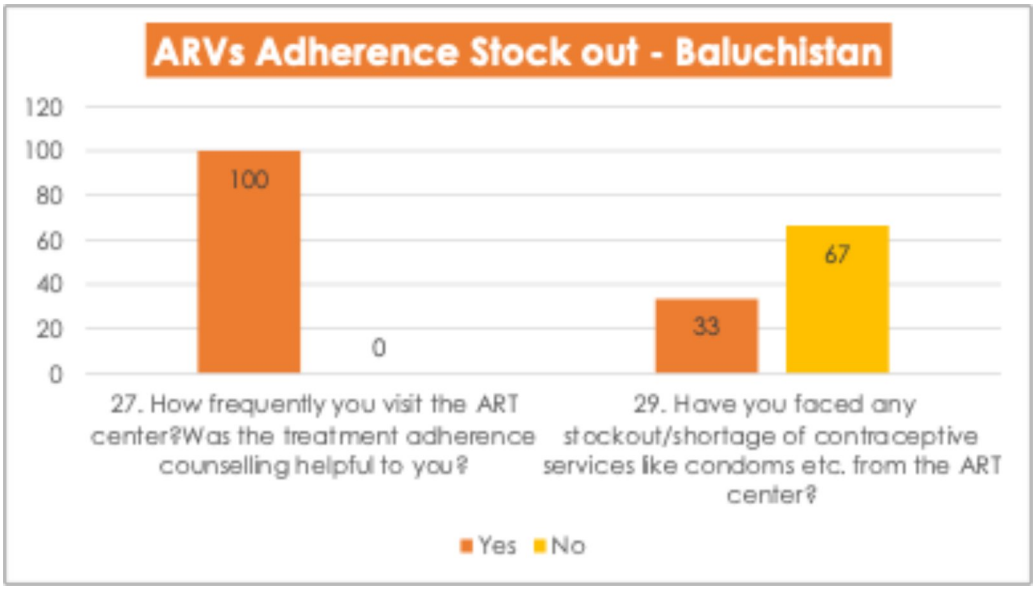

Staff Availability and Behavior - Baluchistan
120
100
80
60
40
20
0
%
Were the staff friendly and respectful?
Do the ART center have a dedicated HIV Physician?
Were the HIV Physician available during your visit?
Yes 100 67 67
No 0 33 33

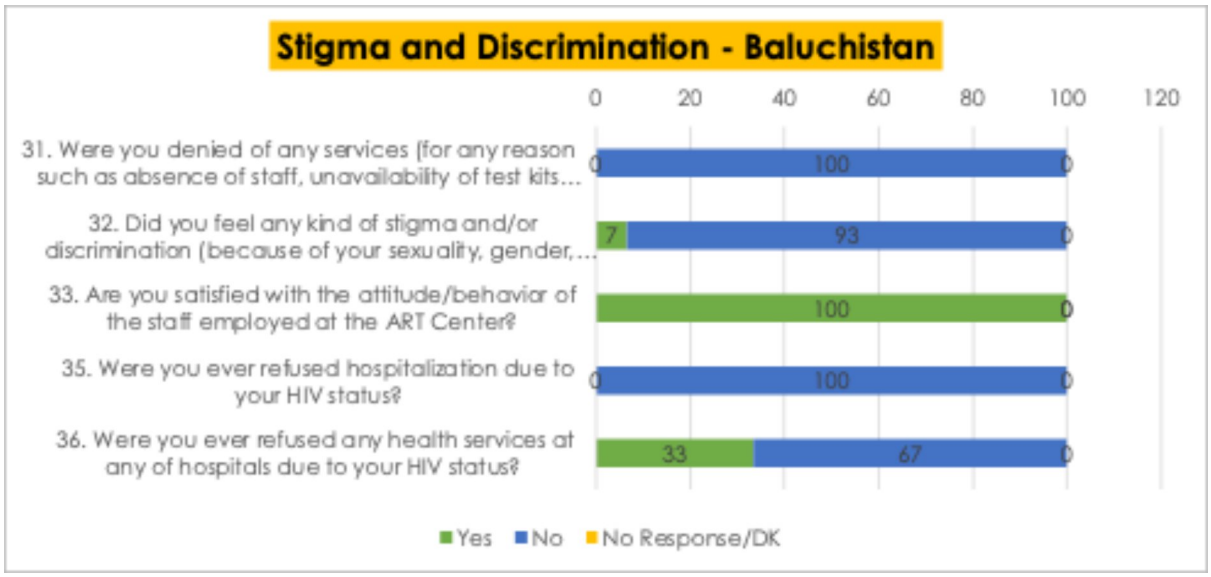

Confidentiality - Baluchistan
120
100
80
60
40
20
0
% Percent
100
0
0
Yes
No
No Response/DK
Did the staff maintain privacy and confidentiality during your visit to the ?
100
0
0

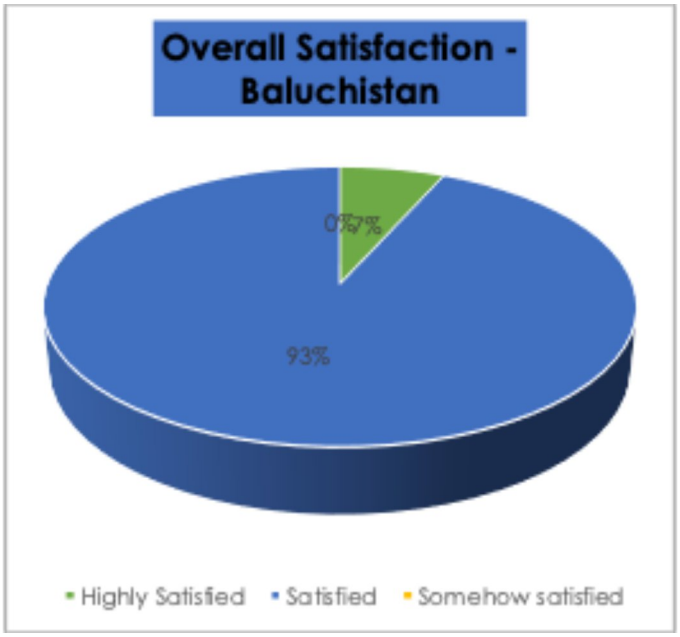

Available Facilities / Viral Load - Baluchistan
0
20
40
60
80
100
120
13. Are VL testing facilities functional?
0
100
19. Did the Counselor/staff provide you enough time while providing counselling
67
33
20. Are you been provided with proper treatment and adherence counselling...
100
0
22. Did the counsellor provides you methods for ART adherence (Pill counts,...
67
33
23. Were you educated about the side effects of the ARVs?
100
0
24. Was the treatment adherence counselling helpful to you?
100
0
Yes
No


Staff readiness to Support for Referral Services - Baluchistan
0
20
40
60
80
100
120
A. Violence prevention and mitigation
73
27
b. Hormonal support (for transgender...
0
100
c. Prevention of mother-to-child...
100
0
d. STI treatment
100
0
e. Early Infant Diagnosis (EID)
100
0
f. Viral load sample collection/testing...
100
0
g. Toll Free Helpline of the APLHIV?
67
33
h. Complaint Management...
0
100
Yes
No


Viral Load Testing - Baluchistan
120
100
80
60
40
20
0
20
80
0
100
Have you conducted your viral load in the last six months?
Have you ever faced stock out issues of ARVs in the last Six Months?
Yes
No


ARVs Adherence Stock out - Baluchistan
120
100
80
60
40
20
0
100
0
33
67
27. How frequently you visit the ART center?Was the treatment adherence counselling helpful to you?
29. Have you faced any stockout/shortage of contraceptive services like condoms etc. from the ART center?
Yes
No

