

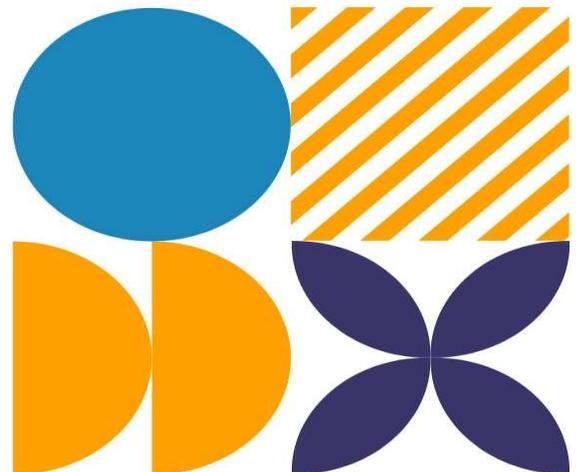


# Quarterly Analysis Report By APLHIV Under GC-7

## Jan-Mar 2025

A Brief Analysis Report of  
Findings from CLM OF HIV  
Treatment Centers, Toll-Free  
Helpline, Care & Support  
Services.

THE ASSOCIATION OF PEOPLE  
LIVING WITH HIV (APLHIV)



## ACKNOWLEDGMENTS

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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**) is highly acknowledged and appreciated.

**PLHIV** and **care providers** at ART centers who provided insightful feedback during CLM activities of the ART Centers across Pakistan owes a special debt of thanks and 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 **Care & Support team** at the APLHIV for their commitment and hard work to ensure the provision of nutritional support before or during the holy month of Ramadhan. Thanks to the **helpline staff** for their services round the clock, for coordination for the delivery of nutritional support, and for tracking LTFU cases. 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 and we will continue to work as a team in close collaboration, coordination, and in partnership with our key stakeholders.

National Coordinator  
APLHIV-Pakistan  
Dated 10<sup>th</sup> April 2025

## ACRONYMS

APLHIV	<b>Association of People Living with HIV</b>
ART	<b>Anti-Retroviral Therapy</b>
ARV	<b>Anti-Retroviral</b>
BCC	<b>Behavior Change Communication</b>
CBOs	<b>Community Based Organizations</b>
CMU	<b>Common Management Unit</b>
CD4	<b>Cluster Determinant 4</b>
CSGs	<b>Community Support Groups</b>
IEC	<b>Information, Education &amp; Communication</b>
KPs	<b>Key Populations</b>
LSP	<b>Living Support Package</b>
NACP	<b>National AIDS Control Program</b>
OIs	<b>Opportunistic Infections</b>
PLHA	<b>People Living with HIV &amp; AIDS</b>
PACPs	<b>Provincial AIDS Control Programs</b>
PIMS	<b>Pakistan Institute of Medical Sciences</b>
PPTCT	<b>Prevention of Parent-to-Child Transmission</b>
STIs	<b>Sexually Transmitted Infections</b>
VCCT	<b>Voluntary and Confidential Counseling and Testing</b>

## Table of Contents

<b>ACRONYMS</b> .....	2
<b>1. Executive Summary:</b> .....	4
<b>2. INTRODUCTION AND BACKGROUND</b> .....	7
<b>Section-1</b> .....	4
<b>Community-Led Monitoring Report</b> .....	4
<b>HIV Treatment (ART) Centers</b> .....	4
<b>3. OBJECTIVE</b> .....	5
<b>1. OBJECTIVE</b> .....	5
<b>2.1 SCOPE OF WORK</b> .....	5
<b>4. METHODOLOGY</b> .....	6
<b>5. BRIEF ANALYSIS OF THE INFORMATION GATHERED</b> .....	7
<b>5.1 Beneficiary Feedback - HIV Treatment (ART services), Care and Support, and Viral Load Services</b> .....	7
<b>5.2 Region Wise Beneficiary Feedback Analysis</b>	8
5.2.1 Punjab.....	8
Key Findings.....	8
Recommendations.....	13
Conclusion .....	14
5.2.2 Sindh.....	15
Key Findings.....	15
Recommendations.....	21
Conclusion .....	21
Key Findings.....	22
Recommendations.....	28
Conclusion .....	29
5.2.4 Baluchistan .....	30
Key Findings.....	30
Recommendations:.....	35
Conclusion: .....	36
5.2.5 ICT/AJK.....	36
Key Findings.....	36
Recommendations.....	45
Conclusion .....	46
<b>5.3 Regional Overview of ART Centre Assessments: Insights from Facility Representatives</b> .....	47
5.3.1 Punjab:.....	47
1. Policy and Guideline Compliance .....	48
2. Infrastructure and Facility Setup.....	48
3. Availability of Essential Medicines and Supplies .48	
4. Viral Load (VL) Testing Facility .....	48
5. Patient Experience and Service Delivery.....	48
Overall Conclusion .....	49
5.3.2 Sindh .....	49
1. Policy and Guideline Compliance.....	50
2. Infrastructure and Facility Setup.....	50
3. Availability of Essential Medicines and Supplies .50	
4. Viral Load (VL) Testing Facility .....	50
Key Takeaways and Recommendations.....	51
Overall Conclusion .....	51
5.3.3 KPK: .....	51
1. Policy and Guideline Compliance.....	52
2. Infrastructure and Facility Setup.....	52
3. Availability of Essential Medicines and Supplies .52	
4. Viral Load (VL) Testing Facility .....	52
5. Patient Experience and Service Delivery.....	52
Key Takeaways and Recommendations.....	52
Overall Conclusion .....	53
5.3.4 Baluchistan: .....	53
1. Policy and Guideline Compliance.....	53
2. Infrastructure and Facility Setup.....	53
3. Availability of Essential Medicines and Supplies .53	
4. Viral Load (VL) Testing Facility .....	54
5. Patient Experience and Service Delivery.....	54
Key Takeaways and Recommendations.....	54
Overall Conclusion .....	54
5.3.5 ICT/AJK:.....	55
Key Takeaways and Recommendations.....	56
Overall Conclusion .....	56
<b>Section-2</b> .....	58
<b>Toll-Free Helpline Services</b> .....	58
<b>1. Objective:</b> .....	59
<b>1.2 SCOPE OF WORK</b> .....	59
<b>3. METHODOLOGY</b> .....	60
<b>4. BRIEF REPORT ON TOLL-FREE HELPLINE- 0800-22209 (Incoming Calls)</b> .....	60
<b>Section-3</b> .....	66
<b>Care &amp; Support</b> .....	66
<b>1. OBJECTIVE</b> .....	67
<b>1.2 SCOPE OF WORK</b> .....	67
<b>3. METHODOLOGY</b> .....	68
<b>4. BRIEF ANALYSIS OF PROVISION OF LIVING SUPPORT</b> .....	69
<b>Pictorials:</b> .....	71

## 1. Executive Summary:

The first quarter of 2025 has demonstrated significant progress in Pakistan's HIV response through the coordinated efforts of the Association of People Living with HIV (APLHIV) and its partners. Comprehensive monitoring of **48 ART centers has exceeded the target by 114%, with feedback collected from 238 beneficiaries.**

The ART centers in **Punjab** remain high, with all respondents finding facility hours and locations convenient. However, 54% reported counselor unavailability and 27% faced lab staff shortages. While staff behavior was rated positively, 27% cited a lack of a dedicated HIV physician, and 23% reported physician unavailability.

Confidentiality practices were strong, with 100% of respondents confirming privacy protection. Viral load (VL) testing services were fully functional, with 96% expressing satisfaction. However, gaps were noted in counseling and adherence support, as 27% did not receive proper ART adherence guidance.

Service gaps persist in referral readiness, with only 5-8% of respondents indicating preparedness for various support services. Early Infant Diagnosis (EID) had slightly higher support at 14%, but 86% still reported a lack of staff readiness. Stigma concerns were minimal (2%), and there were no reported service denials due to HIV status.

There were no ARV stock-outs, but 59% reported shortages in contraceptive services. 61% of respondents accessed nutritional support. Overall, 18% of respondents were highly satisfied, 51% satisfied, and 10% somewhat satisfied with the services provided.

The ART centers in **Sindh** provide high-quality, patient-centered care with consistently positive patient experiences. The availability of HIV physicians, strong confidentiality practices, and reliable viral load testing services contribute to beneficiaries' overall satisfaction. Additionally, the absence of stock-outs for ARVs and testing kits ensures continuous and effective treatment.

However, areas requiring improvement include treatment adherence counseling, staff readiness for referral services, and support for early infant diagnosis. A small percentage of respondents reported experiences of stigma, which highlights additional concerns. Addressing these gaps will further enhance service delivery and improve patient outcomes.

Overall, with a 97% satisfaction rate and near-unanimous approval of services, ART centers in Sindh demonstrate a strong commitment to quality HIV care. Continued efforts to strengthen referral systems, counseling effectiveness, and adherence support will ensure sustained progress in patient care and treatment outcomes.

The ART centers in **KPK** reveal a high standard of patient care, with 100% satisfaction reported in facility accessibility, staff availability, and confidentiality measures. All respondents confirmed positive interactions with staff, the presence of dedicated HIV physicians, and reliable viral load testing services, reflecting strong service delivery.

Additionally, there were no reports of ARV stockouts or testing kit shortages, ensuring uninterrupted treatment access.

Despite these strengths, certain areas require attention. Treatment adherence counseling showed gaps, with 29% of respondents finding it ineffective. The toll-free helpline awareness also remains low, with 29% indicating a lack of information about availability of Helpline.

While stigma levels were minimal (3%), efforts should continue to foster an entirely discrimination-free environment. Furthermore, significant shortages were reported in contraceptive services (71%), and nearly a third (29%) of respondents did not receive nutritional support, highlighting areas for improvement.

Overall, with 100% satisfaction in core service areas and no reports of discrimination or service denial, ART centers in KPK are successfully delivering essential HIV care. Strengthening counseling effectiveness, increasing awareness of referral services, and addressing supply inconsistencies will further enhance patient outcomes and service efficiency.

The ART centers in **Baluchistan** highlight high levels of patient satisfaction, with 100% of respondents reporting positive experiences regarding facility accessibility, staff interactions, and confidentiality practices. The absence of stockouts for ARVs, testing kits, and contraceptive services reflects strong supply chain management, ensuring uninterrupted service availability. Additionally, no cases of stigma or discrimination were reported, reinforcing an inclusive and supportive healthcare environment.

However, key service gaps were identified. The limited availability of counselors (33%) and HIV physicians (33%) indicates a need for improved staffing to enhance patient support and specialized care access. Viral load testing adherence remains low, with only 40% of respondents completing a test in the last six months.

Staff readiness for referral services was inconsistent, with significant gaps in areas such as violence prevention, hormonal support, and prevention of mother-to-child transmission.

Furthermore, nutritional support coverage was low, with 73% of respondents not receiving assistance, suggesting a need for program expansion.

Overall, ART centers in Baluchistan demonstrate strong service delivery and high patient satisfaction. Addressing physician and counselor availability, increasing viral load testing adherence, strengthening referral networks, and expanding nutritional support programs will further enhance patient outcomes and the overall effectiveness of HIV care in the region.

The **ART centers in ICT and AJK** highlight strong patient satisfaction and service delivery. In AJK, 100% of respondents expressed satisfaction with facility accessibility, staff availability, and confidentiality measures. Similarly, ICT (PIMS) respondents reported high satisfaction, with all beneficiaries confirming staff friendliness, physician availability, and privacy compliance. Both regions also demonstrated reliable viral load testing services, with no reported shortages of testing kits, ensuring uninterrupted monitoring and treatment adherence.

However, several areas require improvement. In ICT, 20% of respondents reported experiencing stigma or discrimination, indicating a need for enhanced sensitivity training among healthcare staff.

Additionally, 40% faced stockouts of contraceptive services, suggesting supply inconsistencies. In AJK, 33% of respondents were dissatisfied with service quality, and none received education on ARV side

effects, highlighting critical gaps in patient education and counseling.

Moreover, 100% of AJK respondents did not receive nutritional support, emphasizing the need for expanded assistance programs. Referral service readiness also showed gaps, particularly in providing hormonal support for transgender individuals and violence mitigation.

Overall, ART centers in ICT and AJK provide accessible and confidential care with strong patient satisfaction. Addressing identified gaps in counseling effectiveness, stigma reduction, contraceptive availability, and referral service readiness will enhance service quality and patient outcomes in both regions.

The toll-free helpline **0800-22209** during Q1 provided key insights into shift-wise, gender-wise, and province-wise call distributions. The findings indicate that the helpline is most utilized on the morning shift. The number of calls is consistently on the increase, which is evident in the utility of helpline services.

All Genders are accessing the helpline services, with male callers representing the majority, while female and transgender individuals are comparatively low, necessitating targeted awareness campaigns. Regionally, Sindh recorded the highest engagement, whereas calls from ICT and Gilgit-Baltistan remained low. Helpline services include the provision of basic information on HIV, TB, Co-Infections,

Hepatitis, telephonic counseling, telephonic psychological services, coordination and verification of nutritional support services, and tracking LTFU cases. However, lack of medical aid through the helpline is a much needed but missing component.

**A total of 30,000** calls were facilitated during the period under review. **This includes 27,131 outgoing and 2,869 incoming calls.**

**Nutritional support programs achieved exceptional results**, distributing 4,500 ration bags while exceeding verification/feedback call targets by 240%. The program's 94% beneficiary satisfaction rate reflects its successful implementation and positive impact on treatment adherence.

While celebrating these accomplishments, the report identifies opportunities for further improvement. A priority remains the consistent availability of viral load testing across all regions and expanding nutritional support to reach the remaining underserved beneficiaries. Helpline services have the potential to further strengthen.

These findings collectively paint a picture of a robust HIV response system that has made substantial progress in Q1 2025 while maintaining a clear focus on areas needing continued attention and investment to ensure comprehensive care for all people living with HIV in Pakistan.

## 2. INTRODUCTION AND BACKGROUND

The Association of People Living with HIV (APLHIV) is a nationwide network composed of people living with HIV and associated 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 the APLHIV encompass Research, Advocacy, Monitoring & Evaluation, Independence & Empowerment of the communities, and System Strengthening are the main strategic directions of the APLHIV.

Under the Global Fund Grant and guided by the Principal Recipient (PR), NACP/CMU, the APLHIV has been tasked with providing community-based monitoring of HIV treatment centers across Pakistan. This initiative aims to address issues related to access and use of HIV treatment, care, and support 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, counseling support, referrals, and a complaint management mechanism facilitated by a 24-hour helpline service. Furthermore, the APLHIV provides HIV treatment adherence counseling and tracks cases of loss to follow-up, facilitating re-linkage with treatment centers. 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 concerning Antiretroviral Therapy (ART) Centers undertaken by the APLHIV, focusing on feedback collection from both PLHIV beneficiaries and service providers. The purpose of this monitoring effort is to assess the effectiveness of ART Centers in delivering services to people living with HIV/AIDS (PLHIV) and to gather input from both representatives of ART Centers and beneficiaries.

**Section-1**

**Community-Led Monitoring Report**

**HIV Treatment (ART) Centers**

### 3. OBJECTIVE

#### 1. OBJECTIVE

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

#### **2.1 SCOPE OF WORK**

**Monitoring of ART Centers:** 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 required staff is available to provide the services.
4. To see if the services are being offered per principles of equity and without stigma and discrimination.
5. To see if 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 upon 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.

## 4. METHODOLOGY

During the first quarter of 2025, 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 people living with HIV.

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, ensuring 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 utilized across all centers. The collected data was systematically recorded and securely stored in a **cloud-based data center**, enabling real-time access for analysis, reporting, and future programmatic decision-making.

Between **January and March 2025**, monitoring teams visited **48 ART/HIV Treatment Centers**, exceeding the initial target of **42 centers** by **(114%)** set for the quarter.

During this period:

- **Feedback was gathered from 238 beneficiaries** representing diverse demographic groups, including men, women, and transgender individuals.
- **48 ART centers participated in the assessment**, allowing for a comprehensive evaluation of service delivery effectiveness and patient satisfaction.

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.

## 5. BRIEF ANALYSIS OF THE INFORMATION GATHERED

During the reporting period, monitoring teams visited **48 ART centers and engaged** directly with **238 beneficiaries** to assess service quality and patient experiences.

Region	ART Centers Visited	Male Beneficiaries	Female Beneficiaries	Transgenders Beneficiaries	Total Number of Beneficiaries Engaged
Punjab	22	71	38	1	110
Sindh	14	47	20	3	70
Khyber Pakhtunkhwa	7	21	13	1	35
Baluchistan	3	9	6	0	15
Islamabad/AJK	2	4	4	0	8
<b>Total</b>	<b>48</b>	<b>152</b>	<b>81</b>	<b>5</b>	<b>238</b>

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

### 5.1 Beneficiary Feedback - HIV Treatment (ART services), Care and Support, and Viral Load Services

A total of **238 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 (AAAQ) 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. Availability of Staff & their behavior
3. Confidentiality
4. Available Services
5. Staff Readiness for support in linkages and referral Services
6. Viral Load testing
7. Availability of ARVs & Contraceptives
8. Stigma and Discrimination
9. Availability of Nutritional Support
10. Overall Satisfaction of the Beneficiaries of the Beneficiaries

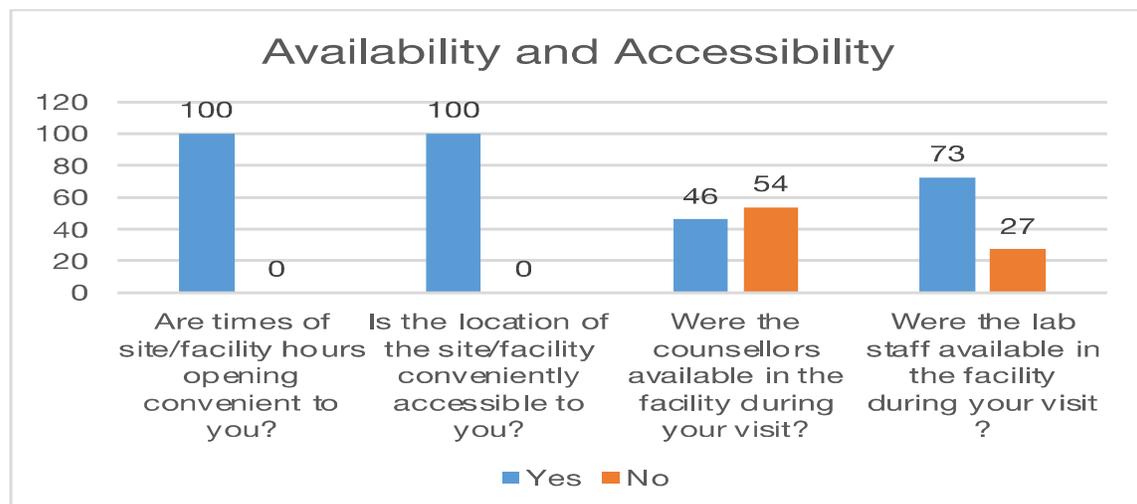
## 5.2 Region Wise Beneficiary Feedback Analysis

### 5.2.1 Punjab

This report critically evaluates key performance indicators across **22 ART Centers**, involving a cohort of 110 beneficiaries in Punjab, aimed at assessing the effectiveness of HIV services. The analysis primarily focuses on aspects such as 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.

### Key Findings

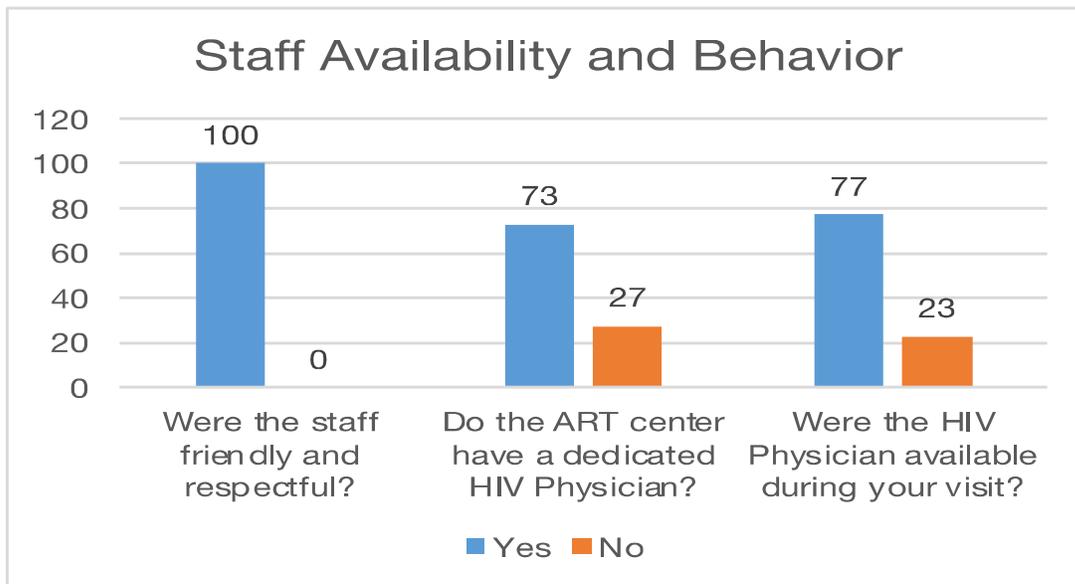
#### 1. Availability and Accessibility



Graph 1. Availability and Accessibility - Punjab

- **High accessibility but staff shortages:** **100%** of respondents found facility hours and location convenient, but **54%** reported counselor unavailability, and **27%** faced lab staff shortages.

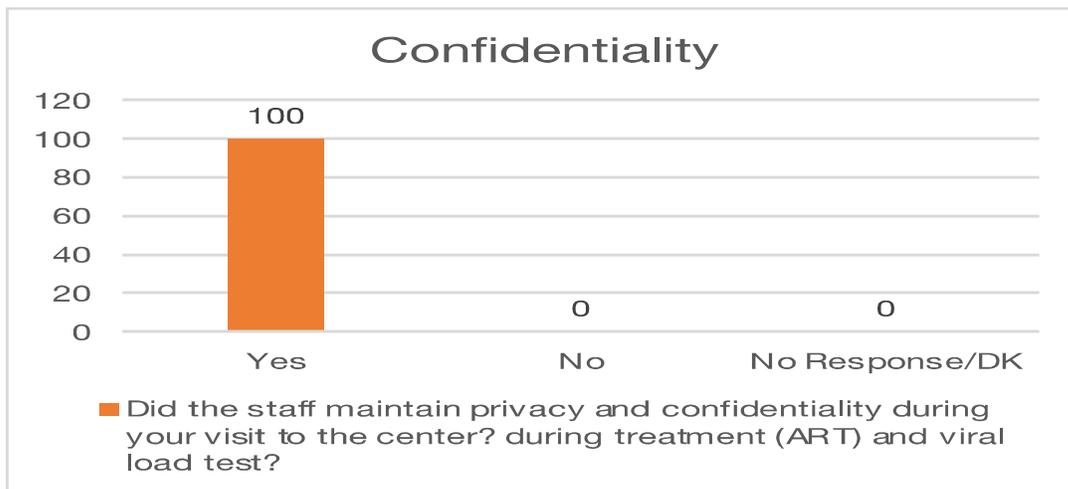
## 2.2. Availability of Staff & their behavior



Graph 2. - Staff Availability and Behavior - Punjab

- **Positive staff behavior but physician availability concerns:** 100% of respondents found the staff friendly and respectful, but **27% reported a lack of a dedicated HIV physician**, and **23% faced physician unavailability**.

