ASSOCIATION OF PEOPLE LIVING WITH HIV
PAKISTAN
Global Fund GC-7 Grant

QUARTERLY

Community-Led Monitoring Analysis Report

Findings from CLM of HIV Treatment Centres (ART Services), Helpline & Complaint Management Services

Q2 — 2026 April – June

24	132	5
ART Centres Visited	Beneficiaries Engaged	Provinces / Regions

Punjab · Sindh · Khyber Pakhtunkhwa · Baluchistan · ICT

SUBMITTED TO	PREPARED BY
NACP / Common Management Unit (CMU)	**M&E Unit, APLHIV Pakistan**

ACKNOWLEDGMENTS

APLHIV expresses sincere gratitude 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 the Common Management Unit (**CMU**) / National AIDS Control Program (**NACP**) for invaluable guidance, facilitation, and support throughout the period under review. The unwavering support and facilitation of the Provincial AIDS Control Programs (**PACPs**) are highly acknowledged and appreciated.

PLHIV and **care providers** at ART centres who provided insightful feedback during CLM activities across Pakistan are owed 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, and to all team members for providing essential resources, data, and access to facilities critical to this work.

It is always teamwork that makes the difference, and we at APLHIV are changemakers. We will continue to work in close collaboration, coordination, and partnership with our key stakeholders.

National Coordinator

APLHIV — Pakistan

Dated: July 2026

ACRONYMS

APLHIV	Association of People Living with HIV
AAAAQ	Availability, Accessibility, Affordability, Acceptability & Quality
ART	Anti-Retroviral Therapy
ARV	Anti-Retroviral
CD4	Cluster of Differentiation 4
CLM	Community-Led Monitoring
CLO	Community Liaison Officer
CMU	Common Management Unit
EID	Early Infant Diagnosis
HCP	Healthcare Professional / Provider
ICT	Islamabad Capital Territory
KPK	Khyber Pakhtunkhwa
KPs	Key Populations
LTFU	Loss to Follow-Up
MOV	Means of Verification
NACP	National AIDS Control Program
PACPs	Provincial AIDS Control Programs
PIMS	Pakistan Institute of Medical Sciences
PLHIV	People Living with HIV
PMTCT	Prevention of Mother-to-Child Transmission
PR	Principal Recipient
SR	Sub-Recipient
STI	Sexually Transmitted Infection
TG	Transgender
VL	Viral Load

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Executive Summary

This Quarterly Analysis Report presents the findings of the Community-Led Monitoring (CLM) carried out by the Association of People Living with HIV (APLHIV) during **Q2 2026 (April-June)** under the Global Fund GC-7 grant. During the quarter, APLHIV visited **24 ART centres** across five provinces and regions, **achieving 100% coverage**, and gathered structured feedback from **24 facility representatives** and **132 beneficiaries** (97 male, 25 female, and 10 transgender). Services were assessed against the five dimensions of the **Availability, Accessibility, Affordability, Acceptability, and Quality (AAAAQ)** framework. The report also reviews the performance of the **APLHIV toll-free helpline** and the **Complaint Management Mechanism (CMM)** for the same period. The overall AAAAQ score stood at **79%**, indicating a programme that performs well on most dimensions but carries clear, province-specific weaknesses that require targeted action.

Key Takeaways at a Glance

- **Overall performance is good (79%),** with the strongest results in Acceptability (89%) and Accessibility (82%), and the weakest in Quality (71%).
- **The patient experience is consistently positive:** staff were rated friendly and respectful by 100% of beneficiaries in every region, and ARV supply was uninterrupted across all centres.
- **Viral-load testing — service availability:** VL testing is functional at only 13 of 24 centres, and in most cases through referral rather than on-site provision.
    1. **Punjab:** 11/11 ART centres, functional by referral — samples collected and dispatched to PACP.
    2. **ICT:** 1/1 ART centres, functional by referral — samples dispatched to NIH.
    3. **Sindh:** 1/5 ART centres have semi-functional services in practice; they offer no referral pathway. Rather, PLHIV are simply referred to JPMC and made to bear the travel costs themselves; no blood-sample collection referral system.
    4. **KPK and Baluchistan:** no functional facility at all, on-site or by referral.
- **Viral-load testing — uptake outcomes:** Where testing is available, uptake remains low. Only 38% of Punjab beneficiaries and 0% in ICT were tested in the last six months despite having functional referral facilities; Sindh, KPK and Baluchistan sit at 0% because no VL services exist within the targeted ART centers.
- **Punjab needs the most support (77%),** driven by the counselling experience and the lowest satisfaction of any region (3.69 out of 5).
- **KPK performs strongly (84%):** KPK performs strongly this quarter, with an overall AAAAQ. The main outstanding gap is viral-load testing, which remains unavailable in the province, as no KPK centre offers it on-site or by referral.
- **Two gaps are near-universal:** gender-segregated consultation rooms were absent at every centre, and referral readiness for specialised services is uneven, especially in Punjab.

- **The toll-free helpline remained active:** it handled 2,801 calls against a target of 2,300 (**122%**) per the GC-7 performance framework, comprising 679 incoming and 2,122 outgoing calls, and delivered 814 service interactions, led by information and referral services. A missed-call callback facility allows the team to reach beneficiaries who leave a missed call on the toll-free number.

  Of 15 complaints logged through the CMM, 2 (13%) were resolved, and 13 remain unresolved; **viral-load testing** was the leading complaint, with the unresolved cases concentrated in Baluchistan (5), KPK (4), and Sindh (4).

Table ES-1: AAAAQ scorecard by province and region, Q2 2026 (mean % of favourable responses).

Province / Region	Avail.	Access.	Afford.	Accept.	Quality	OVERALL
Punjab	79%	81%	76%	86%	66%	**77%**
Sindh	78%	84%	70%	86%	75%	**79%**
Khyber Pakhtunkhwa	83%	80%	85%	100%	71%	**84%**
Baluchistan	67%	83%	77%	88%	71%	**77%**
Islamabad (ICT)	100%	72%	60%	100%	100%	**86%**
Total % (visited ART Centres against AAAAQ)	**77%**	**82%**	**75%**	**89%**	**71%**	**79%**

Colour key: 80–100% 50–79% below 50%

The patient experience is consistently positive. Every beneficiary across all five regions reported that ART centre staff were friendly and respectful. Confidentiality was well protected, and reported stigma at ART centres was minimal. Antiretroviral (ARV) supply was a particular strength: no centre reported an ARV stock-out/shortrages over the preceding six months, and all centres visited during the quarter held sufficient stock at the time of the visit. Among beneficiaries, 100% confirmed no interruption in their ARV medication supply. Mean overall satisfaction was **4.35 out of 5**.

Stigma persists in the wider health system.

In Baluchistan, 67% of beneficiaries reported being refused hospitalization outside the ART centre because of their HIV status.

In Punjab: 46% of beneficiaries reported being refused hospitalization, and 45% while accessing other health-care services outside the ART centre because of their HIV status.

In Sindh: 27% of beneficiaries reported being refused hospitalization, and 27% while accessing other health-care services outside the ART centre because of their HIV status.

Active discrimination that pushes people away from routine health services and undermines the treatment cascade. This is a health-system stigma issue beyond the ART network's direct control and needs escalation with provincial health authorities

Province-specific weaknesses require targeted attention.

Punjab: Recorded the lowest overall score (77%), driven by the counselling experience: only 47% of beneficiaries found counselling helpful, 53% were given practical adherence methods, and satisfaction with VL service quality was just 33%, reflected in the lowest mean satisfaction of any region (3.69).

Baluchistan: Faces facility-level gaps, with lab staff available to only 33% of beneficiaries and a dedicated HIV physician to 67%.

Sindh: Weakness is referral readiness for specialised services (early infant diagnosis 0%, VL sample collection 22%).

While ICT, despite the highest overall score (86%), shows near-zero referral readiness.

Gender-segregated consultation space is a system-wide gap. Not one of the 24 centres visited had a gender-segregated consultation room (0% in every province). This is the only indicator to fail uniformly across the entire ART network, and it directly compromises privacy and dignity for all clients, acutely for women and transgender beneficiaries.

Referral readiness and community awareness are uneven.