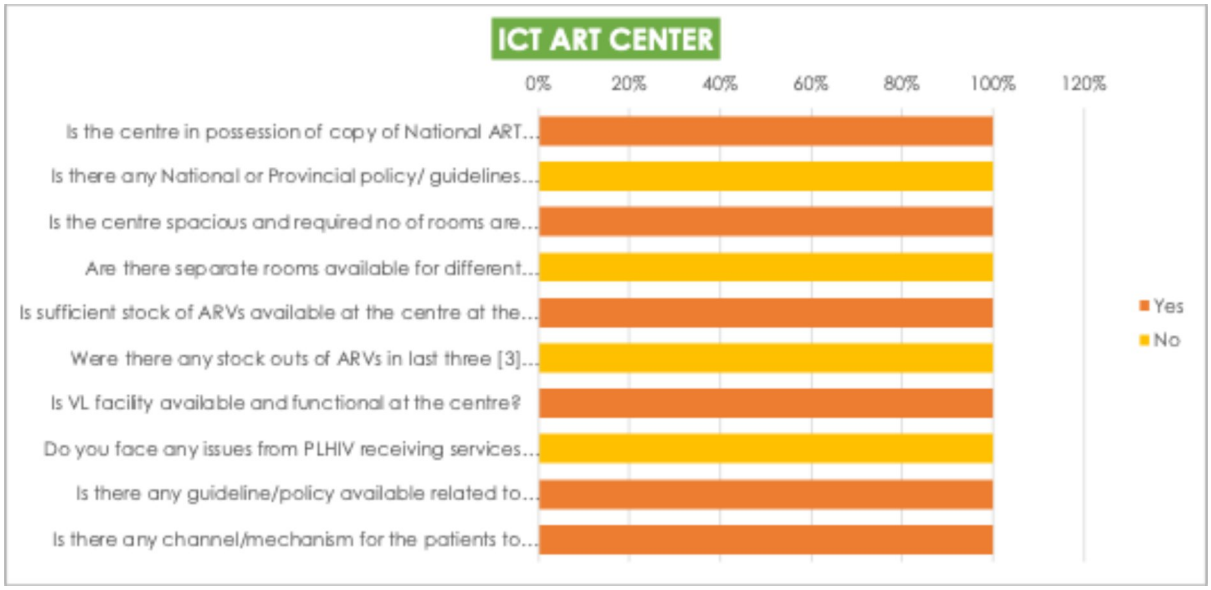

Stigma and Discrimination - Baluchistan
0
20
40
60
80
100
120
31. Were you denied of any services (for any reason such as absence of staff, unavailability of test kits...
100
0
32. Did you feel any kind of stigma and/or discrimination (because of your sexuality, gender,...
7
93
0
33. Are you satisfied with the attitude/behavior of the staff employed at the ART Center?
100
0
35. Were you ever refused hospitalization due to your HIV status?
0
100
0
36. Were you ever refused any health services at any of hospitals due to your HIV status?
33
67
0
Yes
No
No Response/DK



5. ICT

This report critically evaluates key performance indicators across **1 ART Center**, involving a cohort of 5 beneficiaries in ICT, to assess the effectiveness of HIV services. The analysis primarily focuses on service availability, patient satisfaction, medical support, and adherence to treatment protocols. The findings, derived from the provided graphical representations, reflect both strengths and areas for improvement in the delivery of ART services.

Analysis – ART Centre Assessment.



Graph 1e: *Service Delivery Assessment of ICT ART Center: Key Findings and Challenges*

This graph presents an analysis of the ICT ART Center based on key service delivery indicators. The key insights are:

Key Findings

The ICT ART centre (PIMS Hospital) reported full compliance with possession of the National ART Guidelines and met the national requirement for adequate space and number of rooms. However, no dedicated policy was available to track loss-to-follow-up cases, and the center did not have separate rooms for different genders.

ARV stock was sufficient at the time of the visit, with no ARV stock-outs reported in the last three months. The VL facility was available and functional through referral system, where blood samples are collected on-site and transported to the National Institutes of Health (NIH) for centralized laboratory analysis. No issues from PLHIV receiving services were reported. Guidelines and policies related to client data privacy were available at the centre. The APLHIV channel for complaints and feedback was known to the staff (100 percent).

Analysis – Feedback from Beneficiaries

Key Findings:

I. **Availability:** Service availability in ICT was strong. All respondents (100%) confirmed the availability of counsellors, and a dedicated HIV physician was present and accessible. Laboratory staff availability was at 80%, with one respondent reporting absence. ARVs were consistently available with no stock-outs reported by beneficiaries, including contraceptives available, and all beneficiaries (0%) confirmed shortages.

II. **Accessibility:** All respondents (100%) reported convenient operating hours and easily accessible ART center locations. Viral Load (VL) testing services are currently facilitated through a formal referral mechanism. Under this framework, blood samples are collected on-site and transported to the National Institutes of Health (NIH) for centralized laboratory analysis.", with 60% of beneficiaries reporting testing within the last six months. The remaining 40% had not completed testing recently.

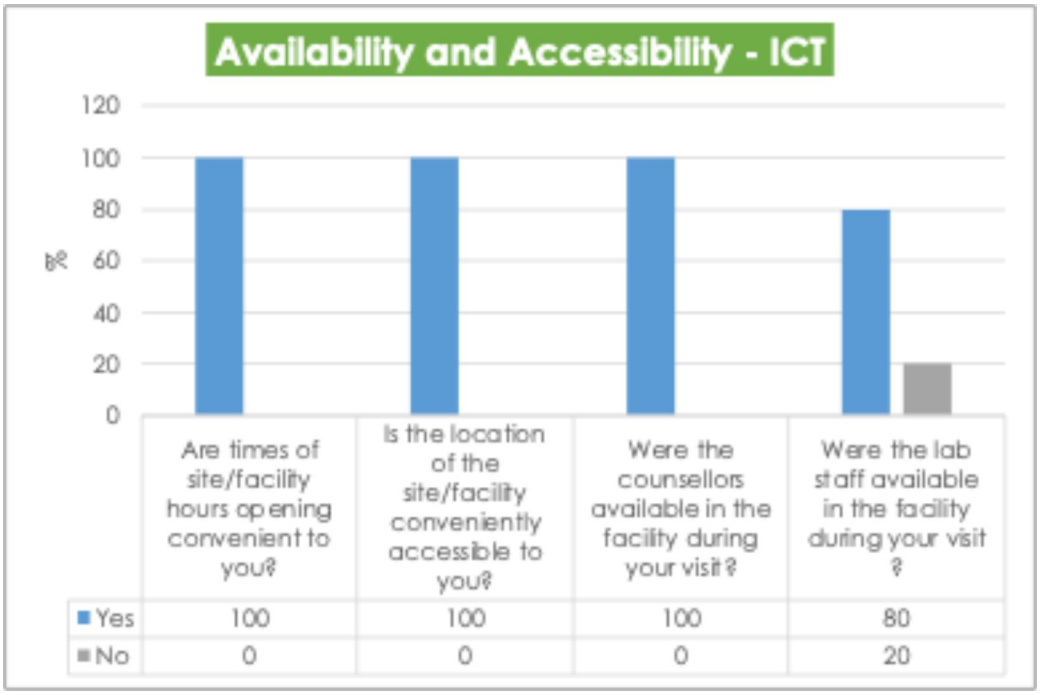
III. **Affordability:** Beneficiaries reach the ART center in approximately 100 minutes on average, though this ranges from 20 minutes to 5 hours depending on location. Transport costs range from PKR 200 to PKR 7,000 per visit, reflecting significant variation in the catchment area served by PIMS.