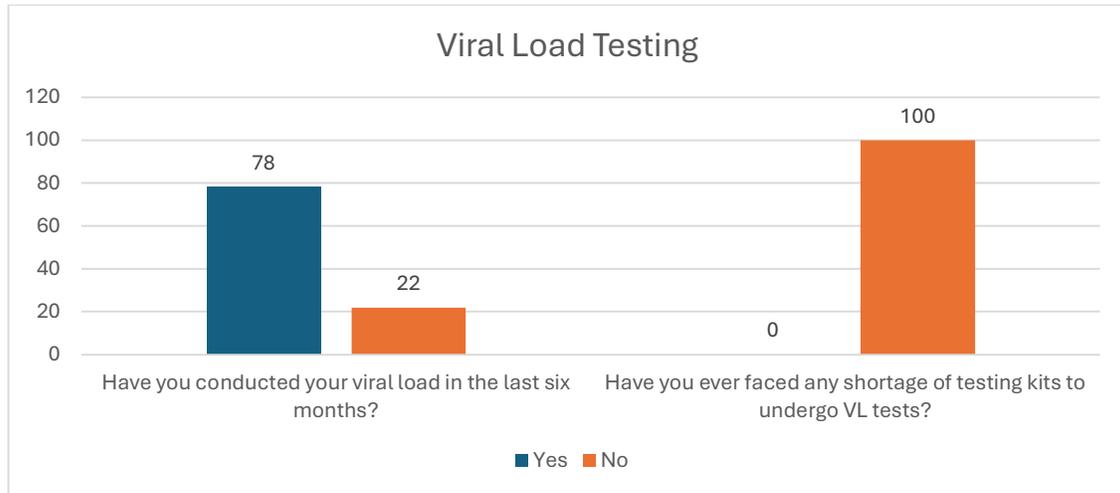
## 3. Confidentiality



Graph 3. - Confidentiality in Service Delivery - Punjab

- **Strong confidentiality practices:** **100%** of respondents confirmed that staff-maintained privacy and confidentiality during their visits.

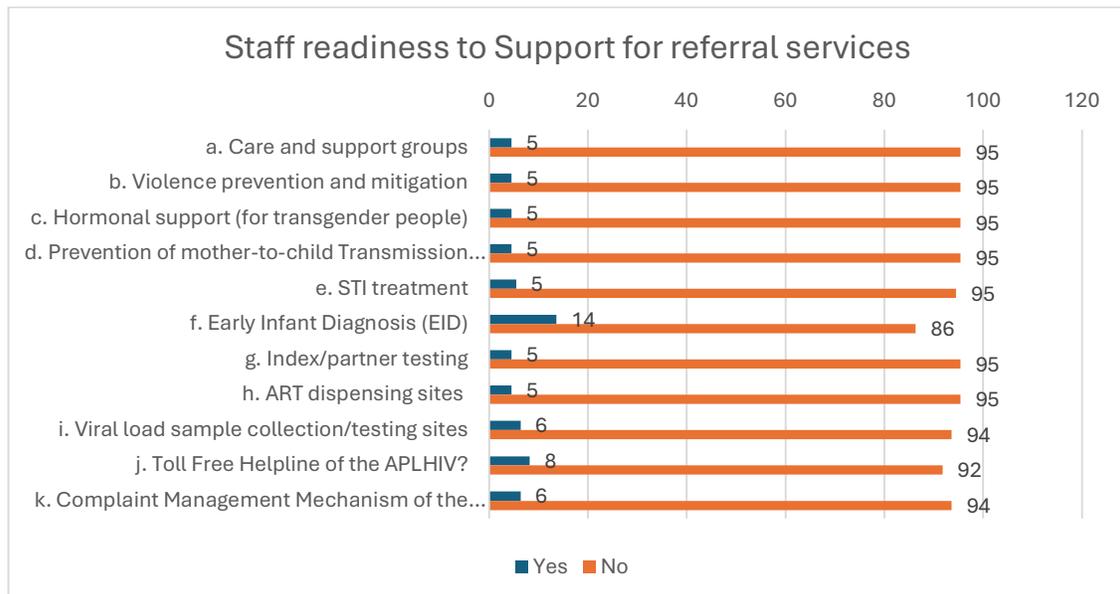
## 5. Viral Load Testing Coverage



Graph 5. - Viral Load Testing Coverage - Punjab

- **Viral Load Testing Uptake:** 78% of respondents conducted their viral load test in the last six months, while 22% did not.
- **Testing Kit Shortages:** 100% of respondents reported no shortages of testing kits, samples collected and dispatched to PACP.

## 6. Staff Readiness for support in linkages and referral Services



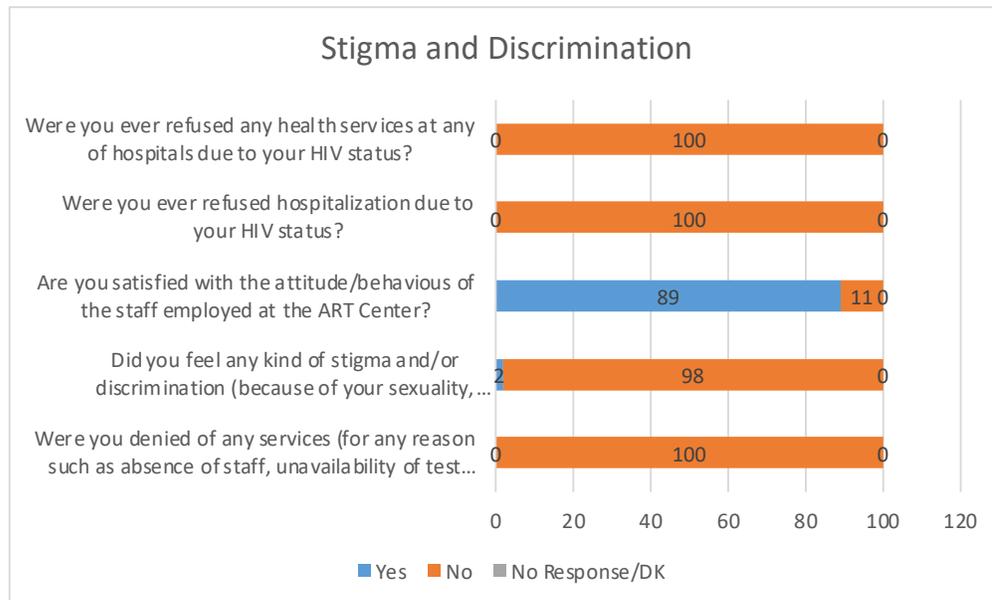
Graph 6. - Staff Readiness for support in linkages and referral Services - Punjab

- **Low Staff Readiness for Referral Services:** Across various services, only 5-8% of beneficiaries indicated readiness for referrals, including care and support groups, violence prevention, hormonal support, prevention of mother-to-child

transmission, STI treatment, partner testing, ART dispensing, viral load sample collection, and complaint management.

- **Service Gaps in Key Areas:** Early Infant Diagnosis (EID) had slightly better support at 14%, but 86% still reported a lack of staff readiness. The toll-free helpline for APLHIV (8% readiness) and complaint management (6%) also showed significant gaps in support availability.

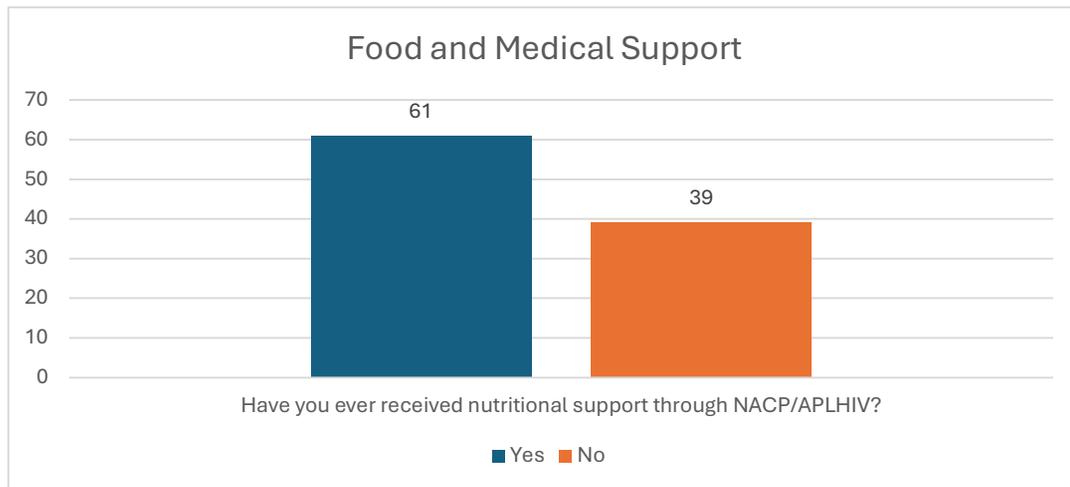
## 7. Stigma and Discrimination



Graph 7. - Stigma and Discrimination - Punjab

- **No Reported Service Denials Due to HIV Status:** All respondents (100%) stated they were not refused healthcare or hospitalization due to their HIV status, nor were they denied any services at the ART center.
- **Some Concerns About Stigma:** While 98% reported no experience of stigma or discrimination, 2% did.

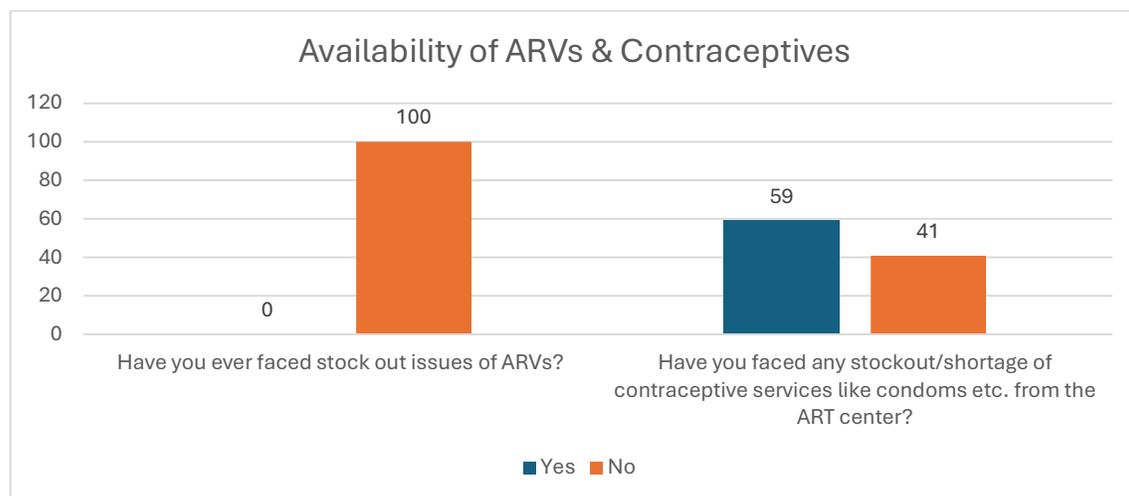
## 8. Availability of Nutritional Support



Graph 8. - Availability of Nutritional Support - Punjab

- **Nutritional Support Access:** 61% of respondents reported receiving nutritional support through NACP/APLHIV, while 39% did not.

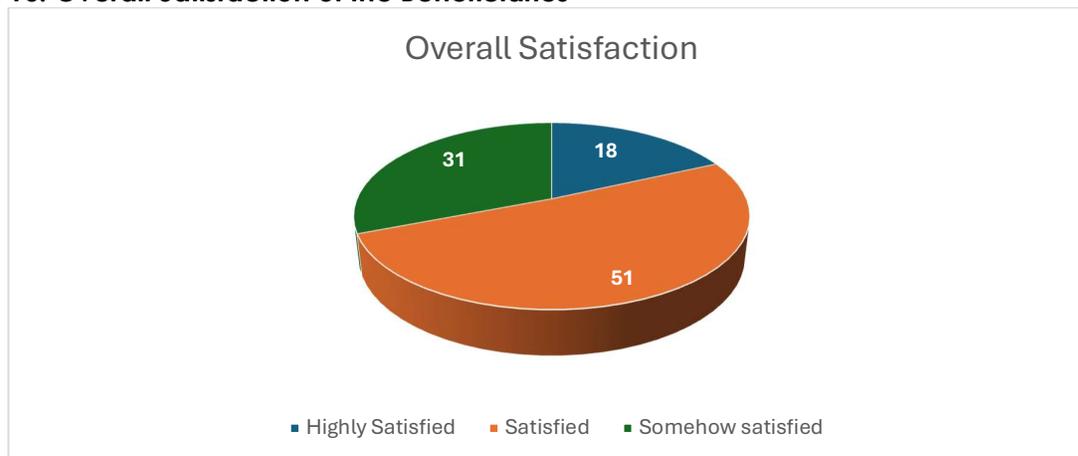
## 9. Availability of ARVs & Contraceptives



Graph 9. - Availability of ARVs & Contraceptives - Punjab

- **ARVs Availability:** 100% of respondents reported never facing stock-out issues of ARVs, indicating a consistent supply.
- **Shortages in Contraceptive Services:** 59% experienced stock-outs of contraceptive services (e.g., condoms) at ART centers, while 41% did not, highlighting potential gaps in reproductive health service availability.

## 10. Overall Satisfaction of the Beneficiaries



Graph 10. - Overall Satisfaction of the Beneficiaries - Punjab

- **18%** of respondents were highly satisfied with the services provided.
- **51%** were satisfied, while **10%** expressed somewhat satisfied.

## Recommendations

### 1. Improve Staff Training & Support for Referral Services

- Enhance Staff Readiness for support in linkages and referral Services by conducting capacity-building sessions, particularly in early infant diagnosis, ART dispensing, and complaint management mechanisms.
- Introduce refresher training programs on patient-centered care, stigma reduction, and adherence counseling.

### 2. Strengthen Access to Viral Load Testing & Adherence Support

- Ensure an uninterrupted service of various tests and timely availability of test results and ART adherence support tools to prevent shortages.
- Expand access to viral load testing services and address operational inefficiencies in testing facilities.

### 3. Address Stigma & Discrimination in Healthcare Facilities

- Implement anti-discrimination policies and sensitization programs for healthcare staff to improve attitudes and behaviors toward patients.
- Strengthen monitoring mechanisms to ensure no patient is denied healthcare services due to HIV status.

### 4. Enhance Nutritional & Medical Support Services

- Increase the availability of nutritional support programs for PLHIV (People Living with HIV) through partnerships with NACP/PACP/APLHIV.

## **5. Ensure Consistent Supply of Essential Medicines & Contraceptive Services**

- Develop a robust supply chain management system to avoid stock-outs of contraceptive products.
- Ensure availability of required consumables at the centers.

## **Conclusion**

The assessment highlights significant progress in the availability of viral load testing services, ART adherence support, and staff engagement at ART centers. However, challenges persist in areas such as referral service readiness, stigma and discrimination, and the availability of essential medical supplies. Addressing these gaps through enhanced training, supply chain management, and policy enforcement will provide a more efficient and patient-friendly healthcare system for PLHIV. A multi-sectoral approach involving healthcare providers, policymakers, and community organizations is essential to ensuring sustained improvements in HIV care services.

## 5.2.2 Sindh

This report critically evaluates key performance indicators across **14 ART Centers**, involving a cohort of 70 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 provided graphical representations, reflect both strengths and areas in need of enhancement within the delivery of ART services.

### Key Findings

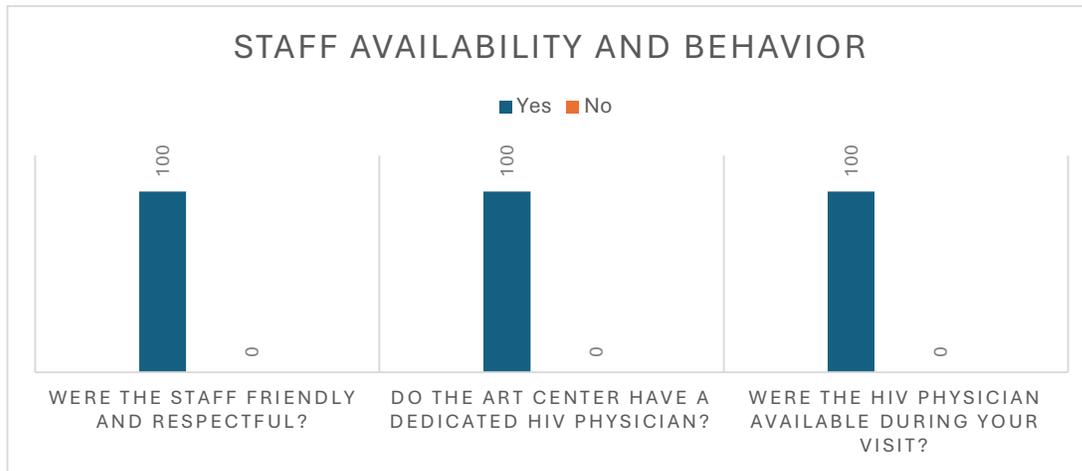
#### 1. Availability and Accessibility



Graph 1. Availability and Accessibility - Sindh

**Consistent Positive Patient Experiences:** 100% of beneficiaries reported accessible ART centers with convenient operating hours, available lab staff during visits, and satisfactory counselor support. All respondents also confirmed positive staff interactions and the consistent availability of HIV physicians at the facilities.

## 2. Staff Availability and Behavior



Graph 2. - Staff Availability and Behavior - Sindh

- **Exceptional Staff Performance:** 100% of patients reported positive interactions with ART center staff, confirming they were consistently treated with friendliness and respect during their visits.
- **Full Physician Coverage:** All respondents confirmed the 100% presence of a dedicated HIV physician at the facility, ensuring uninterrupted access to specialized care.

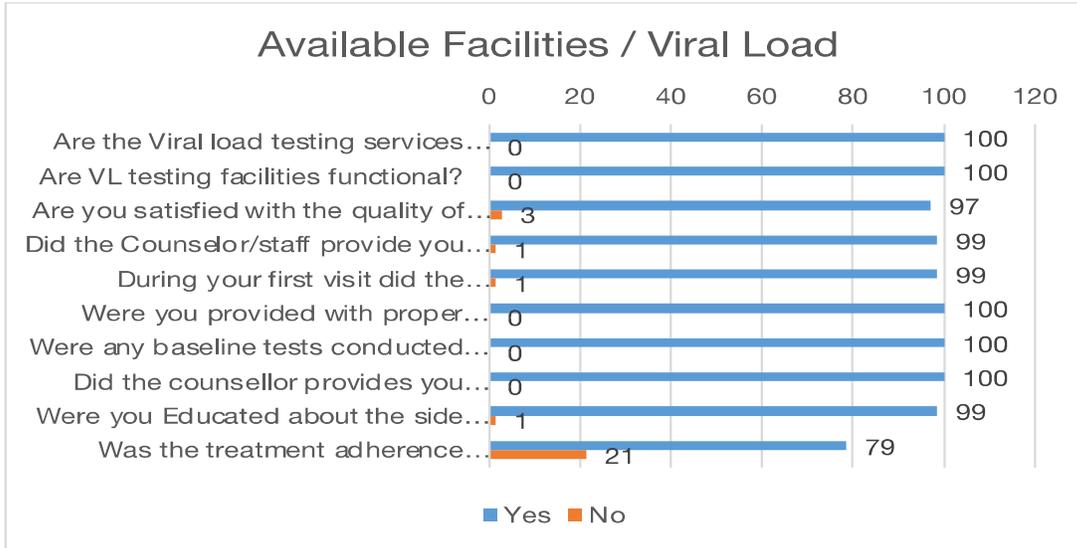
## 3. Confidentiality in Service Delivery



Graph 3. - Confidentiality in Service Delivery - Sindh

- **Strong Confidentiality Practices:** 100% of respondents confirmed that staff maintained strict privacy and confidentiality during ART treatment and viral load testing at the center.

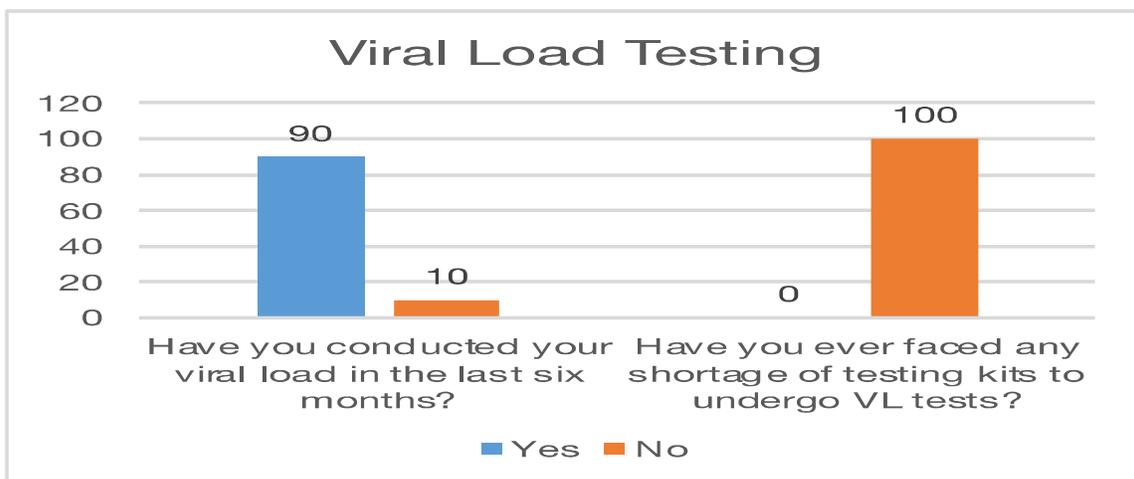
#### 4. Available Facilities and Viral Load Testing



Graph 4. - Facilities and Viral Load Testing - Sindh

- High-Quality Viral Load Services:** 100% of patients confirmed available viral load testing services through test outsourcing Aga Khan lab services, with 100% reporting functional facilities and 97% satisfaction with service quality. Nearly all (99-100%) received proper counseling, baseline testing, ART adherence methods, and side effect education.
- Adherence Counseling Effectiveness Gap:** While most services scored 97-100% satisfaction, only 79% found treatment adherence counseling helpful, suggesting room for improvement in this specific aspect of patient education.

