



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 3, 2025 (July – September)**

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 October 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
MOV	Means of Verification
NACP	National AIDS Control Program
OIs	Opportunistic Infections
PLHA	People Living with HIV & AIDS
PACPs	Provincial AIDS Control Programs
PIMS	Pakistan Institute of Medical Sciences
PPTCT	Prevention of Parent-to-Child Transmission
STIs	Sexually Transmitted Infections
VCCT	Voluntary and Confidential Counseling and Testing

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1. Executive Summary:

During the 3rd quarter of 2025, the APLHIV team, in collaboration with Provincial AIDS Control Programs (PACPs) and CMU, conducted Community Led Monitoring to gather feedback from the 120 PLHIV receiving services, identify gaps, inform program improvements, and address barriers to accessing lifesaving treatment services. According to the revised performance framework, a target of 21 visits to ART Centers was set for the third quarter. APLHIV planned to visit 23 ART centers, exceeding the original target by 110%. Monitoring teams successfully visited all 23 of the 21 targeted ART/HIV Treatment Centers, achieving more than 100% of the planned coverage.

Feedback was gathered from **120** 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.

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 most 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 10,321 calls with 6,671 outgoing & 3,650 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 due to the dysfunctionality of the helpline, due to the late disbursement of funds for quarter 3, 2025.

Eight major complaints were recorded, reported, and a large number were resolved during the reporting period. The PPTCT facility at PIMS Hospital remains non-functional due to administrative challenges. As a result, the HIV-positive pregnant females were denied essential maternal care and were forced to seek delivery services at a private hospital, where it is likely that their HIV status was not disclosed, increasing the risk of transmission and compromising their right to safe care. Despite written complaints and a number of verbal requests, no corrective action has been taken to date. Furthermore, in Q3, several complaints were recorded regarding shortages of antiretroviral medicines (ARVs) and denials of health care, highlighting persistent gaps in service delivery. Most of the issues were addressed by the APLHIV Team and resolved promptly.

Regarding Care & Support services, the planned distribution of 4,500 nutrition packages was unable to proceed due to an advisory to hold, issued by the CMU until further notice.

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 **third 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 to ensure that standard protocols were followed. Additionally, structured interviews were carried out with beneficiaries to gather firsthand insights into their experiences, service accessibility, and any challenges they faced in receiving ART treatment.

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

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

“APLHIV visited 23 ART centers, surpassing the target of 21 centers and achieving 110% against the set target.”

Feedback was gathered from 120 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 **120 beneficiaries** to assess service quality and patient experiences.

Region	ART Centers Visited	Male Beneficiaries	Female Beneficiaries	Transgenders Beneficiaries	Total Number of Beneficiaries Engaged
Punjab	10	23	27	0	50
Sindh	5	23	7	0	30
Khyber Pakhtunkhwa	4	13	7	0	20
Baluchistan	3	11	4	0	15
Islamabad/AJK/GB	1	3	1	1	5
Total	23	73	46	1	120

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

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

1. Availability and Accessibility
2. Staff Availability and Behavior
3. Confidentiality
4. Available Facilities / Viral Load
5. Viral Load Testing
6. Staff Readiness for support in linkages and referral services
7. Availability of ARVs & Contraceptives
8. Stigma and Discrimination
9. 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 **10 ART Centers** visited during the period under review, involving a cohort of 50 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 30% of ART centers, indicating weak adherence to service expectations. Lab staff availability was significantly higher, with 60% 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 74% of beneficiaries confirmed the presence of a dedicated HIV physician at the ART centers, while 26% stated otherwise. Similarly, just 74% 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 a 96% confirmation of receiving treatment/adherence counseling. However, the data reveal some variability in counseling components - while 32% received education about ARV side

effects and 12% found adherence counseling helpful, only 22% were provided with specific ART adherence methods.

