



Quarterly Analysis Report by APLHIV Under GC-7

**A Brief Analysis Report of Findings from CLM OF HIV Treatment Centers, Toll-Free Helpline,
Care & Support Services.
Quarter 2, 2025 (April – June)**

ACKNOWLEDGMENTS

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

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

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

Thanks to the Care & Support team at the APLHIV for their commitment and hard work in proactively completing the verification process, regardless of whether the distribution was placed on hold. Thanks to the helpline staff for their 24/7 services, coordination of nutritional support delivery, and 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. We will continue to work as a team in close collaboration, coordination, and partnership with our key stakeholders.

National Coordinator
APLHIV-Pakistan
Dated 10th July 2025

ACRONYMS

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

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1. Executive Summary:

During the 2nd quarter of 2025, activities were on hold by the Common Management Unit (CMU)/National AIDS Control Program (NACP), which limited full implementation of APLHIV's Community-Led Monitoring (CLM) and nutritional support/care and support component. However, helpline services continued... Despite these constraints, the APLHIV team, in collaboration with Provincial AIDS Control Programs (PACPs) & CMU, conducted Community Led Monitoring to seek feedback from the PLHIV receiving services to identify the gaps, inform the programs about delivery improvement, and address barriers to access lifesaving treatment services. **As per the performance framework, a target of 41 visits to ART Centers was set to be achieved during the second quarter. APLHIV initially planned to visit 50 ART centers, exceeding the original target by 121%. However, before the official notice to pause activities, monitoring teams managed to visit only 23 out of the 41 targeted ART/HIV Treatment Centers, achieving 56% of the planned coverage. During the period under review no budget was allocated for monitoring visits”.**

Feedback was gathered from **115** beneficiaries representing diverse demographic groups, including men, women, and transgender individuals. These 23 ART centers participated in the assessment, allowing for a comprehensive evaluation of service delivery effectiveness and patient satisfaction. It is to be noted that, as per Global Fund guidelines on GC-7 reprioritization, CLM activities can neither be deprioritized nor reduced. However, without any consultation, the number of visits was reduced by 50% by the PR office.

Key findings from the ART center assessments revealed varied performance across provinces. Punjab and Sindh demonstrated relatively higher service availability and patient satisfaction, yet both lacked formal policies on client data privacy and LTFU (loss-to-follow-up) tracking. Khyber Pakhtunkhwa (KPK) and Baluchistan faced more severe infrastructure and staffing gaps, with no centers (from those visited during the period under review) meeting the minimum required number of rooms and limited availability of ART guidelines and referral systems for key services like PMTCT and STI treatment. ARV stock levels remained stable across all regions, though viral load testing facilities and contraceptive supplies showed widespread gaps.

The Toll-Free Helpline (0800-22209) remained operational and responsive, handling **a total of 12,182 calls with 9,182 outgoing & 3,000 incoming calls**. The majority of calls related to care and support services, relinkages, referral needs, and prevention counseling. However, there was a decline in call volumes among both male and female clients across the quarter. **Seven major complaints**, mostly about ARV shortages, service refusals, stigma, and harassment, were promptly escalated to the CMU and resolved.

On Care & Support services, although the planned distribution of 4,500 nutrition packages could not proceed due to the CMU hold, APLHIV teams completed **the verification process for 4,500 recipients** to prepare for when distributions resume. However, these much-needed services are paused as of now.

In summary, APLHIV remained proactive in sustaining essential monitoring and client engagement despite operational restrictions. The findings highlight critical service gaps, particularly in infrastructure, LTFU tracking, data privacy, and specialized service readiness, that require urgent attention and collaborative resolution with CMU and PACPs to ensure continuous and equitable HIV service delivery across 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 (CLM) of HIV treatment centers across Pakistan. This initiative aims to address issues related to access and use of HIV treatment, care, and support services, addressing human rights. Gender based and other barriers in accessing HIV treatment services, thereby enabling the program to comprehend and respond to the significant challenges encountered by people living with HIV (PLHIV) and key populations (KPs) while accessing services. This is achieved through regular feedback from clients and service providers and by delivering services to communities in need by providing basic information, advice, counseling support, referrals, relinkages with treatment, care, and support, and a complaint management mechanism facilitated by a 24-hour helpline service. Furthermore, the APLHIV provides HIV treatment adherence 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

2. OBJECTIVE

1. Purpose

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, without stigma and discrimination and are human right based and gender responsive.
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.

3. METHODOLOGY

During the **second 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.

“APLHIV initially planned to visit 50 ART centers, exceeding the original target by 121%. However, before the official notice to pause activities, monitoring teams managed to visit only 23 out of the 41 targeted (Performance Framework) ART/HIV Treatment Centers, achieving 56% of the planned coverage.”

- **Feedback was gathered from 115 beneficiaries** representing diverse demographic groups, including men, women, and transgender individuals.
- **23 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.

4. BRIEF ANALYSIS OF THE INFORMATION GATHERED

During the reporting period, monitoring teams visited **23 ART centers** and engaged directly with **115 beneficiaries** to assess service quality and patient experiences.

Region	ART Centers Visited	Male Beneficiaries	Female Beneficiaries	Transgenders Beneficiaries	Total Number of Beneficiaries Engaged
Punjab	7	18	12	5	35
Sindh	9	30	14	1	45
Khyber Pakhtunkhwa	4	15	5	0	20
Baluchistan	3	10	3	2	15
Islamabad/AJK/GB	0	0	0	0	0
Total	23	73	34	8	115

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

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

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

5.2 Province-Wise Beneficiary Feedback Analysis

5.2.1 Punjab

This report critically evaluates key performance indicators across **7 ART Centers** visited during the period under review, involving a cohort of 35 beneficiaries in Punjab, aimed at assessing 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

Availability and Accessibility:

- Counsellor availability was reported in 69% of ART centers, indicating strong adherence to service expectations. However, lab staff availability was significantly lower, with only 29% of centers having staff present upon patient arrival. No major issues were reported regarding operating hours, suggesting that center timings generally align with patient needs.

Staff Availability and Behavior:

- All respondents (100%) affirmed that the staff at the ART centers were friendly and respectful, reflecting a strong positive experience in terms of interpersonal behavior. However, when it came to staff availability, only 54% of beneficiaries confirmed the presence of a dedicated HIV physician at the ART centers, while 46% stated otherwise. Similarly, just 54% reported that an HIV physician was available during their specific visit.

Confidentiality:

The assessment revealed strong privacy practices, with 100% of patients confirming that staff maintained strict confidentiality during ART treatment and blood sample collection, reflecting excellent adherence to privacy standards.

Available Facilities / Viral Load:

- The data demonstrates the availability and functionality of viral load testing services, with 100% of respondents confirming both the presence and operational status of testing facilities via **referrals to PACPs**. Service quality metrics show overwhelmingly positive results, with 100% satisfaction reported for viral load testing services and proper treatment/adherence counseling. However, the data reveal some variability in counseling components - while 91% received education about ARV side effects and 89% found adherence

counseling helpful, only 66% were provided with specific ART adherence methods.

Viral Load Testing:

- The viral load testing data reveal concerning gaps in testing frequency despite testing kit availability. While the supply chain performed perfectly with 100% of facilities reporting no shortages and zero stockouts of blood sample collection kits, only 23% of patients completed their required six-month viral load tests, leaving 77% non-compliant with monitoring protocols.

Staff Readiness for support in linkages and referral services

- The assessment of staff readiness for referral services reveals significant disparities across different service areas, with critical gaps in essential preventive and specialized services. While ART dispensing and viral load collection sites demonstrate full readiness (100%), other crucial services show alarming deficiencies, particularly in prevention of mother-to-child transmission (9% ready), early infant diagnosis (6% ready), and violence prevention (14% ready). The data indicates relatively substantial gaps in STI treatment (31% ready) and index/partner testing (29% ready).

Availability of ARVs & Contraceptives:

- For ARV medications, an impressive 91% of respondents reported no stockouts, indicating reliable availability of these life-saving drugs, with only 9% experiencing shortages. However, the situation is different for contraceptive supplies, where a shocking 100% of reported stockouts of condoms and related services, with 0% availability.