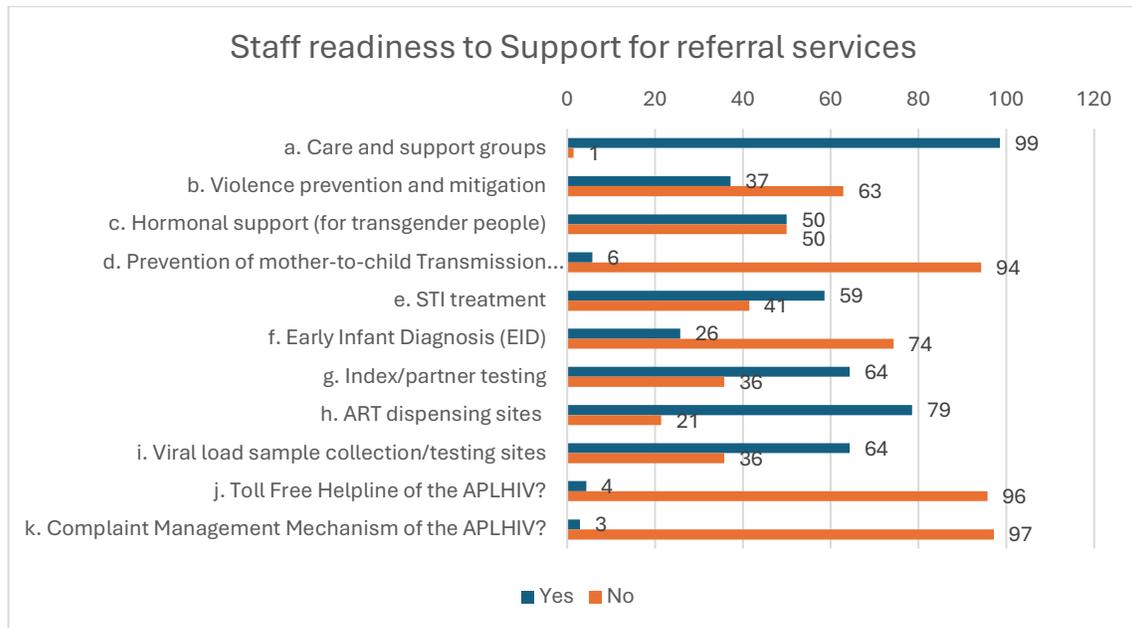
#### 5. Viral Load Testing Coverage



Graph 5. - Viral Load Testing Coverage - Sindh

- **High Viral Load Testing Uptake:** The majority of patients, **90%**, reported completing their viral load tests within the last six months, demonstrating good adherence to monitoring protocols.
- **Testing Kit Shortages Reported: 100%** of respondents reported experiencing no shortages of testing kits, thereby highlighting a significant improvement.

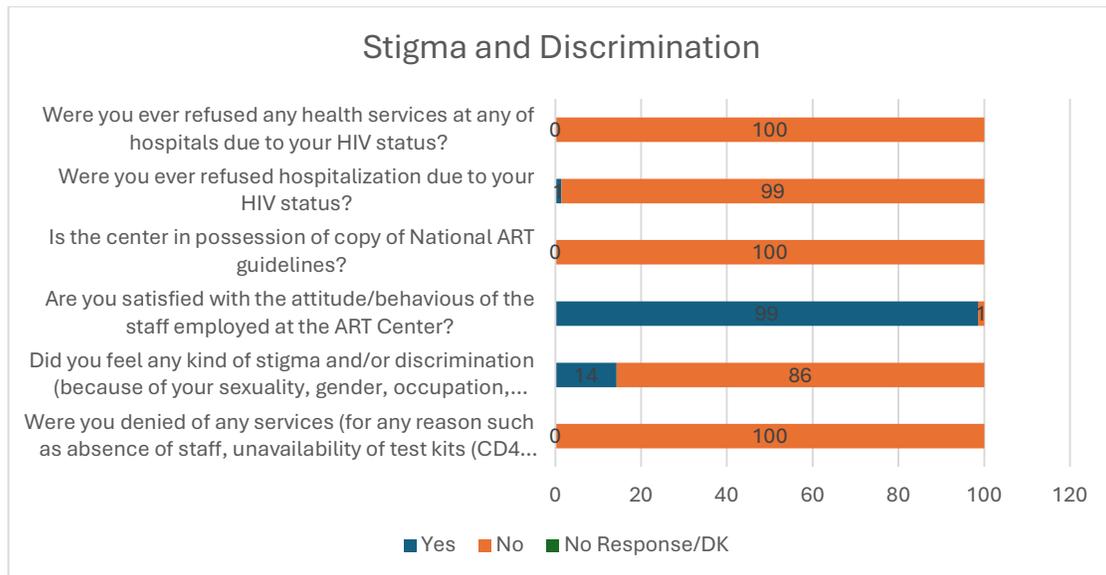
## 6. Staff Readiness for support in linkages and referral Services



Graph 6. - Staff Readiness for support in linkages and referral Services- Sindh

- **Low Staff Readiness for Referral Services:** Across various services, staff indicated readiness for referrals, including care and support groups (99%), violence prevention (37%), hormonal support (50%), prevention of mother-to-child transmission (6%), STI treatment (59%), partner testing (64%), ART dispensing (79%), viral load sample collection (64%), and complaint management (3%).
- Early Infant Diagnosis (EID) support was 26% ready, while the toll-free helpline for APLHIV showed 4% readiness. Significant gaps remain in most critical services and need immediate improvements.

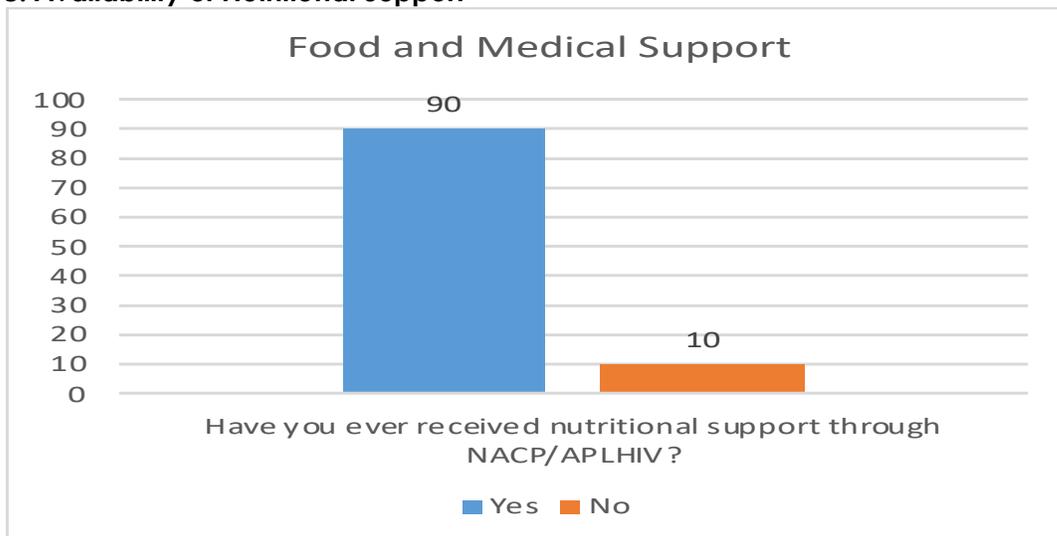
## 7. Stigma and Discrimination



Graph 7. - Stigma and Discrimination - Sindh

- **No Reported Service Denials Due to HIV Status:** All respondents (100%) stated they were not refused healthcare or hospitalization due to their HIV status, nor were they denied any services at the ART center.
- **Some Concerns About Stigma and ART Guidelines:** While **86%** reported no experience of stigma or discrimination, **14%** did.

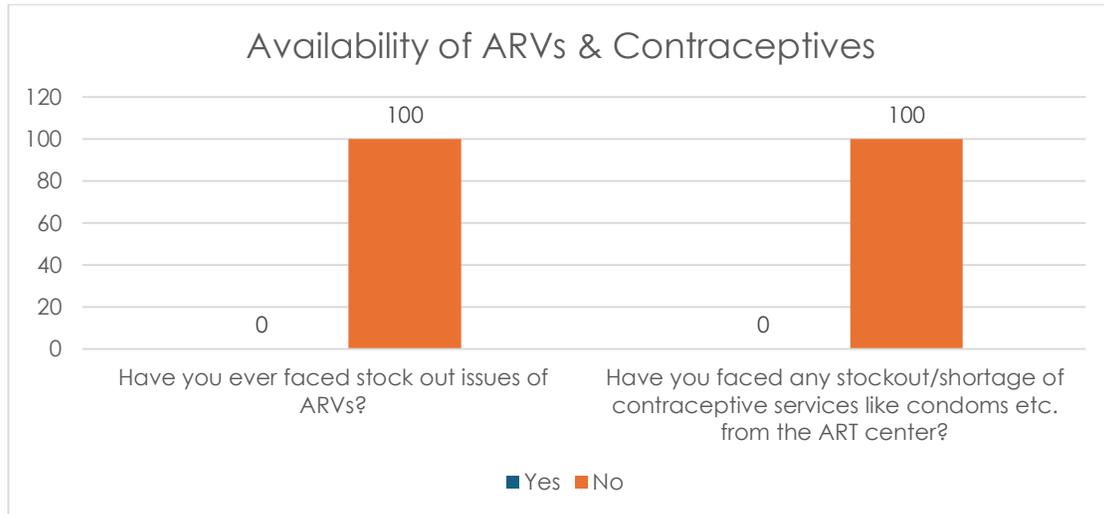
## 8. Availability of Nutritional Support



Graph 7. - Availability of Nutritional Support – Sindh

- **Nutritional Support Access:** 90% of respondents reported receiving nutritional support through NACP/APLHIV, while 10% didn't.

## 9. Availability of ARVs & Contraceptives



Graph 9. - Availability of ARVs & Contraceptives – Sindh

- ARVs Availability: **100% of respondents** reported never facing stock-out issues of ARVs, indicating a consistent supply.
- Shortages in Contraceptive Services: **100% experienced no stock-outs of contraceptive services** (e.g., condoms) at ART centers, and reproductive health service availability.

## 10. Overall Satisfaction of the Beneficiaries



Graph 10. - Overall Satisfaction of the Beneficiaries – Sindh

- **Exceptional Satisfaction Levels:** An overwhelming **97%** of beneficiaries reported being **highly satisfied** with the ART center services, reflecting excellent quality of care and patient experience.
- **Near - unanimous Approval:** The remaining respondents expressed only minor reservations, with just **1%** being *satisfied* and **1%** *somewhat satisfied*, indicating near-universal approval of services.

## **Recommendations**

### **1. Strengthen Adherence Counseling and Patient Education**

- Improve treatment adherence counseling effectiveness by incorporating interactive methods, personalized sessions, and peer support groups.
- Provide additional training to healthcare providers on addressing patient concerns regarding ART side effects and adherence challenges.

### **2. Enhance Referral Services Readiness**

- Implement structured training programs to improve staff readiness for referral services, particularly in violence prevention, hormonal support, STI treatment, and mother-to-child transmission prevention.
- Increase awareness and accessibility of support services such as the toll-free helpline for APLHIV and complaint management mechanisms.

### **3. Improve Access to Nutritional Support**

- Expand nutritional support services both in quantity and frequency.

### **4. Address Stigma and Strengthen Policy Implementation**

- Conduct stigma reduction training for healthcare staff to improve patient experiences further and eliminate discrimination.

### **5. Optimize Stock Management for HIV-Related Services**

- Maintain a robust supply chain system to prevent stock-out issues, ensuring continuous ARVs and contraceptive services availability.
- Establish an early warning mechanism for potential shortages of viral load testing kits and implement timely replenishment strategies.

## **Conclusion**

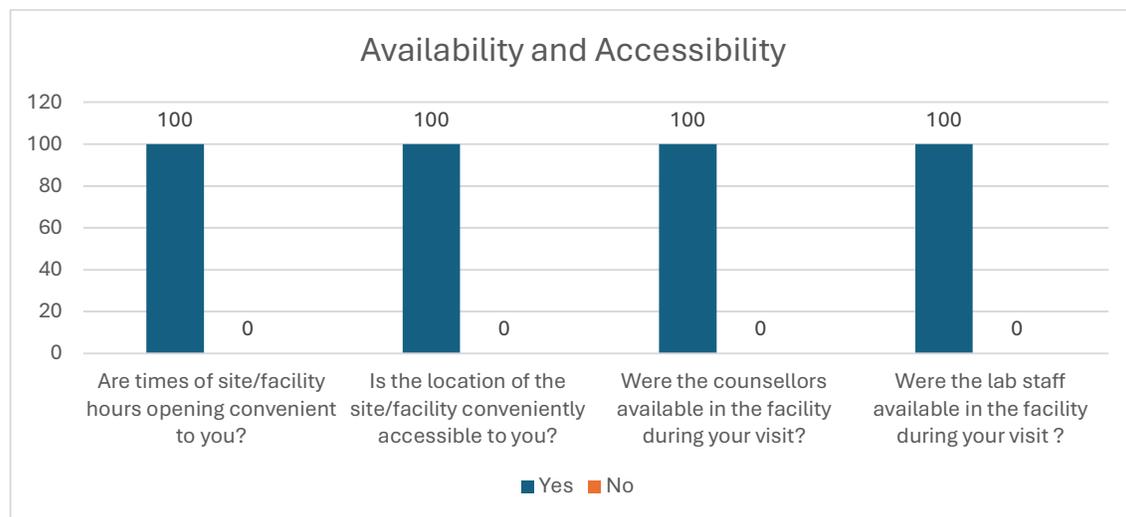
The assessment highlights significant strengths in ART center operations, with exceptional patient satisfaction, accessible services, and positive staff interactions. High-quality viral load testing services and ARV availability demonstrate a well-functioning HIV care system. However, challenges remain in referral service readiness, nutritional support accessibility, and adherence counseling effectiveness. Addressing these gaps through targeted interventions will further enhance the quality of care for PLHIV. A collaborative approach involving policymakers, healthcare providers, and community organizations is essential to ensuring sustainable improvements in HIV services.

### 5.2.3 KPK

This report critically evaluates key performance indicators across **7 ART Centers**, involving a cohort of 35 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, which are derived from the provided graphical representations, reflect both strengths and areas in need of enhancement within the delivery of ART services.

## Key Findings

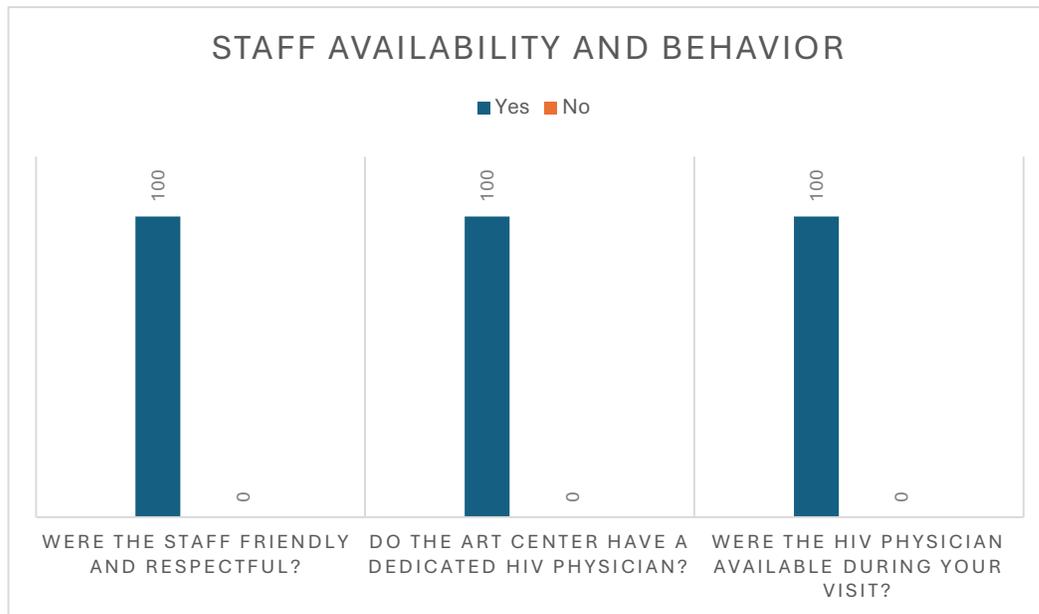
### 1. Availability and Accessibility



Graph 1. - Availability and Accessibility – KPK

- **100% Satisfaction:** All respondents (100%) answered "Yes" across all four categories, indicating complete satisfaction with facility accessibility, staff availability, and operational hours.
- **No Areas of Concern:** There were 0% negative responses, suggesting no issues with accessibility, convenience, or staff presence.

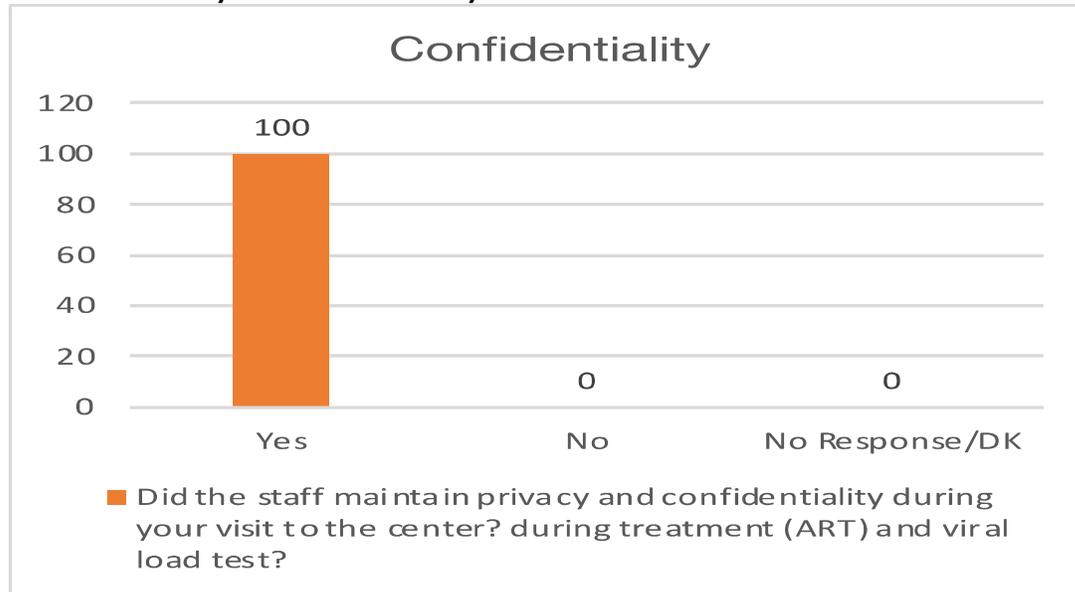
## 2. Staff Availability and Behavior



Graph 2. -. Staff Availability and Behavior – KPK

- **100% Positive Feedback:** All respondents (100%) answered "Yes" to staff friendliness, the presence of a dedicated HIV physician, and their availability, indicating complete satisfaction.
- **No Complaints (0% Negative Responses):** There were no negative responses, suggesting no concerns regarding staff behavior or physician availability.

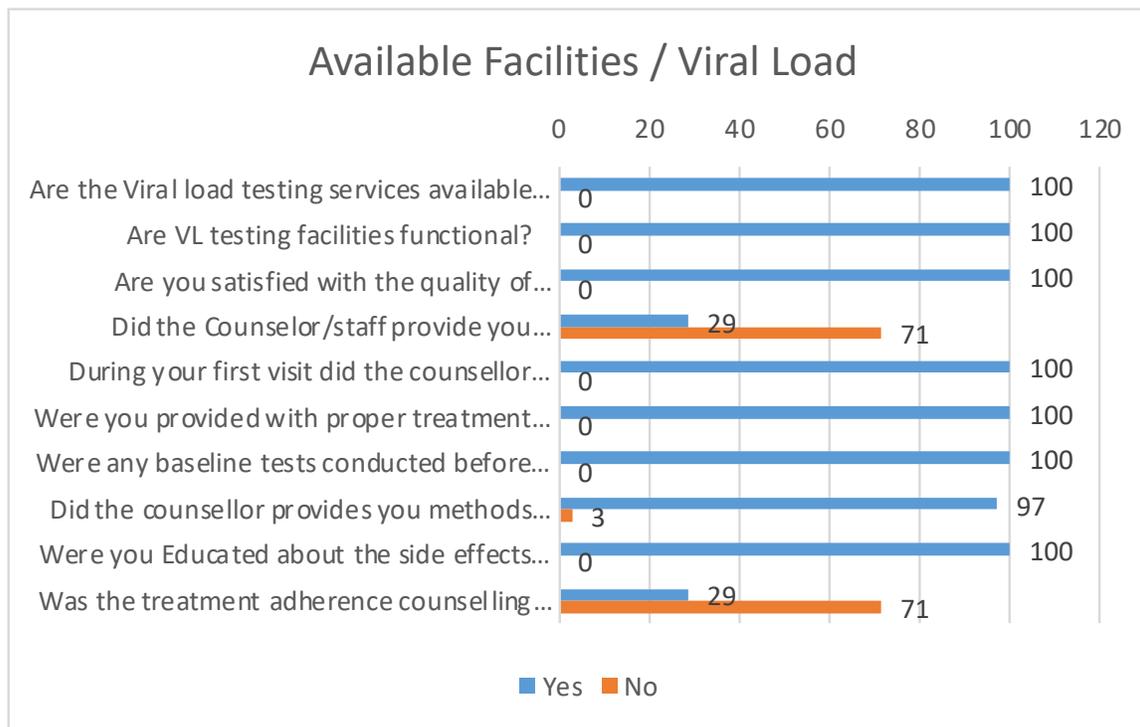
## 3. Confidentiality in Service Delivery



Graph 3. -. Confidentiality in Service Delivery – KPK

- **No Concerns (0% Negative Responses):** There were no negative responses or non-responses, indicating complete trust in the center's confidentiality measures.

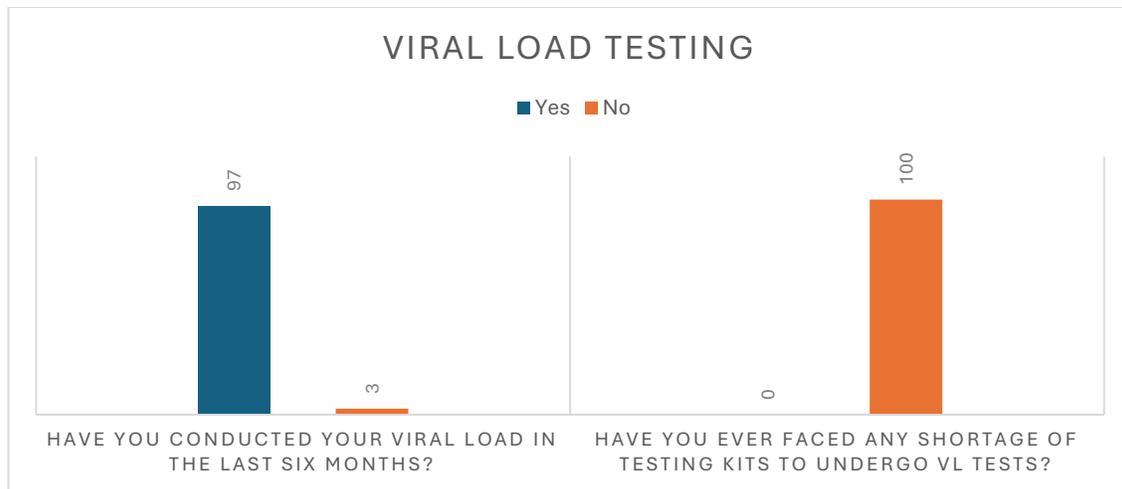
#### 4. Available Facilities and Viral Load Testing



Graph 4. -. Facilities and Viral Load Testing – KPK

- **High Satisfaction (100%):** Most respondents were satisfied with viral load testing services (100%), facility functionality (100%), and overall quality (100%). Other aspects, such as counseling and education on side effects of the ARVs?
- **Some Gaps in Counseling (14%–29% Negative Responses):** Issues were noted in specific counseling areas—treatment adherence counseling (71% "No") indicating areas for improvement.