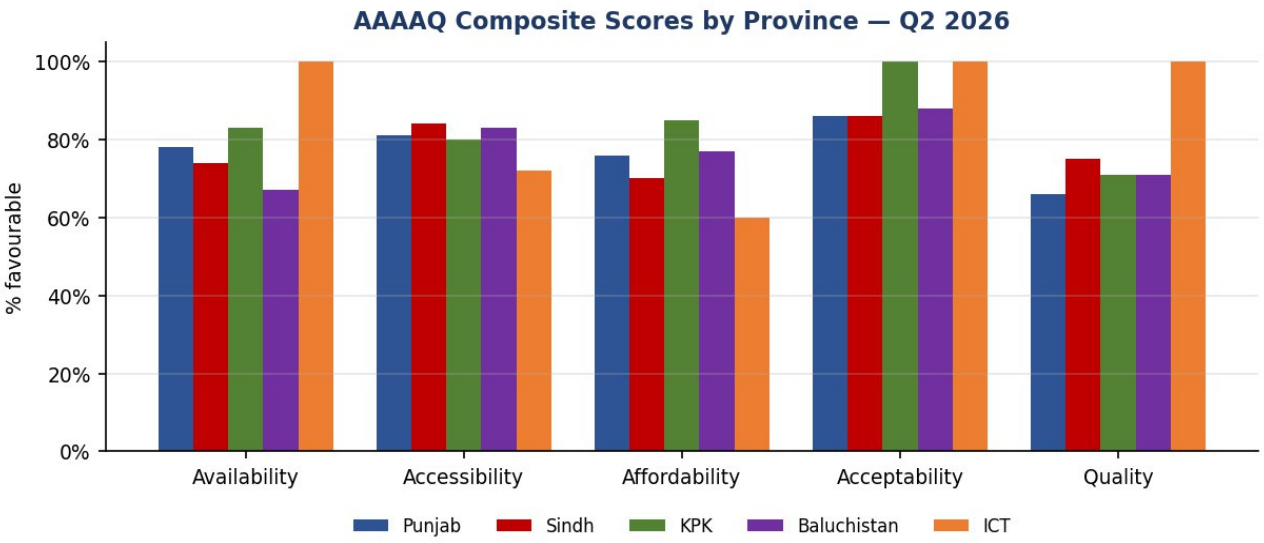
In Punjab, beneficiaries reported very low readiness to refer for violence prevention (2%), and VL sample collection (11%).

In Sindh, awareness of the helpline (90%) and complaint mechanism (95%) was strong, though referral readiness for early infant diagnosis (0%) and VL sample collection (22%) remained weak.

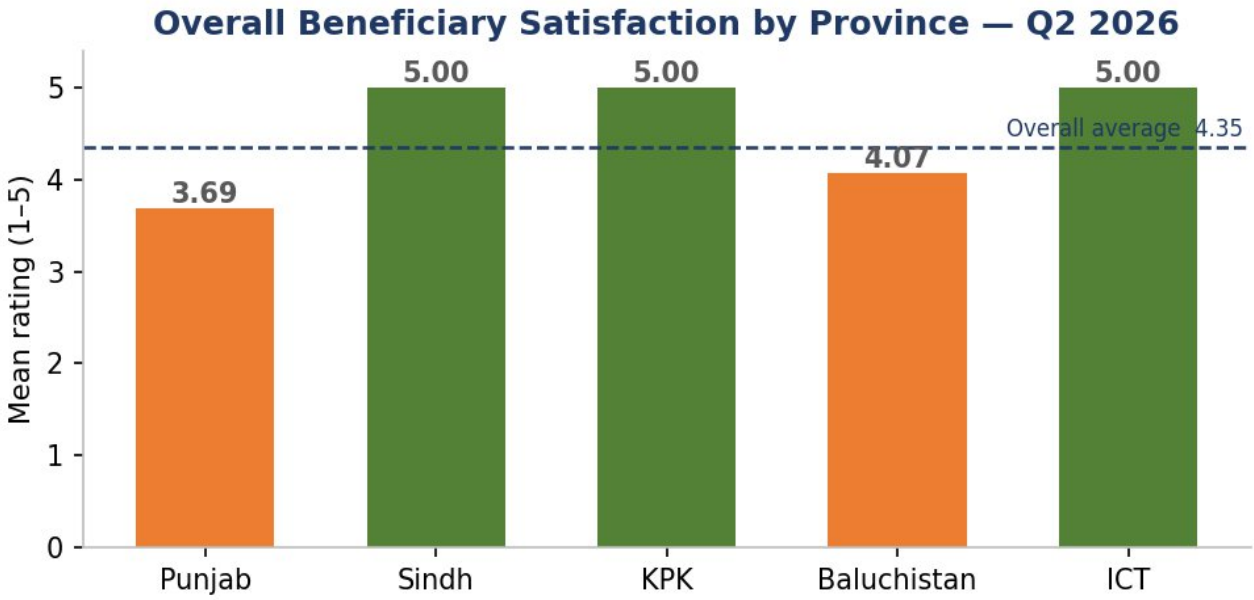
Loss-to-Follow-Up (LTFU) tracking policy/guidlines was applied inconsistently across provinces.

The toll-free helpline complemented facility services. During the quarter, it handled **2,801 calls** (679 incoming and 2,122 outgoing) and delivered **814 service interactions**, dominated by information about care and support services, referrals, and HIV counselling, confirming its role as an active linkage point into the treatment cascade. A missed-call callback facility enables the team to return missed calls, extending access to beneficiaries who cannot afford to stay on the line. Callers were predominantly male (86%), pointing to an outreach gap to women and transgender communities. Through the Complaint Management Mechanism (CMM), 15 complaints were logged and 2 resolved (**13% resolution rate**); **non-availability of viral-load testing** was the leading complaint, and the 13 unresolved cases were concentrated in Baluchistan (5), KPK (4), and Sindh (4), reinforcing the viral-load access gap noted above.

In summary, the National ART network, supported by an active toll-free helpline, delivers respectful, accessible, and well-supplied services. Its impact is constrained, however, by low viral-load non-avalibility/utilisation, uneven counselling quality, gaps in referral pathways, and a low complaint-resolution rate. Acting on these findings, through closer coordination with the CMU and Provincial AIDS Control Programs, simplified approvals, and timely fund disbursement, will be central to securing equitable and uninterrupted HIV services across Pakistan.



Graph ES-1: AAAAQ composite scores by province, Q2 2026 (mean % of favourable beneficiary responses).



Graph ES-2: Mean overall beneficiary satisfaction by province, Q2 2026 (scale 1-5; dashed line shows the overall average of 4.35 across the 24 visited ART centres).

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 addressing the needs of key populations. Established in 2008, APLHIV was formed in response to the absence of an appropriate platform for voicing and addressing the human-rights issues faced by people living with HIV and related populations, and to enhance their quality of life with dignity. APLHIV also serves as a vibrant venue facilitating collaboration among national and international organizations, enabling them to exchange HIV-related resources and engage in partnerships aimed at improving the quality, coverage, and impact of efforts to combat the HIV epidemic.

Under the Global Fund grant and the guidance of the Principal Recipient (PR), NACP/CMU, APLHIV is responsible for delivering Community-Led Monitoring (CLM) of HIV treatment centres across Pakistan, alongside operating helpline services that provide information, counselling, referral support, linkage with the treatment cascade, tracking and re-linkage of LTFU cases, and complaint management for PLHIV and affected communities. This initiative addresses barriers in access to and use of HIV treatment, care, and support services, including human-rights, gender-based, and other barriers, enabling the program to understand and respond to the challenges encountered by PLHIV and key populations.

This report presents the findings of CLM on Antiretroviral Therapy (ART) Centres undertaken by APLHIV during Q2 2026, focusing on feedback collected from both PLHIV beneficiaries and service providers. The purpose is to assess the effectiveness of ART Centres in delivering services to PLHIV and to gather input from both facility representatives and beneficiaries to inform evidence-based improvements.

SECTION 1 — Community-Led Monitoring Report

1.1 Objective

The objective of the Community-Led Monitoring (CLM) exercise is to systematically assess the quality, accessibility, and responsiveness of HIV treatment, care, and support services delivered at Antiretroviral Therapy (ART) centres across Pakistan, from the perspective of the people who use them. By collecting structured feedback from both service providers and beneficiaries, CLM generates community-grounded evidence that enables APLHIV, NACP/CMU, and the Provincial AIDS Control Programs to identify service gaps, monitor performance over time, and design responsive corrective actions.

1.2 Scope of Work

The assessment is structured around the Availability, Accessibility, Affordability, Acceptability, and Quality (AAAAQ) framework, ensuring a comprehensive evaluation of HIV service delivery in each province. The five dimensions are defined as follows:

- **Availability** — the presence of trained personnel (counsellors, lab staff, dedicated HIV physicians), functional viral-load services, and an uninterrupted supply of ARVs and commodities.
- **Accessibility** — the ease with which beneficiaries can reach and use services, including convenient timings, reachable locations, non-discriminatory access, and readiness of staff to refer and link clients to needed services.
- **Affordability** — the direct and indirect costs (travel time and out-of-pocket expenditure) incurred by beneficiaries to access ART services.
- **Acceptability** — the degree to which services are delivered with respect, privacy, confidentiality, and freedom from stigma and discrimination.
- **Quality** — the technical adequacy of clinical and counselling services, including viral-load testing, adherence counselling, and patient education.

1.3 Methodology

CLM data for Q2 2026 (April–June) were collected through structured feedback tools administered at ART centres. Two instruments were used: a facility-level Healthcare Provider (HCP) tool completed with a centre representative, and a beneficiary tool administered to People Living with HIV (PLHIV) accessing services. Responses were coded against the AAAAQ framework, with each indicator scored as favourable or unfavourable; negatively framed items (such as stock-outs, denial of service, or experiences of stigma) were reverse-coded so that a higher percentage consistently reflects a better outcome. Provincial and national rates represent the share of valid responses recording a favourable outcome. Free-text suggestions were reviewed qualitatively.

During the period under review, CLM was conducted at **24 ART centres**, capturing feedback from **24 facility representatives** and **132 beneficiaries** across five provinces and regions. The regional distribution of the sample is presented in Table 1.

Table 1: Regional distribution of CLM sample, Q2 2026.