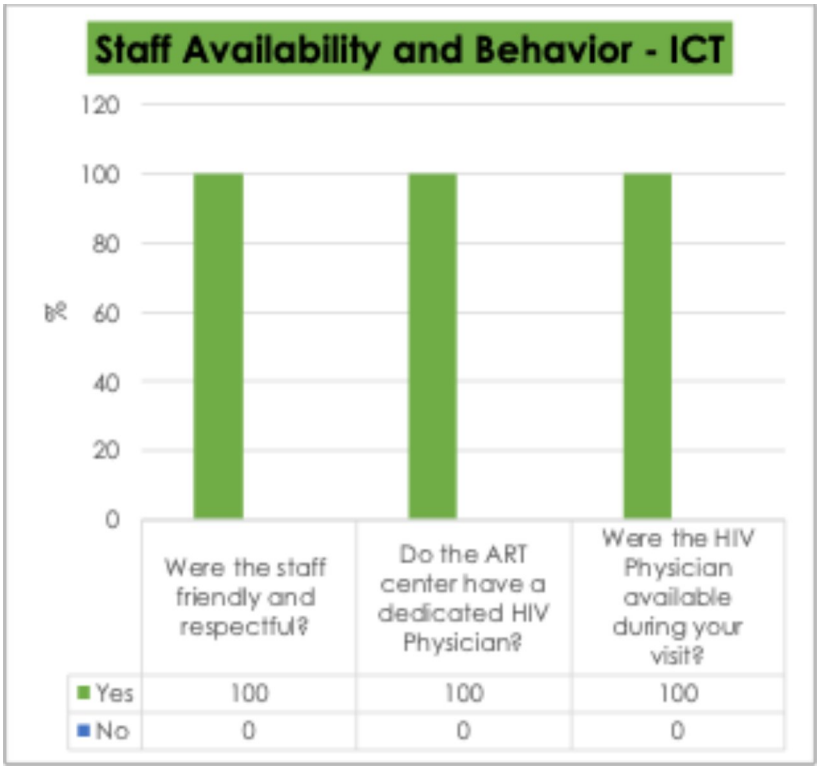
IV. **Acceptability:** Acceptability was excellent. All respondents (100%) reported friendly and respectful staff behavior, and confidentiality was fully maintained. No cases of stigma, discrimination, service denial, or hospitalization refusal based on HIV status were reported.

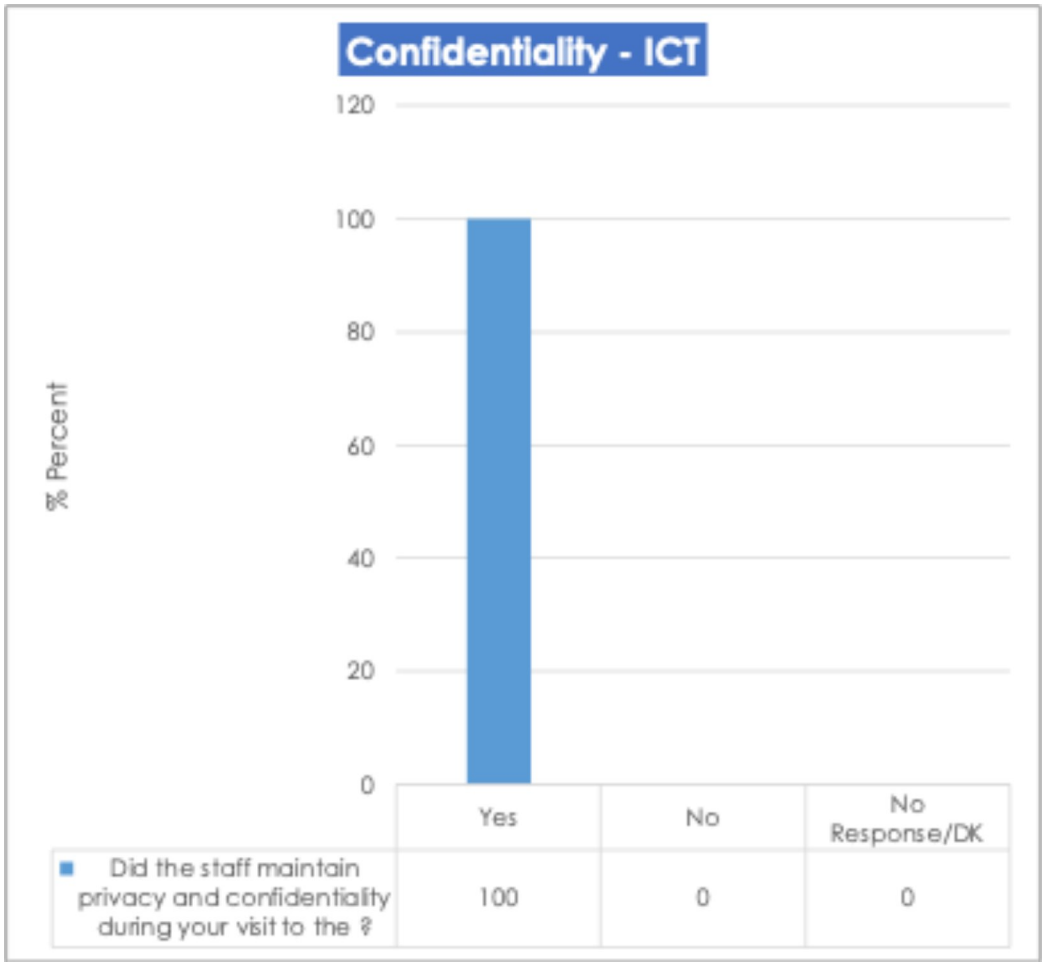
V. **Quality:** VL testing facilities at the ICT centre (PIMS Hospital) were reported as functional by all beneficiaries (100 percent). Blood samples are collected on-site and transported to the National Institutes of Health (NIH) for centralized laboratory analysis. Counselling quality showed a consistent pattern across all five indicators, with 80 percent of beneficiaries responding positively and 20 percent reporting gaps. Specifically, 80 percent confirmed that counsellors provided adequate time, received proper treatment and adherence counselling support, were given practical ART adherence methods, received education on ARV side effects, and found the counselling helpful. The consistent 20 percent negative response across every indicator suggests that one out of five beneficiaries had a notably different experience, which may point to a specific visit, staff member, or timing issue rather than a systemic failure. This warrants further investigation at the facility level to identify and address the underlying cause. Staff readiness for referral services showed mixed results. No readiness was reported for violence prevention, PMTCT, EID, STI treatment, or transgender hormonal support. VL sample collection readiness was at 100%. The APLHIV toll-free helpline and complaint management mechanisms were known to 60% of respondents, with 40% reporting gaps.