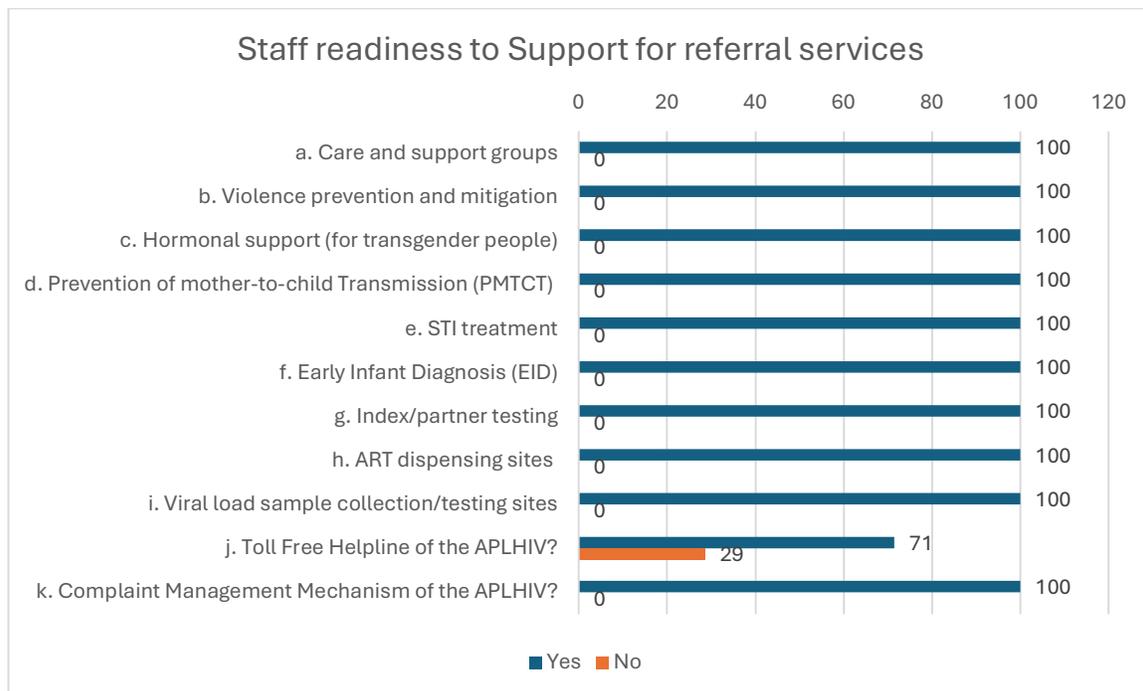
## 5. Viral Load Testing Coverage



Graph 5. -. Viral Load Testing Coverage – KPK

- **High Testing Rate (97%):** The majority (97%) reported conducting viral load tests in the last six months, indicating strong adherence to testing guidelines.
- **100% Reported No Shortage of Testing Kits:** All respondents confirmed they had not faced any shortages, indicating they were referred promptly for testing to the outsourced service provider.

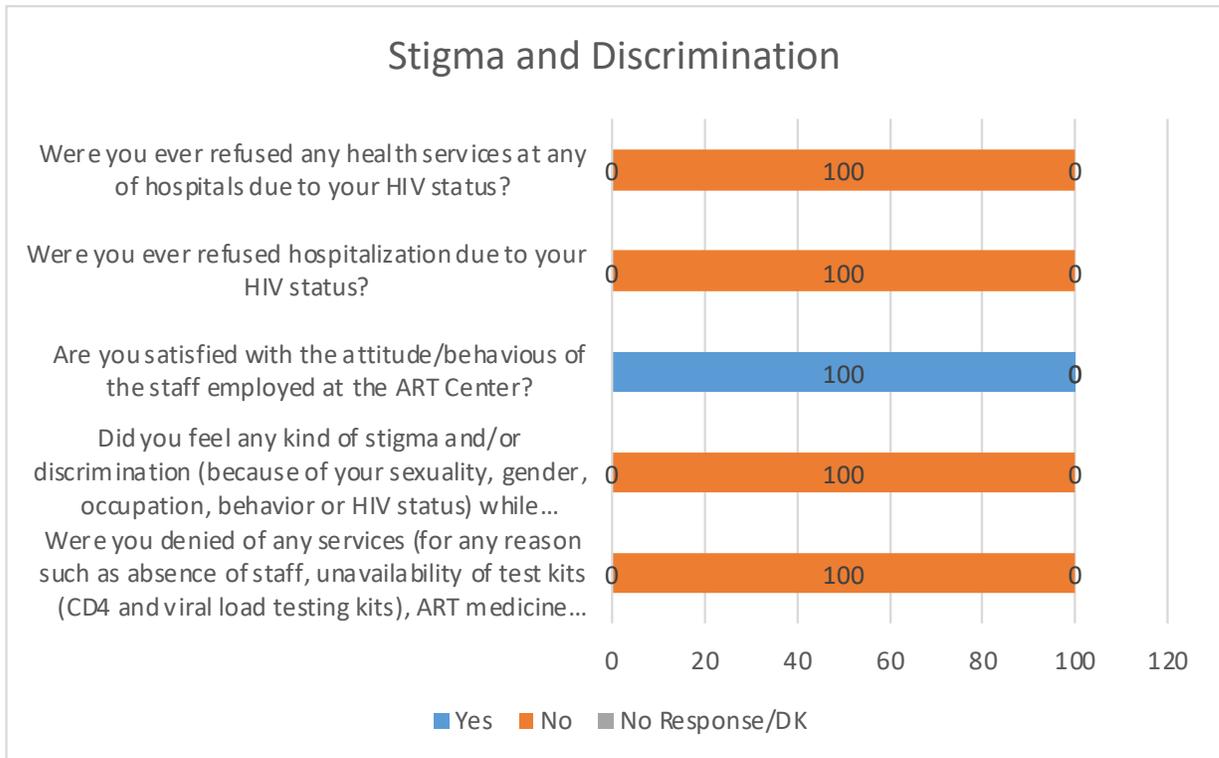
## 6. Staff Readiness for support in linkages and referral Services



Graph 6. -. Staff Readiness for support in linkages and referral Services – KPK

- **Strong Staff Readiness (100%):** Staff showed full readiness (100% "Yes") for all referral services except the toll-free helpline, indicating comprehensive support in areas like care groups, STI treatment, ART dispensing, and testing sites.
- **Gap in Toll-Free Helpline Awareness (29% "No"):** Nearly a third (29%) reported a lack of support for the toll-free helpline, highlighting a potential area for improvement in accessibility and awareness.

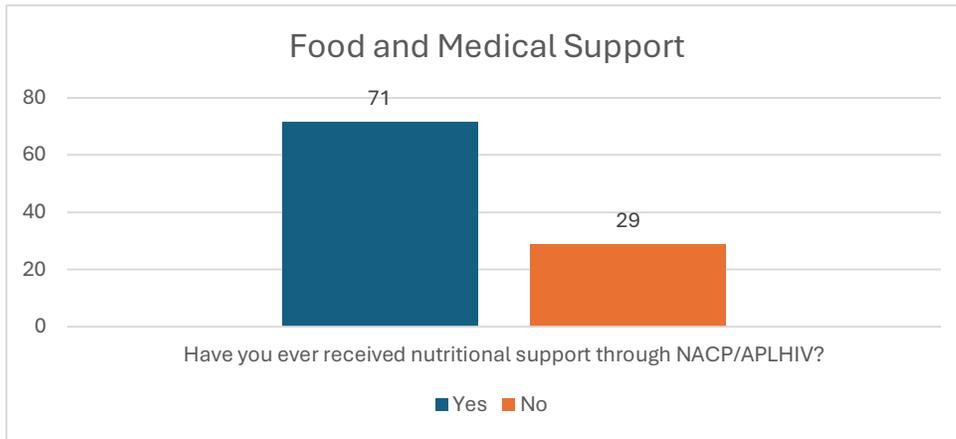
## 7. Stigma and Discrimination



Graph 7. -. Stigma and Discrimination – KPK

- **No Reported Discrimination (100% "No"):** Respondents unanimously confirmed that they were never refused health services, hospitalization, or any other services, indicating an inclusive and non-discriminatory environment.
- **Minimal Stigma (3% "Yes"):** Only 3% reported experiencing stigma or discrimination, while 97% did not, suggesting a largely supportive atmosphere with room for further improvement.

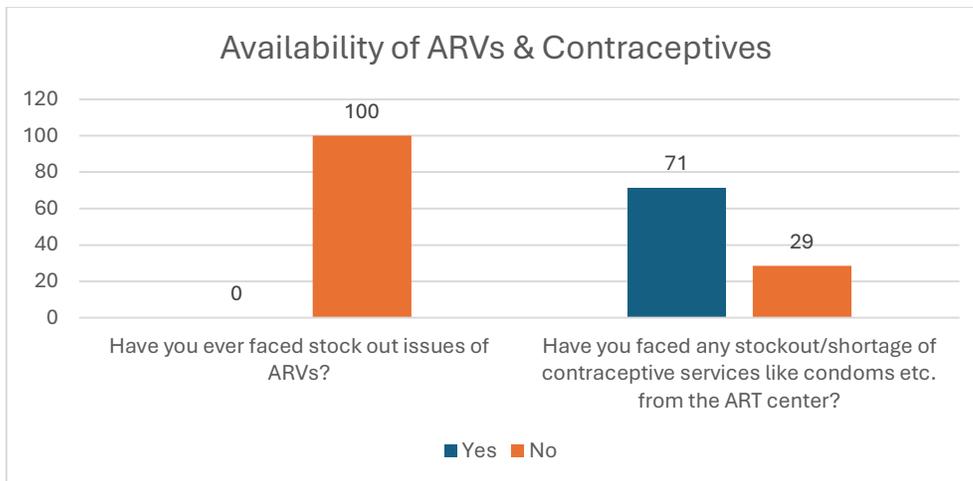
## 8. Availability of Nutritional Support



Graph 8. -. Availability of Nutritional Support – KPK

- **Majority Received Support (71%):** A significant portion (71%) reported receiving nutritional support through NACP/APLHIV, indicating effective program reach.
- **Gap in Coverage (29%):** Nearly one-third (29%) did not receive support, highlighting a need for improved accessibility or outreach efforts.

## 9. Availability of ARVs & Contraceptives

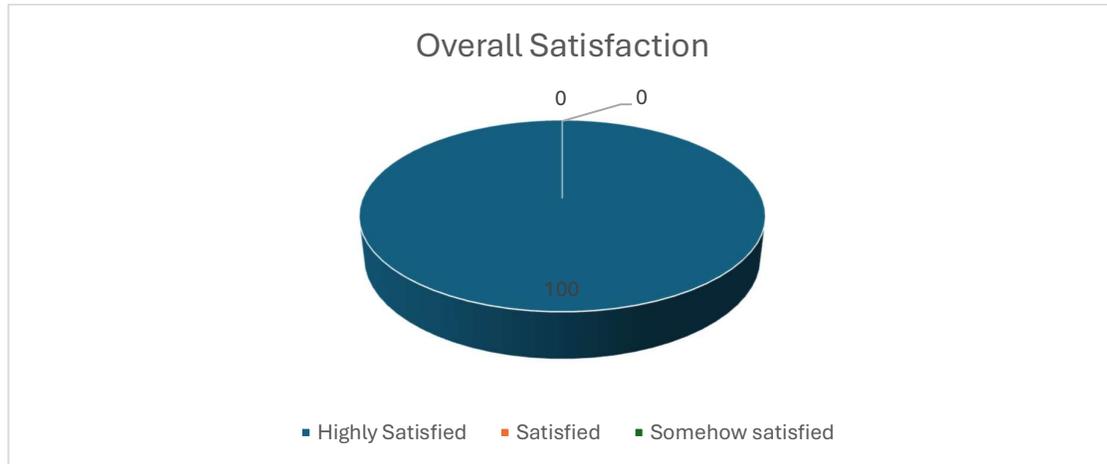


Graph 9 -. Availability of ARVs & Contraceptives – KPK

- **No ARV Stockouts (100%):** All respondents confirmed they had never faced stockout issues for ARVs, indicating a stable supply chain.

- **Contraceptive Shortages (71%):** A significant portion (71%) reported facing shortages of contraceptive services like condoms at the ART center, suggesting supply inconsistencies.

## 10. Overall Satisfaction of the Beneficiaries



Graph 10 -. Availability of ARVs & Contraceptives – KPK

- **Exceptional Satisfaction Levels:** An overwhelming **100%** of beneficiaries reported being **highly satisfied** with the ART center services, reflecting the excellent quality of care and patient experience.

## Recommendations

### 1. Enhancing Counseling Services

- Strengthen treatment adherence counseling to ensure patients fully understand the importance of continuous care.
- Improve counseling for viral load testing services to ensure comprehensive education on its significance.

### 2. Increasing Awareness of Toll-Free Helpline

- Conduct awareness campaigns to ensure all beneficiaries are informed about the toll-free helpline.
- Train staff to actively promote and provide information regarding the helpline's availability and purpose.

### **3. Addressing Gaps in Nutritional Support**

- Assess the reasons behind the 29% gap in nutritional support distribution and implement strategies to improve access.
- Strengthen partnerships with relevant agencies to ensure wider coverage and consistent supply.

### **4. Ensuring Consistent Availability of Contraceptive Services**

- Investigate the causes of the 71% shortage in contraceptive supplies and implement measures to stabilize stock levels.
- Establish precise inventory tracking mechanisms to avoid shortages and enhance distribution efficiency.

### **5. Maintaining High Standards of Confidentiality and Non-Discrimination**

- Continue enforcing strong confidentiality policies to maintain trust among beneficiaries.
- Regularly monitor and address any emerging concerns related to stigma and discrimination.

### **6. Sustaining Overall High Satisfaction Levels**

- Conduct periodic assessments to ensure continued patient satisfaction with ART center services.
- Implement patient feedback mechanisms to proactively identify and address concerns.

## **Conclusion**

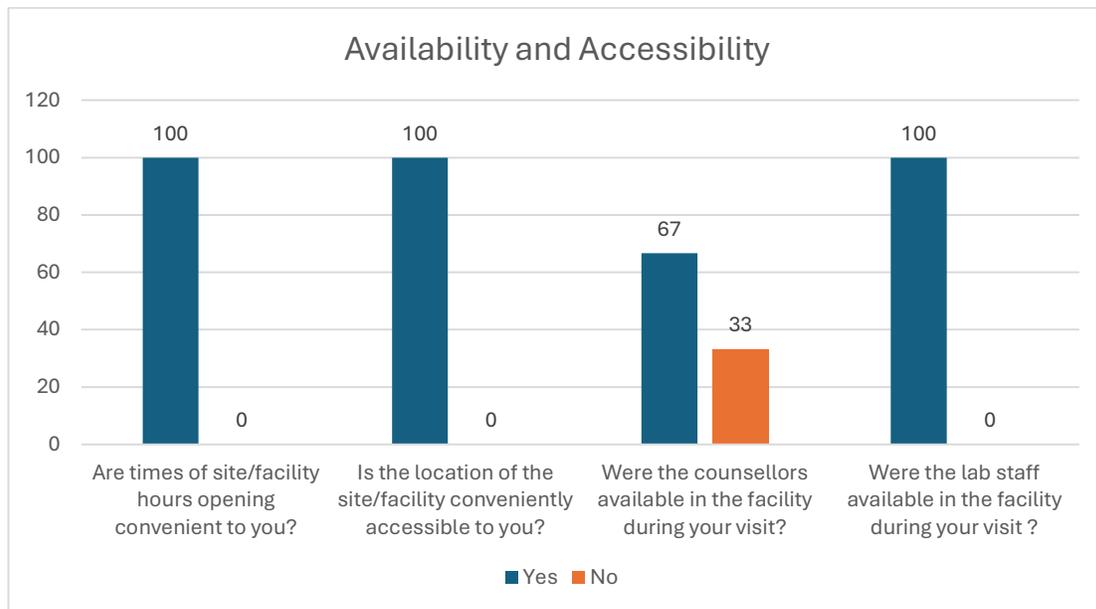
The findings indicate a highly positive experience among respondents regarding the ART center's services. Accessibility, staff behavior, confidentiality, and Overall Satisfaction of the Beneficiaries received exceptionally high approval ratings (100%). The availability of viral load testing kits and ARVs stock stability further reinforced confidence in service delivery. While the center effectively ensures inclusivity and non-discriminatory practices, a few gaps were identified, particularly in counseling services, awareness of toll-free helpline support, contraceptive availability, and nutritional assistance. Addressing these issues will further enhance service delivery and patient well-being.

## 5.2.4 Baluchistan

This report critically evaluates key performance indicators across **3 ART Centers**, involving 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.

### Key Findings

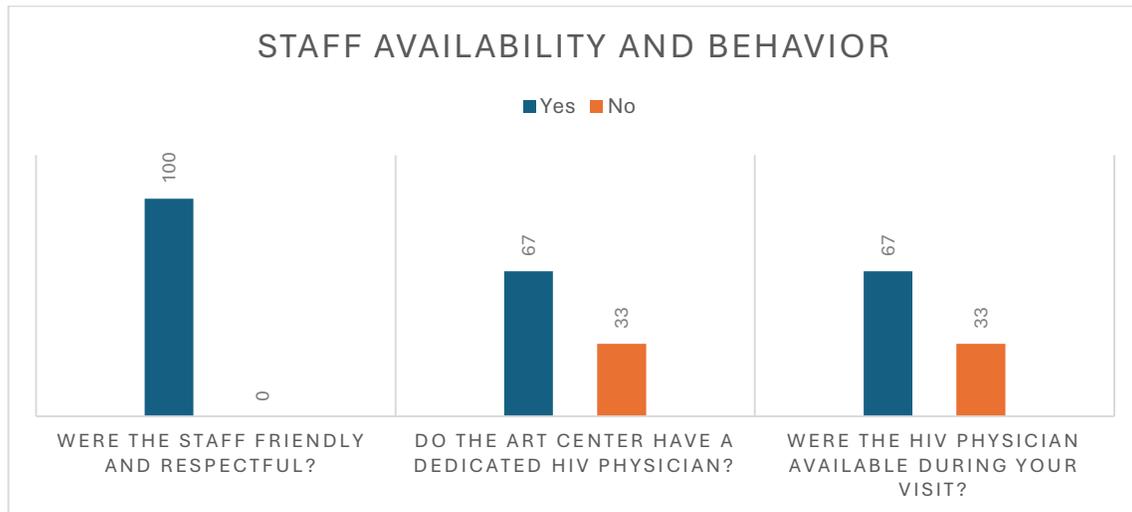
#### 1. Availability and Accessibility



Graph 1. Availability and Accessibility - Baluchistan

- **High Satisfaction with Accessibility and Staff Availability:** The majority of respondents (100%) found the facility's operating hours and location convenient, and lab staff were fully available. However, only **67% reported the presence of counselors**, indicating a gap in counseling services.
- **Limited Availability of Counselors: 33% of respondents noted that counselors were unavailable** during their visit, which could impact patient support and adherence to treatment plans.

## 2. Staff Availability and Behavior



Graph 2. Staff Availability and Behavior - Baluchistan

- **Positive Staff Interaction:** All respondents (100%) reported that the staff was friendly and respectful, indicating a strong and supportive environment.
- **Gaps in Physician Availability:** While 67% confirmed the presence of a dedicated HIV physician, **33% noted the absence of one**, highlighting a potential issue in accessibility to specialized care.

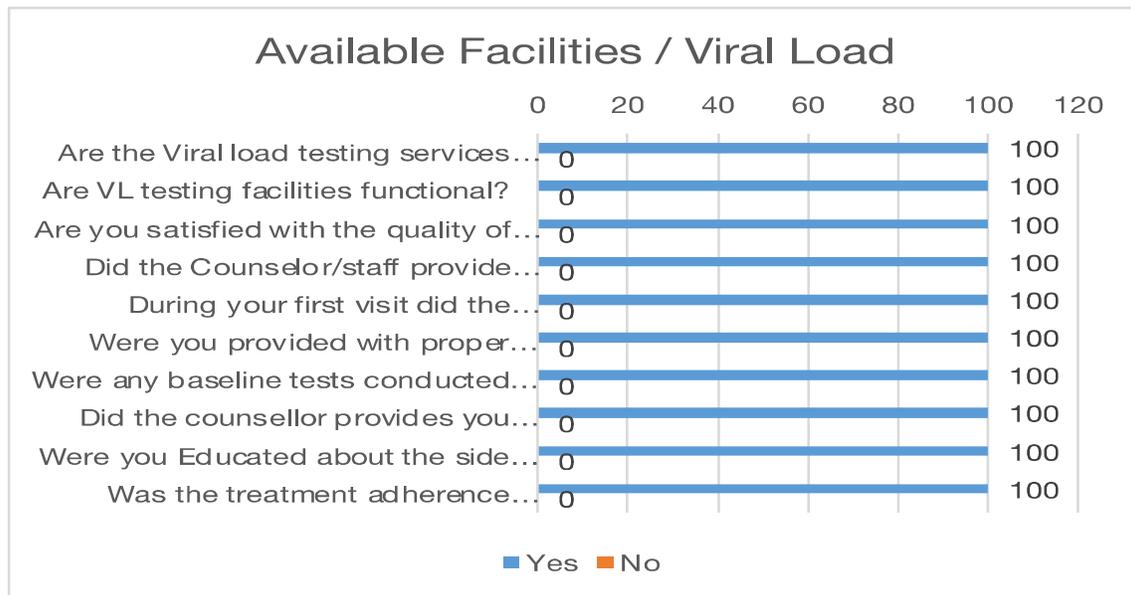
## 3. Confidentiality in Service Delivery



Graph 3. Confidentiality in Service Delivery - Baluchistan

- **Complete Trust in Staff:** All respondents (100%) reported that staff-maintained privacy and confidentiality during their visit, reflecting high compliance with ethical standards.

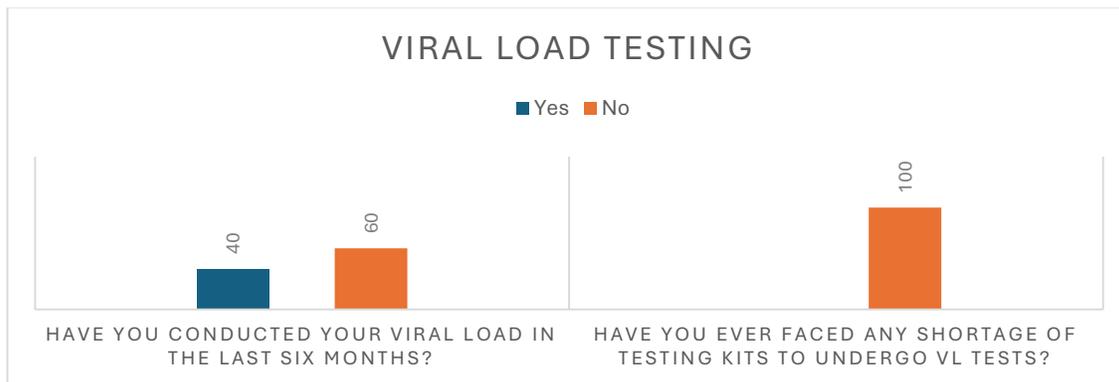
#### 4. Available Facilities and Viral Load Testing



Graph 4. Facilities and Viral Load Testing - Baluchistan

- **High Satisfaction with Services:** 100% of respondents were satisfied with the quality of services, viral load testing, counseling, education on side effects, and adherence support, indicating strong service delivery.