Stigma and Discrimination:

- The data demonstrates reasonably better performance across all measured indicators of service accessibility and quality of care. Critically, 100% of respondents reported no denial of services due to staff shortages, stockouts, or facility closures, and all patients (100%) confirmed they experienced no stigma or discrimination while receiving care. Patient satisfaction with staff attitudes and behavior reached perfect scores (100%), with no reported cases (0%) of HIV-related hospitalization refusal or denial of health services at any facilities.

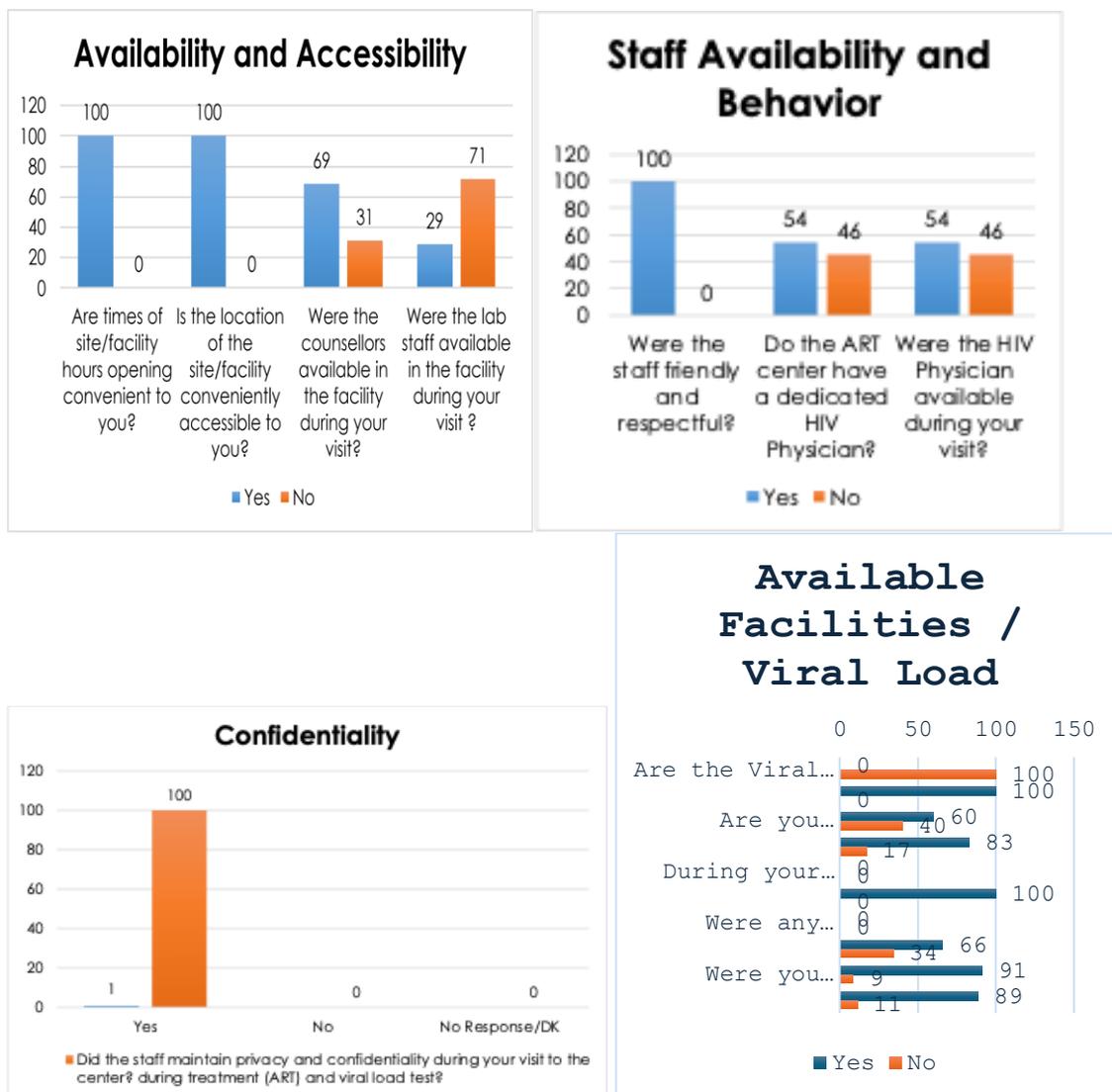
Availability of Nutritional Support:

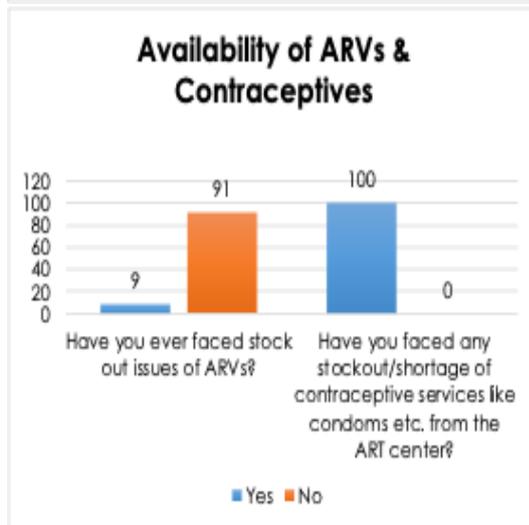
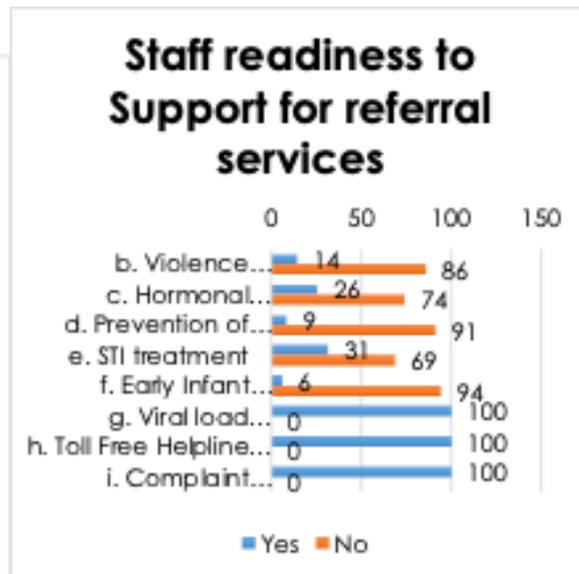
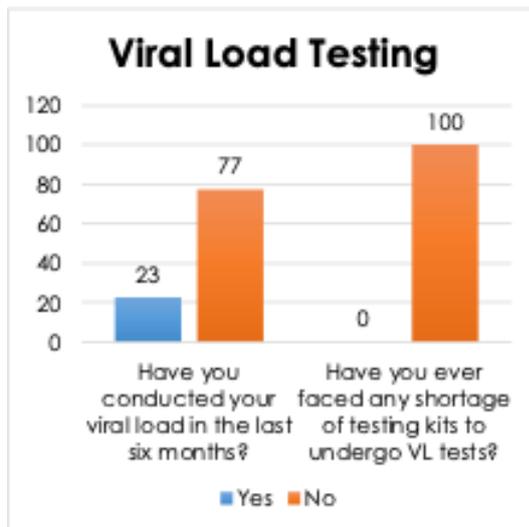
- The data reveals no coverage of nutritional support for people living with HIV in Punjab **during Q2 2025**, with 0% of respondents confirming they have received food or nutritional assistance through NACP/APLHIV programs.

Overall Satisfaction of the Beneficiaries:

- The overall satisfaction levels among patients at ART centers in Punjab demonstrate strong approval of services, with 57% of respondents reporting being "satisfied," indicating their core healthcare needs are being reliably met. An impressive 23% expressed being "highly satisfied," reflecting exceptional care experiences that exceeded expectations. Only 20% reported being "somewhat satisfied," suggesting a small minority may have encountered minor service limitations.

Annexure 1: Graphical findings of Punjab:





5.2.2 Sindh

This report critically evaluates key performance indicators across **9 ART Centers**, involving a cohort of 45 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

Availability and Accessibility:

- The data demonstrates accessibility and service availability, with 100% of respondents reporting convenient operating hours, easily accessible locations, and consistent availability of both counselors and lab staff during their visits.

Staff Availability and Behavior:

- All respondents (100%) reported consistently respectful and friendly interactions with staff members, confirming the presence of a supportive and professional care environment. The centers also showed perfect compliance in physician availability, with every patient (100%) confirming both the presence of a dedicated HIV physician and their accessibility during visits.