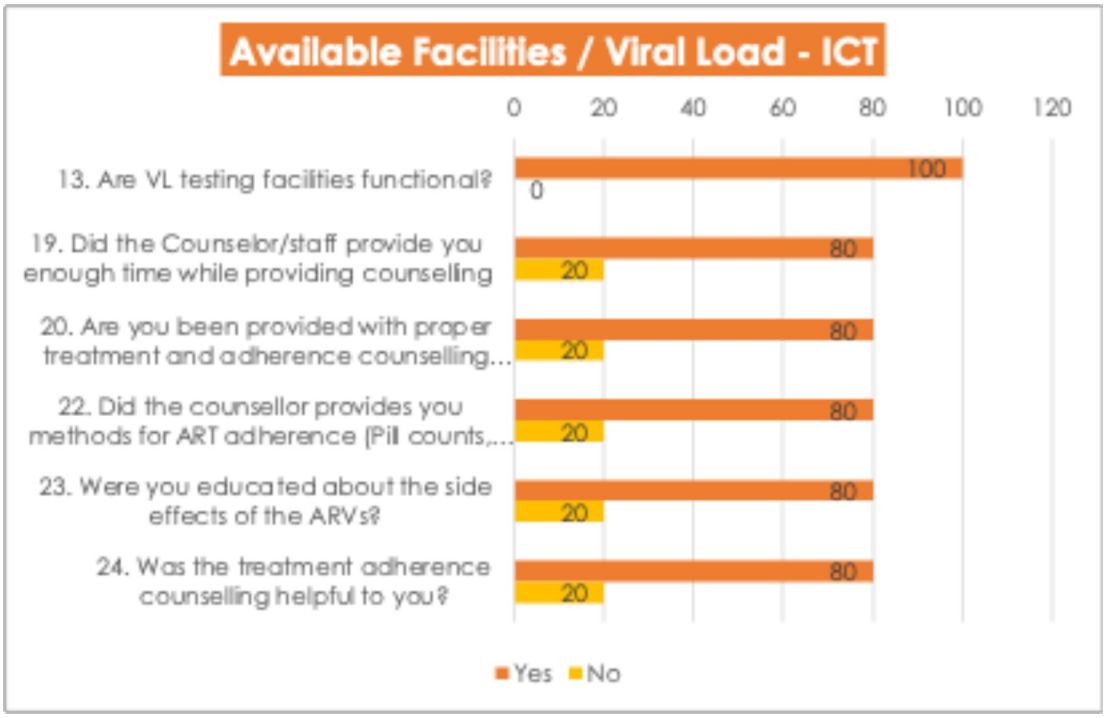
VI. **Overall Satisfaction:** Overall satisfaction was high. Four out of five beneficiaries (80%) rated services at 5 (highly satisfied), while one beneficiary reported general satisfaction. No dissatisfaction was recorded.

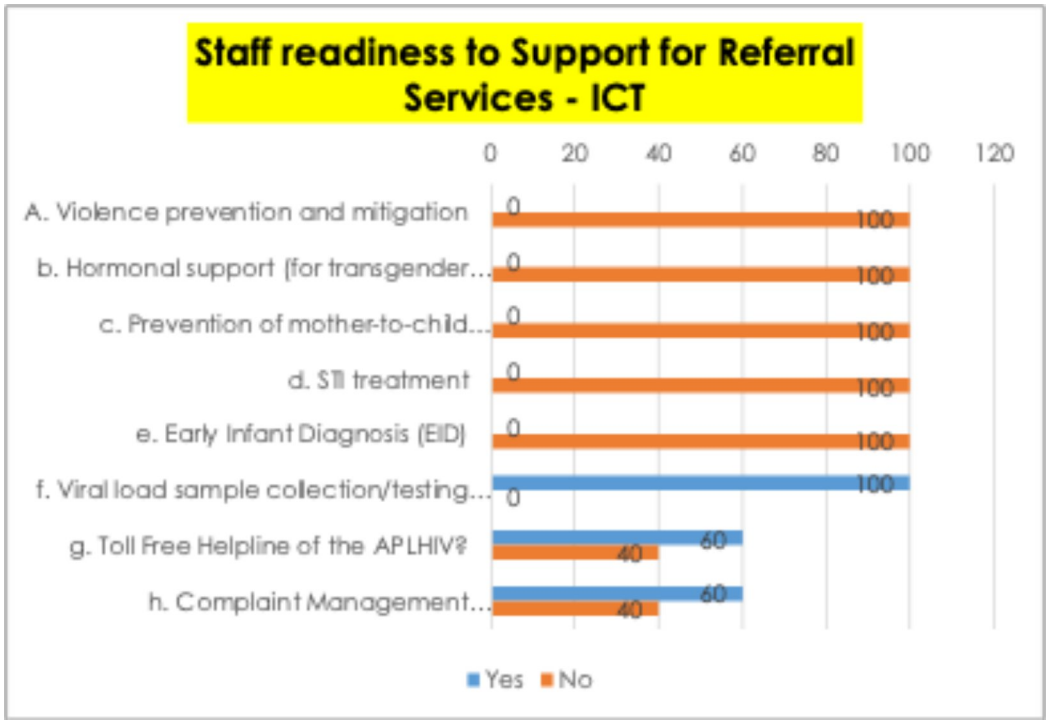
Annexure e (ii): Graphical findings, *Feedback from Beneficiaries (ICT)*