Province / Region	ART Centres (HCP)	Beneficiaries	Male	Female	Transgender
Punjab	11	55	42	12	1
Sindh	5	37	24	8	5
Khyber Pakhtunkhwa (KPK)	4	20	17	1	2
Baluchistan	3	15	11	3	1
Islamabad Capital Territory (ICT)	1	5	3	1	1
Total	24	132	97	25	10

1.4 Regional HCP (Facility) Overview

The facility assessments show a strong common foundation alongside marked provincial variation. ARV supply was a system-wide strength: no centre reported an ARV stock-out over the previous six months, and all sampled centres held sufficient stock at the time of the visit On-site viral-load (VL) testing was functional at 13 of the 24 centres, namely all centres in Punjab (*where blood samples are collected and dispatched to the PACP, Punjab)* and the ICT centre *(where blood samples collected and dispatched to the NIH, ICT)*, together with one centre in Sindh via *(referral to JPMC hospital Karachi)*, while no centre in KPK or Baluchistan had a functional VL facility. CD4 testing showed the opposite pattern, being functional more widely in KPK and only sparingly in Punjab. Two infrastructure gaps were near-universal: gender-segregated consultation rooms were absent at every centre visited, and only a minority of centres met the minimum requirement of three or more rooms. Authorised staffing, documented LTFU tracking policies/guidelines, and data-privacy guidelines were present consistently in most regions but were notably weaker in Baluchistan. These province-level differences are examined in the assessments that follow.

1.5 Beneficiary Feedback

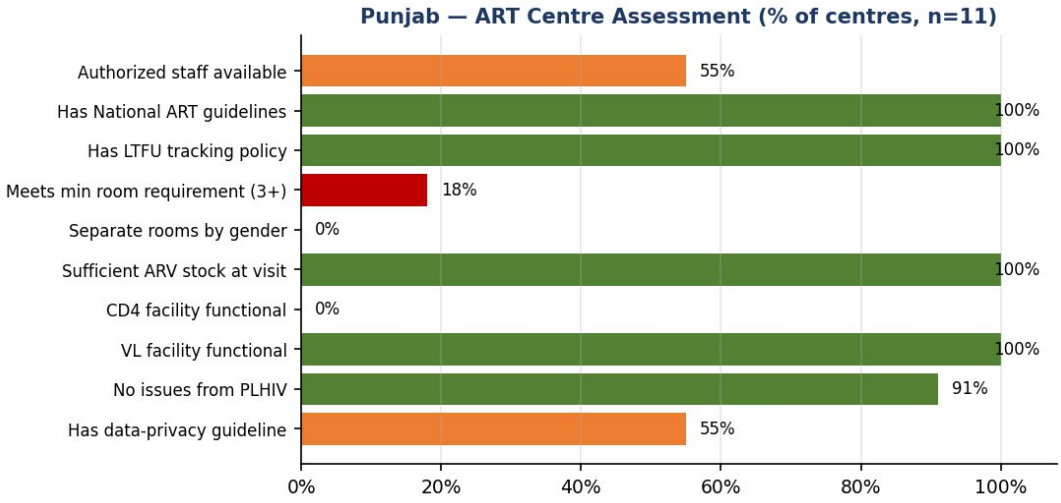
Beneficiary feedback was assessed across the AAAAQ dimensions, covering: availability of staff and commodities; accessibility and convenience of services; affordability (travel time and cost); acceptability, privacy, and freedom from stigma; quality of clinical and counselling services; referral and linkage readiness; and overall satisfaction. The province-wise analysis below presents the facility (HCP) assessment followed by the beneficiary feedback for each province.

Punjab

At a glance: Overall AAAAQ score 77%. Strongest dimension: Acceptability (86%); weakest: Quality (66%). Counselling quality and viral-load uptake are the main areas to strengthen.

In Punjab, CLM covered **11 ART centres** and **55 beneficiaries** (42 male, 12 female, 1 transgender). The province recorded an overall AAAAQ composite of **77%**.

i. Analysis — ART Centres Assessment (HCP)



Graph: Punjab — facility (HCP) assessment, Q2 2026 (% of centres, n=11).

Key Findings

- **Staffing & guidelines:** Authorised staff were available at 55% of centres; national ART guidelines were present at 100%, an LTFU tracking policy/guideline at 100%, and a data-privacy guideline at 55%.
- **Infrastructure:** 18% of centres met the minimum room requirement (three or more rooms), and 0% had gender-segregated rooms.
- **Commodity supply:** All 11 centres held sufficient ARV stock at the time of the visit, and all centres reported no ARV stock-out over the previous six months; 100% reported no VL/CD4/test-kit stock-out in the last three months.
- **Diagnostics:** On-site CD4 facilities were functional at 0% of centres; VL testing was available at 100% of centres through referral, with blood samples collected and dispatched to the PACP.
- **Client relations:** 91% of centres reported no issues or complaints raised by PLHIV during the period.

ii. Analysis — Feedback from Beneficiaries

Availability

On availability (composite 79%), a counsellor was available to 73% of beneficiaries, qualified lab staff to 65%, and a dedicated HIV physician to 64%. ARV medicine supply was reliable: 100%

reported no ARV stock-out over the past six months, and 73% reported an uninterrupted contraceptive supply. Viral-load services were reported available to 100% of beneficiaries.

Accessibility

Accessibility was strong (composite 81%). Staff were prepared to refer and link clients to additional services in 80% of cases, and 89% reported that no services had been denied to them at the ART Center. A viral-load test in the last six months was recorded for 38% of beneficiaries.

Affordability

Beneficiaries travelled on average 54 minutes to reach the centre (range 10–120 minutes) and spent an average of PKR 373 per visit (range PKR 70–1,500).

Acceptability

Acceptability was strong (composite 86%). Every dimension of respectful care scored well at the ART centre: 100% of beneficiaries found staff friendly and respectful, 89% confirmed that privacy and confidentiality were maintained, and 98% were satisfied with staff attitude. Freedom from stigma or discrimination at the centre was reported by 98%.

Beyond the ART centre, refusal of care was assessed only among beneficiaries who sought such services. Of those who required hospitalization, 46% reported being refused on account of their HIV status; of those who sought other outside health services, 45% reported refusal. Respondents who did not need to access these services during the period are excluded from these figures to avoid understating or overstating the true refusal rate.

Quality

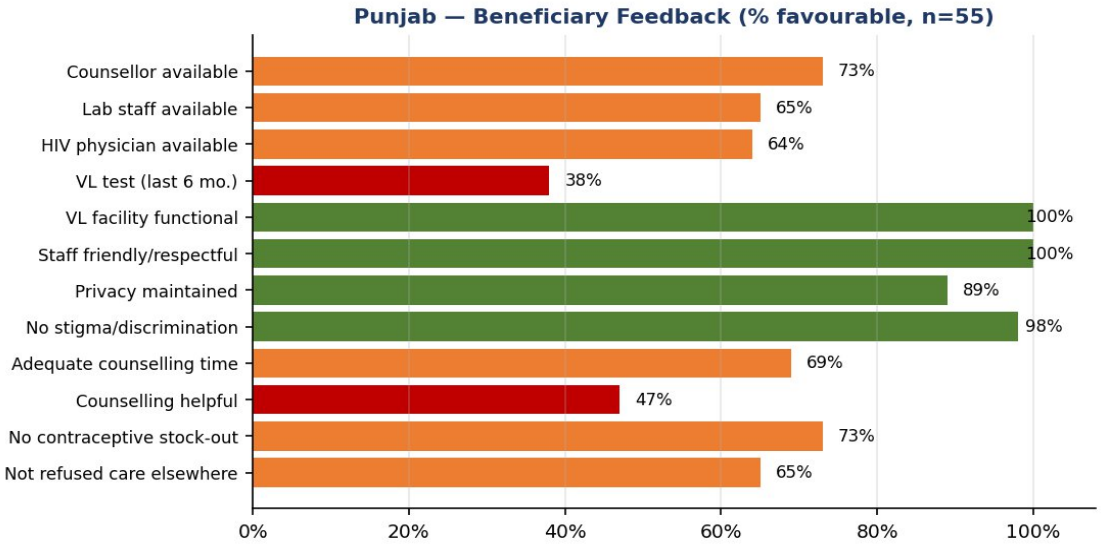
On quality (composite 66%), the VL facility was functional for 100% of beneficiaries, and 33% of those who used VL services were satisfied with their quality. Counselling was sound where it was delivered: 69% reported adequate counselling time, 73% received proper adherence counselling, 53% were given practical methods to support adherence, and 85% were informed about ARV side-effects. Overall, 47% of beneficiaries found the counselling helpful.

Referral & Linkage Readiness

Beneficiaries reported the centre's readiness to refer them for specific services as follows: violence prevention 2%, transgender hormonal support 5% *(assessed among transgender respondents only, n = 1)*, STI treatment 47%, and VL sample collection 11%. Awareness of the APLHIV toll-free helpline stood at 98% and of the complaint mechanism at 98%.

Overall Satisfaction

Mean overall satisfaction was 3.69 out of 5, with 62% of beneficiaries rating their experience 4 or 5.