Confidentiality:

- The data reveal a strong commitment to patient confidentiality in practice, with all respondents (100%) confirming that staff strictly maintained privacy during treatment and sample collection or VL testing.

Available Facilities / Viral Load:

- The data shows better performance across service delivery indicators. With 22% of facilities reporting services available **onsite**, those that don't offer onsite testing demonstrate strong operational performance, with 100% functionality via **referrals to Aga Khan lab services**, and high patient satisfaction at 93%. Counseling services are of a better quality in several areas. Every respondent (100%) received proper treatment and adherence support, ART adherence methods, side effects education, and found counseling helpful.

Viral Load Testing:

- The data presents promising progress regarding viral load testing services. While 87% of patients completed their viral load tests **via referrals** within the last six months, indicating strong adherence to monitoring protocols, 100% reported experiencing no shortages of **testing kits/Sample collection kits**.

Staff Readiness for support in linkages and referral services

- While violence prevention services are relatively prepared (71%). However, there are critical gaps in essential prevention and specialized care services. Alarming, only 22% of staff are ready to provide prevention of mother-to-child transmission (PMTCT) services, and just 31% can conduct early infant diagnosis (EID), indicating serious deficiencies in pediatric HIV prevention. Transgender-specific care also has low readiness, with only 44% prepared for hormonal support and 33% for viral load sample collection. STI treatment services fare better at 67% readiness. Additionally, 11% of responses indicated unawareness about various services.

Availability of ARVs & Contraceptives:

- Data show reliable ARV access (78% no stockouts) but concerning contraceptive shortages (31% stockouts). 11% unaware of contraceptive availability at the ART center.

Stigma and Discrimination:

- The data demonstrate good performance, with 100% service accessibility (no denials), zero stigma/discrimination reports, and 98% satisfaction with staff attitudes. No patients faced HIV-related hospitalization (100%) or health service refusal (100%). The minimal 2% staff behavior dissatisfaction suggests minor room for service quality improvement.

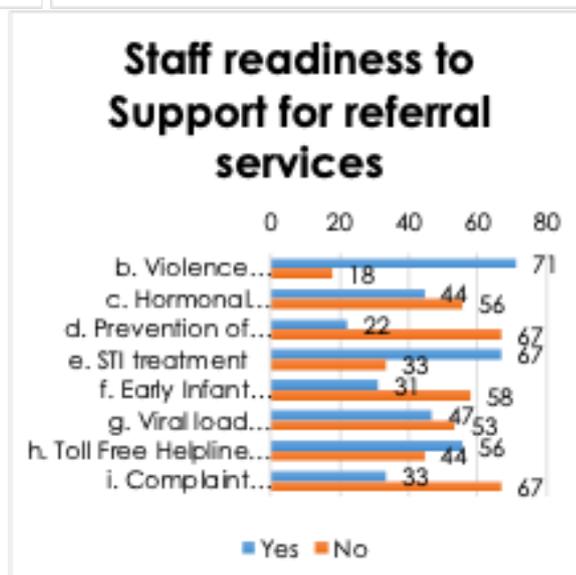
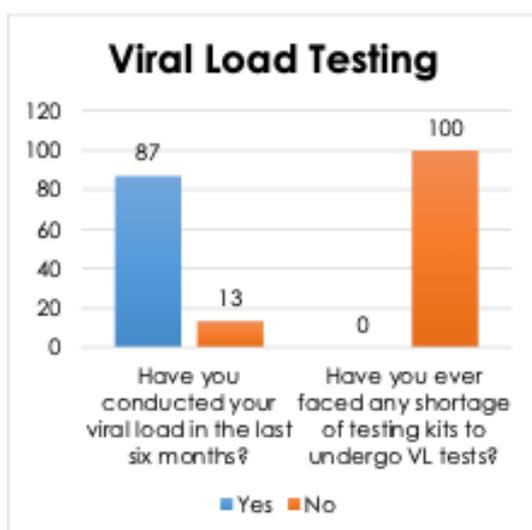
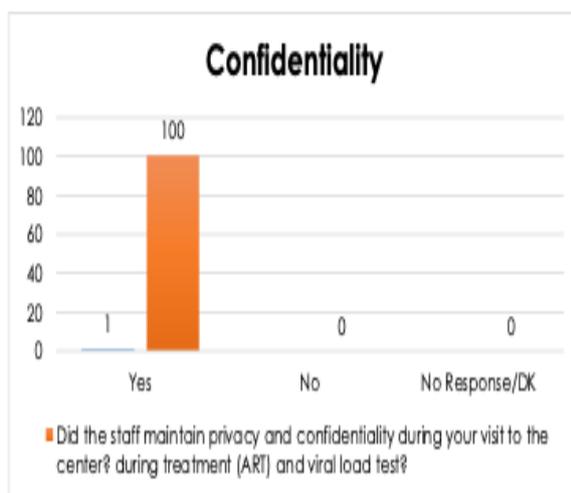
Availability of Nutritional Support:

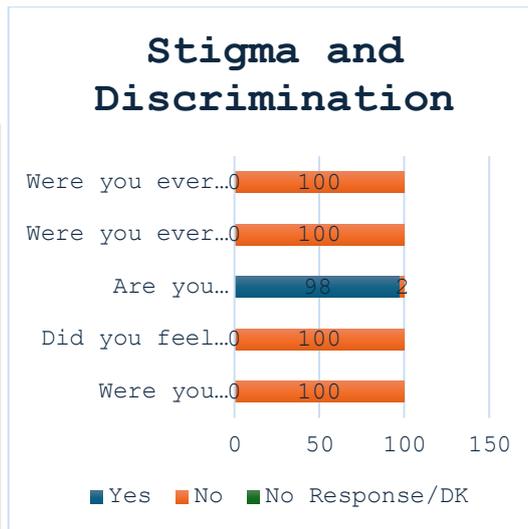
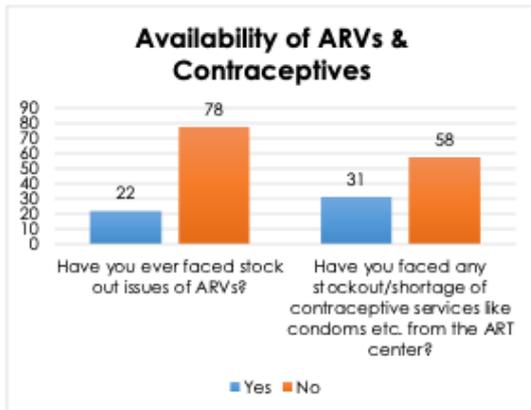
- The nutritional support program for PLHIV shows no coverage, with 0% of respondents receiving food assistance through NACP/APLHIV during Q2 2025.

Overall Satisfaction of the Beneficiaries:

- The satisfaction levels with ART center services in Sindh are high, with 87% of patients reporting being "Highly Satisfied" and the remaining 13% indicating they are "Satisfied." There were no reports of partial satisfaction or dissatisfaction (0% for "Somehow satisfied" or lower).

Annexure 2: Graphical findings of Sindh:





5.2.3 KPK

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

Key Findings

Availability and Accessibility:

- The data demonstrates universal accessibility and service availability, with all respondents (100%) reporting convenient operating hours, easily accessible locations, and consistent availability of both counselors and lab staff during visits.

Staff Availability and Behavior:

- The data demonstrate good performance in staff conduct and medical services, with 100% of patients reporting friendly and respectful staff interactions, confirmed availability of dedicated HIV physicians, and consistent physician accessibility during visits.

Confidentiality:

The data reveals 100% of patients confirmed that staff maintained confidentiality during treatment/Blood Sample Collection.

Available Facilities / Viral Load:

- While viral load testing is **unavailable onsite (0%)** at ART centers, the facilities provide testing through referrals. Counseling services for 100% of patients include adequate time, comprehensive adherence support, proper medication education, and helpful guidance.

Viral Load Testing:

- The data demonstrates perfect viral load monitoring compliance, with 100% of patients completing tests within six months and 0% reporting shortages of blood sample collection kits.

Staff Readiness for support in linkages and referral services

- The data reveals 100% staff preparedness across all critical HIV referral services in KPK, including: Prevention of mother-to-child transmission, Early infant diagnosis, Transgender hormonal support, Violence prevention programs

Availability of ARVs & Contraceptives:

- The data shows flawless supply chain performance in KPK's ART centers, 100% availability of ARVs (0% stockouts), and 100% availability of contraceptives like condoms (0% shortages).