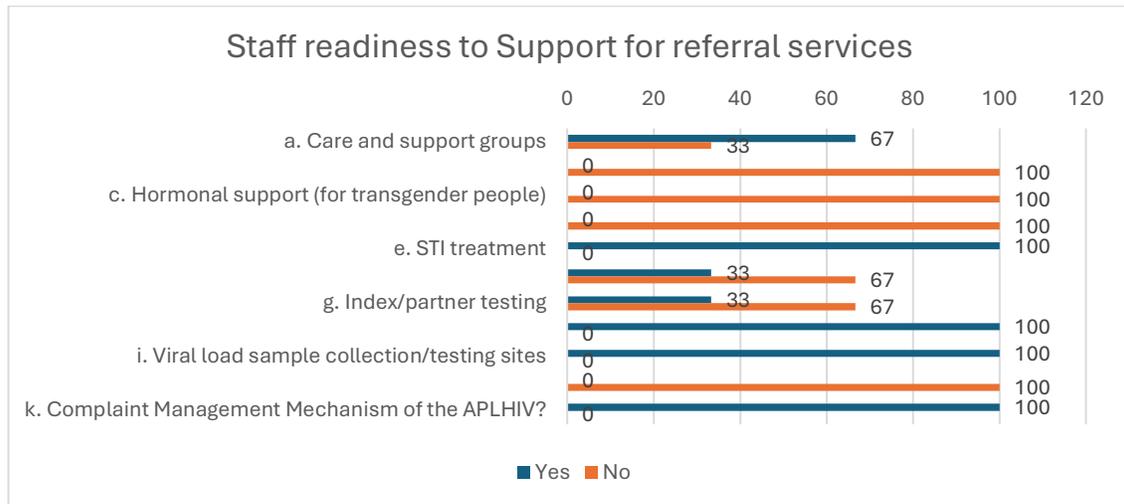
#### 5. Viral Load Testing Coverage



Graph 5. Viral Load Testing Coverage - Baluchistan

- **Testing Rate:** (40%) reported conducting viral load tests in the last six months, while 60% didn't, indicating low adherence to testing guidelines.
- **100% Reported No Shortage of Testing Kits:** All respondents confirmed they had not faced any shortages, indicating a reliable supply of testing kits.

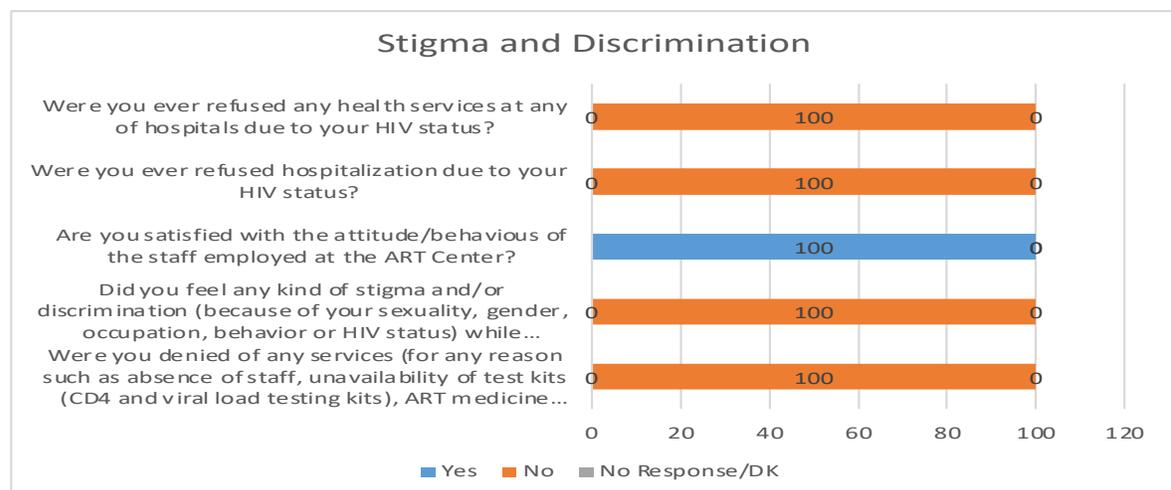
## 6. Staff Readiness for support in linkages and referral Services



Graph 6. Staff Readiness for support in linkages and referral Services - Baluchistan

- **Low Staff Readiness for Referral Services:** Across various services, staff indicated readiness for referrals, including care and support groups (67% Yes), violence prevention (100%, No), hormonal support (100%, No), prevention of mother-to-child transmission (100%, No),
- **High Staff Readiness for Referral Services:** STI treatment (100%, Yes), partner testing (33%, Yes), ART dispensing (100%, Yes), viral load sample collection (100, Yes%), and complaint management (100%, Yes).

## 7. Stigma and Discrimination



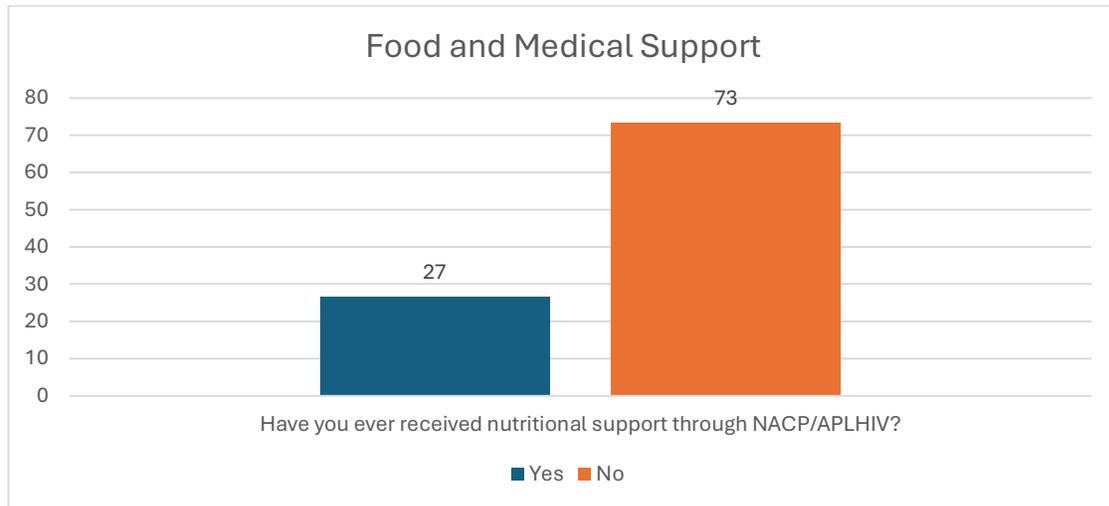
Graph 7. Stigma and Discrimination - Baluchistan

- **Zero Reported Cases of Stigma/Discrimination:** All respondents (100%) indicated no refusal of health services, hospitalization, or denial of care due to

HIV status and reported no experiences of stigma/discrimination at the ART Center.

- **Satisfaction with Services:** 100% of clients confirmed satisfaction with staff attitudes and reported no service denials due to operational issues (e.g., staff absence or test unavailability).

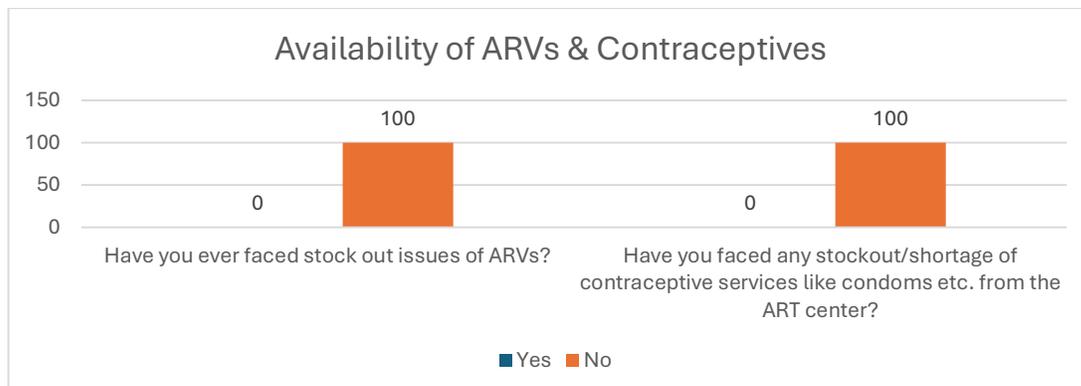
## 8. Availability of Nutritional Support



Graph 8. Availability of Nutritional Support - Baluchistan

- **Low Coverage of Nutritional Support:** 27% of beneficiaries receive nutritional support, highlighting an opportunity to expand coverage and ensure all eligible individuals can access this critical service.
- 73% of respondents reported receiving no nutritional support through NACP/APLHIV, indicating a strong need for program implementation for food assistance.

## 9. Availability of ARVs & Contraceptives



Graph 9. Availability of ARVs & Contraceptives – Baluchistan

- **Zero Stockout Issues Reported:** 100% of respondents confirmed no ARV stockouts or shortages of contraceptive services (condoms) at the ART center, indicating reliable supply chain management.
- **Consistent Service Availability:** The absence of stockouts (0% "Yes" responses) reflects effective inventory management for ARVs and contraceptives, ensuring uninterrupted access to essential medications and prevention tools.

## 10. Overall Satisfaction of the Beneficiaries



Graph 9. Overall Satisfaction of the Beneficiaries – Baluchistan

- **Satisfaction Levels:** An overwhelming **100%** of beneficiaries reported being **satisfied** with the ART center services, reflecting the good quality of care and patient experience.

## Recommendations:

1. **Enhance Counseling Services:** Given the **limited availability of counselors (67%)**, it is essential to **increase counselor staffing** to ensure better patient support and adherence to treatment plans.
2. **Improve Physician Accessibility:** Address the **33% gap in dedicated HIV physician availability** by optimizing schedules or hiring additional staff to ensure continuous access to specialized care.
3. **Strengthen Viral Load Testing Coverage:** Despite no reported **testing kit shortages**, only **40% of respondents had a test in the last six months**, indicating a need to **increase awareness and adherence to testing guidelines**.
4. **Address Referral Service Gaps:** Improve staff readiness for **violence prevention, hormonal support, and prevention of mother-to-child transmission**, where **100% reported unavailability**. Prioritize training and resources.
5. **Expand Nutritional Support Programs:** With **73% of respondents receiving no nutritional assistance**, there is a strong need to **scale up food support initiatives** to enhance the well-being of beneficiaries.

## Conclusion:

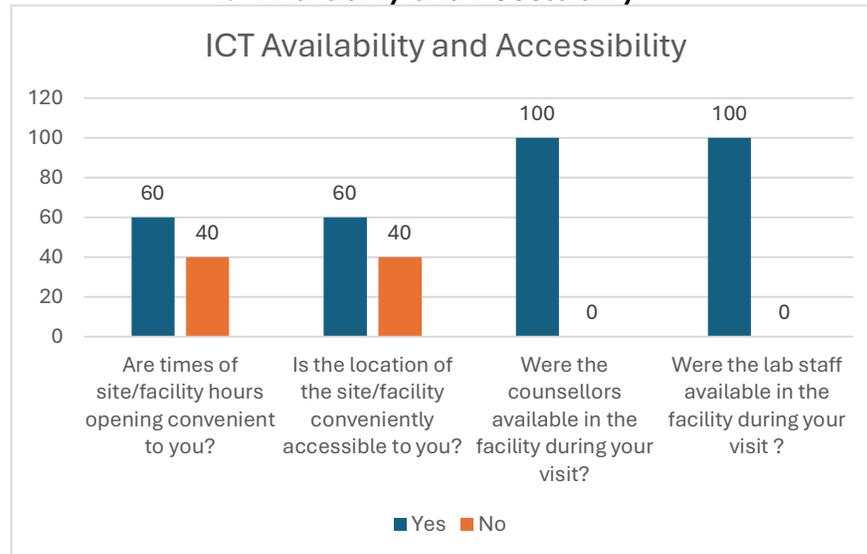
The assessment highlights **high patient satisfaction (100%)** with service quality, **staff behavior, confidentiality, and ARV availability**, demonstrating a **well-functioning ART center**. However, **gaps in counseling services, physician accessibility, referral readiness, viral load testing adherence, and nutritional support** require **urgent intervention**. Addressing these areas will further **strengthen service delivery, improve patient outcomes, and enhance the overall efficiency of HIV care and support services**.

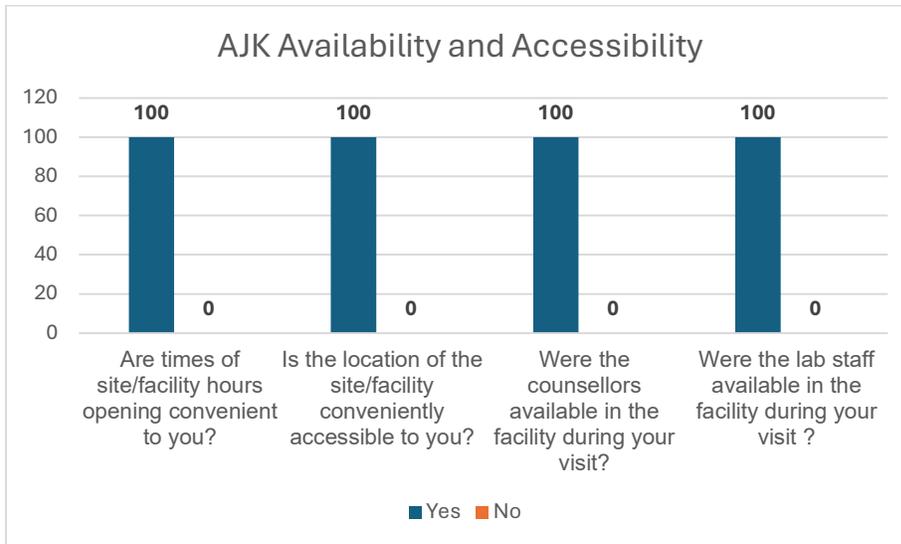
### 5.2.5 ICT/AJK

This report critically evaluates key performance indicators across **2 ART Centers**, involving a cohort of 8 beneficiaries in ICT & AJK 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 provided graphical representations, reflect both strengths and areas in need of enhancement within the delivery of ART services.

## Key Findings

### 1. Availability and Accessibility



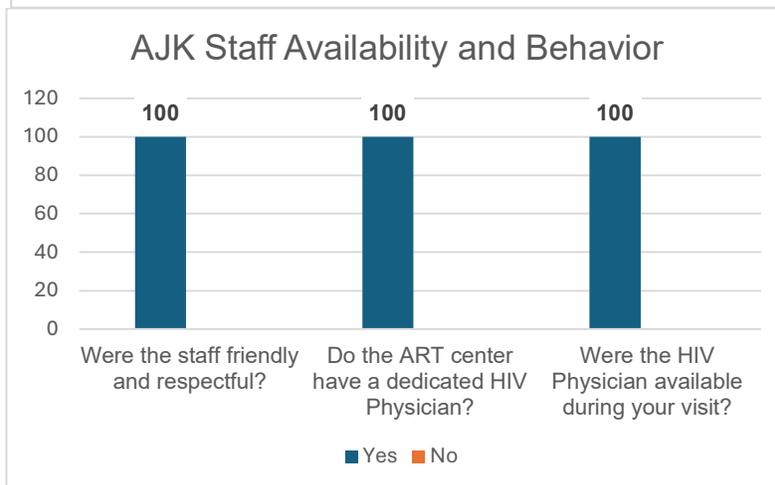


2.

Graph 1. Availability and Accessibility – ICT&AJK

- **ICT:** The majority of respondents (60%) found the facility's hours convenient and the location accessible, while 100% reported that counselors and lab staff were available during their visit.
- **AJK: 100% Satisfaction:** All respondents (100%) answered "Yes" across all four categories, indicating complete satisfaction with facility accessibility, staff availability, and operational hours.

## 2. Staff Availability and Behavior

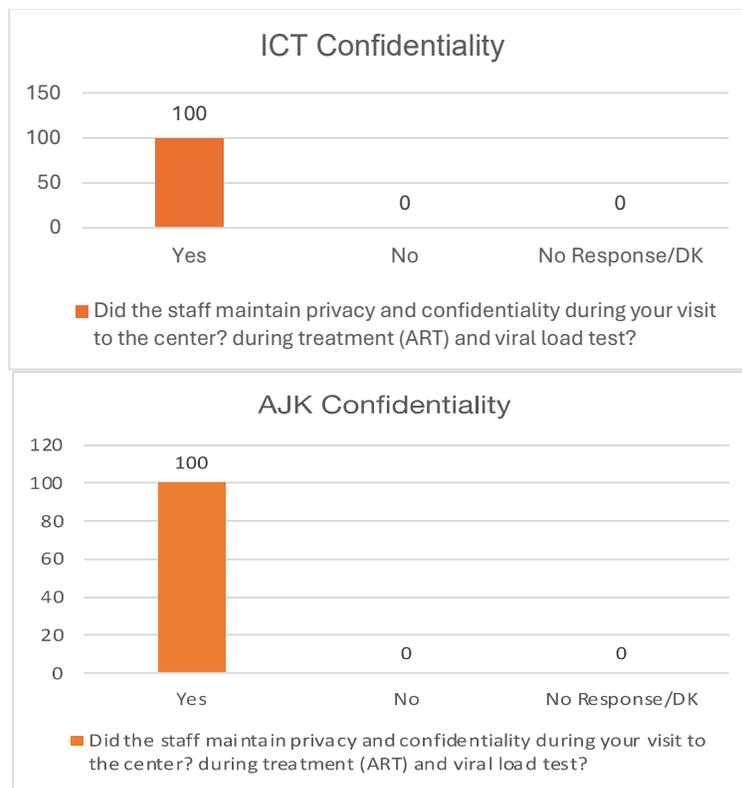


Graph 2. Staff Availability and Behavior– ICT&AJK

- **ICT: 100% Positive Feedback:** All respondents (100%) answered "Yes" to staff friendliness, the presence of a dedicated HIV physician, and their availability, indicating complete satisfaction.
- **AJK: No Complaints (0% Negative Responses):** There were no negative responses, suggesting no concerns regarding staff behavior or physician availability.

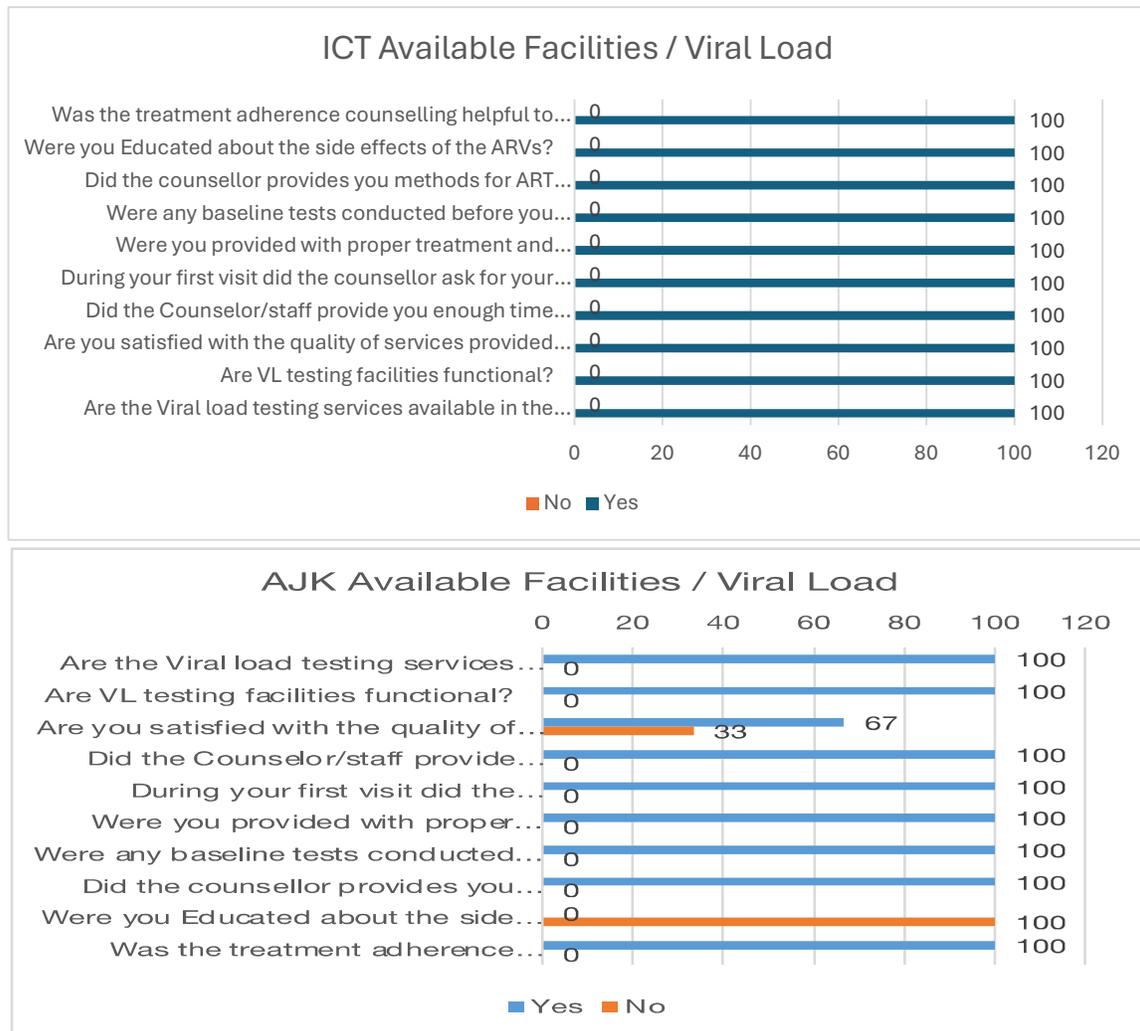
### 3. Confidentiality in Service Delivery

- **ICT: 100% Compliance:** All respondents (100%) confirmed the presence of a written confidentiality policy and that staff-maintained privacy during their visit.
- **AJK: No Concerns (0% Negative Responses):** There were no negative responses or non-responses, indicating complete trust in the center's confidentiality measures.



Graph 3. Confidentiality in Service Delivery – ICT&AJK

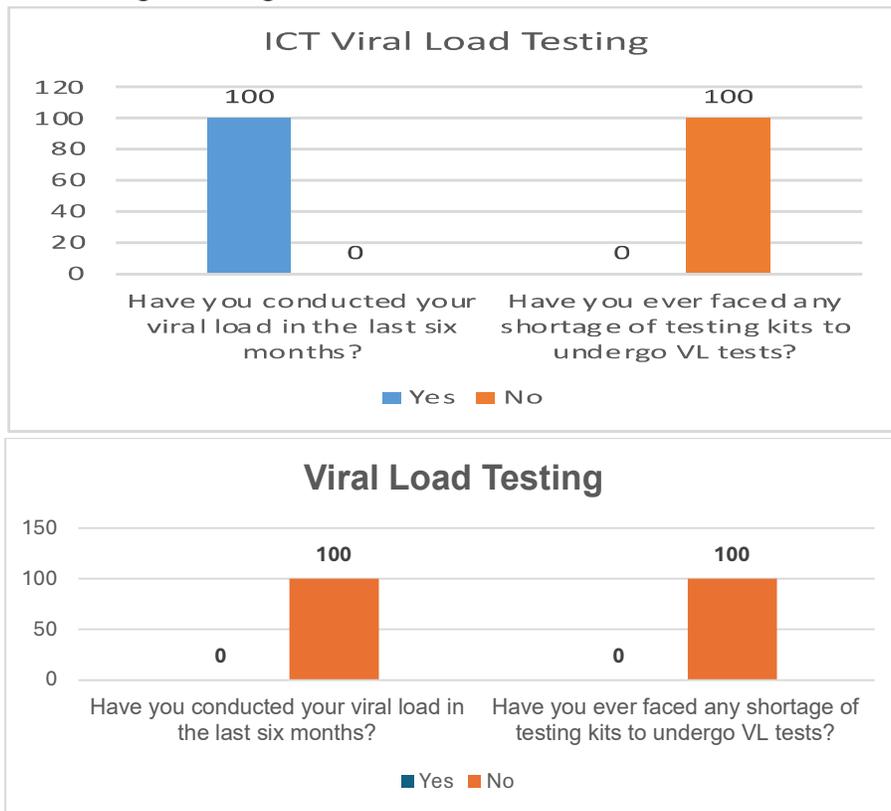
#### 4. Available Facilities and Viral Load Testing



Graph 4. Facilities and Viral Load Testing – ICT&AJK

- **ICT - High Satisfaction (100%):** All respondents reported positively, indicating that they received treatment adherence support, education about side effects, and all other services related to viral load testing, demonstrating complete satisfaction with available facilities.
- **AJK:** While most respondents reported positive experiences with counseling and treatment services, 33% expressed dissatisfaction with the service quality. Additionally, 100% indicated they were not educated about the side effects of ARV, highlighting a need for improvement in that area.