Viral Load Testing:

- The viral load testing data reveal concerning gaps in the testing frequency of the PLHIVS despite testing kits. While the supply chain performed perfectly with 100% of facilities reporting no shortages and zero stockouts of blood sample collection kits, 4% of patients completed their required six-month viral load tests, leaving 96% 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 (0% ready), early infant diagnosis (0% ready), and violence prevention (34% ready). The data indicate relatively substantial gaps in STI treatment (38% ready).

Availability of ARVs & Contraceptives:

- For ARV medications, an impressive 100% of respondents reported no stockouts, indicating reliable availability of these life-saving drugs. The situation is similar for contraceptive supplies, where 100% of reported stock is available for condoms and related services.

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.

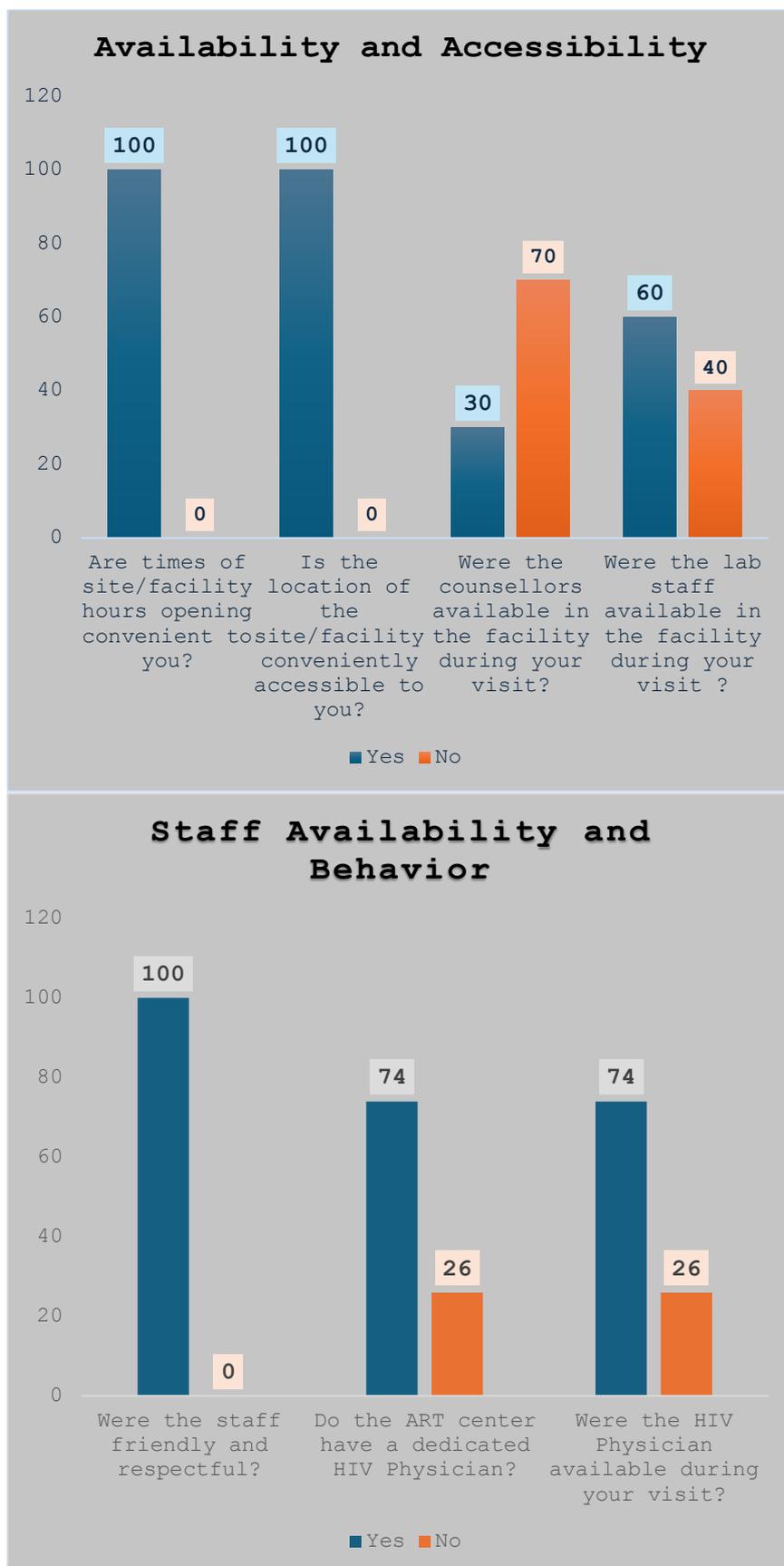
Availability of Nutritional Support:

- The data reveal no coverage of nutritional support for people living with HIV in Punjab **during Q3 2025**, with 0% of respondents confirming they have received food or nutritional assistance through NACP/APLHIV programs.

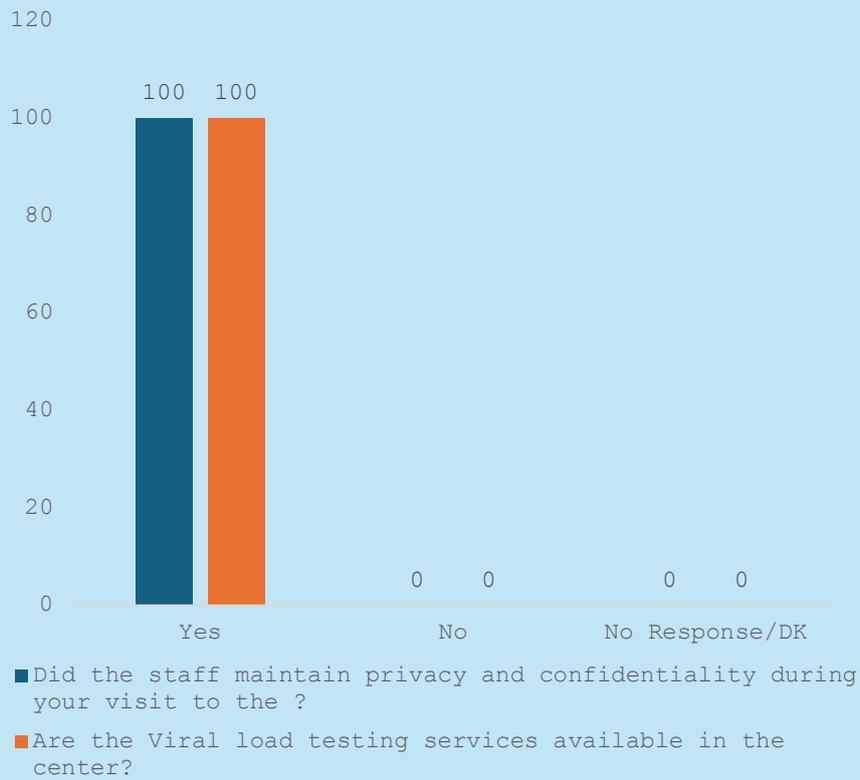
Overall Satisfaction of the Beneficiaries:

- The overall satisfaction levels among patients at ART centers in Punjab demonstrate strong approval of services, with 50% of respondents reporting being "satisfied," indicating their core healthcare needs are being reliably met. 50% reported being "somewhat satisfied," suggesting a small minority may have encountered minor service limitations.