Stigma and Discrimination:

- The data reveals 100% scores for service accessibility (no denials), absence of stigma/discrimination, and patient satisfaction with staff attitudes, along with 100% confirmation that no patients faced HIV-related hospitalization or health service refusal.

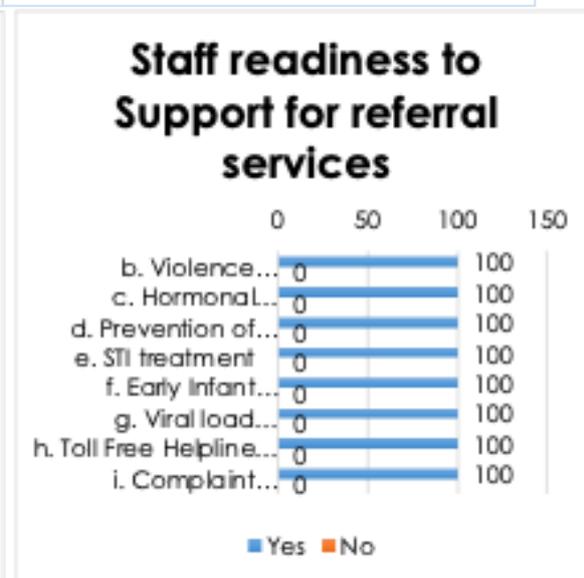
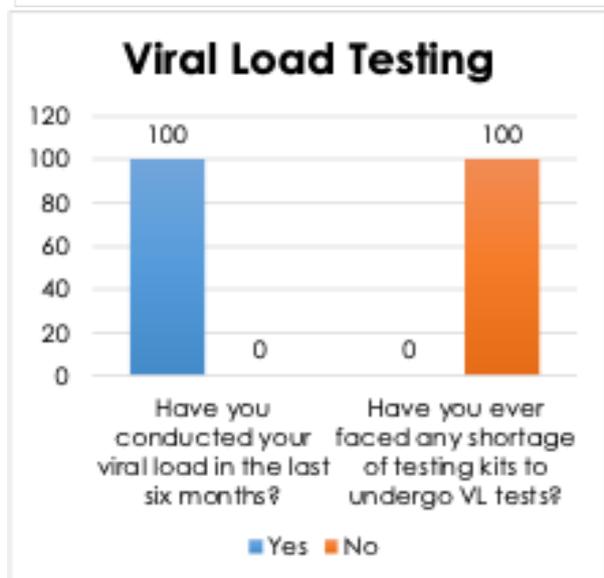
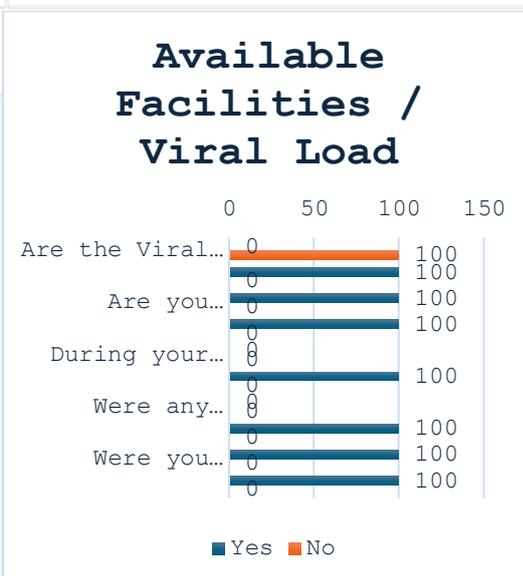
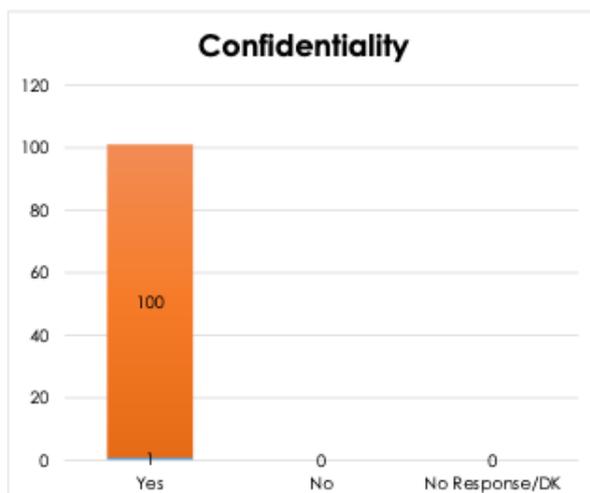
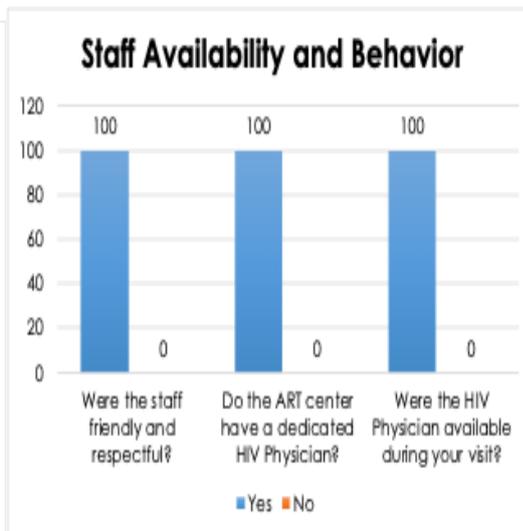
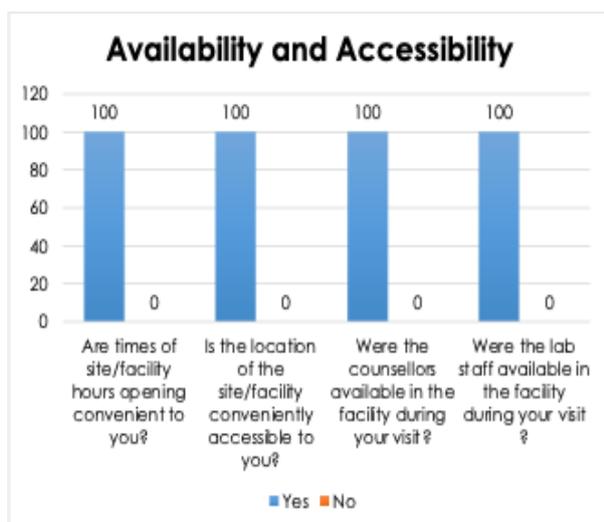
Availability of Nutritional Support:

- The data reveal that in nutritional support for PLHIV in KPK, 0% of respondents received food assistance through NACP/APLHIV programs during Q2 2025..

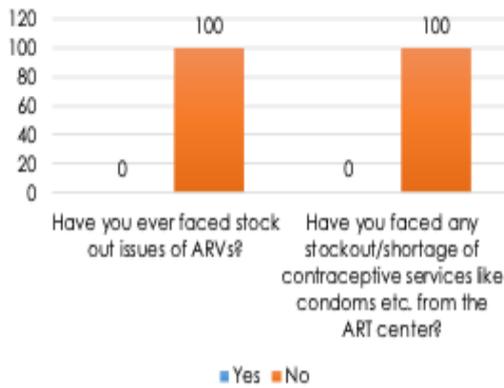
Overall Satisfaction of the Beneficiaries:

- The data demonstrate exceptional service quality, with 100% of patients reporting being "Highly Satisfied" (score of 5) and 0% indicating lower satisfaction levels.

Annexure 3: Graphical findings of KPK:



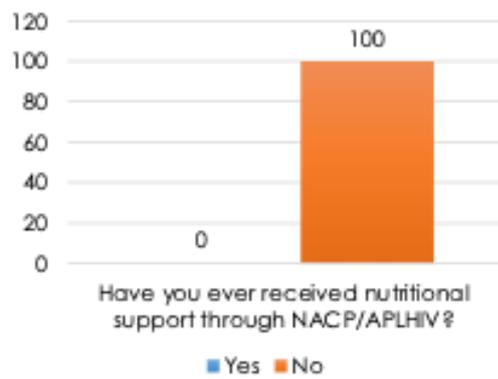
Availability of ARVs & Contraceptives



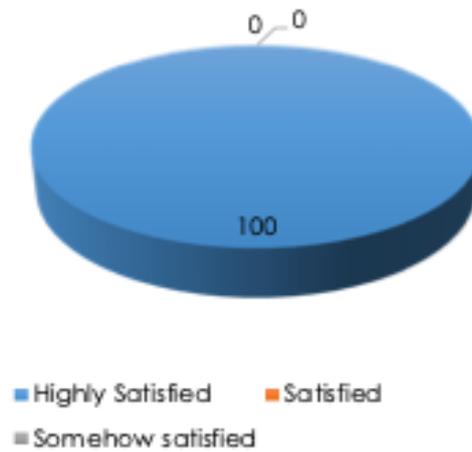
Stigma and Discrimination



Food and Medical Support



Overall Satisfaction



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

Availability and Accessibility:

- The data reveals strong performance in accessibility but staffing gaps. While 100% of patients reported convenient facility hours and accessible locations, only 67% confirmed counselor and lab staff availability during visits, with 33% reporting absences.