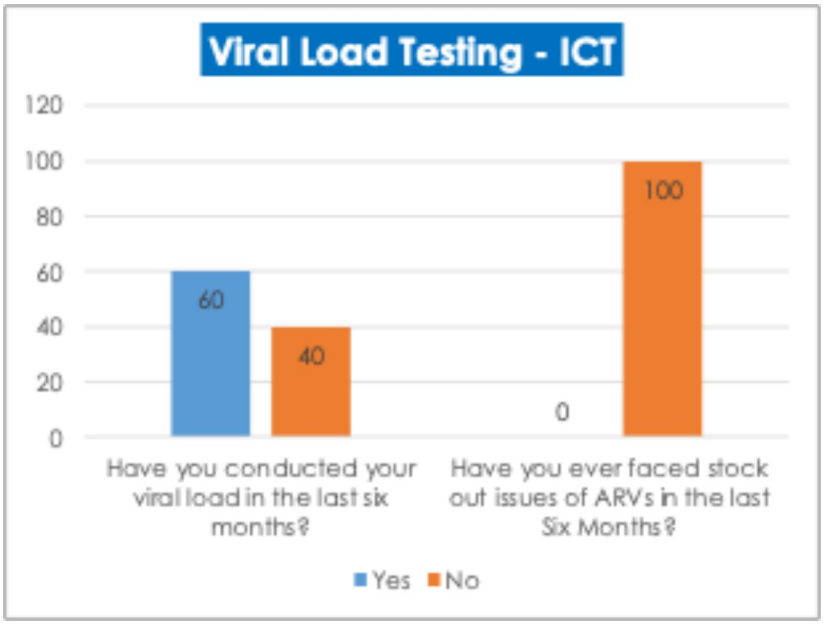


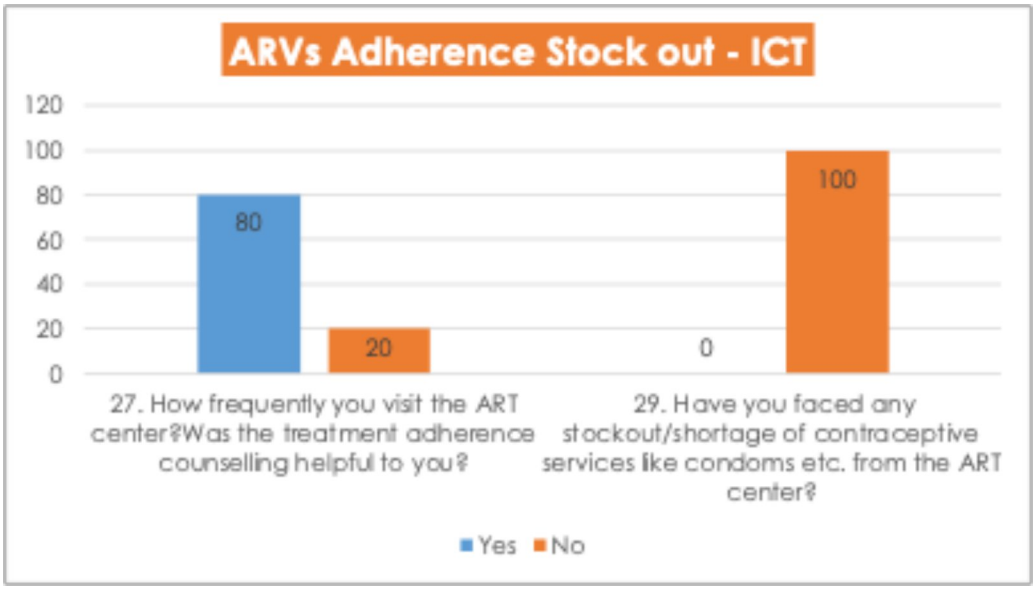


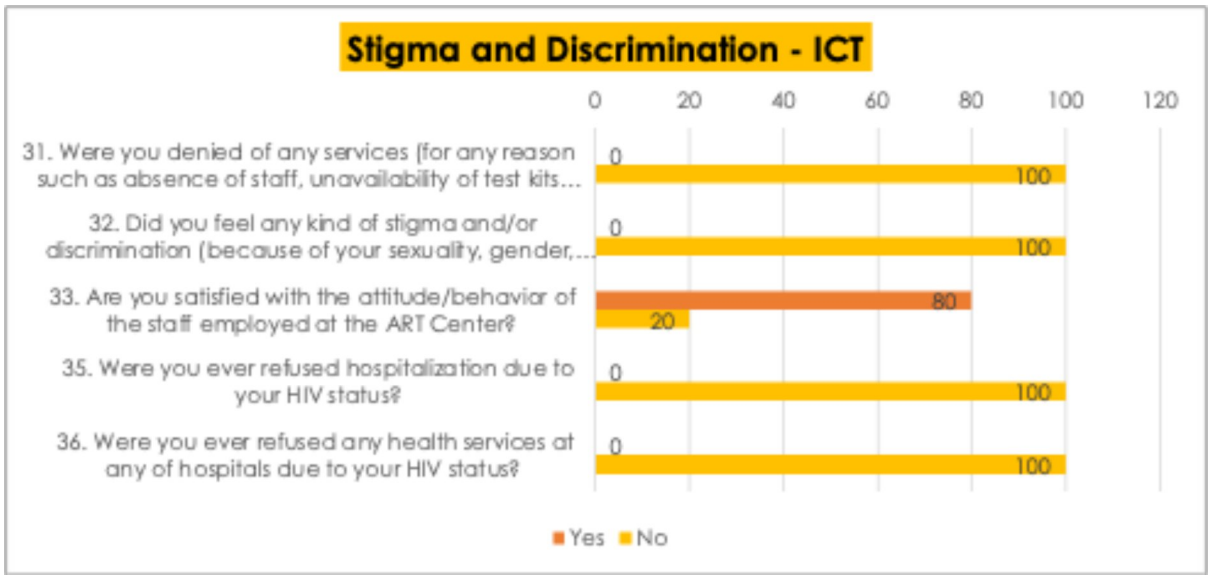

Confidentiality - ICT
120
100
80
60
40
20
0
% Percent
Yes
No
No Response/DK
Did the staff maintain privacy and confidentiality during your visit to the ?
100
0
0

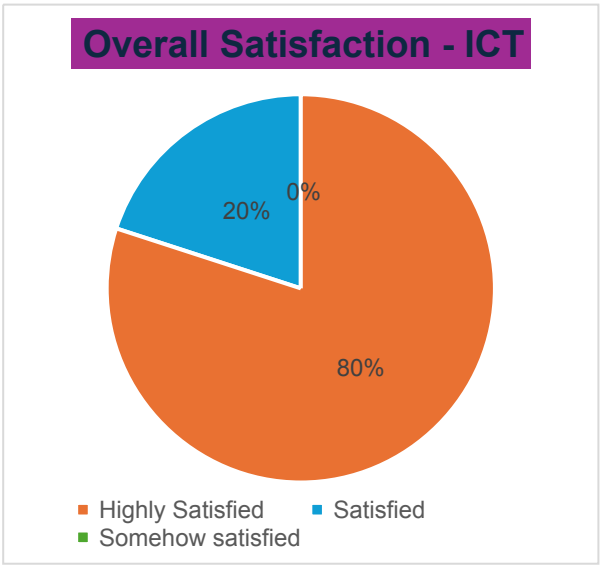

Available Facilities / Viral Load - ICT
0
20
40
60
80
100
120
13. Are VL testing facilities functional?
100
0
19. Did the Counselor/staff provide you enough time while providing counselling
80
20
20. Are you been provided with proper treatment and adherence counselling...
80
20
22. Did the counsellor provides you methods for ART adherence (Pil counts,...
80
20
23. Were you educated about the side effects of the ARVs?
80
20
24. Was the treatment adherence counselling helpful to you?
80
20
Yes
No


Staff readiness to Support for Referral Services - ICT
0
20
40
60
80
100
120
A. Violence prevention and mitigation
b. Hormonal support (for transgender...
c. Prevention of mother-to-child...
d. STI treatment
e. Early Infant Diagnosis (EID)
f. Viral load sample collection/testing...
g. Toll Free Helpline of the APLHIV?
h. Complaint Management...
0
100
60
40
Yes
No


Viral Load Testing - ICT
120
100
80
60
40
20
0
60
40
0
100
Have you conducted your viral load in the last six months?
Have you ever faced stock out issues of ARVs in the last Six Months?
Yes
No


ARVs Adherence Stock out - ICT
120
100
80
60
40
20
0
80
20
0
100
27. How frequently you visit the ART center?Was the treatment adherence counselling helpful to you?
29. Have you faced any stockout/shortage of contraceptive services like condoms etc. from the ART center?
Yes
No


Stigma and Discrimination - ICT
0
20
40
60
80
100
120
31. Were you denied of any services (for any reason such as absence of staff, unavailability of test kits...
0
100
32. Did you feel any kind of stigma and/or discrimination (because of your sexuality, gender,...
0
100
33. Are you satisfied with the attitude/behavior of the staff employed at the ART Center?
80
20
35. Were you ever refused hospitalization due to your HIV status?
0
100
36. Were you ever refused any health services at any of hospitals due to your HIV status?
0
100
Yes
No


Overall Satisfaction - ICT
0%
20%
80%
Highly Satisfied
Satisfied
Somehow satisfied

SECTION 2

TOLL-FREE HELPLINE SERVICES

0800-22209 — Information, Counselling, Referrals & Complaint Management

◆

5,953	1,622	10
Total Calls	Incoming Calls	Complaints Received

OBJECTIVE:

The Toll-Free Helpline Services aim to provide accessible, confidential, and reliable support to the general public and People Living with HIV/AIDS (PLHIV) by offering essential information, counseling, and referral services, as well as a complaint management mechanism. The helpline serves as a critical resource for addressing the concerns and needs of PLHIV, ensuring they receive timely guidance and support.

SCOPE OF WORK

The scope of the Toll-Free Helpline Services includes, but is not limited to, the following key areas:

I. **Provision of Information:**

- Offering basic and up-to-date information on HIV/AIDS, prevention, treatment, and care. Additionally, information on TB, HIV/TB co-infection, STIs, Hepatitis, and mental health services.
- Addressing common misconceptions and reducing the stigma associated with HIV.
- Receiving and processing the complaints.
- Facilitating tracking, preparing, and relinking LTFU cases,

II. **Telephonic Counseling and Support:**

- Offering psychological and emotional support to PLHIV and their families.
- Providing advice on health, treatment adherence, and coping mechanisms.

III. **Referral Services:**

- Connecting callers to relevant healthcare facilities, ART centers, and support organizations.
- Facilitating access to medical, legal, and social support services based on individual needs, including linking newly diagnosed HIV cases identified through the PIMS blood bank with appropriate ART care services.

IV. **Complaint Management:**

- Recording and documenting complaints related to service delivery, discrimination, or other grievances.
- Ensuring timely reporting and resolution of complaints through the Complaint Management Mechanism.