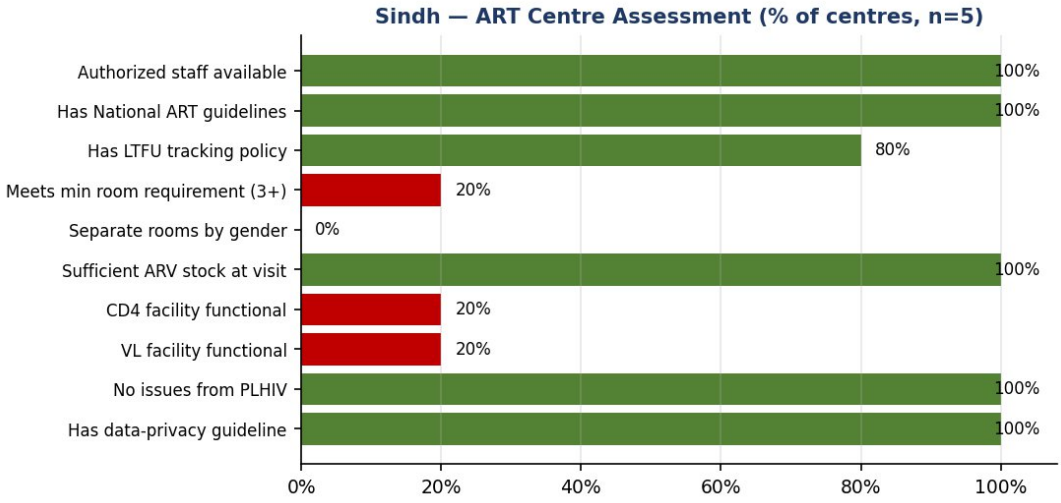
Graph: Punjab — beneficiary feedback on key indicators, Q2 2026 (% favourable, n=55).

Sindh

At a glance: Overall AAAAQ score 79%. Strongest dimension: Acceptability (86%); weakest: Affordability (70%). Clinical and counselling services are strong; VL testing and referral mechanism is the main gap.

In Sindh, CLM covered **5 ART centres** and **37 beneficiaries** (24 male, 8 female, 5 transgender). The province recorded an overall AAAAQ composite of **79%**.

i. Analysis — ART Centres Assessment (HCP)



Graph: Sindh — facility (HCP) assessment, Q2 2026 (% of centres, n=5).

Key Findings

- **Staffing & guidelines:** Authorised staff were available at 100% of centres; national ART guidelines were present at 100%, an LTFU tracking policy/guideline at 80%, and a data-privacy guideline at 100%.
- **Infrastructure:** 20% of centres met the minimum room requirement (three or more rooms), and 0% had gender-segregated rooms.
- **Commodity supply:** All 5 centres held sufficient ARV stock at the time of the visit, and all centres reported no ARV stock-out over the previous six months; 60% reported no VL/CD4/test-kit stock-out in the last three months.
- **Diagnostics:** On-site CD4 facilities were functional at 20% of centres; VL testing was available at 20% of centres through referral, with PLHIV simply referred to JPMC and made to bear the travel cost themselves, no blood-sample collection and no structured referral system.
- **Client relations:** 100% of centres reported no issues or complaints raised by PLHIV during the period.

ii. Analysis — Feedback from Beneficiaries

Availability

On availability (composite 74%), a counsellor was available to 100% of beneficiaries, qualified lab staff to 100%, and a dedicated HIV physician to 100%. Medicine supply was reliable: 100% reported

no ARV stock-out over the past six months, and 54% reported an uninterrupted contraceptive supply. Viral-load services were reported available to 14% of beneficiaries via referral to JPMC hospital.

Accessibility

Accessibility was strong (composite 84%). Staff were prepared to refer and link clients to further services in 73% of cases, and 81% reported that no service had been denied to them within the ART center.

Affordability

Beneficiaries travelled on average 60 minutes to reach the centre (range 30–120 minutes) and spent an average of PKR 611 per visit (range PKR 300–3,700).

Acceptability

Acceptability was strong (composite 86%). Every dimension of respectful care scored well at the ART centre: 100% of beneficiaries found staff friendly and respectful, 100% confirmed that privacy and confidentiality were maintained, and 73% were satisfied with staff attitude.

Beyond the ART centre, refusal of care was assessed only among beneficiaries who sought such services. Of those who required hospitalization, 27% reported being refused on account of their HIV status; of those who sought other outside health services, 27% reported refusal. Respondents who did not need to access these services during the period are excluded from these figures to avoid understating or overstating the true refusal rate.

Quality

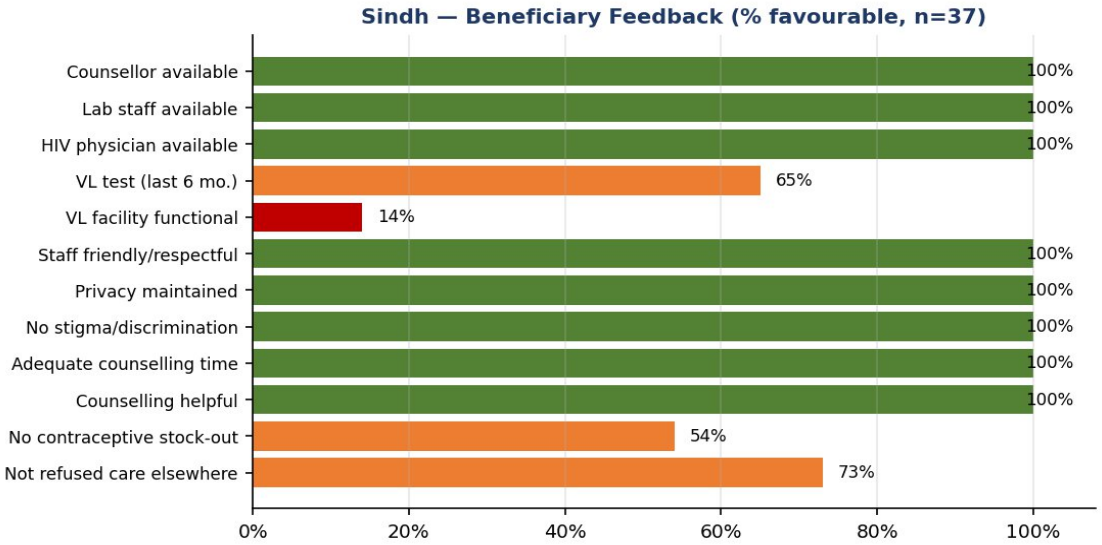
On quality (composite 75%), the on-site VL facility was functional for 14% of beneficiaries, and 14% of those who used VL services were satisfied with their quality. Counselling was sound where it was delivered: 100% reported adequate counselling time, 100% received proper adherence counselling, 100% were given practical methods to support adherence, and 100% were informed about ARV side-effects. Overall, 100% of beneficiaries found the counselling helpful.

Referral & Linkage Readiness

Beneficiaries reported the centre's readiness to refer them for specific services as follows: violence prevention 35%, transgender hormonal support 14% *Transgender hormonal support: 14% (assessed among transgender respondents only, n = 5)*, STI treatment 35%, early infant diagnosis 0%, and VL sample collection 22%. Awareness of the APLHIV toll-free helpline stood at 90% and of the complaint mechanism at 95%.

Overall Satisfaction

Mean overall satisfaction was 5.00 out of 5, with 100% of beneficiaries rating their experience 4 or 5.



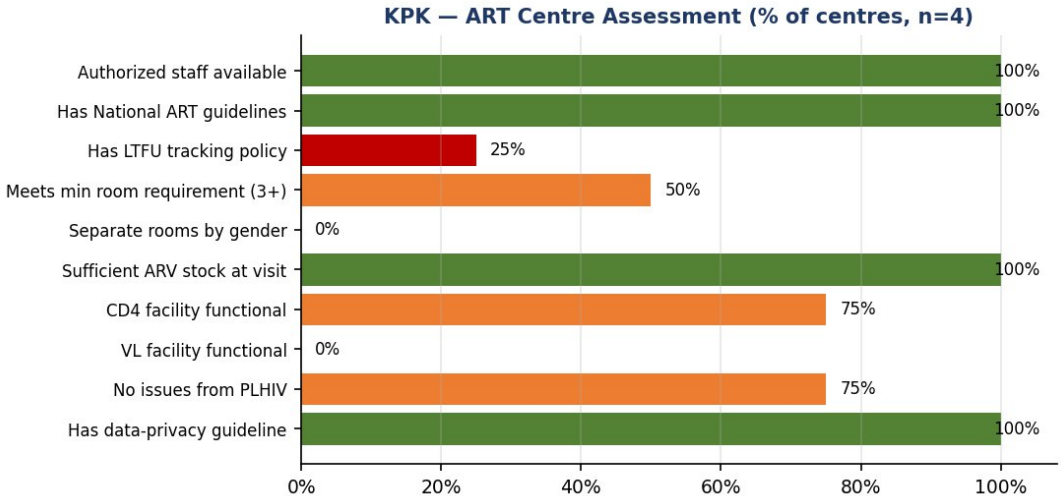
Graph: Sindh — beneficiary feedback on key indicators, Q2 2026 (% favourable, n=37).

Khyber Pakhtunkhwa (KPK)

At a glance: Overall AAAAQ score 84%. Strongest dimension: Acceptability (100%); weakest: Quality (71%). Clinical and counselling services are strong, but viral-load testing remains the main service gap.