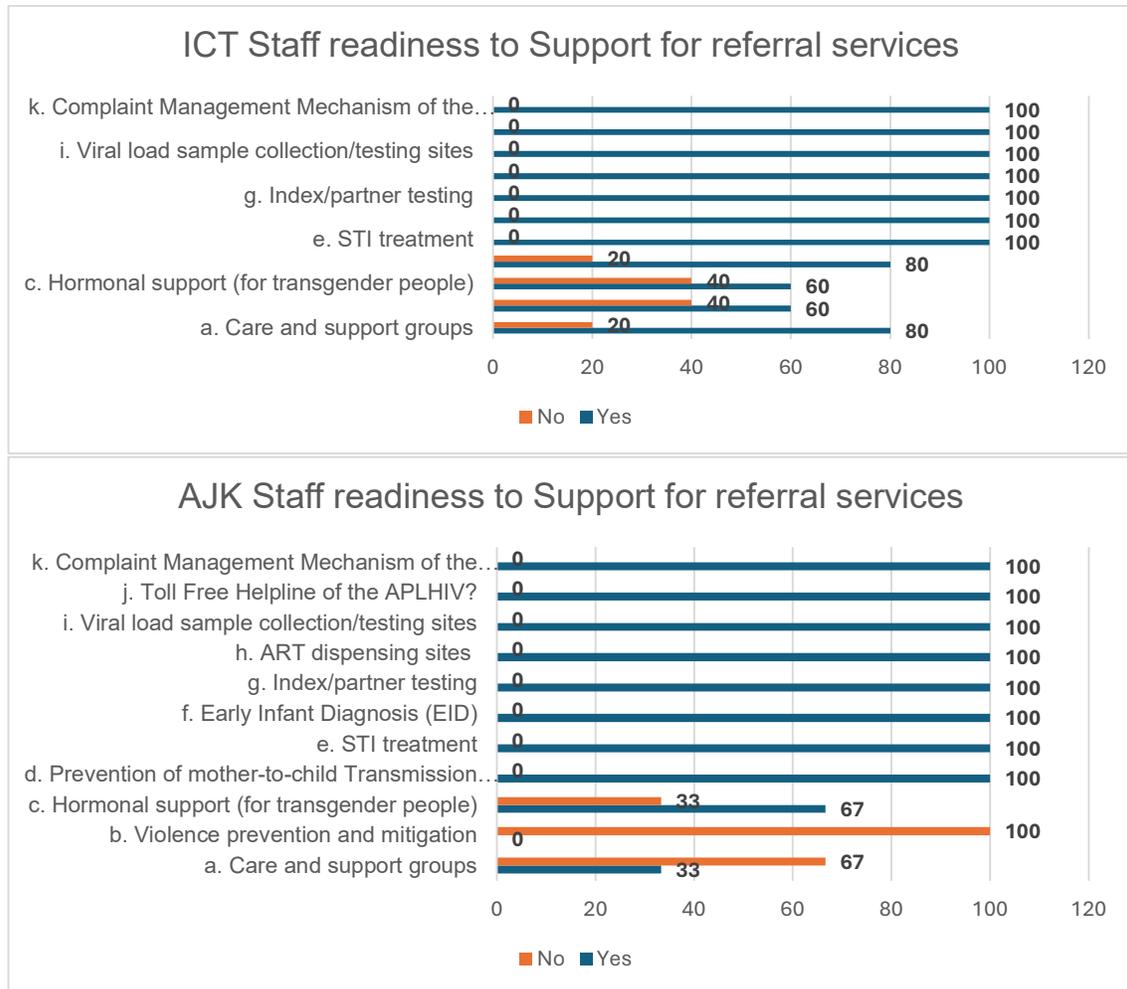
## 5. Viral Load Testing Coverage



Graph 5. Viral Load Testing Coverage – ICT&AJK

- **ICT:** Strong Viral Load Testing and Kit Availability: A high testing rate (100%) in the last six months reflects strong adherence to guidelines, and 100% reported no shortages of testing kits, ensuring a reliable supply.
- **AJK:** 100% reported no shortages of testing kits, ensuring a reliable referral mechanism.

## 6. Staff Readiness for support in linkages and referral Services

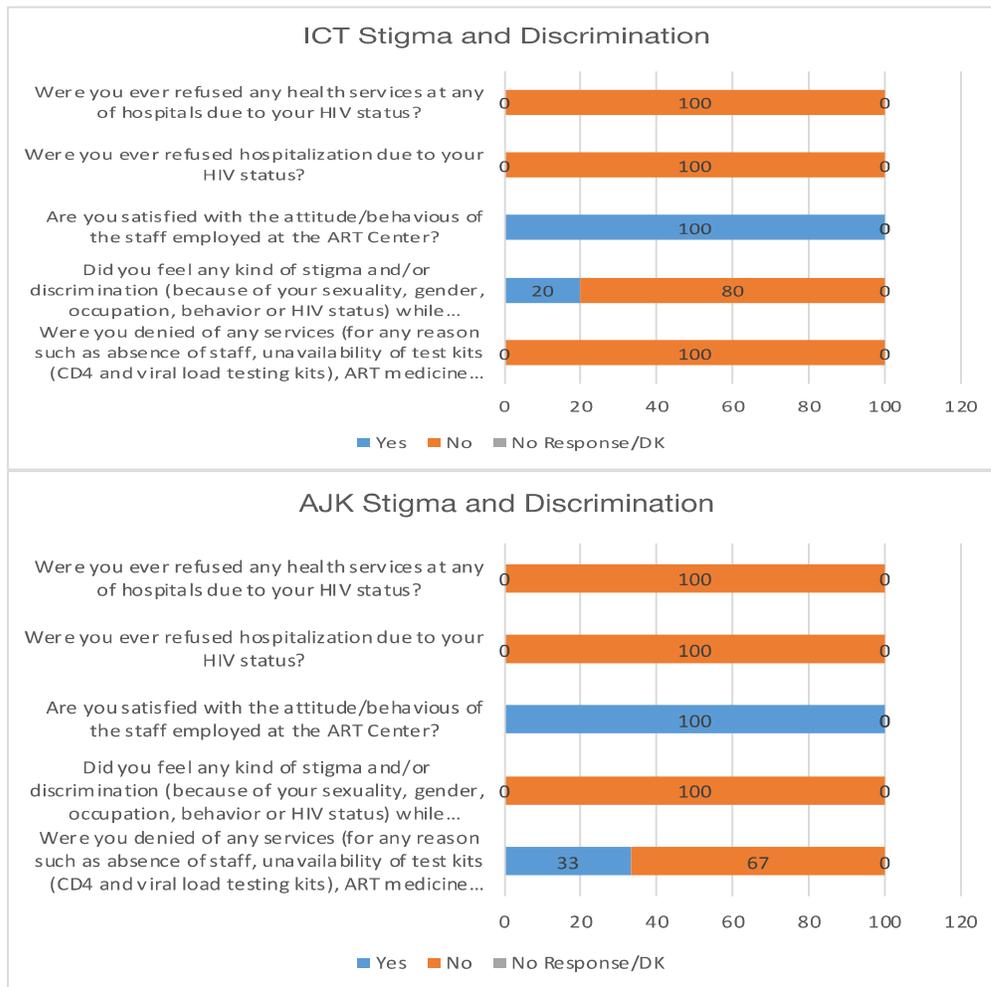


Graph 6. Staff Readiness for support in linkages and referral Services – ICT&AJK

**ICT:** While most respondents indicated readiness and support for various referral services, 20% reported dissatisfaction with aspects such as mother-to-child transmission (PMTCT) and care/support groups, highlighting opportunities for enhancing service provision.

**AJK:** Most respondents indicated that staff were prepared to support various referral services, but 33% expressed dissatisfaction concerning hormonal support for transgender individuals and care/support groups. Additionally, 100% reported violence and mitigation issues, highlighting specific areas needing attention and improvement.

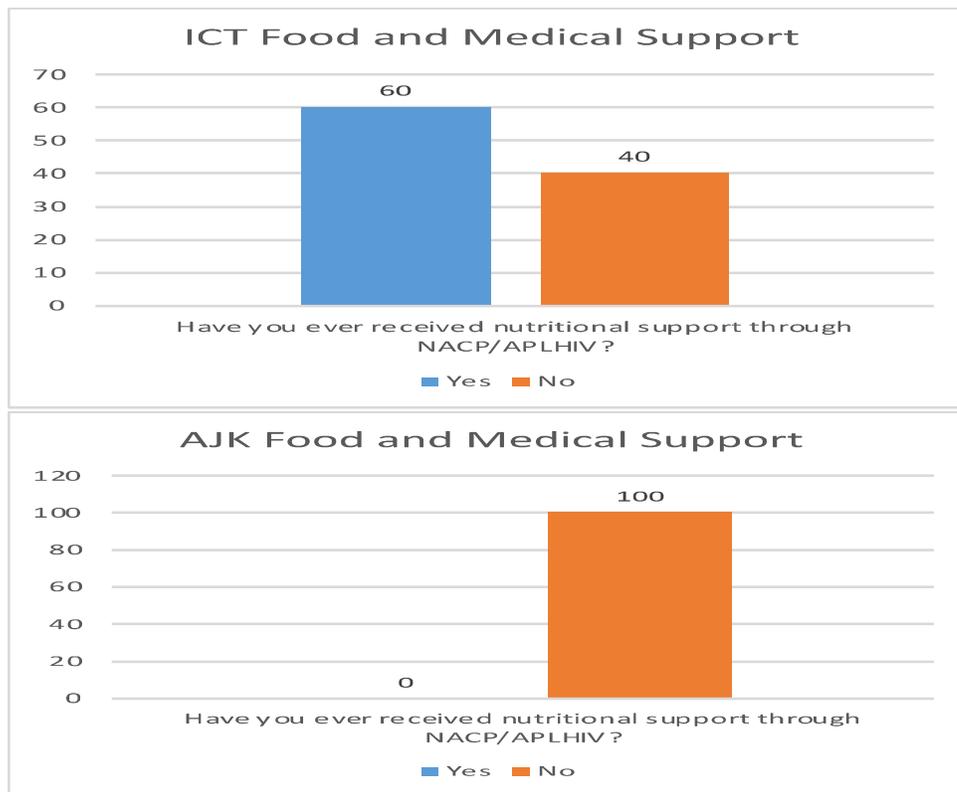
## 7. Stigma and Discrimination



Graph 7. Stigma and Discrimination – ICT&AJK

- **ICT:** While respondents did not report being refused health services or hospitalization due to their HIV status, 20% experienced feelings of stigma or discrimination, indicating an area for improvement in the ART center's staff attitude and behavior.
- **AJK:** While 100% of respondents reported no refusal of services or hospitalization due to HIV status, 33% experienced a lack of satisfaction with staff attitude, highlighting a critical area for improvement in the ART center.

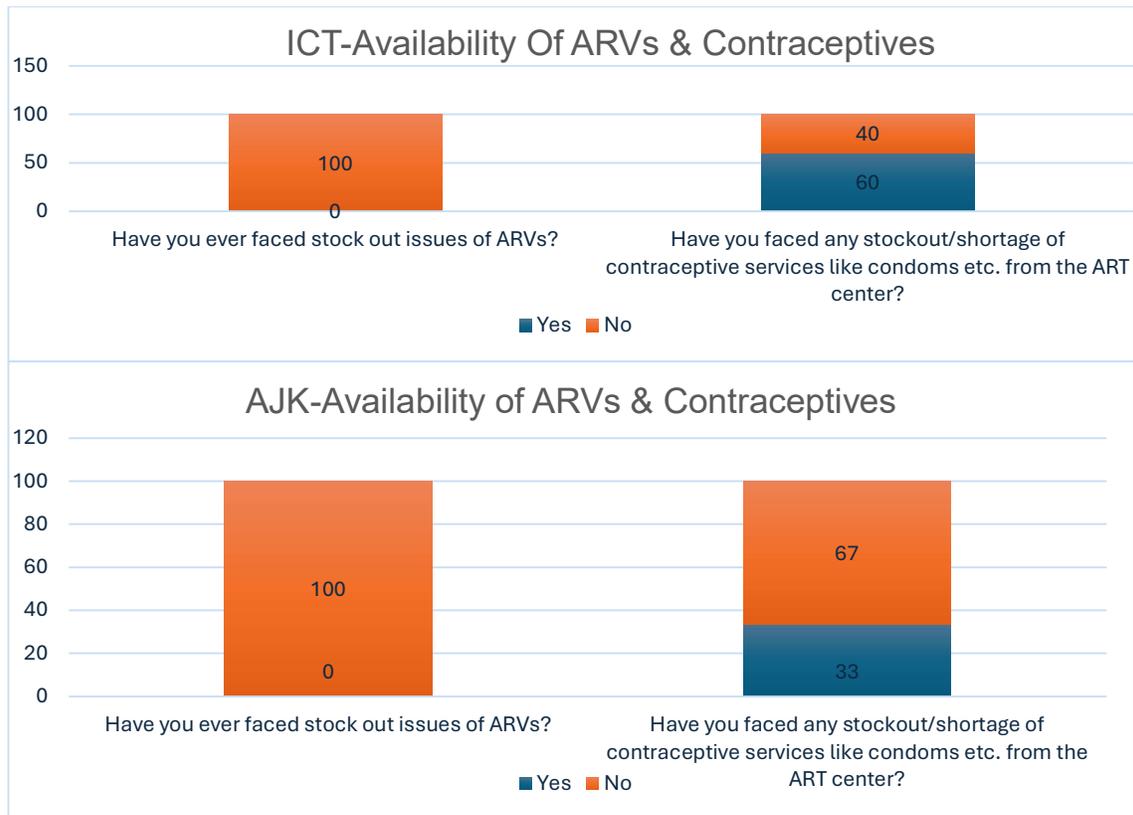
## 8. Availability of Nutritional Support



Graph 8. Availability of Nutritional Support – ICT&AJK

- **ICT: Majority Received Support (60%)** - A significant portion (60%) reported receiving nutritional support through NACP/APLHIV, indicating effective program reach.
- **AJK: Gap in Coverage (100%)** - 100% did not receive support, highlighting a need for improved accessibility or outreach efforts.

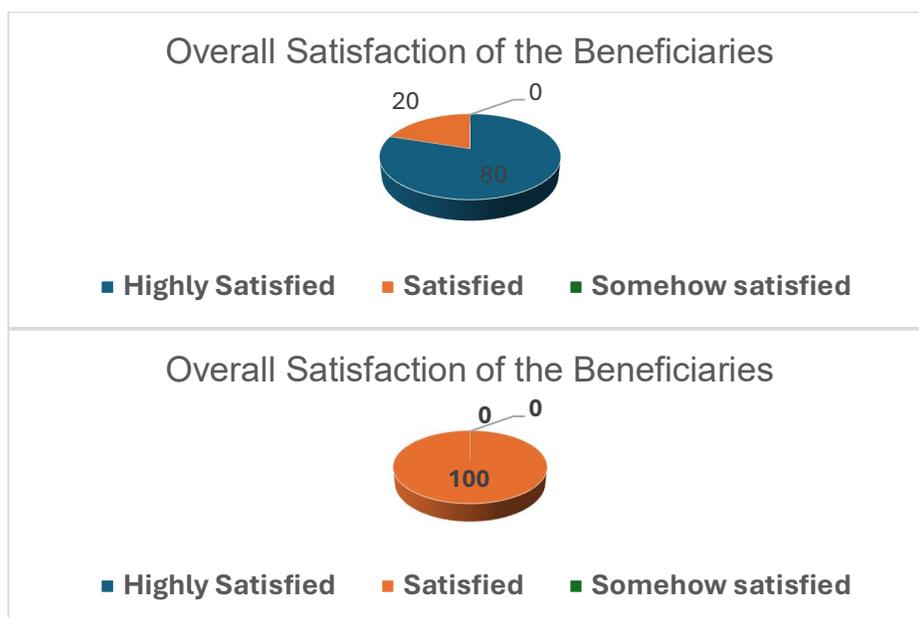
## 9. Availability of ARVs & Contraceptives



Graph 9. Availability of ARVs & Contraceptives – ICT&AJK

- **ICT:** All respondents reported no issues with stockouts of antiretroviral (ARV) medications. However, 40% experienced stockouts or shortages of contraceptive services, indicating a need for improvement in that area.
- **AJK:** All respondents reported no stockout issues with antiretroviral (ARV) medications, while 33% faced stockouts or shortages of contraceptive services like condoms, highlighting an important area for improvement in service availability.

## 10. Overall Satisfaction of the Beneficiaries



Graph 10. Overall Satisfaction of the Beneficiaries – ICT&AJK

- **ICT:** A substantial majority of respondents (80%) expressed being highly satisfied with the services, while 20% reported being satisfied. Notably, no respondents indicated that they were somehow satisfied, suggesting an overall positive reception of the services provided.
- **AJK:** All respondents indicated being satisfied with the services, with no reports of being highly satisfied or somehow satisfied. This reflects uniform positive feedback regarding Overall Satisfaction of the Beneficiaries with the services provided.

## Recommendations

### 1. Enhance Service Education:

- **AJK** should implement educational programs to inform clients about treatment side effects and viral load testing procedures. This could include workshops, informational pamphlets, or one-on-one consultations with healthcare providers.

### 2. Improve Viral Load Testing Services:

- **AJK** needs to address the lack of viral load testing facilities and ensure that testing kits are consistently available. Regular audits and inventory checks can help prevent shortages and maintain service continuity.

### 3. Strengthen Support for Transgender Individuals:

- Both **ICT** and **AJK** should develop targeted support services for transgender individuals, including hormonal therapy and specific care/support groups. Training staff on the unique needs of this community can enhance service delivery and patient satisfaction.

#### 4. **Address Staff Attitude and Behavior:**

- Continuous training and workshops focused on sensitivity and anti-stigma practices should be conducted for all staff members. This aims to improve interactions with patients and create a more welcoming environment.

#### 5. **Expand Food and Nutritional Support Programs:**

- **AJK** should engage in outreach efforts to ensure that nutritional support reaches all eligible clients. Collaborating with local organizations can expand resource availability and program reach.

#### 6. **Monitor and Evaluate Referral Services:**

- Regularly assess the effectiveness of referral services provided by staff to identify areas where patients feel unsupported. Feedback mechanisms should be put in place to consistently improve service delivery based on client input.

#### 7. **Continual Availability of Contraceptive Services:**

- Both centers should prioritize the availability of contraceptive services. Regular stock audits should help in preventing future shortages and ensuring patient needs are met.

## **Conclusion**

The analysis of patient feedback regarding service availability, staff behavior, confidentiality, and Overall Satisfaction of the Beneficiaries reveals a generally positive reception of healthcare services at both **ICT** and **AJK** centers. However, significant areas for improvement remain, particularly in the quality of counseling services, education on treatment side effects, and the availability of viral load testing and nutritional support.

While **ICT** demonstrates high levels of satisfaction and no reported issues with antiretroviral (ARV) stockouts, **AJK** highlights critical gaps in service provision and areas needing significant enhancements. By addressing the identified gaps and focusing on continual improvement through education, staff training, and resource allocation, both centers can strengthen their commitment to providing comprehensive and compassionate care to all patients, ultimately improving health outcomes and ensuring equitable access to necessary services.

### 5.3 Regional Overview of ART Centre Assessments: Insights from Facility Representatives

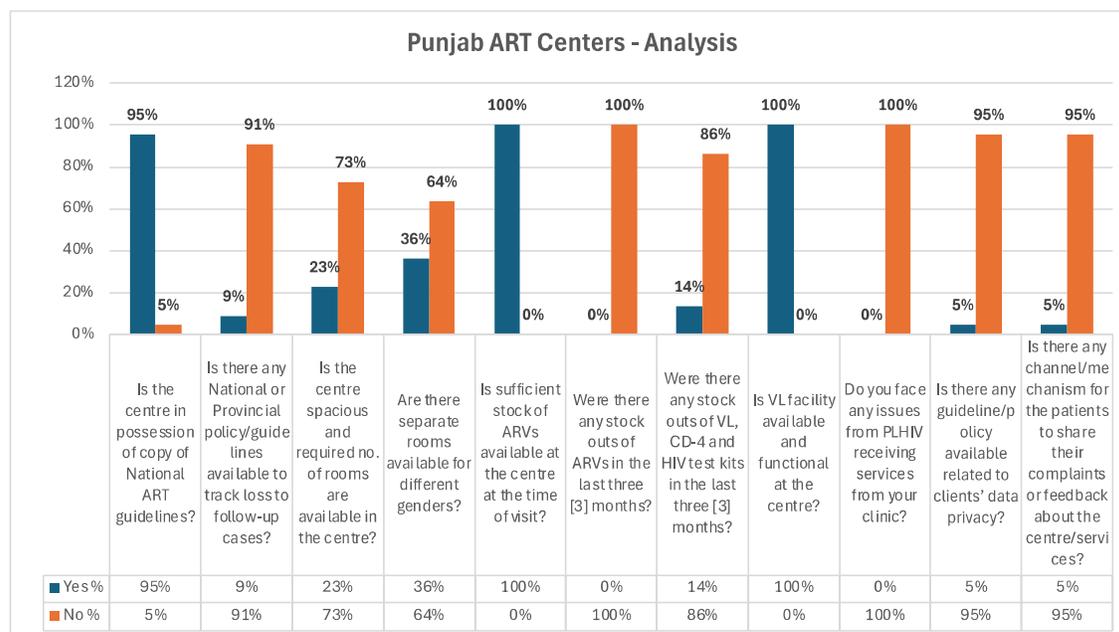
As part of the community-led monitoring initiative, feedback was systematically collected from representatives of ART centers across all four provinces, including Islamabad Capital Territory (ICT) and Azad Jammu & Kashmir (AJK). A total of 48 representatives participated in the assessment, with site visits conducted at 22 ART centers in Punjab, 14 in Sindh, 7 in Khyber Pakhtunkhwa (KP), 3 in Baluchistan, and 2 in ICT/AJK.

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

- ART center operational protocols
- Treatment methodologies
- Availability of essential services and equipment

A 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 Living with HIV (PLHIV).

#### 5.3.1 Punjab:



Graph 5.3.1: 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:

## 1. Policy and Guideline Compliance

- 95% of centers have a copy of the National ART guidelines, ensuring adherence to treatment protocols.
- However, there are no national or provincial guidelines to track loss-to-follow-up cases, which could lead to weaker patient retention and increased treatment interruptions.
- **Community-led interventions of APLHIV**, to track, prepare, and relink LTFU cases have not materialized in Punjab despite evidence available from other provinces and a successful pilot in Punjab.