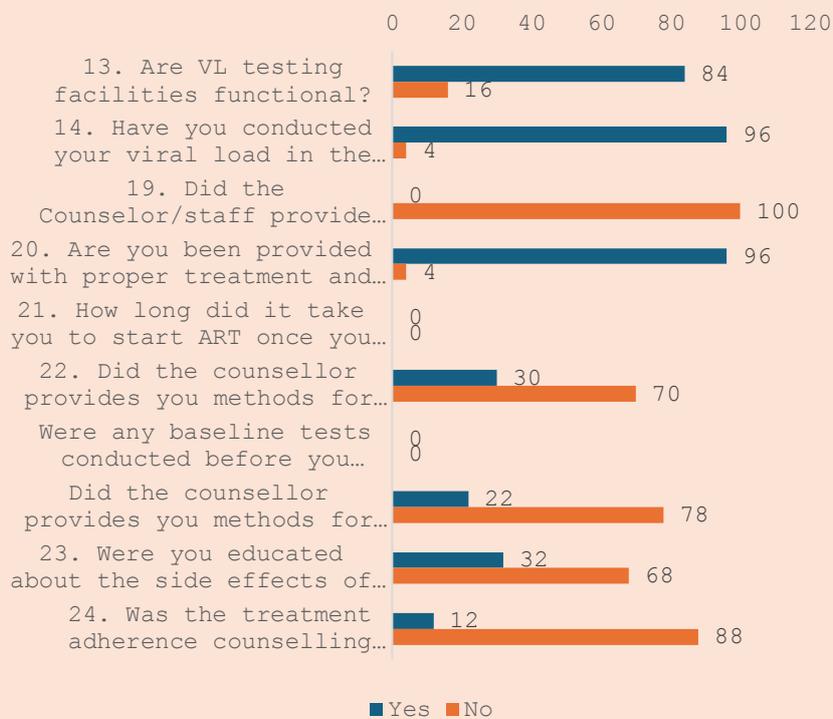
Annexure 1: Graphical findings of Punjab:

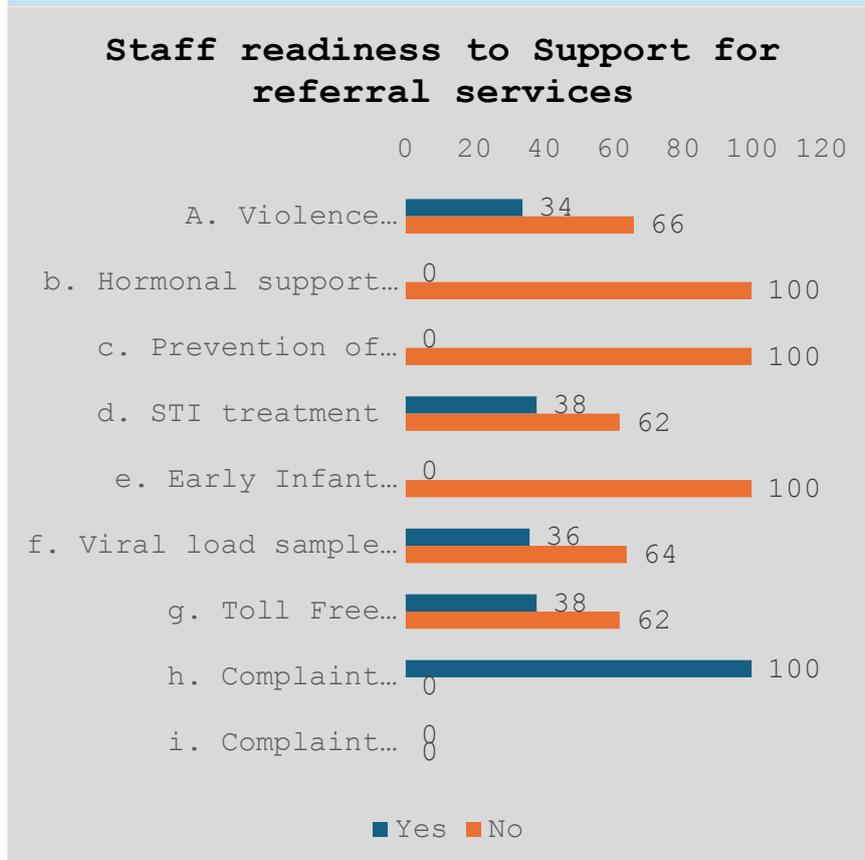
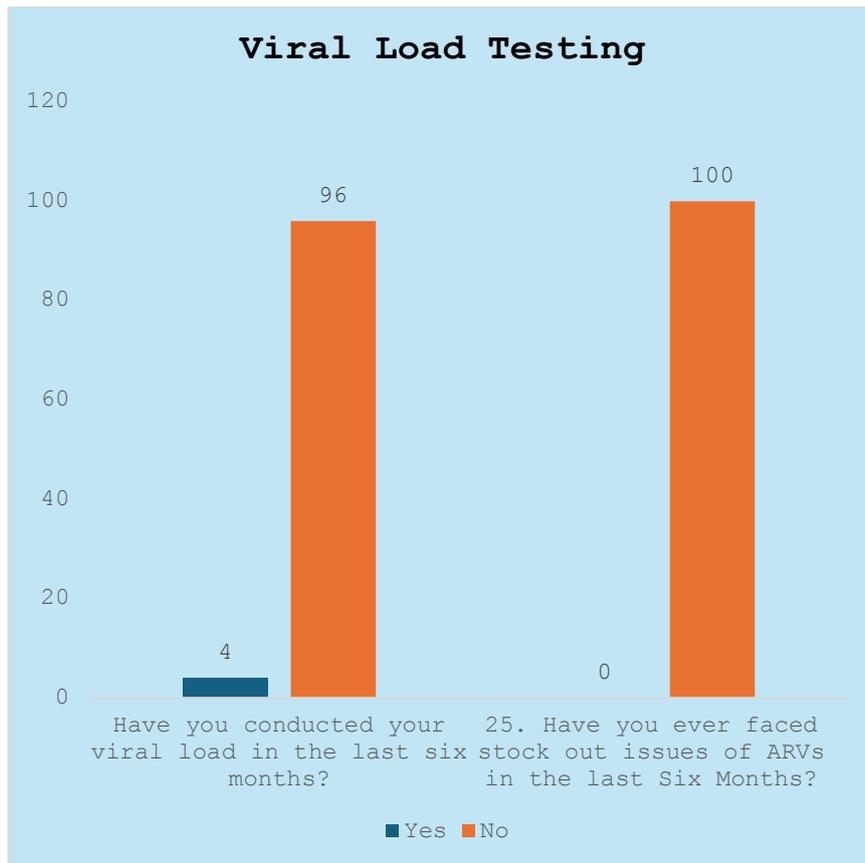