In Khyber Pakhtunkhwa (KPK), CLM covered **4 ART centres** and **20 beneficiaries** (17 male, 1 female, 2 transgender). The province recorded an overall AAAAQ composite of **84%**.

i. Analysis — ART Centres Assessment (HCP)



Graph: Khyber Pakhtunkhwa (KPK) — facility (HCP) assessment, Q2 2026 (% of centres, n=4).

Key Findings

- **Staffing & guidelines:** Authorised staff were available at 100% of centres; national ART guidelines were present at 100%, an LTFU tracking policy/guideline at 25%, and a data-privacy guideline at 100%.
- **Infrastructure:** 50% of centres met the minimum room requirement (three or more rooms), and 0% had gender-segregated rooms.
- **Commodity supply:** All 4 centres held sufficient ARV stock at the time of the visit, and all centres reported no ARV stock-out over the previous six months; 75% reported no VL/CD4/test-kit stock-out in the last three months.
- **Diagnostics:** On-site CD4 facilities were functional at 75% of centres; no centre had a functional VL facility, on-site or by referral.
- **Client relations:** 75% of centres reported no issues or complaints raised by PLHIV during the period.

ii. Analysis — Feedback from Beneficiaries

Availability

On availability (composite 83%), a counsellor was available to 100% of beneficiaries, qualified lab staff to 100%, and a dedicated HIV physician to 100%. Medicine supply was reliable: 100% reported no ARV stock-out over the past six months, and 100% reported an uninterrupted contraceptive supply. On-site viral-load services were reported available to 0% of beneficiaries.

Accessibility

Accessibility was strong (composite 80%). Staff were prepared to refer and link clients to further services in 100% of cases, and 100% reported that no service had been denied to them. A viral-load test in the last six months was recorded for 0% of beneficiaries.

Affordability

Beneficiaries travelled on average 80 minutes to reach the centre (range 30–240 minutes) and spent an average of PKR 296 per visit (range PKR 100–1,000).

Acceptability

Acceptability was strong (composite 100%). Every dimension of respectful care scored well at the ART centre: 100% of beneficiaries found staff friendly and respectful, 100% confirmed that privacy and confidentiality were maintained, and 100% were satisfied with staff attitude. Freedom from stigma or discrimination at the centre was reported by 100%. Beyond the ART centre, refusal of care was assessed only among beneficiaries who sought such services. Of those who required hospitalization, 0% reported being refused on account of their HIV status; of those who sought other outside health services, 0% reported refusal. Respondents who did not need to access these services during the period are excluded from these figures to avoid understating or overstating the true refusal rate.

Quality

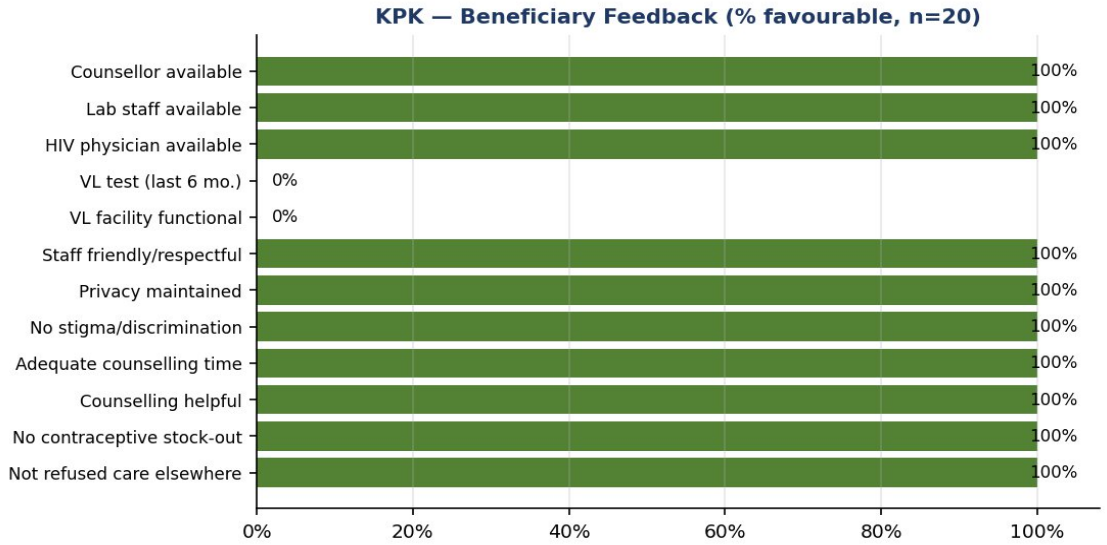
On quality (composite 71%), the VL facility was functional for 0% of beneficiaries, and 0% of those who used VL services were satisfied with their quality. Counselling was sound where it was delivered: 100% reported adequate counselling time, 100% received proper adherence counselling, 100% were given practical methods to support adherence, and 100% were informed about ARV side-effects. Overall, 100% of beneficiaries found the counselling helpful.

Referral & Linkage Readiness

Beneficiaries reported the centre's readiness to refer them for specific services as follows: violence prevention 95%, transgender hormonal support 10% (assessed among transgender respondents only, n = 2), STI treatment 100%, and VL sample collection 95%. Awareness of the APLHIV toll-free helpline stood at 100% and of the complaint mechanism at 100%.

Overall Satisfaction

Mean overall satisfaction was 5.00 out of 5, with 100% of beneficiaries rating their experience 4 or 5.



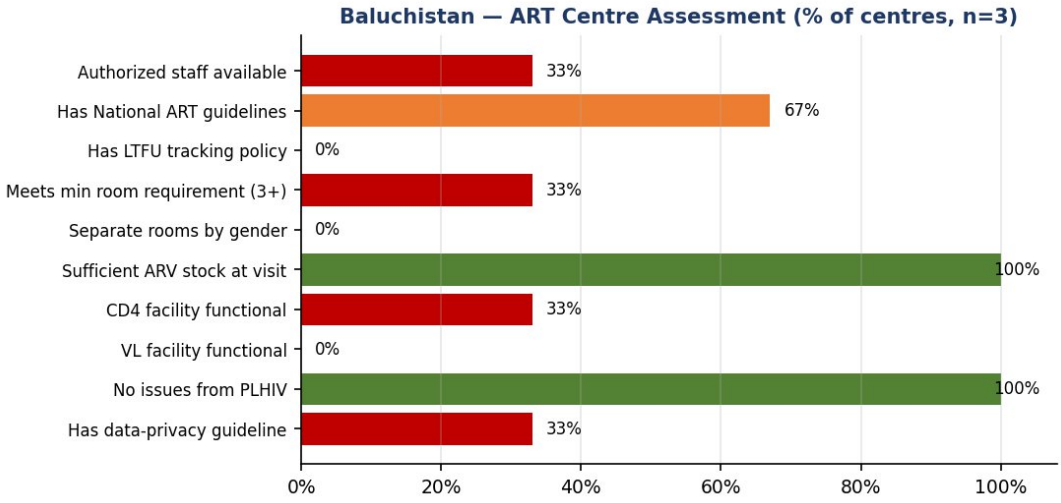
Graph: Khyber Pakhtunkhwa (KPK) — beneficiary feedback on key indicators, Q2 2026 (% favourable, n=20).

Baluchistan

At a glance: Overall AAAAQ score 77%. Strongest dimension: Acceptability (88%); weakest: Availability (67%). Respectful care is strong; lab staffing, specialist availability, and access to outside hospitals are the main gaps.

In Baluchistan, CLM covered **3 ART centres** and **15 beneficiaries** (11 male, 3 female, 1 transgender). The province recorded an overall AAAAQ composite of **77%**.

i. Analysis — ART Centres Assessment (HCP)



Graph: Baluchistan — facility (HCP) assessment, Q2 2026 (% of centres, n=3).

Key Findings

- **Staffing & guidelines:** Authorised staff were available at 33% of centres; national ART guidelines were present at 67%, an LTFU tracking policy/guideline at 0%, and a data-privacy guideline at 33%.
- **Infrastructure:** 33% of centres met the minimum room requirement (three or more rooms), and 0% had gender-segregated rooms.
- **Commodity supply:** All 3 centres held sufficient ARV stock at the time of the visit, and all centres reported no ARV stock-out over the previous six months; 100% reported no VL/CD4/test-kit stock-out in the last three months.
- **Diagnostics:** On-site CD4 facilities were functional at 33% of centres; no centre had a functional VL facility, on-site or by referral.
- **Client relations:** 100% of centres reported no issues or complaints raised by PLHIV during the period.

ii. Analysis — Feedback from Beneficiaries

Availability

On availability (composite 67%), a counsellor was available to 100% of beneficiaries, qualified lab staff to 33%, and a dedicated HIV physician to 67%. Medicine supply was reliable: 100% reported no ARV stock-out over the past six months, and 100% reported an uninterrupted contraceptive supply. On-site viral-load services were reported available to 0% of beneficiaries.

Accessibility

Accessibility was strong (composite 83%). Staff were prepared to refer and link clients to further services in 67% of cases, and 100% reported that no service had been denied to them. A viral-load test in the last six months was recorded for 47% of beneficiaries.

Affordability

Beneficiaries travelled on average 55 minutes to reach the centre (range 30–120 minutes) and spent an average of PKR 490 per visit (range PKR 200–1,000).