Staff Availability and Behavior:

- The data reveals good staff conduct, but physician availability challenges. While 100% of patients reported friendly and respectful interactions with staff, only 67% confirmed having a dedicated HIV physician, with just 67% finding the physician available during visits.

Confidentiality:

While 67% of patients reported that staff maintained privacy during treatment and viral load testing, a concerning 33% experienced breaches.

Available Facilities / Viral Load:

- The data reveals no onsite viral load testing availability (0% of centers offer the service), 100% viral load testing where available via referrals through testing labs. While counseling services show mixed performance, with 100% receiving proper adherence support, only 67% get adequate time, ART methods, or side effect education.

Viral Load Testing:

- The data reveals 0% of patients having completed a test in the last six months and 100% reporting no shortages of blood sample collection kits.

Staff Readiness for support in linkages and referral services

- The data reveal uneven readiness across HIV referral services, transgender hormonal support (100%), and blood sample collection (100%) at the ART center. However, significant gaps exist in PMTCT (0%), violence prevention (67% ready), STI treatment (67%), EID (0%), helpline access (67%), and complaint systems (only 33% functional).

Availability of ARVs & Contraceptives:

- The data demonstrates adequate ARV availability, with 100% of respondents reporting no stockouts of ARVs or contraceptive services (condoms, etc.), and 0% experiencing shortages.

Stigma and Discrimination:

- The data reveal strong service accessibility but persistent stigma concerns. While 100% of patients reported no service denials and satisfaction with staff attitudes, 33% experienced stigma/discrimination related to HIV status or personal characteristics.

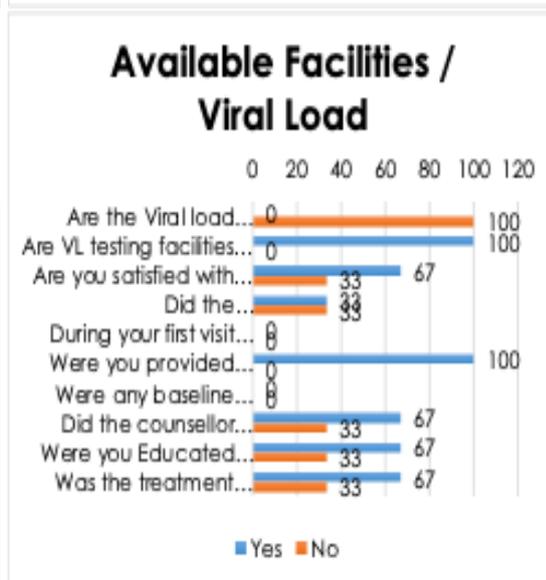
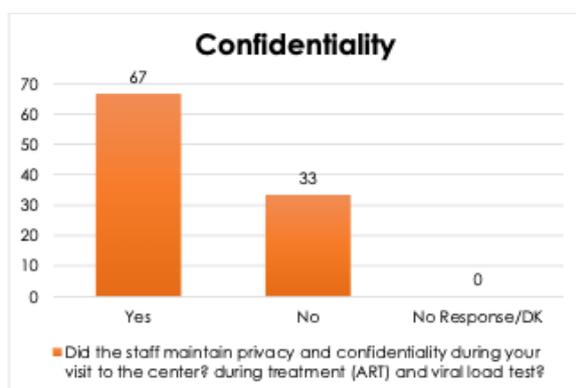
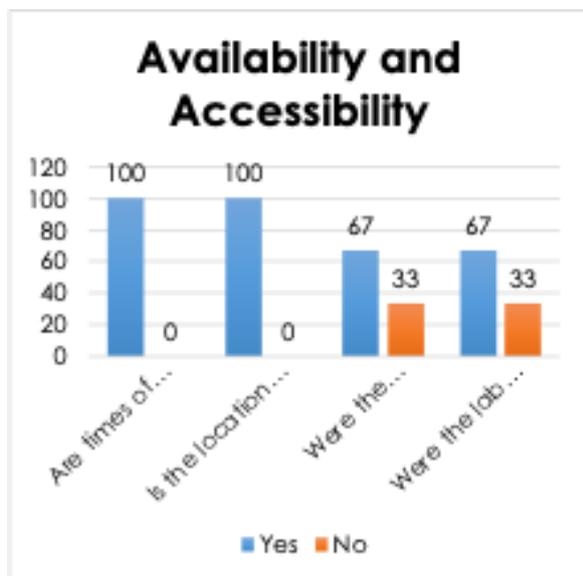
Availability of Nutritional Support:

- The data reveal that **0%** of respondents received food assistance through NACP/APLHIV programs during Q2 2025.

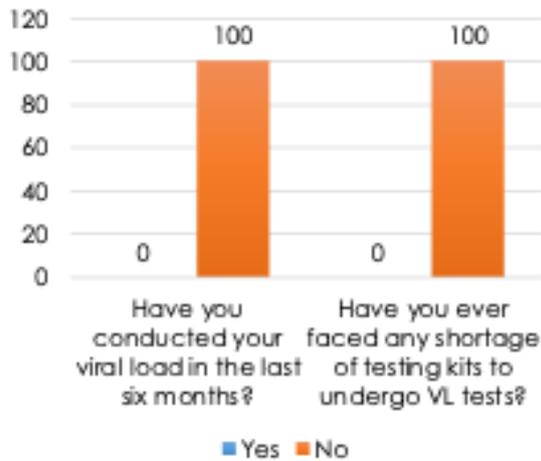
Overall Satisfaction of the Beneficiaries:

- The data demonstrate good service quality, with 40% of patients reporting being "Highly Satisfied" (score of 5) and 60% as satisfied, while 0% indicated lower satisfaction levels.

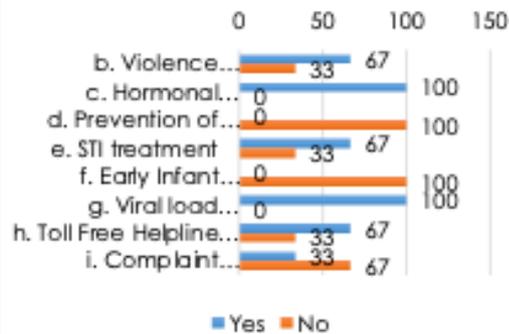
Annexure 4: Graphical findings of Baluchistan:



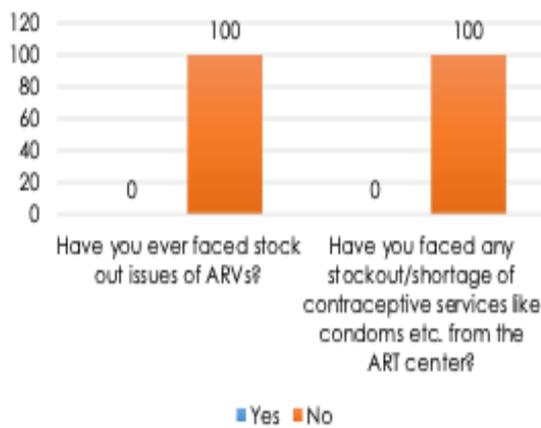
Viral Load Testing



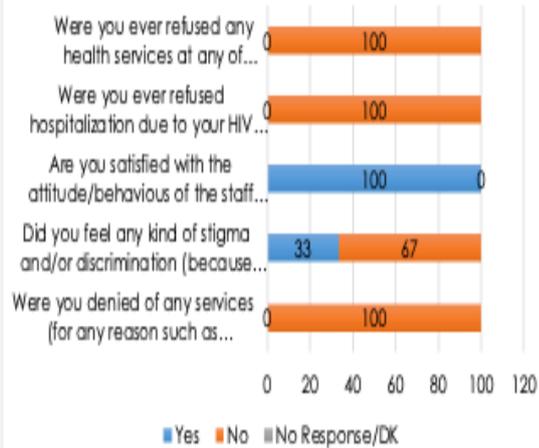
Staff readiness to Support for referral services