METHODOLOGY / MOV

The 24/7 toll-free Helpline services were delivered by four trained peer counselors based at the APLHIV Federal Secretariat. The Helpline is promoted through multiple communication channels, enabling individuals to access support by making direct calls or placing missed calls to the Helpline number.

These services are governed by the organizational values of [BINGO], which encompass being aware, including others, avoiding assumptions, granting respect, and fostering open communication.

BRIEF REPORT ON TOLL-FREE HELPLINE-0800-22209 (Incoming Calls)

During Q1 2026 (January–March), the helpline recorded 5,953 total call interactions, achieving 258% of its quarterly target of 2,300. This volume comprises 1,622 incoming calls (providing 1789 services) and 4,331 outgoing calls; the high frequency of outgoing traffic is driven by a "missed call" facility designed to reduce cost barriers for service users. Under this mechanism, clients initiate contact via a missed call, triggering a proactive callback from peer counselors. Furthermore, these outgoing efforts are a core component of the program's retention strategy, as peers conduct systematic follow-ups with individuals recently relinked to care. These regular touchpoints are essential for monitoring treatment adherence and ensuring long-term patient retention on ART, reflecting the helpline's transition from a passive information source to an active clinical support tool.

This report analyzes the total call trends and service utilization patterns of the toll-free helpline 0800-22209 during the first quarter of 2026. The data highlights key insights into gender-wise and province-wise call distributions and service type preferences. The findings aim to guide improvements in helpline operations and enhance accessibility for diverse callers.

Gender-Wise Call Distribution

Month	Male	Female	Transgender	Total
January	390	71	7	468
February	549	135	14	698
March	384	64	8	456
Total	**1,323**	**270**	**29**	**1,622**

Table i-1: Gender-Wise Call Distribution, Q1 2026

Out of 1,622 gender-identified incoming calls received during the quarter, the vast majority were from male callers (1,323 or 82 percent), followed by female callers (270 or 17 percent), while calls from transgender individuals accounted for 29 (2 percent). February recorded the highest call volume across all gender categories, with 698 calls, while January and March recorded lower but comparable volumes. Female participation peaked in February with 135 calls.

Province/Region-Wise Call Distribution

Months	Punjab	Sindh	KPK	Baluchistan	AJK	GB	Federal
January	106	94	166	81	8	2	11
February	127	187	256	88	2	0	38

March	114	112	144	62	6	1	17
Total	**347**	**393**	**566**	**231**	**16**	**3**	**66**

Table ii-1: Province/Region-Wise Call Distribution Q1 2026

During Q1 2026, the highest number of incoming calls originated from KPK (566), followed by Sindh (393), Punjab (347), and Baluchistan (231). Comparatively fewer calls were received from Federal/ICT (66), AJK (16), and GB (3), with a combined total of 1,622 calls. February recorded the highest call volume across most provinces, with KPK peaking at 256 calls and Sindh at 187.

Service Type Distribution

Service Type	Jan	Feb	Mar
Basic info about HIV	73	116	76
Basic info about HBV & HCV	0	0	0
Basic info about Covid-19	0	0	0
Counselling on Condom use	38	52	42
Counselling on PEP/PrEP	63	98	69
Counselling on HIV Testing	76	114	73
Counselling on Syringe Exchange	17	25	23
Emergency Medical Service	0	0	0
Human Rights Violation	0	0	0
Referral Services	87	127	89
Complaint	2	6	2
Covid-19 Vaccination	0	0	0
Info About C&S Services	94	138	78
Others	71	85	55
Total	**521**	**761**	**507**

Table iii-1: Service-Wise Call Distribution, Q1 2026

During Q1 2026, the Toll-Free Helpline received a total of 1622 calls providing 1,789 services across 14 service categories, with 167 callers requesting multiple services in one call, which adds to the total services provided. Referral services accounted for the highest volume (303 calls, 17 percent), reflecting the helpline's central role in connecting PLHIV and callers with healthcare facilities, ART centres, and support organizations. Care and Support service inquiries (310 calls, 17 percent), which remained a significant driver of helpline traffic as beneficiaries sought guidance on treatment navigation, nutritional support, and linkage with community-based services.

Counselling services collectively represented the largest share of helpline activity. Counselling on HIV testing accounted for 263 calls (15 percent), basic HIV information for 265 calls (15 percent), and counselling on PEP/PrEP for 230 calls (13 percent). Counselling on condom use contributed 132 calls (7 percent), while syringe exchange counselling accounted for 65 calls (4 percent). Together, these counselling categories constituted over 53 percent of all incoming calls, underscoring the helpline's value as a first point of contact for prevention-related information and psychosocial support.

Calls categorized as "Others" totalled 211 (12 percent), reflecting diverse client needs beyond predefined service categories. A total of 10 complaints were received during the quarter, 2 in January, 6 in February, and 2 in March, all of which were processed through the complaint management mechanism. No calls were recorded for basic information on HBV/HCV, COVID-19, COVID-19 vaccination, emergency medical services, or human rights violations.

February recorded the highest monthly call volume (761 calls), with notable spikes across all active categories, particularly C&S services (138), referral services (127), and HIV testing counselling (114). January and March recorded comparable volumes of 521 and 507 calls,

respectively, suggesting a mid-quarter surge in demand that may warrant further investigation into seasonal or programmatic drivers.

Complaints and Redressal

During Q1 2026, a total of 10 complaints were received through the helpline and complaint management mechanism from KPK, Punjab, Sindh, and Baluchistan. These complaints reflected persistent challenges faced by people living with HIV and key populations in accessing timely and uninterrupted health services.

In January, two complaints were reported from KPK (Peshawar) and Punjab (Faisalabad). The Peshawar complaint related to a viral load test issue at the ART Centre in Peshawar, which remains under process. The Faisalabad complaint involved a gall bladder surgery issue at Allied Hospital Faisalabad, which was resolved.

February recorded the highest number of complaints, with six cases reported from Sindh (Karachi and Hyderabad) and KPK (Buner). Four complaints from Karachi related to viral load testing issues at Civil Hospital Karachi, all of which remain under process. One complaint from Buner concerned a viral load test issue at DHQ Batkhela, also under process. A complaint from Hyderabad reported misbehavior with a patient at the ART Centre Hyderabad, which was resolved.

In March, two complaints were received from Punjab (DG Khan) and Baluchistan (Quetta), both related to viral load testing issues at DHQ DG Khan and BMC Quetta, respectively. Both complaints remain under process.

A notable pattern this quarter is the dominance of viral load test-related complaints, which accounted for 8 out of 10 complaints (80 percent). This aligns with the CLM findings on the absence of functional on-site VL facilities across most provinces and underscores the urgency of resolving VL testing access and referral pathways nationwide.