Acceptability

Acceptability was strong (composite 88%). Every dimension of respectful care scored well at the ART centre: 100% of beneficiaries found staff friendly and respectful, 100% confirmed that privacy and confidentiality were maintained, and 100% were satisfied with staff attitude. Freedom from stigma or discrimination at the centre was reported by 93%.

Beyond the ART centre, refusal of care was assessed only among beneficiaries who sought such services. Of those who required hospitalization, 0% reported being refused on account of their HIV status; of those who sought other outside health services, 67% reported refusal. Respondents who did not need to access these services during the period are excluded from these figures to avoid understating or overstating the true refusal rate.

Quality

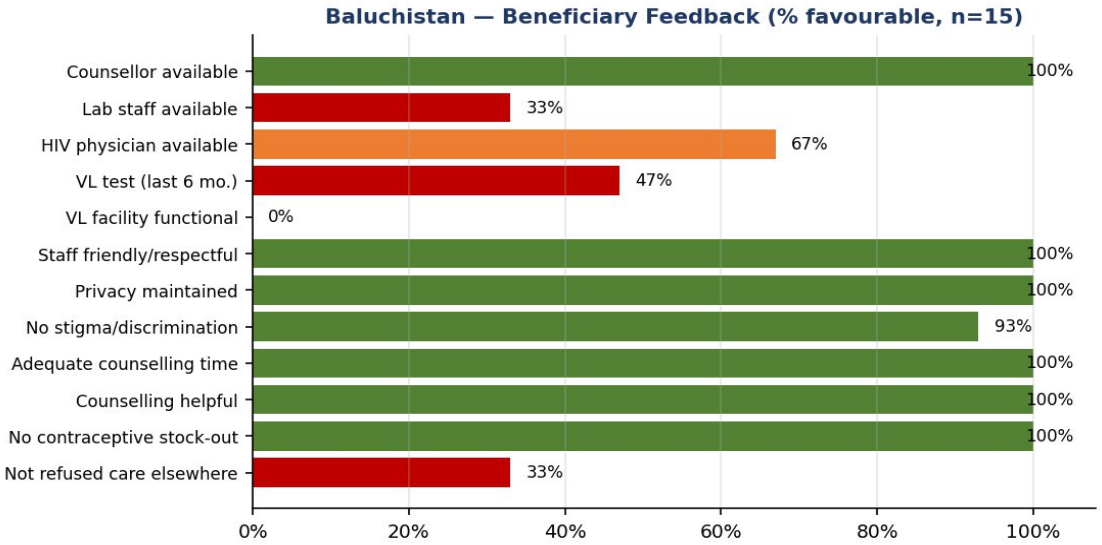
On quality (composite 71%), the on-site VL facility was functional for 0% of beneficiaries, and 0% of those who used VL services were satisfied with their quality. Counselling was sound where it was delivered: 100% reported adequate counselling time, 100% received proper adherence counselling, 100% were given practical methods to support adherence, and 100% were informed about ARV side-effects. Overall, 100% of beneficiaries found the counselling helpful.

Referral & Linkage Readiness

Beneficiaries reported the centre's readiness to refer them for specific services as follows: violence prevention 100%, transgender hormonal support 7% (assessed among transgender respondents only, n = 1), STI treatment 100%, and VL sample collection 100%. Awareness of the APLHIV toll-free helpline stood at 100% and of the complaint mechanism at 67%.

Overall Satisfaction

Mean overall satisfaction was 4.07 out of 5, with 100% of beneficiaries rating their experience 4 or 5.



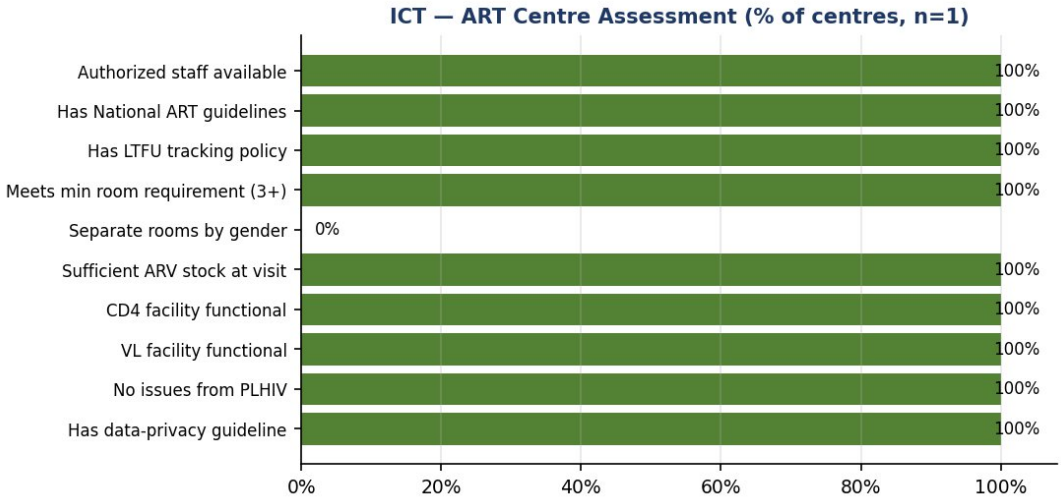
Graph: Balochistan — beneficiary feedback on key indicators, Q2 2026 (% favourable, n=15).

Islamabad Capital Territory (ICT)

At a glance: Overall AAAAQ score 86%. Strongest dimension: Availability (100%); weakest: Affordability (60%). Performance is strong across the board, with affordability and referral awareness the main areas to watch.

In Islamabad Capital Territory (ICT), CLM covered **1 ART centre** and **5 beneficiaries** (3 male, 1 female, 1 transgender). The ICTrecorded an overall AAAAQ composite of **86%**.

i. Analysis — ART Centres Assessment (HCP)



Graph: Islamabad Capital Territory (ICT) — facility (HCP) assessment, Q2 2026 (% of centres, n=1).

Key Findings

- **Staffing & guidelines:** Authorised staff were available at 100% of centre; national ART guidelines were present at 100%, an LTFU tracking policy/guideline at 100%, and a data-privacy guideline at 100%.
- **Infrastructure:** 100% of centre met the minimum room requirement (three or more rooms), and 0% had gender-segregated rooms.
- **Commodity supply:** The single centre held sufficient ARV stock at the time of the visit and reported no ARV stock-out over the previous six months; 0% reported no VL/CD4/test-kit stock-out in the last three months.
- **Diagnostics:** On-site CD4 facilities were functional at 100% of centre; VL testing was available at 100% of centres, with blood samples dispatched to the NIH.
- **Client relations:** 100% of centre reported no issues or complaints raised by PLHIV during the period.

ii. Analysis — Feedback from Beneficiaries

Availability

On availability (composite 100%), a counsellor was available to 100% of beneficiaries, qualified lab staff to 100%, and a dedicated HIV physician to 100%. Medicine supply was reliable: 100% reported no ARV stock-out over the past six months, and 100% reported an uninterrupted contraceptive supply. On-site viral-load services were reported available to 100% of beneficiaries.

Accessibility

Accessibility was moderate (composite 72%). Staff were prepared to refer and link clients to further services in 60% of cases, and 100% reported that no service had been denied to them. A viral-load test in the last six months was recorded for 0% of beneficiaries.

Affordability

Beneficiaries travelled on average 60 minutes to reach the centre (range 30–120 minutes) and spent an average of PKR 760 per visit (range PKR 300–1,000). 80% reached the centre within an hour, and 40% kept their cost at or below PKR 500 per visit, yielding an affordability score of 60%.

Acceptability

Acceptability was strong (composite 100%). Every dimension of respectful care scored well at the ART centre: 100% of beneficiaries found staff friendly and respectful, 100% confirmed that privacy and confidentiality were maintained, and 100% were satisfied with staff attitude. Freedom from stigma or discrimination at the centre was reported by 100%.

Beyond the ART centre, refusal of care was assessed only among beneficiaries who sought such services. Of those who required hospitalization, 0% reported being refused on account of their HIV status; of those who sought other outside health services, 0% reported refusal. Respondents who did not need to access these services during the period are excluded from these figures to avoid understating or overstating the true refusal rate.