Availability of ARVs & Contraceptives



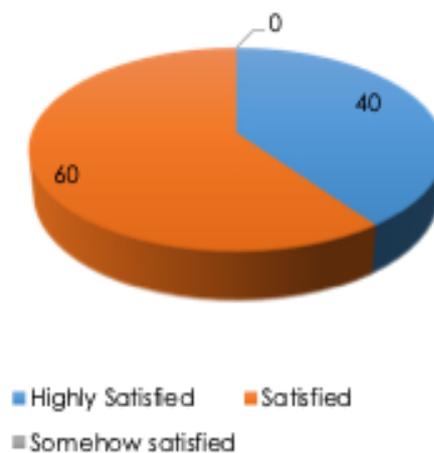
Stigma and Discrimination



Food and Medical Support



Overall Satisfaction



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

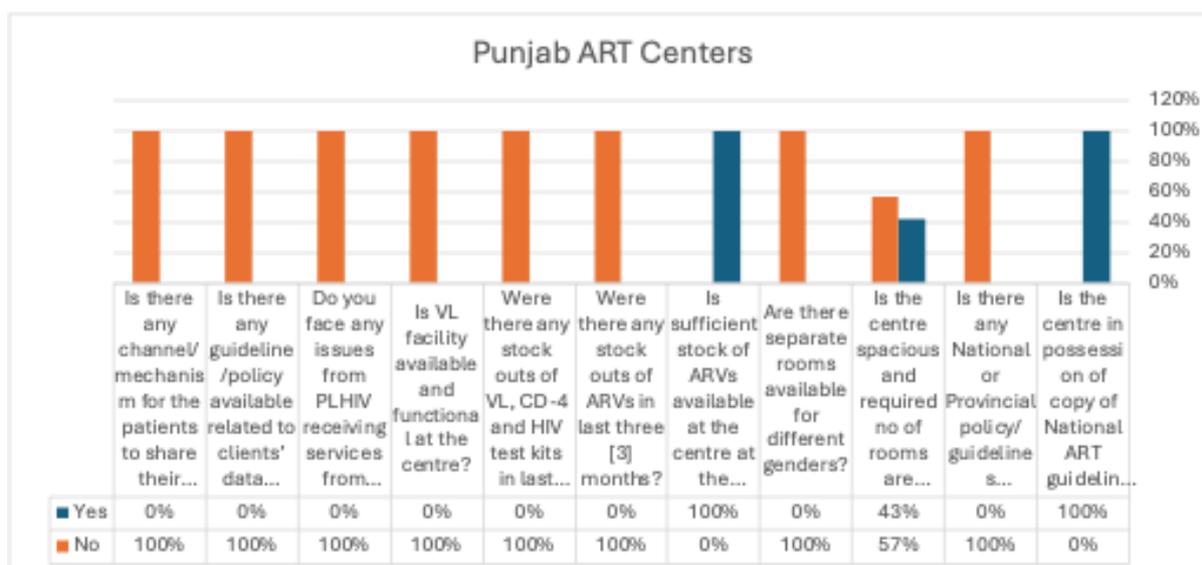
As part of the Community-Led Monitoring initiative, feedback was systematically collected from representatives of ART centers across all four provinces. A total of 23 representatives participated in the assessment, with site visits conducted at 7 ART centers in Punjab, 9 in Sindh, 4 in Khyber Pakhtunkhwa (KP), and 3 in Baluchistan.

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

5.3.1 Punjab:



Graph 5.3.1: Service Delivery Assessment of Punjab ART Centers: Key Findings and Challenges

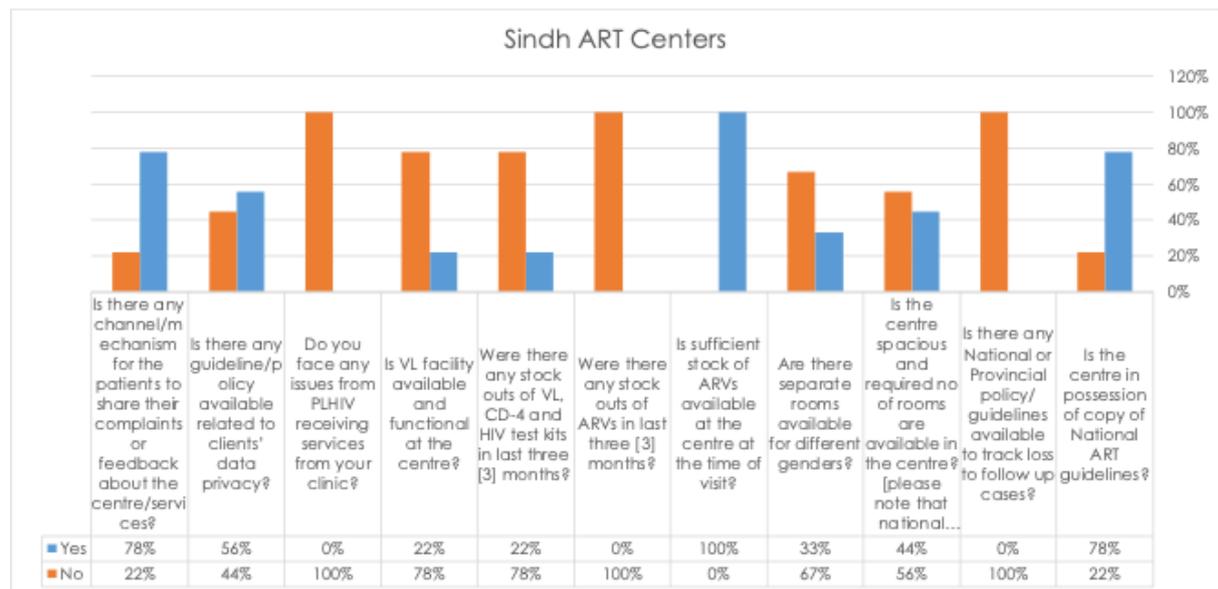
This graph presents an analysis of Punjab ART Centers based on key service delivery indicators. The key insights are:

Key Findings

1. **Availability of National ART Guidelines:**
 - 100% of centres possess a copy of the National ART Guidelines.
2. **Loss to Follow-Up (LTFU) Tracking Guidelines:**
 - 0% of centres have National/Provincial LTFU tracking guidelines.

3. **Infrastructure Standards (Number of Rooms):**
 - Only 43% of centres meet the national requirement of at least three rooms.
 - 57% of centres are operating below the recommended infrastructure standard.
4. **Gender-Sensitive Service Provision:**
 - 0% of centres have separate rooms for different genders.
5. **ARV Stock Availability:**
 - 100% centres had ARVs available at the time of visit.
6. **ARV Stockouts (Past 3 Months):**
 - 0% reported stockouts of ARVs in the last 3 months.
7. **Stockouts of Laboratory Commodities (VL, CD4, HIV Test Kits):**
 - 100% centres experienced no stockouts for VL, CD4, and HIV test kits over the last 3 months.
8. **Viral Load (VL) Testing Facility:**
 - None of the centres have an onsite functional VL facility (0% functional).
 - VL testing is performed through referrals to the central lab at PACP in Lahore.
9. **Service Delivery Challenges:**
 - 100% of centres report facing no issues from PLHIV while receiving services.
10. **Client Data Privacy Policy:**
 - 0% of centres have any guidelines or policy on client data privacy.
11. **Client Feedback Mechanism:**
 - 0% centres have any channel for patient complaints or feedback.