Detailed Complaint Log – Q1 2026

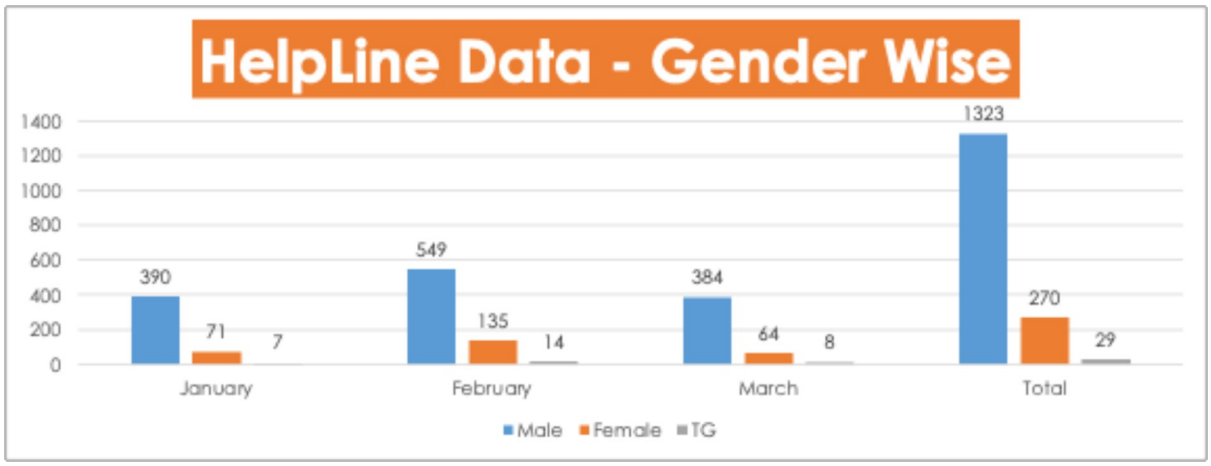
Sr.	Date	Month	City/Province	Complaint	Location	Status
1	05-Jan-26	January	Peshawar / KPK	Viral Load Test Issue	ART Centre Peshawar	Under Process
2	07-Jan-26	January	Faisalabad / Punjab	Gall Bladder Surgery Issue	Allied Hospital Faisalabad	Resolved
3	10-Feb-26	February	Karachi / Sindh	Viral Load Test Issue	Civil Hospital Karachi	Under Process
4	10-Feb-26	February	Karachi / Sindh	Viral Load Test Issue	Civil Hospital Karachi	Under Process
5	10-Feb-26	February	Karachi / Sindh	Viral Load Test Issue	Civil Hospital Karachi	Under Process
6	10-Feb-26	February	Karachi / Sindh	Viral Load Test Issue	Civil Hospital Karachi	Under Process
7	17-Feb-26	February	Buner / KPK	Viral Load Test Issue	DHQ Batkhela	Under Process
8	17-Feb-26	February	Hyderabad / Sindh	Misbehavior with Patient	ART Centre Hyderabad	Resolved
9	02-Mar-26	March	DG Khan / Punjab	Viral Load Test Issue	DHQ DG Khan	Under Process
10	02-Mar-	March	Quetta /	Viral Load Test	BMC Quetta	Under

	26		Baluchistan	Issue		Process

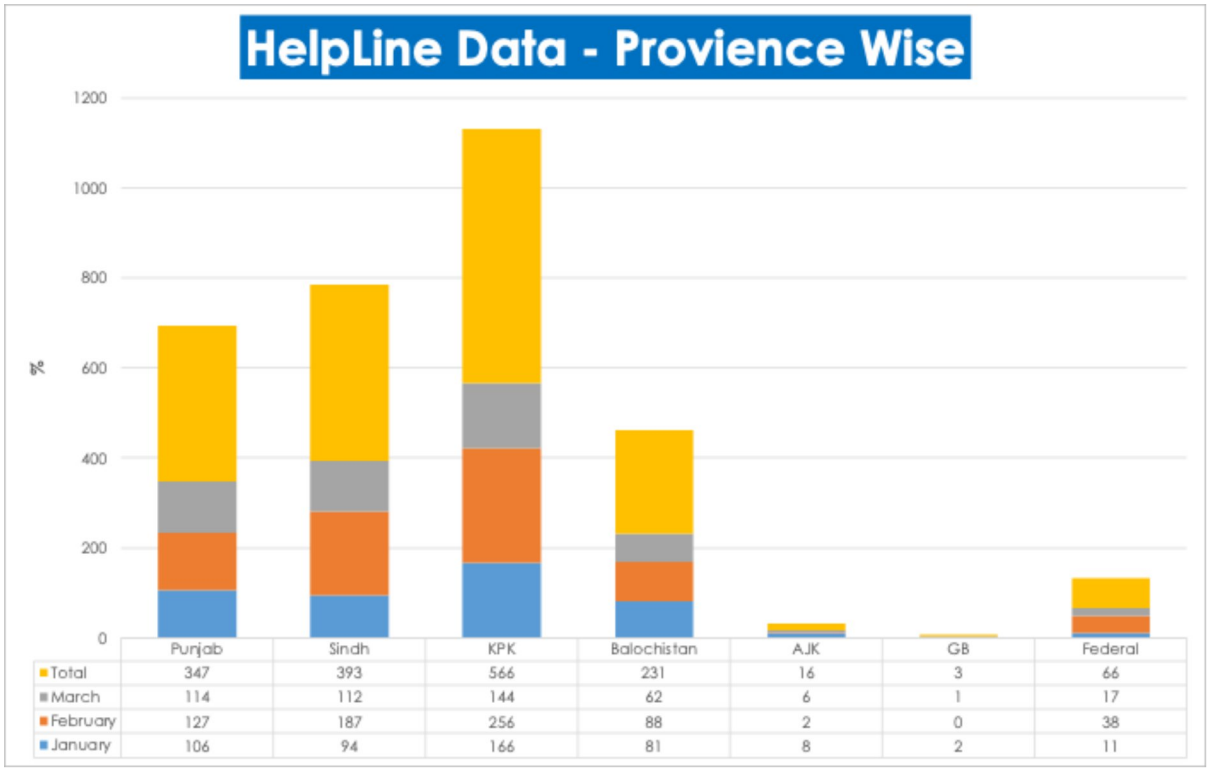
Table b-1: Detailed Complaint Log, Q1 2026

All complaints were recorded by peer counsellors through the helpline and shared with the National Coordinator and Deputy National Coordinator for action. The National Coordinator and Deputy National Coordinator led the investigation, coordination, and resolution process with ART centers, hospital administrations, and relevant authorities. Feedback was provided to complainants throughout the process. Of the 10 complaints received, 2 were fully resolved during the quarter, while 8 remain under process, all of which relate to viral load testing issues requiring system-level resolution.

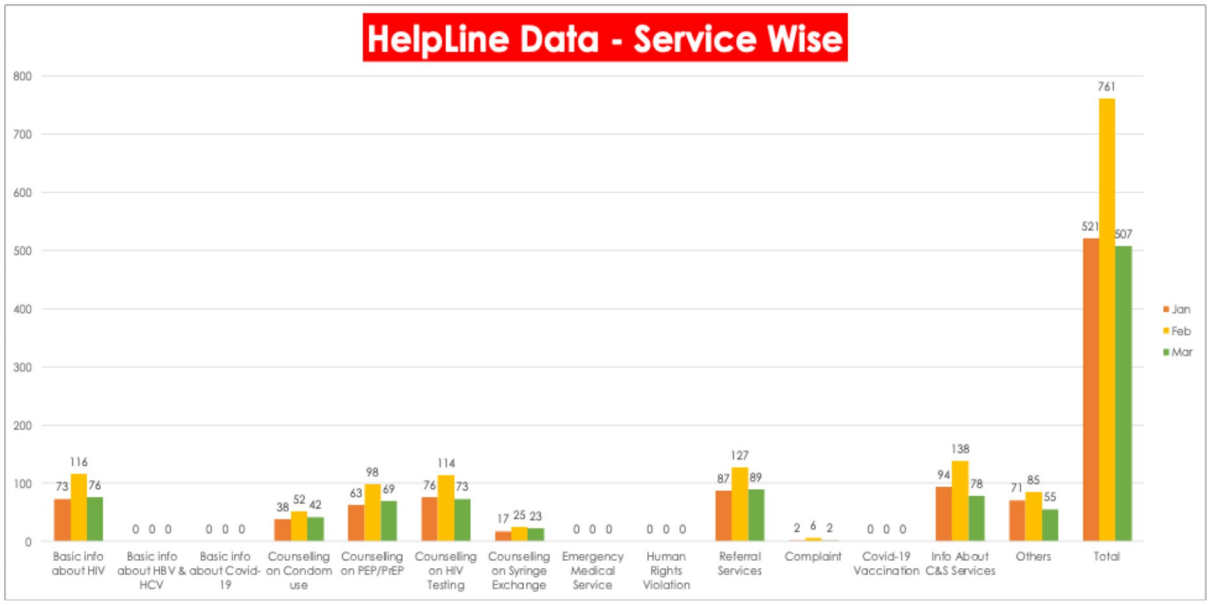
Annexure a (i, ii, iii): Graphical findings of Helpline Services



Graph i: Incoming Summary – Gender-Wise Calls Distribution



Graph ii: Incoming Summary – Province-Wise Call Distribution



Graph iii: Incoming Summary – Services-Wise Distribution.