## 2. Infrastructure and Facility Setup

- **Only 23% of centers meet spatial requirements and have the necessary number of rooms, while 73% face space constraints, which may compromise the confidentiality of PLHIV, service delivery, and patient comfort.**

## 3. Availability of Essential Medicines and Supplies

- **100% of centers had sufficient ARV stock at the time of the visit. No stockouts of ARVs** were reported in the last three months.
- **14% of centers faced stockouts of test kits in the last three months**, which could affect effective disease monitoring and treatment adjustments.

## 4. Viral Load (VL) Testing Facility

- **100% of centers** have functional VL testing facilities, ensuring effective treatment monitoring. This is through sample collection from all ART centers from the province and analysis at the central lab at PACP in Lahore.

## 5. Patient Experience and Service Delivery

- **100% of centers reported no issues with service delivery for People Living with HIV (PLHIV)**, indicating significant operational, accessibility, or no stigma-related challenges.
- **95% of centers comply with data privacy**, ensuring the protection of patient information.
- 95% of centers lack formal information about available mechanisms for patient complaints and feedback being managed by APLHIV, meaning patients have limited avenues to voice concerns and seek improvements in services.

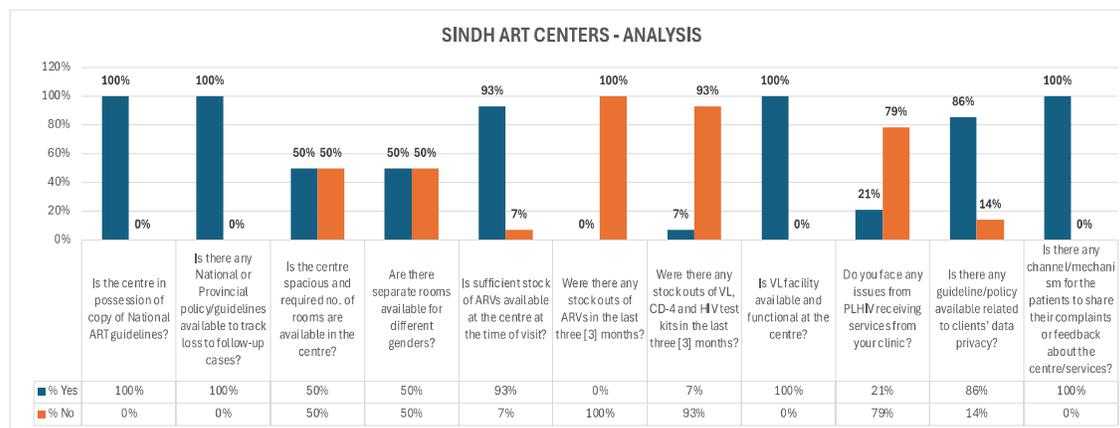
## Key Takeaways and Recommendations

1. **Improve Patient Retention Strategies** – Urgent action is needed to develop and implement follow-up tracking policies in to reduce treatment loss. Successful Community led approach/intervention led by APLHIV needs to be replicated in Punjab to bring back LTFU cases.
2. **Enhance Infrastructure** – Address space limitations to improve patient comfort and confidentiality.
3. **Ensure Consistent Supply of Test Kits** – Strengthen supply chains to prevent stockouts of various test kits, as 14% of centers experienced shortages.
4. **Raise Awareness on Patient Feedback Mechanisms** – Only 5% of centers have information about availability of APLHIV feedback/complaint management mechanisms/ channels; Provincial coordinators of APLHIV need to enhance awareness about available complaint management mechanism of the APLHIV.

## Overall Conclusion

While Punjab ART centers perform well in ensuring the availability of ARVs and VL testing facilities, they face **critical gaps in patient retention, infrastructure, and lack information on feedback/complaint management mechanisms**. Addressing these issues will be essential to improving patient experiences, treatment adherence, and long-term health outcomes.

### 5.3.2 Sindh



Graph 5.3.2: Service Delivery Assessment of Sindh ART Centers: Key Findings and Challenges

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

## 1. Policy and Guideline Compliance

- **100% of centers** possess a copy of the National ART guidelines, ensuring adherence to standardized treatment protocols.
- Similarly, all centers (100%) are collaborating with APLHIV to track, prepare, and relink loss-to-follow-up cases, highlighting strong patient retention strategies. The LTFU interventions led by APLHIV are well in place and yielding good results thus adding to the retention rates.

## 2. Infrastructure and Facility Setup

- Only 50% of centers meet spatial requirements as per the SOP and have the necessary number of rooms, which could impact service delivery efficiency.

## 3. Availability of Essential Medicines and Supplies

- 93% of centers had sufficient stock of ARVs at the time of the visit, with no reported ARV stockouts in the last three months. This indicates a robust supply chain for life-saving medication.
- However, **7% of centers** reported stockouts of various test kits in the last three months, which could hinder effective monitoring and treatment adjustments.

## 4. Viral Load (VL) Testing Facility

- VL testing facility availability through AKU reports that 100% of centers provide operational VL services.

## 5. Patient Experience and Service Delivery

- 21% of service providers reported issues in delivering services to People Living with HIV (PLHIV), suggesting potential barriers such as stigma, resource constraints, or inefficiencies in service provision.
- 86% of centers have guidelines or policies in place to protect client data privacy, but 14% lack such protocols, raising concerns about confidentiality and trust in service delivery.
- Encouragingly, 100% of centers have awareness of well-established feedback/complaint management mechanisms of APLHIV for patients to share complaints or suggestions, ensuring community engagement and responsiveness to concerns.

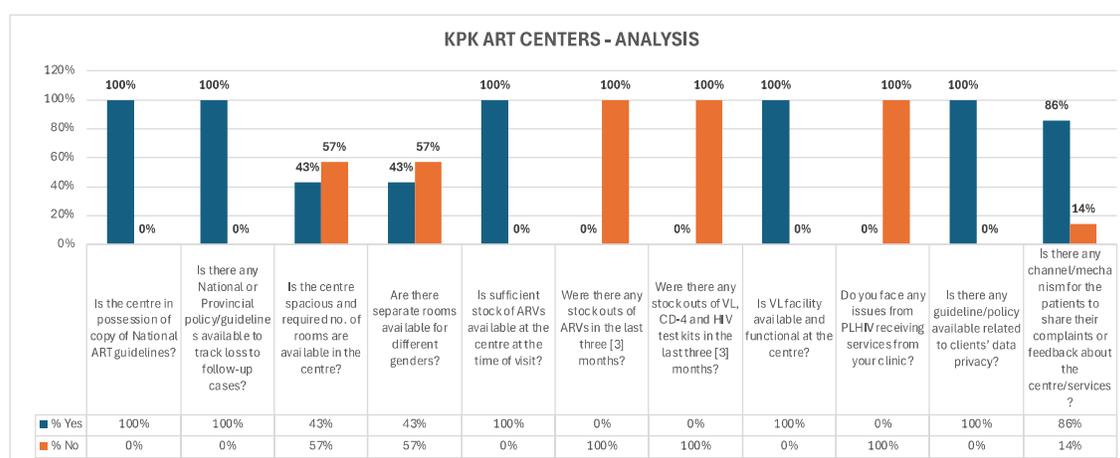
## Key Takeaways and Recommendations

1. **Improve Facility Infrastructure** – Increase investment in expanding space and ensuring gender-sensitive service delivery by equipping all centers with required number of rooms.
2. **Strengthen VL Testing Services** – Address gaps in VL testing facility availability to ensure all centers can monitor treatment effectiveness efficiently. This is more relevant in ref mechanism and dissemination of results to the centers and the PLHIV.
3. **Ensure Continuous Supply of Testing Kits** – While ARV supply is stable, efforts should be made to eliminate stockouts test kits.
4. **Enhance Data Privacy Measures** – Strengthen policies in centers that currently lack client data protection guidelines to build trust and compliance with ethical standards.
5. **Address Service Delivery Challenges** – Identify and mitigate factors contributing to difficulties in service provision to PLHIV, ensuring a patient-centered approach.

## Overall Conclusion

Sindh ART centers excel in **policy compliance, ARV stock availability, and information on patient feedback systems under APLHIV**, but **infrastructure gaps, and occasional stockouts of test kits** require improvement. Addressing these issues will enhance service delivery and long-term health outcomes for People Living with HIV (PLHIV).

### 5.3.3 KPK:



Graph 5.3.3: Service Delivery Assessment of Sindh ART Centers: Key Findings and Challenges

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

## 1. Policy and Guideline Compliance

- **100% of centers** possess a copy of the National ART guidelines, ensuring standardized treatment procedures.
- All centers are engaged in tracking LTFU cases in addition to the community led interventions under the APLHIV, which has contributed significantly in treatment retention.

## 2. Infrastructure and Facility Setup

- Only 43% of centers meet spatial requirements and have the necessary number of rooms, with 57% lacking adequate space, which could impact service efficiency.

## 3. Availability of Essential Medicines and Supplies

- 100% of centers reported sufficient stock of ARVs at the time of the visit, with no stockouts of ARVs, VL (Viral Load), CD-4, or HIV test kits in the last three months. This indicates a well-maintained supply chain for essential medications and diagnostic tools.

## 4. Viral Load (VL) Testing Facility

- **100% of centers** have functional VL testing facilities via a referral mechanism outsourced to the service provider.
- None of the centers have their own VL testing facility.

## 5. Patient Experience and Service Delivery

- Encouragingly, no issues were reported in providing services to People Living with HIV (PLHIV), indicating smooth service delivery across all centers.
- 100% of centers have policies in place for client data privacy, ensuring adherence to ethical standards and confidentiality.
- 86% of centers have information about availability of feedback/complaint mechanisms for patient complaints under APLHIV, while 14% lack such information, which may limit opportunities for patient engagement and service improvements.

## Key Takeaways and Recommendations

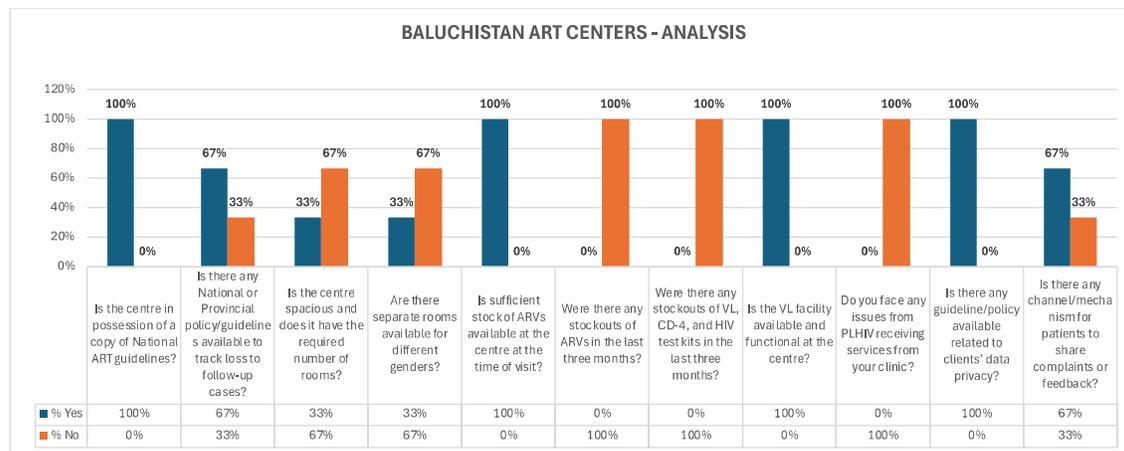
1. **Improve Infrastructure and Spatial Arrangements—Provide rooms as per policy** to address space constraints and ensure gender-sensitive service delivery.

- Strengthen Patient Feedback Mechanisms** – There is a need to further strengthen the complaint and feedback mechanism under APLHIV.

## Overall Conclusion

Overall, the KPK ART centers demonstrate strong compliance with treatment guidelines, uninterrupted availability of essential medicines, and client data protection at the local level. However, challenges remain in infrastructure adequacy, gender-sensitivity, and space allocation, which require targeted interventions for service improvement.

### 5.3.4 Baluchistan:



Graph 5.3.4: Service Delivery Assessment of Baluchistan ART Centers: Key Findings and Challenges

## 1. Policy and Guideline Compliance

- 100% of centers have a copy of the National ART guidelines, ensuring adherence to standardized treatment protocols.
- LTFU policies/strategies are non-existent. APLHIV is implementing community led interventions to track, prepare and re-link LTFU cases.

## 2. Infrastructure and Facility Setup

- Only 33% of centers meet spatial requirements and have the necessary number of rooms, while 67% face space constraints, which may affect patient comfort and service delivery.

## 3. Availability of Essential Medicines and Supplies

- 100% of centers had sufficient ARV stock at the time of the visit, and there were no stockouts of ARVs, VL (Viral Load), CD-4, or HIV test kits in

the last three months. This indicates efficient supply chain management and the availability of essential medicines.

#### 4. Viral Load (VL) Testing Facility

- 100% of centers are linked with VL testing facilities via a referral mechanism outsourced to the service provider.

#### 5. Patient Experience and Service Delivery

- 100% of centers reported no issues in providing services to People Living with HIV (PLHIV), highlighting no significant operational challenges or stigma-related concerns.
- 100% of the centers ensure confidentiality and client data privacy. However, policies ensuring the protection of sensitive patient information are lacking.
- 67% of centers have information about mechanisms for patient feedback and complaint resolution under APLHIV.

### Key Takeaways and Recommendations

1. **Strengthen Patient Retention Strategies** – Ensure all centers develop and implement policies to track and retain patients, reducing loss-to-follow-up cases.
2. **Enhance Infrastructure** – Address space limitations and ensure gender-sensitive facilities for improved patient experience.
3. **Address Service Challenges for PLHIV** – Investigate the issues faced in service delivery and implement corrective measures, including staff training and community sensitization.
4. **Improve Patient Feedback Mechanisms** – information on complaint management of APLHIV and feedback mechanisms needs to be enhanced.

### Overall Conclusion

While Baluchistan ART centers demonstrate strong adherence to treatment guidelines and uninterrupted medication supply, critical gaps exist in patient service delivery and infrastructure. Addressing these gaps will be essential for improving the quality of care and ensuring better health outcomes.

### 5.3.5 ICT/AJK:



Graph 5.3.5: Service Delivery Assessment of ICT/AJK ART Centers: Key Findings and Challenges

#### ICT:

##### 1. Patient Tracking System (No: 100%)

- There is no national or provincial policy/guideline available to track loss to follow-up cases, which may impact patient retention and continuity of care. Only APLHIV is implementing community led interventions to track, prepare and re-link LTFU cases with treatment cascade.

##### 2. Improve Infrastructure

- Nothing to report as the center at PIMS is well established, well manned and run with sufficient number of rooms available.

**AJK:**

**3. Patient Tracking System (No: 100%)**

- No national or provincial policies or guidelines are available to track loss to follow-up cases, which may impact patient retention and continuity of care.

**4. Data Privacy and Feedback Mechanism (No 100%)**

- Newly registered PLHIV at the center have no idea about complaint management mechanism under APLHIV.

## **Key Takeaways and Recommendations**

**1. Develop a National/Provincial Patient Tracking System (ICT & AJK – No: 100%)**

- Establish a comprehensive policy or guideline to track loss to follow-up cases.
- Implement digital tracking tools (such as SMS reminders, patient databases, and community outreach programs) to improve patient retention.
- Train healthcare providers on effective follow-up strategies to ensure continuity of care.

**2. Improve Infrastructure for Gender-Sensitive Spaces (ICT – No: 100%)**

- Allocate dedicated rooms for different genders to enhance privacy and inclusivity.
- Modify existing spaces to create gender-segregated consultation and waiting areas.
- Ensure compliance with national healthcare facility standards regarding patient privacy.

**3. Raise Awareness on Complaint Mechanism (AJK – No: 100%)**

- There is a dire need to disseminate information about complaint management under APLHIV.

## **Overall Conclusion**

The analysis highlights critical gaps in patient tracking, gender-sensitive infrastructure, and patient feedback mechanisms across ICT and AJK. Without a structured follow-up system, patient retention and treatment adherence may be compromised.

To ensure high-quality HIV care, it is essential to implement patient tracking policies, improve infrastructure, and establish a transparent feedback system. These

interventions will enhance service accessibility, patient satisfaction, and long-term treatment success.

## **Section-2**

# **Toll-Free Helpline Services**

## 1. Objective:

The Toll-Free Helpline Services aim to provide accessible, confidential, and reliable support to People Living with HIV/AIDS (PLHIV) by offering essential information, counseling, and referral services as well as 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.

### 1.2 SCOPE OF WORK

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

#### 1. 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 stigma associated with HIV.
- Receiving and processing the complaints.
- Coordination of nutritional support
- Facilitating tracking, preparing, and relinking LTFU cases,

#### 2. Telephonic Counseling and Support:

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

#### 3. 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.

#### 4. 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.

### 3. METHODOLOGY

The 24/7 Toll-Free Helpline services were provided by four well-trained peer counselors from the Federal Secretariat at APLHIV. The Helpline services are actively promoted through various channels. As a result, individuals in need can connect with the Helpline by either calling or sending missed calls to the Helpline number. During the review period, **a total of 30,000 calls were made**, consisting of **27,131 outgoing calls by the APLHIV staff members from multiple units** and **2,869 incoming calls from individuals utilizing the necessary telephonic services**.

**Four complaints** were received during the review period, **the complaints were about the shortage of antiretroviral (ARV) medications and viral load testing which were promptly investigated, reported, and resolved**.

**Two complaints from female callers were received by the helpline regarding the unavailability of PPTCT services (Prevention of Parent-to-Child Transmission of HIV) at PIMS. The issue was promptly escalated to the CMU and was resolved in a timely manner.**" The principles of anonymity, confidentiality, neutrality, cultural sensitivity, and nonjudgmental support were rigorously maintained throughout the provision of these services.

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

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

This report analyzes the incoming call trends and service utilization patterns of the toll-free helpline 0800-22209 during the first quarter (Q1). The data highlights key insights into shift-wise, 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.

#### 1. Shift-Wise Call Distribution

The data indicates that the **1st shift** (morning) received the highest number of calls (2,389), making it the peak operational period for helpline services. The **2nd shift** (afternoon) had a significantly lower call volume (452), while the **3rd shift** (night) recorded the least engagement (28 calls). This suggests that the helpline is most utilized during working hours, possibly due to the increased availability of support staff and accessibility of related services. Efforts to boost engagement in later shifts could be beneficial in expanding service reach.

## 2. Month-Wise Shift Calls Distribution

A month-wise breakdown confirms a steady increase in **1st shift** calls, from 601 in January to 966 in March. The **2nd and 3rd shift** fluctuated, peaking in February (209) and decreasing to 182 in March probably due to the month of Ramdhan. The **3rd shift** maintained minimal activity, with the highest engagement in February (16 calls).

## 3. Gender-Wise Call Distribution

Males accounted for the majority of calls **2263**, while **female callers** accounted for **590**, and **transgender individuals 16**.

## 4. Month-Wise Gender Call Distribution

Male callers exhibited consistently high engagement, peaking in February (856) and remaining strong in March (886). Female callers increased, rising from 142 in January to 264 in March. Calls from transgender individuals, although minimal, increased slightly from 2 in January to 7 in March.

## 5. Province-Wise Call Distribution

The province-wise analysis shows that **Sindh** received the highest number of calls (1145), followed by **Punjab** (787), **Khyber Pakhtunkhwa** (738), and **Baluchistan** (110). ICT and Gilgit-Baltistan had significantly lower engagement, suggesting the need for region-specific awareness campaigns to improve access and utilization.

## 6. Service Type Distribution

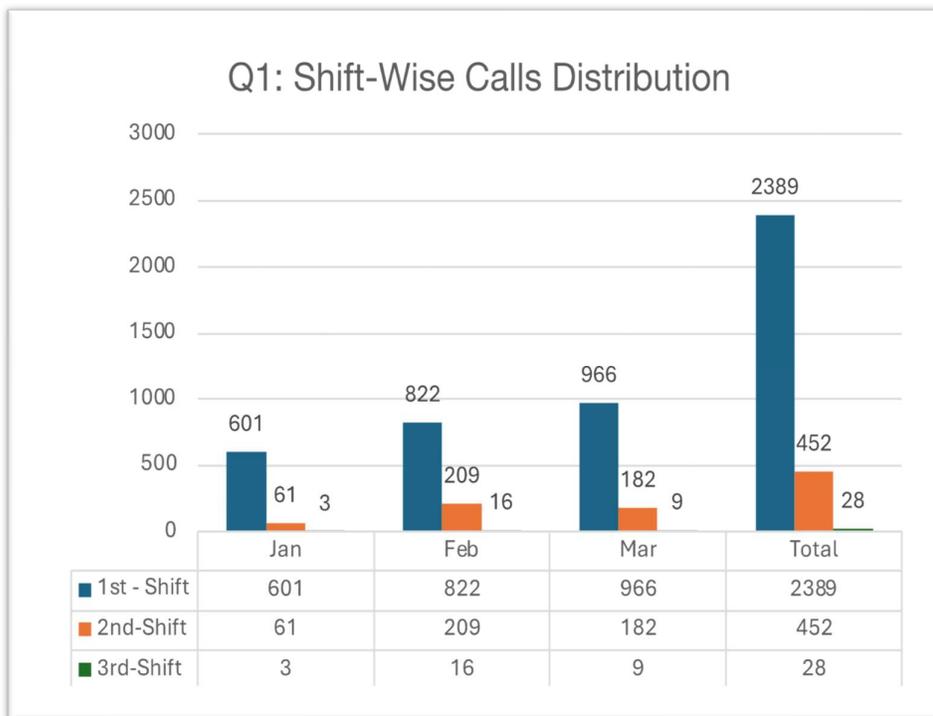
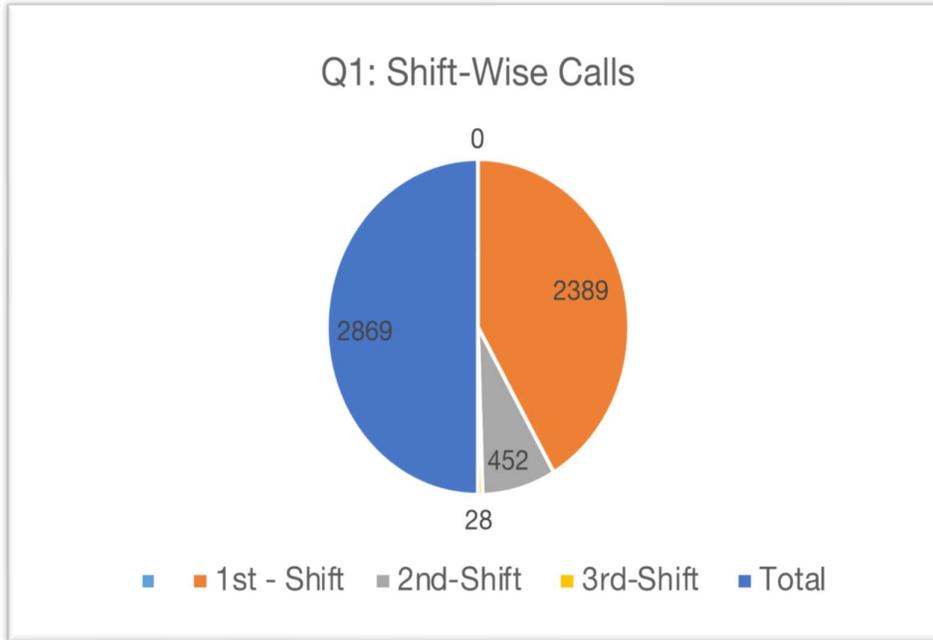
The category of the most accessed services was Care & Support Services, followed by referral services, HIV related information, psychological services, tracking LTFU cases, PEP/PrEP services and recording of complaints.