Confidentiality

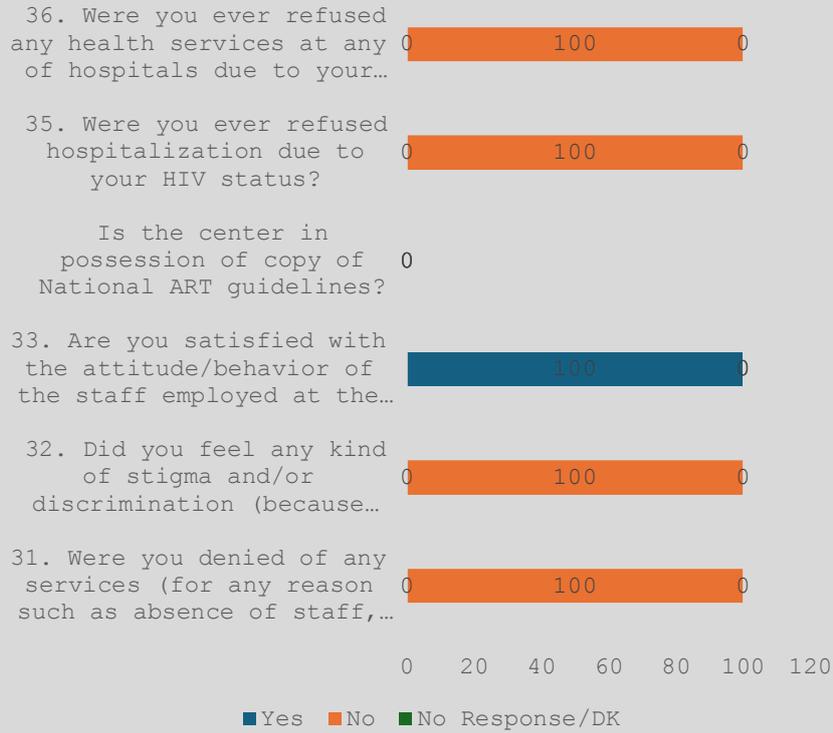


Available Facilities / Viral Load

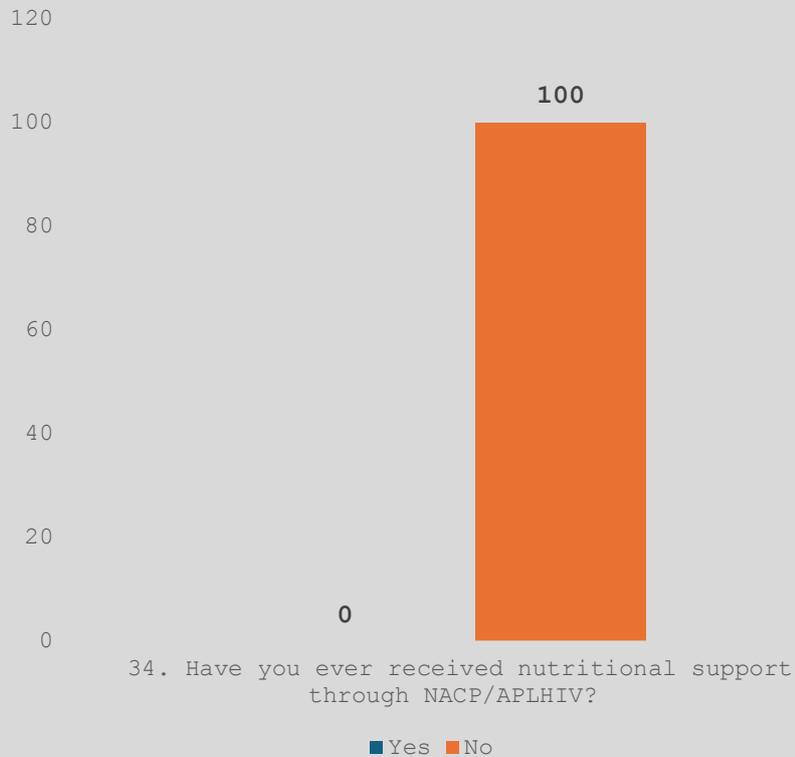


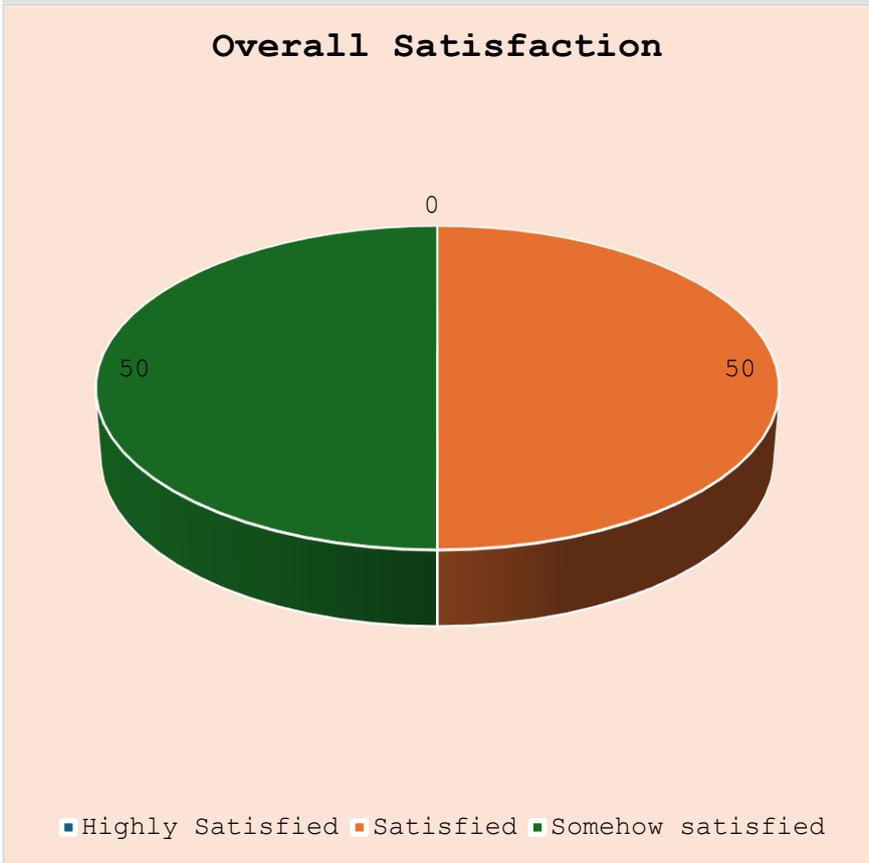
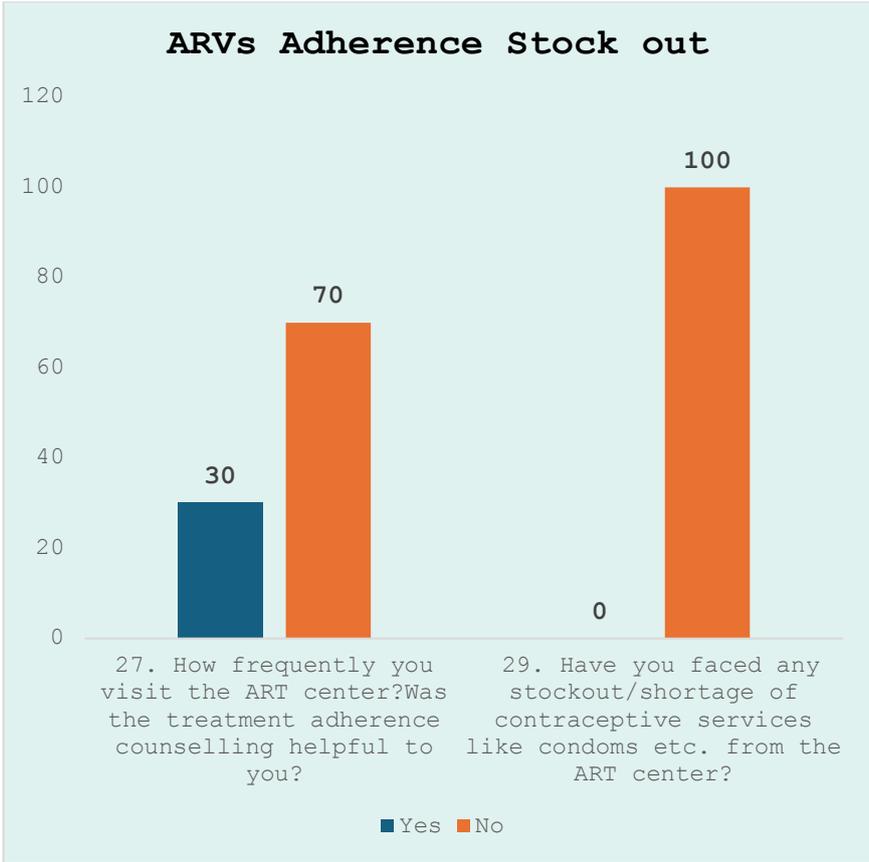


Stigma and Discrimination



Food and Medical Support





5.2.2 Sindh

This report critically evaluates key performance indicators across **5 ART Centers**, involving a cohort of 30 beneficiaries in Sindh, to assess the effectiveness of HIV services. The analysis primarily focuses on service availability, staff performance, patient satisfaction, medical support, and adherence to treatment protocols. The findings, which are derived from the 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 demonstrated perfect compliance in terms of 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 (93%) confirming that staff strictly maintained patient privacy during treatment, sample collection, or VL testing.