Quality

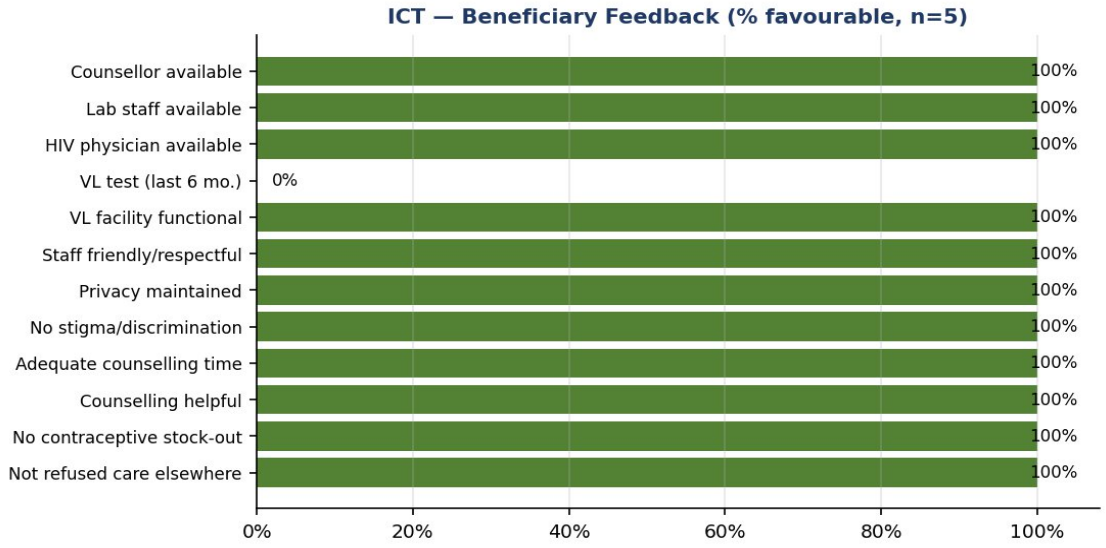
On quality (composite 100%), the on-site VL facility was functional for 100% of beneficiaries, and 100% of those who used VL services were satisfied with their quality. Counselling was sound where it was delivered: 100% reported adequate counselling time, 100% received proper adherence counselling, 100% were given practical methods to support adherence, and 100% were informed about ARV side-effects. Overall, 100% of beneficiaries found the counselling helpful.

Referral & Linkage Readiness

Beneficiaries reported the centre's readiness to refer them for specific services as follows: violence prevention 0%, transgender hormonal support 0%(assessed among transgender respondents only, n = 1), STI treatment 0%, and VL sample collection 80%. Awareness of the APLHIV toll-free helpline stood at 0%, and of the complaint mechanism at 0%.

Overall Satisfaction

Mean overall satisfaction was 5.00 out of 5, with 100% of beneficiaries rating their experience 4 or 5.



Graph: Islamabad Capital Territory (ICT) — beneficiary feedback on key indicators, Q2 2026 (% favourable, n=5).

SECTION 2 — Toll-Free Helpline

At a glance: The APLHIV toll-free helpline handled 2,801 calls (679 incoming and 2,122 outgoing) and delivered 814 service interactions during Q2 2026, supported by a missed-call call-back facility. Information, referral, and counselling services dominated demand. Fifteen formal complaints were logged, of which two (13%) were resolved; viral-load testing was the leading complaint, and the thirteen unresolved cases were spread across Balochistan, KPK, and Sindh.

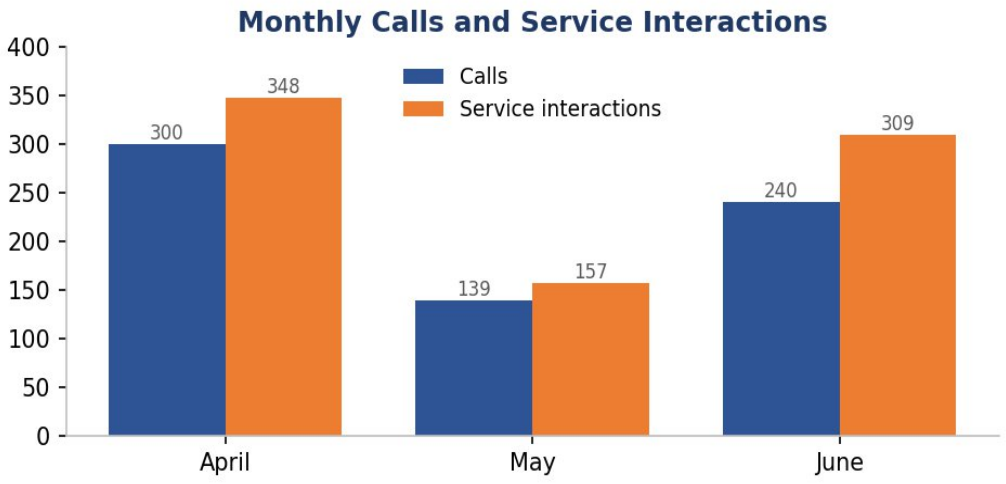
The APLHIV toll-free helpline is a central channel for information, counselling, referral and linkage, tracking and re-linkage of loss-to-follow-up (LTFU) cases, and complaint management for people living with HIV (PLHIV) and affected communities. This section summarises the helpline's performance during Q2 2026 (April–June), drawing on the Helpline Second Quarter Call Report and the Complaint Management Mechanism (CMM) tracker maintained with the CMU.

2.1 Call Volume and Reach

Over the quarter, the helpline handled a total of **2,801 calls** against a target of 2,300 (**122%**) per the GC-7 performance framework, comprising **679 incoming calls** and **2,122 outgoing calls**, and provided **814 service interactions** (a single call often involves more than one service). A missed-call call-back facility allows the team to call beneficiaries back even when they leave only a missed call on the toll-free number, extending access to those who cannot afford to stay on the line. Incoming call volume was highest in April (300), declined in May (139), and recovered in June (240).

Table 2.1: Helpline calls and service interactions by month, Q2 2026.

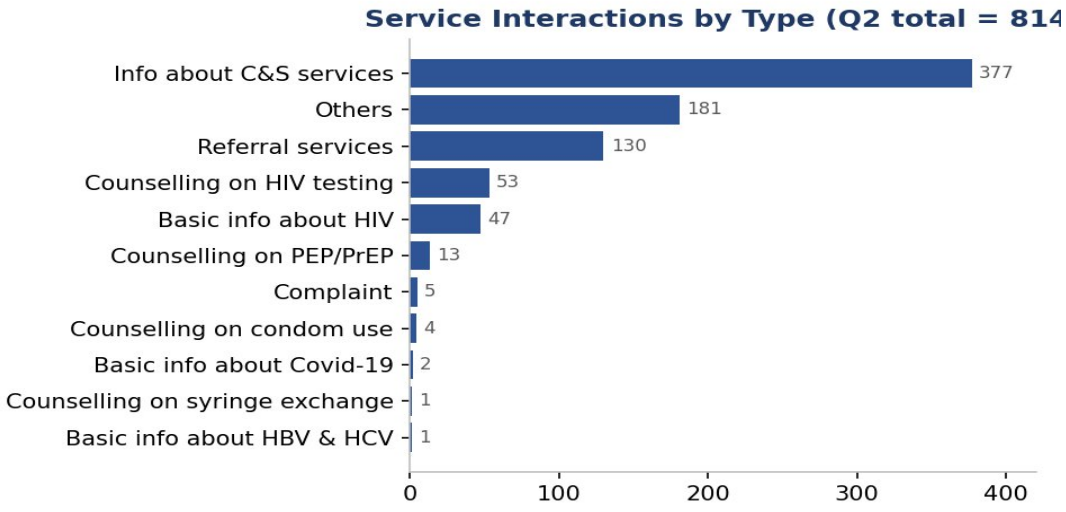
Month	Calls	Service Interactions
April	300	348
May	139	157
June	240	309
Total	679	814



Graph 2.1: Monthly calls and service interactions, Q2 2026.

2.2 Services Provided

Demand was led by information and referral services. **Information about care and support (C&S) services** was the single largest category at 377 interactions (46% of the total), followed by **other queries** (181, 22%) and **referral services** (130, 16%). Clinical-counselling demand was concentrated in **HIV-testing counselling** (53) and **basic HIV information** (47), with smaller volumes for PEP/PrEP counselling (13) and condom-use counselling (4). The high volume of referral services confirms that the helpline functions as an active linkage point into the treatment cascade, not merely an information line.



Graph 2.2: Service interactions by type, Q2 2026 (total = 814).

2.3 Caller Profile

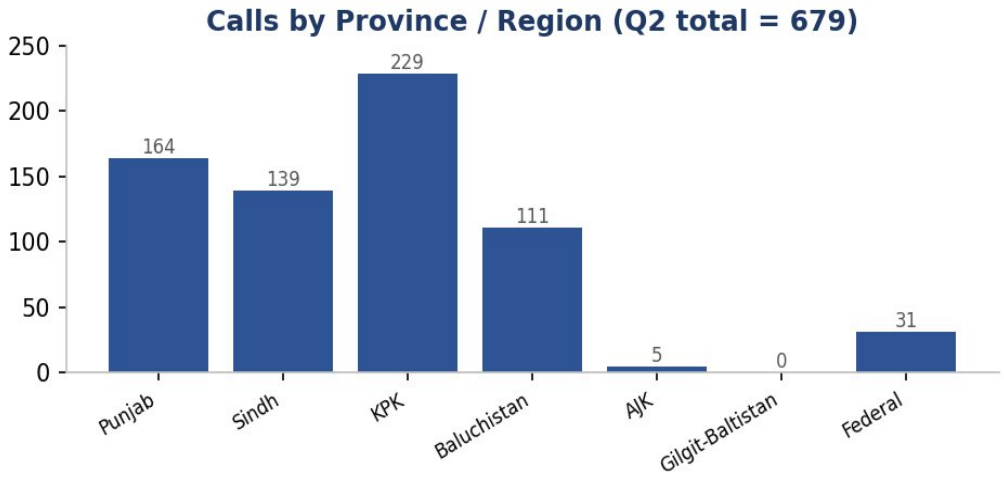
By gender, callers were predominantly **male (583, 86%)**, with women accounting for 82 calls (12%) and transgender callers for 14 (2%). The low share of women and transgender callers points to an outreach gap for these groups, consistent with the low awareness of the helpline recorded among beneficiaries in several provinces in Section 1.