SECTION 3

RECOMMENDATIONS

Strategic Priorities for Q2 2026 and Beyond

5	80%	10
Strategic Priorities	VL-Related Complaints	Action Areas

1. RECOMMENDATIONS

Based on the findings from Community-Led Monitoring, ART centre assessments, beneficiary feedback, helpline data, and the complaints and redressal mechanism during Q1 2026, the following recommendations are proposed to address priority system gaps and improve the quality, equity, and continuity of HIV services across Pakistan.

Priority 1: Restore and Expand Viral Load Testing Access

Viral load monitoring is the cornerstone of effective ART management, yet this quarter's data reveals it as the single most fragile element of the service delivery chain. The evidence is unambiguous: 80 percent of all complaints (8 out of 10) related to VL testing issues, reported from four provinces. VL testing uptake by the PLHIVs ranged from 100 percent in KPK to just 20 percent in Baluchistan during the last six months. No functional VL facility existed in KPK or Baluchistan, leaving beneficiaries dependent on referral pathways that, in practice, many are not navigating successfully. Only one facility provides the VL services in entire Sindh province.

The underlying driver is clear. Following changes in the Aga Khan testing arrangement, ART centres and provincial programs lack formal guidance on updated VL referral mechanisms. This information vacuum is translating directly into service disruption, as evidenced by the cluster of four VL complaints from a single facility (**Civil Hospital Karachi**) within a single week in February.

Three actions are needed immediately. First, CMU should issue a national directive clarifying VL referral pathways, responsibilities, and timelines for every province, ensuring every ART centre knows exactly where to send samples and what turnaround to expect. Second, administrative bottlenecks preventing existing VL machines from functioning must be resolved on a priority basis. Third, CMU should develop contingency protocols so that disruption at any single referral lab does not cascade into province-wide service gaps.

Priority 2: Close the Staffing and Counselling Quality Gap in Punjab

Punjab serves the largest beneficiary cohort (50 out of 120) yet recorded the weakest performance on staffing and counselling indicators. Only 40 percent of beneficiaries found a counsellor present during their visit. HIV physician availability stood at 64 percent, compared to 100 percent in Sindh and ICT. These are not marginal gaps; they represent a fundamental shortfall in the human resources required to deliver quality ART services.

The downstream impact is measurable. Only 58 percent of Punjab beneficiaries reported adequate counselling time, 50 percent received practical ART adherence methods, and just 62 percent found counselling helpful. These figures stand in stark contrast to Sindh and KPK, where all counselling indicators reached 100 percent. Punjab also recorded the lowest overall satisfaction, with only 6 percent of beneficiaries highly satisfied compared to 100 percent in Sindh and KPK.

The Punjab PACP should conduct an immediate staffing review of all 10 ART centres to identify which centres lack dedicated counsellors and physicians and why. Where permanent postings are not feasible in the short term, rotational assignments, tele-counselling mechanisms, or task-shifting arrangements should be deployed. The goal should be measurable: counsellor and physician availability above 90 percent by Q3 2026.

Priority 3: Fix the Referral System Before It Fails

The referral system, which connects ART centres to critical services like PMTCT, Early Infant Diagnosis, STI treatment, and violence prevention, is functioning well in KPK but is close to non-functional in Punjab and ICT. In Punjab, readiness for violence prevention was 4 percent, PMTCT 16 percent, EID 14 percent, and VL sample collection was just 6 percent.

In ICT, no readiness was reported for violence prevention, PMTCT, or EID support. These are not service delivery challenges; they represent a near-complete absence of referral linkages for the most vulnerable beneficiaries.

Equally concerning, the APLHIV helpline, which serves as the primary community accountability mechanism, had zero awareness in Sindh and only 60 percent in ICT. This means beneficiaries in these provinces have no functional pathway to report complaints, access LTFU support, or receive referral guidance outside the ART centre.

Two parallel interventions are required. First, NACP/CMU should reissue standard referral protocols to all ART centres, with province-specific referral directories that identify the nearest service points for PMTCT, EID, STI, transgender hormonal support, and VL sample collection. Second, helpline visibility must be treated as a compliance requirement, not a suggestion. Every ART centre should display helpline information prominently, and staff should be mandated to inform clients about the service during their first visit.

Priority 4: Address Infrastructure Deficits and Supply Chain Failures

The infrastructure findings are well established but unchanged. Only 20 percent of Punjab centres and 50 percent of KPK centres met the minimum three-room requirement. No centres in Baluchistan or ICT had separate rooms for different genders. These conditions compromise confidentiality and make gender-responsive service delivery structurally impossible.

On the supply side, contraceptive stock-outs reached 33 percent in Baluchistan, effectively eliminating integrated prevention services in the province. These supply chain gaps are not primarily about funding; they reflect a forecasting and distribution system that does not treat contraceptives with the same urgency as ARVs.

CMU should integrate contraceptives into the same supply chain monitoring and buffer stock protocols used for ARVs, with quarterly stock audits as a standing agenda item in provincial review meetings.

Priority 5: Confront Stigma Beyond ART Centre Walls

Within ART centres, the stigma picture has improved. No stigma or discrimination was reported in Sindh, KPK, or ICT during this quarter. However, the problem has not disappeared; it has migrated. In Baluchistan, 33 percent of beneficiaries reported being refused health services at hospitals due to their HIV status. In Punjab, the figure was 10 percent. These are not ART centre failures; they represent a broader health system that has not internalized the principle of non-discriminatory care.

Sensitization training that is limited to ART centre staff will not solve this. What is needed is institutional accountability. Provincial health departments should issue formal directives prohibiting HIV-status-based service denial, with a monitoring mechanism tied to hospital accreditation. The APLHIV helpline should be positioned as the reporting channel for such violations, with a clear escalation pathway to provincial health authorities. Facilities where repeated complaints are reported should face a formal review.

Cross-Cutting: Strengthen the Data-to-Action Pipeline

Two systemic issues cut across all five priorities. First, loss-to-follow-up tracking remains informalized. Punjab, Sindh, Baluchistan, KPK, and ICT had no LTFU policies at any of their centres. Without systematic tracking, clients who disengage from treatment become invisible to the system. NACP/CMU should develop and disseminate national LTFU tracking guidelines, supported by digital tools that enable real-time monitoring and re-engagement.

Second, the disconnect between CLM data and programmatic action needs to be closed. The 80 percent dominance of VL complaints this quarter is a powerful example of how complaint data can serve as an early warning system for systemic failures. Yet this insight is only useful if it

reaches decision-makers in time to act. CLM findings, helpline data, and complaint trends should be formally tabled at

Every provincial and national review meeting, with assigned action items and follow-up timelines. The goal is not more data collection; it is faster translation of evidence into intervention.

Finally, fund disbursement delays continue to constrain operations. APLHIV achieved 100 percent CLM coverage despite late disbursement, but this should not become the norm. Simplified and decentralized approval processes for operational expenses are essential to sustain the gains made in community-led monitoring and helpline services. The cost of delayed disbursement is not administrative; it is measured in missed calls, deferred outreach, and beneficiaries who fall through the cracks.