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:

Key Findings:

1. **Availability of National ART Guidelines:**
 - 78% of centres have a copy of the National ART guidelines.
2. **Loss to Follow-Up (LTFU) Tracking Guidelines:**
 - 0% of centres have LTFU tracking policies/guidelines.
3. **Infrastructure – Required Number of Rooms:**
 - Only 44% of centres meet the required 3-room minimum standard.
 - 56% of centers fall below the national infrastructure requirement.
4. **Gender-Sensitive Service Spaces:**
 - Only 33% of centres provide separate rooms for different genders.
5. **ARV Stock Availability:**
 - 100% centres had ARVs available at the time of visit.
6. **ARV Stockouts (Past 3 Months):**
 - 0% reported stockouts of ARVs in the last 3 months.
7. **Stockouts of Laboratory Commodities (VL, CD4, HIV Test Kits):**
 - 78% of centres reported diagnostic test kit stockouts in the last 3 months.
8. **Viral Load (VL) Facility Availability:**
 - Only 22% of centers have an on-site functional VL testing facility.
 - While (78%), the remaining VL testing is conducted through referrals at Agha Khan Lab.
9. **Service Delivery Issues:**

- 100% of centres reported facing no issues with PLHIV clients while delivering services.

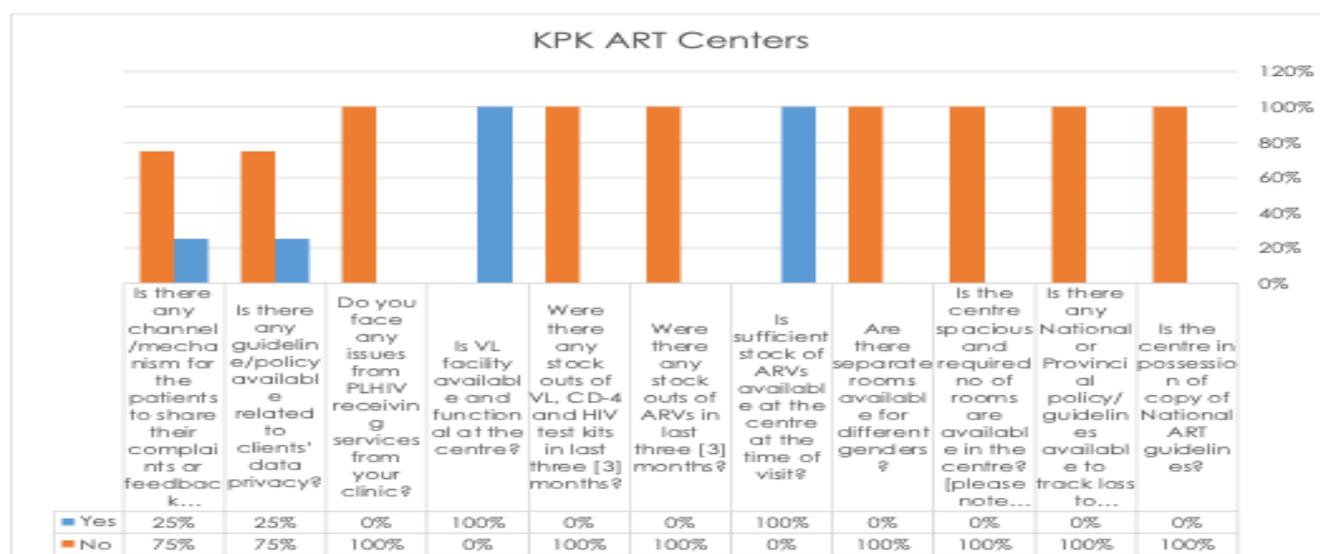
10. Client Data Privacy Policy:

- Only 56% of centres have a data privacy guideline or policy.

11. Feedback and Complaint Mechanisms:

- 78% of centers have a channel for patient complaints or feedback.

5.3.3 KPK:



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

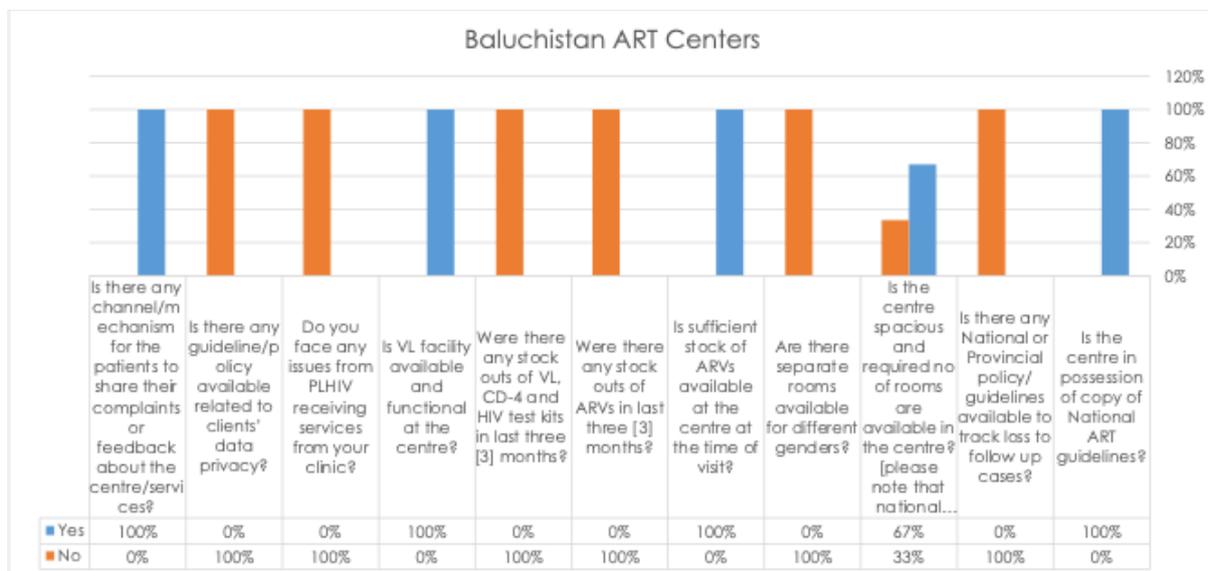
This graph presents an analysis of KPK ART Centers based on key service delivery indicators. The key insights are:

Key Findings

- 1. Availability of National ART Guidelines:**
 - 0% of centres in KPK possess a copy of the National ART guidelines.
- 2. Loss to Follow-Up (LTFU) Tracking Guidelines:**
 - 0% availability of National/Provincial LTFU guidelines.
- 3. Infrastructure – Required Number of Rooms:**
 - 0% of centres meet the 3-room national infrastructure standard.
- 4. Gender-Sensitive Service Spaces:**
 - 0% of centres have separate rooms for different genders.
- 5. ARV Stock Availability:**
 - 100% of centres had ARVs in stock at the time of visit.
- 6. Stockouts of VL, CD4, HIV Test Kits:**
 - 100% of centres reported stockouts of VL, CD4, and HIV testing kits.
- 7. VL Facility Availability and Functionality:**

- 0% of centres have an on-site functional Viral Load testing facility.
 - VL testing is performed through referrals.
- 8. Service Delivery Issues Reported by PLHIV:**
- 100% of centres reported facing no issues from PLHIV clients while receiving services.
- 9. Client Data Privacy Policy:**
- Only 25% of centres reported having any policy or guideline on data privacy.
- 11. Client Feedback/Complaint Mechanism:**
- Only 25% of centres have a complaint or feedback mechanism for clients.

5.3.4 Baluchistan:



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

Key Findings

- 1. Availability of National ART Guidelines:**
 - 100% of centres in Balochistan have a copy of the National ART guidelines.
- 2. Loss to Follow-Up (LTFU) Tracking Guidelines:**
 - 0% of centres have National or Provincial LTFU tracking guidelines.
- 3. Infrastructure (Number of Rooms):**
 - 67% of centres meet the national infrastructure standard (minimum 3 rooms).
- 4. Gender-Sensitive Service Provision:**

- 0% of centres provide separate rooms for different genders.
- 5. **ARV Stock Availability:**
 - 100% centres had ARVs available at the time of visit.
- 6. **ARV Stockouts (Past 3 Months):**
 - 0% reported stockouts of ARVs in the last 3 months.
- 7. **Stockouts of VL, CD4, HIV Test Kits:**
 - 0% reported stockouts of diagnostic test kits.
- 8. **Viral Load (VL) Testing Facility Availability:**
 - 100% of centres have a functional VL facility via referrals.
- 9. **Service Delivery Challenges Reported by PLHIV:**
 - 0% of centres reported facing client service issues.
- 10. **Client Data Privacy Policy:**
 - 0% of centres have a data privacy policy.
- 11. **Client Feedback/Complaint Mechanism:**
 - 100% of centres in Balochistan have a patient feedback/complaint mechanism.

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 a complaint management mechanism. The helpline serves as a critical resource for addressing the concerns and needs of PLHIV, ensuring they receive timely guidance and support.