By region, the helpline's reach was widest in **Khyber Pakhtunkhwa (229 calls, 34%)**, followed by Punjab (164, 24%), Sindh (139, 20%), and Baluchistan (111, 16%); the Federal area accounted for 31 calls (5%) and AJK for 5 (1%), with no calls recorded from Gilgit-Baltistan. The strong call volume from KPK is notable given that no KPK centre offers on-site viral-load testing, suggesting the helpline is partly absorbing demand that facilities are not meeting.

Table 2.2: Helpline calls by province/region, Q2 2026.

Province / Region	Calls	Share
Khyber Pakhtunkhwa	229	34%
Punjab	164	24%
Sindh	139	20%
Baluchistan	111	16%
Federal	31	5%

Province / Region	Calls	Share
AJK	5	1%
Gilgit-Baltistan	0	0%
Total	679	100%



Graph 2.3: Calls by province/region, Q2 2026.

2.4 Complaint Management Mechanism (CMM)

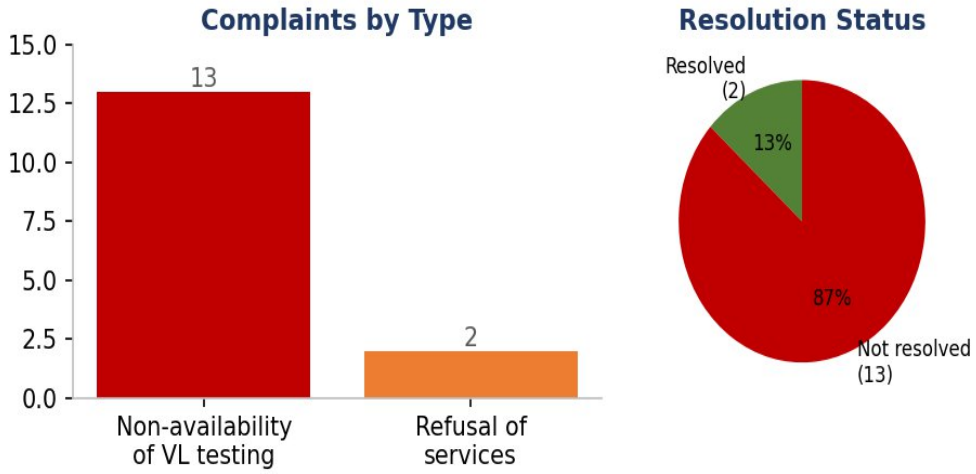
Through the Complaint Management Mechanism (CMM), the helpline logged **15 formal complaints** during the quarter, of which **2 were resolved and 13 remained unresolved, a resolution rate of 13%**. The dominant complaint was **non-availability of viral-load testing** (13 of 15 complaints, all unresolved), with the remaining 2 cases concerning refusal of services (both resolved). By region, the 13 unresolved complaints were concentrated in Baluchistan (5), KPK (4), and Sindh (4), while the 2 resolved cases were in Punjab and Sindh. The rise from 5 to 15 logged complaints reflects strengthened case capture through the missed-call call-back facility rather than a decline in service; closing the 13 open cases is the immediate priority.

These complaints reinforce the facility findings in Section 1: viral-load access is the most common community grievance, and it is concentrated in the three provinces without a functional VL service, Baluchistan, KPK, and Sindh, which together account for all 13 unresolved cases. Raising the complaint-resolution rate, and closing these cases, should be tracked as a standing performance measure.

Table 2.3: Complaints by type and by province, Q2 2026.

Complaint dimension	Total	Resolved	Unresolved
By type — Non-availability of VL testing	13	0	13
By type — Refusal of services	2	2	0
By province — Baluchistan	5	0	5
By province — KPK	4	0	4
By province — Sindh	5	1	4
By province — Punjab	1	1	0

Complaint dimension	Total	Resolved	Unresolved
Total	**15**	**2**	**13**



Graph 2.4: Complaints by type and resolution status, Q2 2026.

SECTION 3 — Recommendations

The following recommendations draw on both the facility and beneficiary findings (Section 1) and the helpline and complaint data (Section 2). They are prioritised by the severity and breadth of the gap and the feasibility of corrective action, and are addressed to APLHIV, NACP/CMU, and the Provincial AIDS Control Programs for joint implementation.

Priority 1: Close the viral-load testing gap, in coverage and in use

Viral-load (VL) testing is both the leading service weakness and the leading community complaint: VL testing was functional at 13 of 24 centres but absent in Sindh, KPK and Baluchistan, uptake in the last six months was as low as 0% in KPK and ICT, and 13 of the 15 helpline complaints concerned non-availability of VL testing. CMU and the PACPs should establish a reliable VL sample-collection-and-transport pathway for Sindh, KPK and Baluchistan, and drive utilisation everywhere through provider prompts, patient recall, and clear referral guidance, with province-level VL coverage targets monitored monthly.

Priority 2: Strengthen counselling quality and staffing in Punjab

Punjab recorded the lowest overall AAAAQ score (77%), driven by the counselling experience: a counsellor was available to only 73% of beneficiaries, 47% found counselling helpful, 53% were given practical adherence methods, and satisfaction with VL service quality was 33%, reflected in the lowest mean satisfaction of any region (3.69/5). APLHIV and PACP-Punjab should ensure every high-volume centre has a trained, available counsellor, standardise adherence-counselling and patient-education protocols, and follow up directly with the lowest-performing Punjab centres.

Priority 3: Resolve outstanding complaints and raise the resolution rate

Only 2 of 15 logged complaints (13%) were resolved during the quarter, and all 13 unresolved complaints, each concerning viral-load testing, originated in Baluchistan, KPK and Sindh. APLHIV and CMU should close these specific Sindh, KPK & Baluchistan cases as a priority and establish a standard complaint-closure workflow with defined turnaround times, ownership, and feedback to the complainant, so that the resolution rate becomes a tracked quarter-on-quarter performance measure.

Priority 4: Close referral and linkage gaps, especially in Punjab

Referral readiness reported by beneficiaries was very low in Punjab for violence prevention (2%) and VL sample collection (11%). At the same time, the helpline delivered 130 referral interactions in the quarter, confirming strong demand for linkage support. Each centre should maintain a functional referral directory and standard operating procedures, integrated with the helpline, and track linkage outcomes so that referrals translate into completed services.

Priority 5: Address facility and access gaps in Baluchistan

Baluchistan showed the most pronounced facility-level gaps: lab staff were available to only 33% of beneficiaries and a dedicated HIV physician to 67%, while 67% reported being refused care at hospitals outside the ART centre, and the province also carries all unresolved helpline complaints. PACP-Baluchistan should prioritise lab-staff deployment and diagnostic capacity, and engage non-ART facilities to end the refusal of care for PLHIV.

Priority 6: Extend helpline awareness and reach to women and transgender communities

Helpline callers were 86% male, with women (12%) and transgender people (2%) markedly under-represented, and beneficiary awareness of the helpline and complaint mechanism was very low in ICT. APLHIV should intensify facility-level promotion of the helpline, through signage, Community Liaison Officer briefings, and routine counselling, with targeted outreach to women and transgender clients.

Priority 7: Provide gender-segregated space and end service refusal in non-ART facilities

Gender-segregated consultation rooms were absent at every centre visited, a universal infrastructure gap affecting privacy and dignity, particularly for women and transgender clients. A facility-upgrade plan for private, gender-appropriate space, combined with a sensitisation and anti-discrimination effort targeting general hospitals and a clear escalation route through the helpline and complaint mechanism, is needed to ensure dignified, stigma-free care across the wider health system.

Priority 8: Standardise LTFU tracking and complete guideline dissemination

A documented Loss-to-Follow-Up (LTFU) tracking policy was applied inconsistently across regions (present at 100% of Punjab centres and 80% in Sindh, but 25% in KPK and absent in Baluchistan). CMU should standardise a single LTFU tracking-and-re-linkage protocol across all centres, supported by the helpline, and complete dissemination of current national ART and VL guidelines to facility level.

Priority 9: Institutionalise a data-to-action cycle and timely disbursement

Community-Led Monitoring and the helpline improve services only when their findings translate into action. APLHIV, the CMU, and the PACPs should establish a quarterly review in which facility, beneficiary, and helpline findings are presented together, corrective actions are assigned with named owners and deadlines, and progress is tracked against the next quarter's results. Simplified approvals and timely fund disbursement remain essential to sustaining uninterrupted services.

Conclusion

The Q2 2026 Community-Led Monitoring and helpline data together describe an ART network that delivers respectful, accessible, and well-supplied services, supported by an active helpline that handled 679 calls and linked clients into care. Its impact is constrained by low viral-load utilisation, uneven counselling quality, gaps in referral pathways, the universal absence of gender-segregated space, and a low complaint-resolution rate concentrated in Sindh, KPk & Baluchistan. Acting decisively on these priorities, within a disciplined data-to-action cycle and in close partnership with the CMU and the Provincial AIDS Control Programs, will be central to delivering equitable, uninterrupted, and dignified HIV services for all people living with HIV across Pakistan.