## Key Takeaways & Recommendations

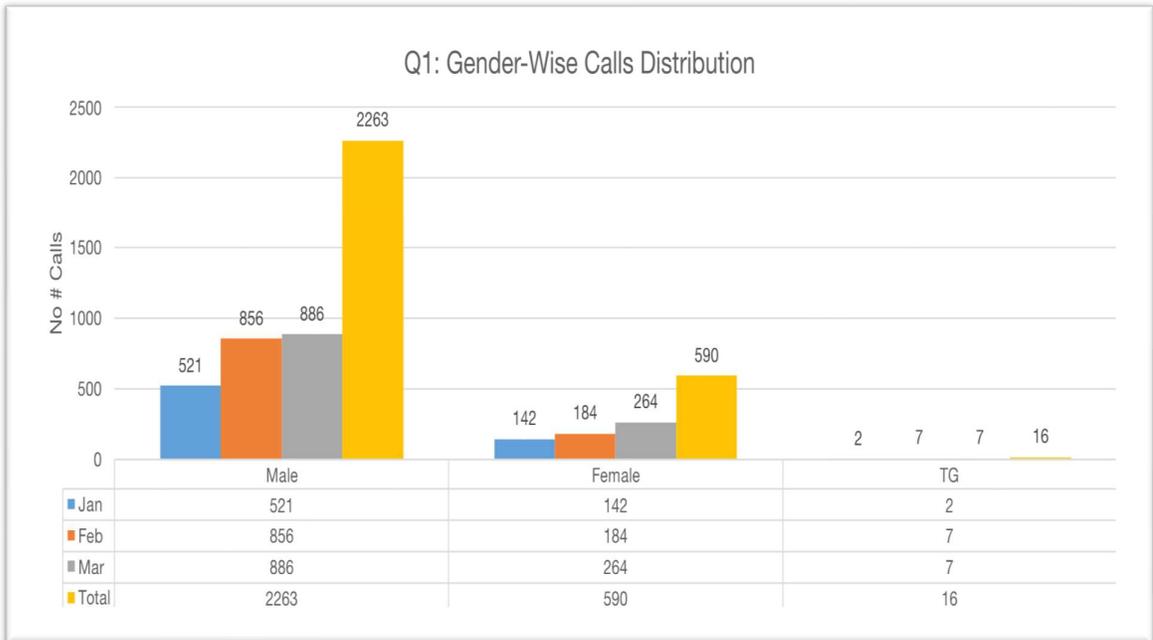
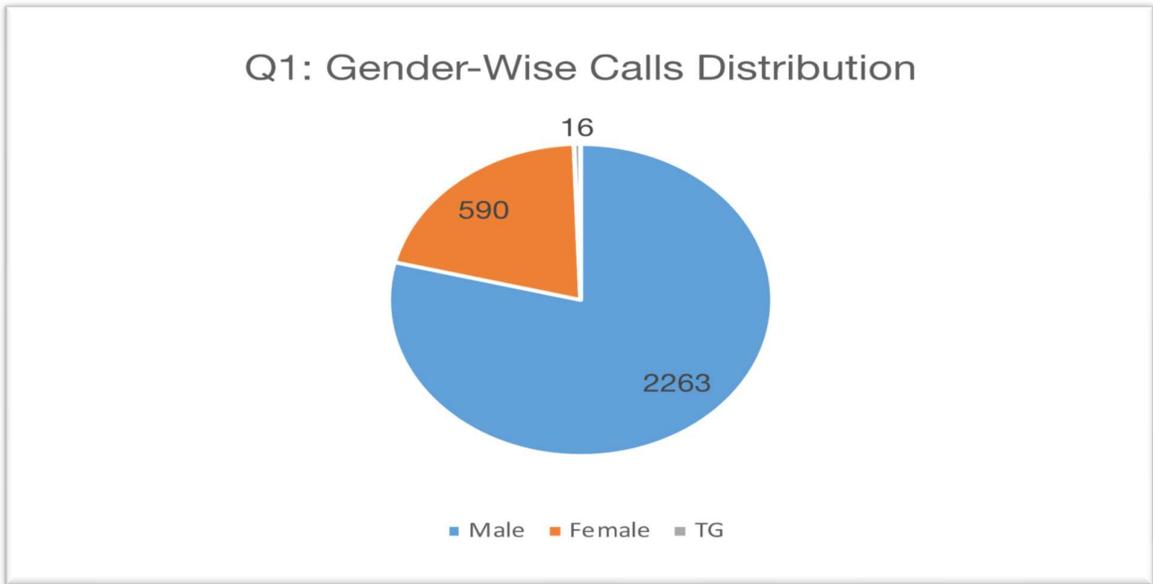
1. The potential of the Helpline is recommended to be utilized fully with the dissemination of information about helpline services
2. **Improve Regional Outreach:** Low call volumes from ICT and Gilgit-Baltistan indicate the need for better accessibility and awareness campaigns in these areas.
3. **Promote Services:** Efforts should be made to raise awareness about helpline and available services.
4. **Sustain Growth in Key Services:** The increasing demand for Care & Support Services and Referral Services suggests the importance of maintaining quality support and scaling up resources.

## Conclusion

The helpline has demonstrated strong engagement. However, there are opportunities to expand access. Focused interventions and awareness campaigns can help bridge these gaps and ensure a more inclusive and effective helpline service.

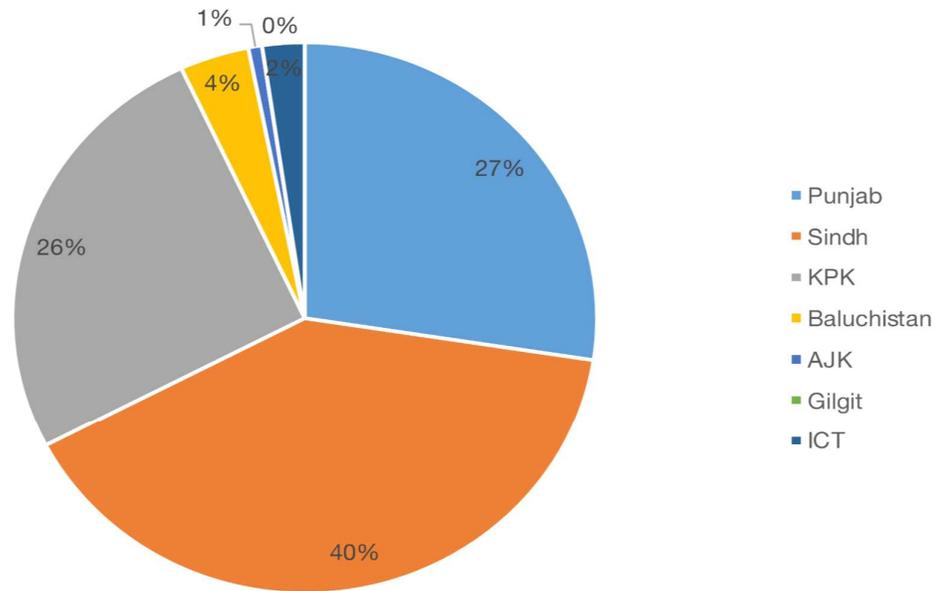


Graphs 4.1: Incoming Summary - Shifts Calls Distribution

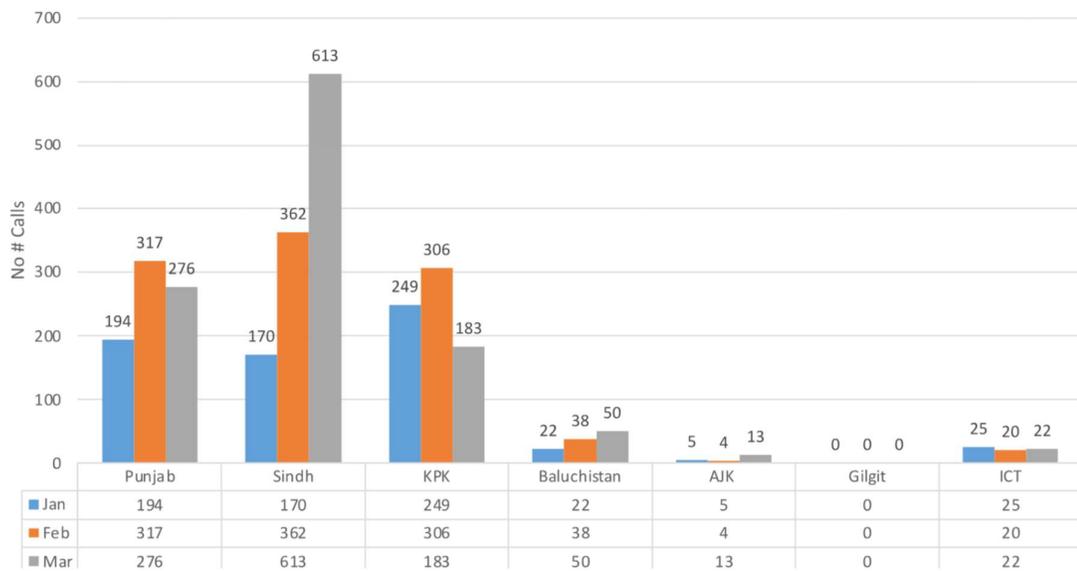


Graphs 4.2: Incoming Summary – Gender-Wise Distribution

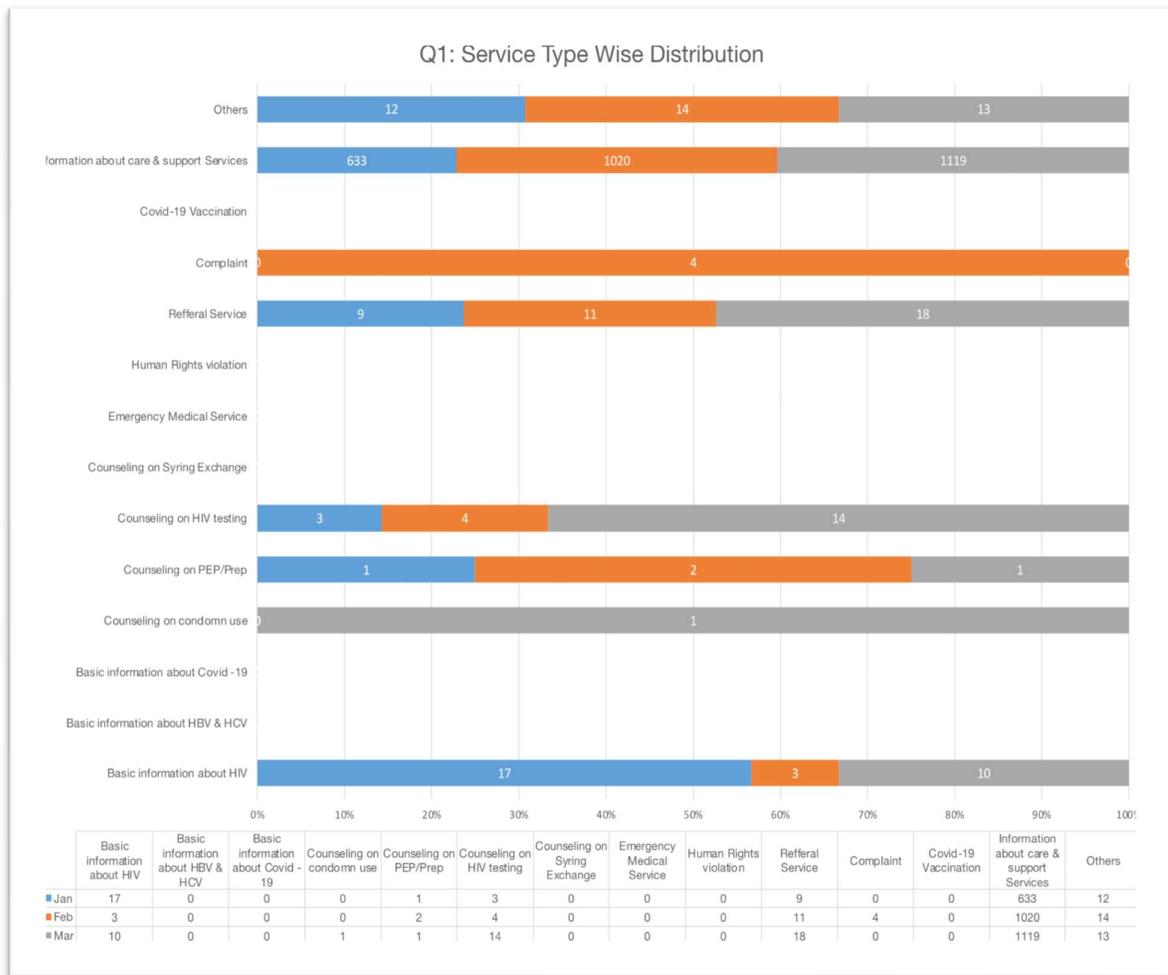
### Q1: Overall Province-Wise Calls Distribution



### Q1: Provinces-Wise Call Distribution



Graphs 4.3: Incoming Summary – Province-Wise Call Distribution



Graphs 4.4: Incoming Summary – Services-Wise Distribution

# **Section-3**

## **Care & Support**

# 1. OBJECTIVE

The primary objective of the Living Support Services is to ensure that eligible People Living with HIV/AIDS (PLHA) receive essential nutritional support. This initiative aims to enhance their overall well-being and treatment adherence by facilitating access to these critical services through a structured and coordinated approach among key stakeholders.

## 1.2 SCOPE OF WORK

### Provision of Nutritional Support

- Ensure that eligible PLHIV has access to adequate nutritional support to improve health outcomes and treatment effectiveness.

### Verification and Coordination by APLHIV

- The Association of People Living with HIV (APLHIV) verifies the lists of eligible PLHIV in close coordination with the National AIDS Control Program (NACP) the Common Management Unit (CMU) and the PACPs. These lists are shared by the ART centers directly or through their respective ACPs.
- Maintaining transparency and accuracy in the verification process ensures that services reach the intended beneficiaries.

### Service Delivery Mechanism

- Nutritional support is provided through a centralized mechanism, where the vendors are responsible for the provision of food items and logistic company to transport and deliver the food items at the doorsteps of PLHIV are selected through a transparent process of tendering.
- Lists are shared by the respective ACPs and treatment centers as per established eligibility criteria.
- Detailed verification and updating of required information are done by APLHIV through its helpline.
- As per the procurement policies of APLHIV, the food items are purchased.
- Addresses are written on each sack where the shipment is required to be delivered.
- On agreed-upon dates the shipments are packed in the presence of the APLHIV team, samples are collected, and quality checks are ensured.
- Shipments are handed over to the logistics company for delivery. APLHIV has access to the Portal of the logistic company and shipments are tracked until delivered.
- 25% of PLHIV are approached for verification of receipt of the shipment.
- Close coordination by the APLHIV with all stakeholders is ensured.

### 3. METHODOLOGY

The provision of Living Support Services follows a structured and coordinated approach as reflected above, to ensure the effective distribution of **4,500 ration bags** during each quarter to eligible People Living with HIV/AIDS (PLHIV). The methodology involves the following key steps:

#### 1. Preparation of lists of eligible PLHIV/ identification of eligible PLHIV

- On the required basis PACPs are requested to share the lists of eligible PLHIV.
- The lists are further verified against eligibility criteria, addresses are updated, and verbal consent is ensured through the helpline.
- Lists are finalized, addresses are written on empty sacks
- Coordination meetings are held with vendors to decide the dates and operational plan to dispatch and deliver nutrition support to the PLHIV across Pakistan.

#### 2. Procurement and Checking

- A total of **4,500 ration bags** are procured through a purchase order.
- The procurement process follows standard guidelines to ensure the quality and adequacy of nutritional support.
- APLHIV teams check the quantity and quality of the food items as per the sample provided during the tendering process.
- Samples are collected and kept safe for record purposes.
- The sacks are weighed and packed Infront of APLHIV team and handed over to logistic company. Handing/ taking certificates are exchanged.
- All required documents are kept ensuring transparency and accountability.

#### 3. Distribution Mechanism

- The packs are handed over to the logistics company for onward delivery.
- The care and support team at the APLHIV follows each of the shipments until they are delivered at the destination.
- APLHIV has access to the Portal of the logistic company to track and follow the shipments.
- In case of any issues, APLHIV facilitates to resolution of the issues.
- Proper documentation and record-keeping are maintained for transparency and accountability.

#### 4. Feedback Mechanism

- A structured feedback mechanism is established to address beneficiaries' concerns.
- Helpline at the APLHIV secretariat allow beneficiaries to report issues related to service delivery.
- Regular monitoring and evaluation through **25% per the SOP verification calls** ensure continuous improvement.

#### 4. BRIEF ANALYSIS OF PROVISION OF LIVING SUPPORT

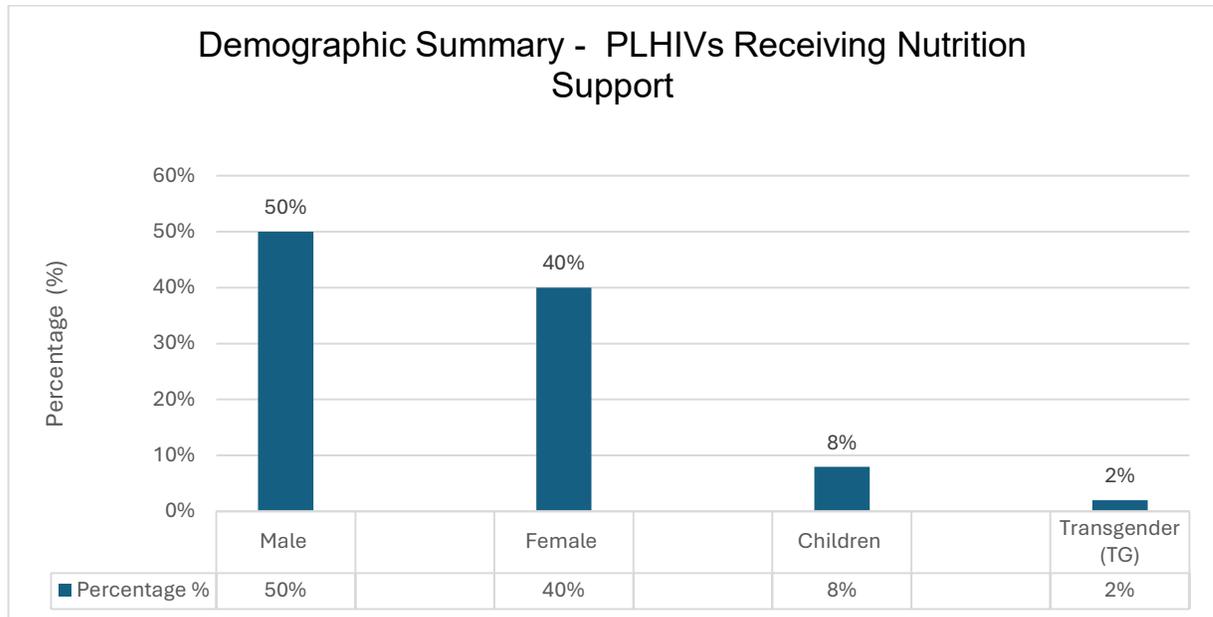
The structured approach to distributing 4,500 ration bags in the first quarter ensures that essential nutrition reaches individuals living with HIV/AIDS (PLHIV) who are eligible. The geographic and demographic breakdowns demonstrate an equitable distribution strategy that addresses the diverse needs of various segments of the population.

In addition, **a total of 7,200 outgoing calls were made, including 4,500 verification/validation calls to beneficiaries before distribution. Notably, 60% (2,700) of the feedback calls were conducted after the distribution, exceeding the 25% (1,125) mandated by the Standard Operating Procedures (SOPs). The beneficiary satisfaction rate was exceptionally high at 94%.**

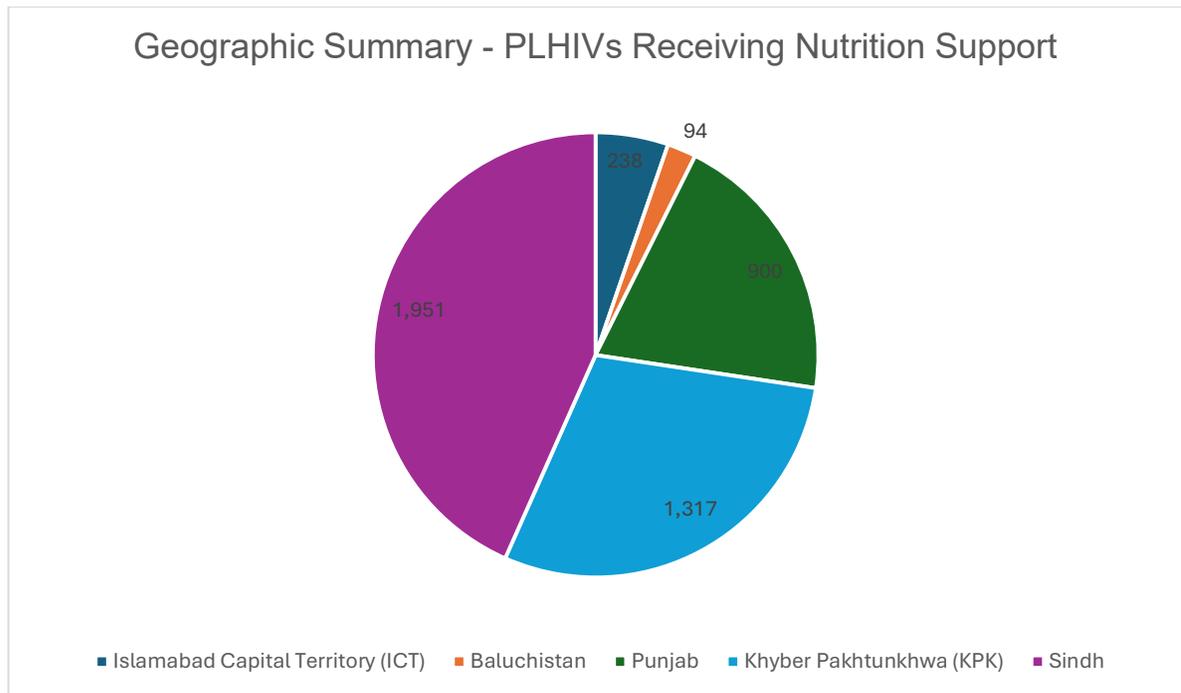
This process supports continuous monitoring and evaluation, ensuring transparency and efficiency. The feedback loop created fosters ongoing improvements, making the support system more responsive to the needs of beneficiaries.

Metric	SOP - Target Feedback Calls (25% of 4,500)	Achieved Feedback Calls (60% of 4,500)	Difference (+/-)	Achievement (%)	Beneficiary Satisfaction Rate
Verification Calls	1,125	2,700	+1,575	240%	94%

Table 2: Beneficiaries Feedback – Nutritional Support: *Target vs. Achieved calls*



Graph 4.1: Demographic Summary - PLHIVs Receiving Nutrition Support



Graph 4.2: Geographic Summary - PLHIVs Receiving Nutrition Support

## Pictorials:



**Image Caption:** *Effective distribution of 4,500 ration bags per quarter to eligible People Living with HIV/AIDS (PLHIV).*