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 the 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 2nd Quarter 2025, **a total of 12,182 calls were made**, consisting of **9,182 outgoing calls by the APLHIV staff members from multiple units** and **3,000 incoming calls from individuals utilizing the necessary telephonic services**.

Seven complaints were received during the review period; they involved a shortage of antiretroviral (ARV) medications, unavailability of physicians, harassment, and refusal of medical services based on patient HIV status. The issue was quickly escalated and resolved promptly. The principles of anonymity, confidentiality, neutrality, cultural sensitivity, and nonjudgmental support were strictly upheld 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 second quarter. 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 shows a total of **3000 incoming calls** distributed across three shifts from April to June. Shift 01 handled the majority (83%) of the calls, while Shifts 02 and 03 managed 15% and 2% respectively. Call volume was highest in April (1422) and lowest in June (513).

2. Gender-Wise Call Distribution

The gender-wise data for **3000 incoming calls** from April to June shows that males accounted for the majority (2266 calls or 75.5%), followed by females (691 calls or 23%), and transgender individuals (43 calls or 1.5%). April recorded the highest engagement among all genders, while June had the lowest. This distribution highlights a consistent male-dominant service usage throughout the quarter.

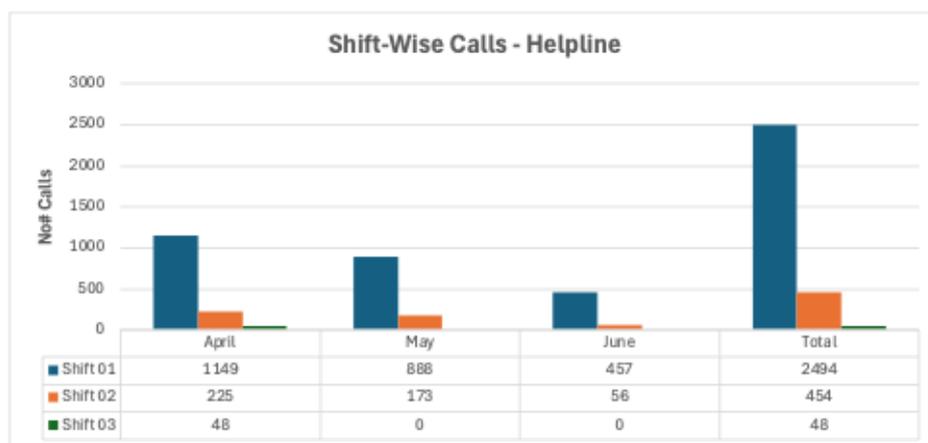
3. Province-Wise Call Distribution

The province-wise distribution of **3000 incoming calls** from April to June shows Sindh leading with 1375 calls (45.8%), followed by Punjab (27.1%) and KPK (18.7%). April saw the highest activity across all provinces, while GB recorded the lowest engagement overall. The data reflects a strong concentration of service uptake in Sindh and Punjab.

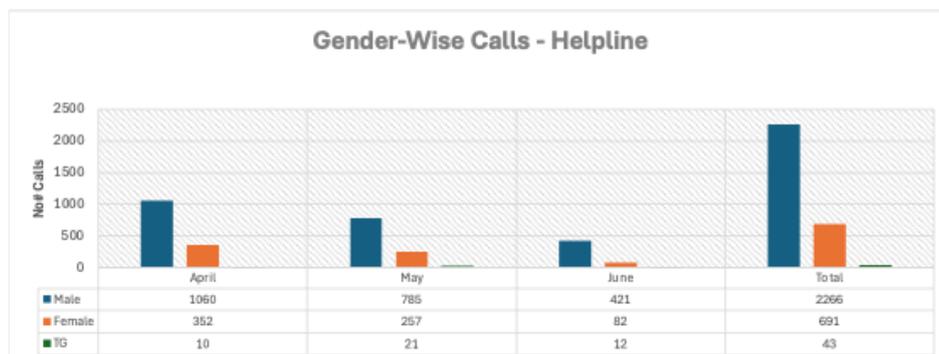
4. Service Type Distribution

The service-wise data shows a total of **3009 incoming calls**, with the overwhelming majority (93% or 2806 calls) related to information about Care & Support (C&S) services. Other key services included referrals (138), HIV testing and counseling (75), and PEP/PrEP counseling (29). Minimal engagement was observed for HBV/HCV, condom use, and emergency services, while no calls were recorded for COVID-19 or human rights violations.

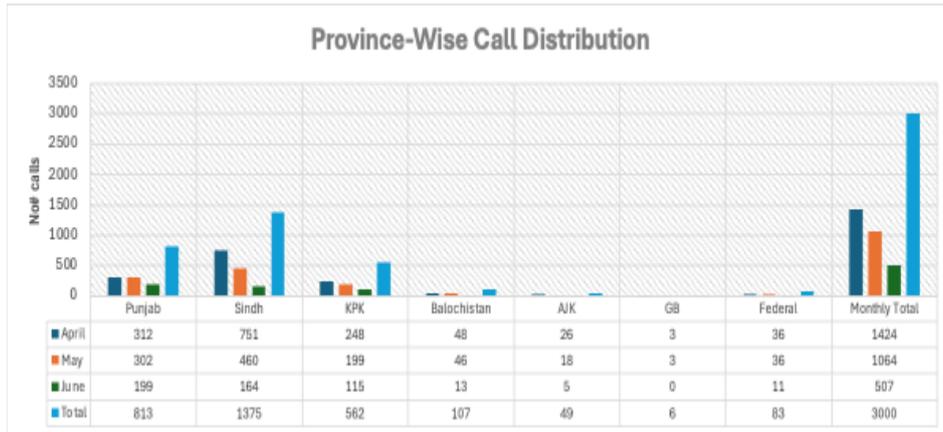
Annexure 4: Graphical findings of Helpline Services:



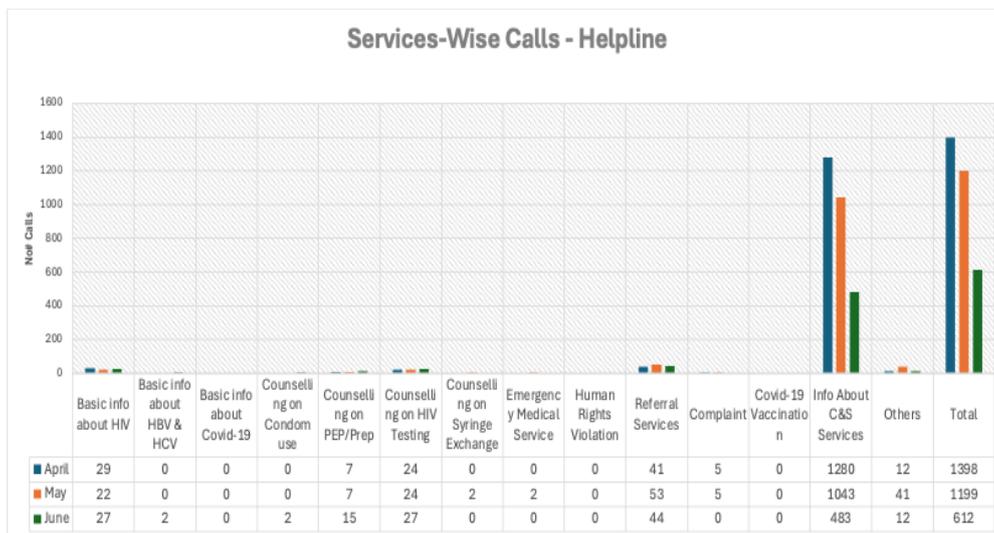
Graph 4.1: Incoming Summary - Shifts Calls Distribution



Graph 4.2: Incoming Summary – Gender-Wise Distribution



Graph 4.3: Incoming Summary – Province-Wise Call Distribution



Graph 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 logistics company to transport and deliver the food items to 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 logistics 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, and 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 in front of the APLHIV team and handed over to the logistics company. Handing/ taking certificates is 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 allows 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 planned distribution of 4,500 ration bags in the second quarter cannot proceed at this time, as activities have been put on hold. Consequently, the intended equitable distribution strategy, which considers geographic and demographic factors to address the diverse needs of various segments of the population, has been temporarily suspended until further notice.

APLHIV teams completed the verification process for 4,500 clients to prepare for when distributions resume.