Available Facilities / Viral Load:

- The data shows better performance across service delivery indicators, 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 present promising progress regarding viral load testing services. While 100% 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 (83%). However, there are critical gaps in essential prevention and specialized care services. Alarming, only 30% of staff are ready to provide prevention of mother-to-child transmission (PMTCT) services, and just 17% can conduct early infant diagnosis (EID), indicating serious deficiencies in pediatric HIV prevention. Transgender-specific care also has higher readiness, with 80% prepared for hormonal support and 100% for viral load sample collection. STI treatment services fare has a lower 20% readiness. Additionally, 20% of responses indicated unawareness about various services.

Availability of ARVs & Contraceptives:

- Data show reliable ARV access (100% no stockouts). contraceptive shortages (0% stockouts).

Stigma and Discrimination:

- The data demonstrate good performance, with 100% service accessibility (no denials), zero stigma/discrimination reports, and 100% satisfaction with staff attitudes. No patients faced HIV-related hospitalization (100%) or health service refusal (100%). The 50% staff behavior dissatisfaction suggests major room for service quality improvement.

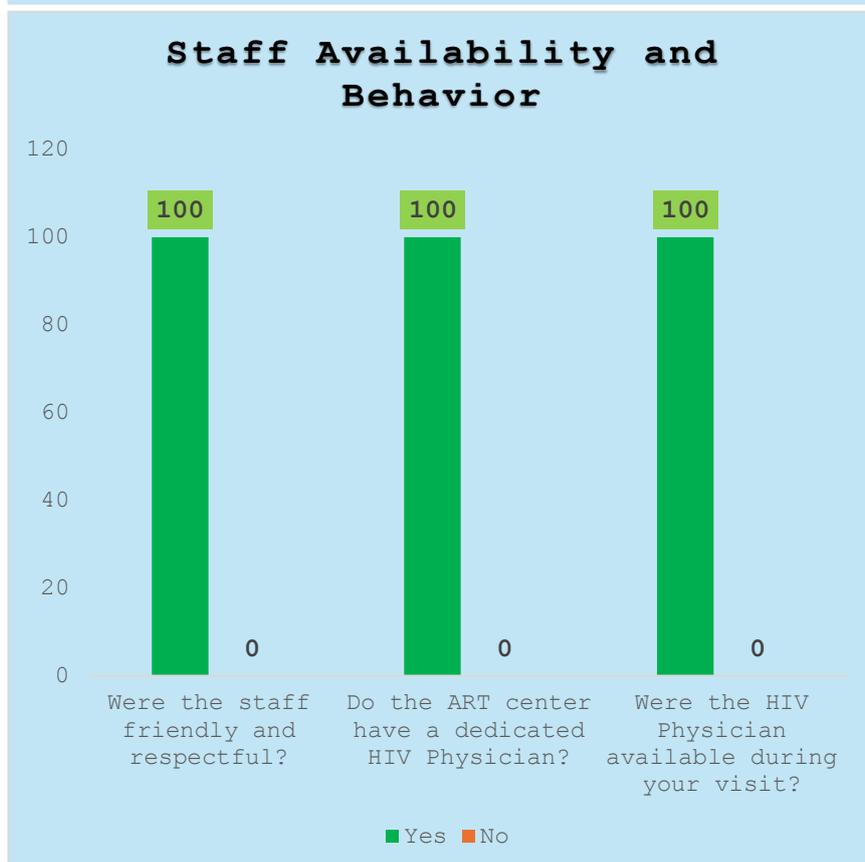
Availability of Nutritional Support:

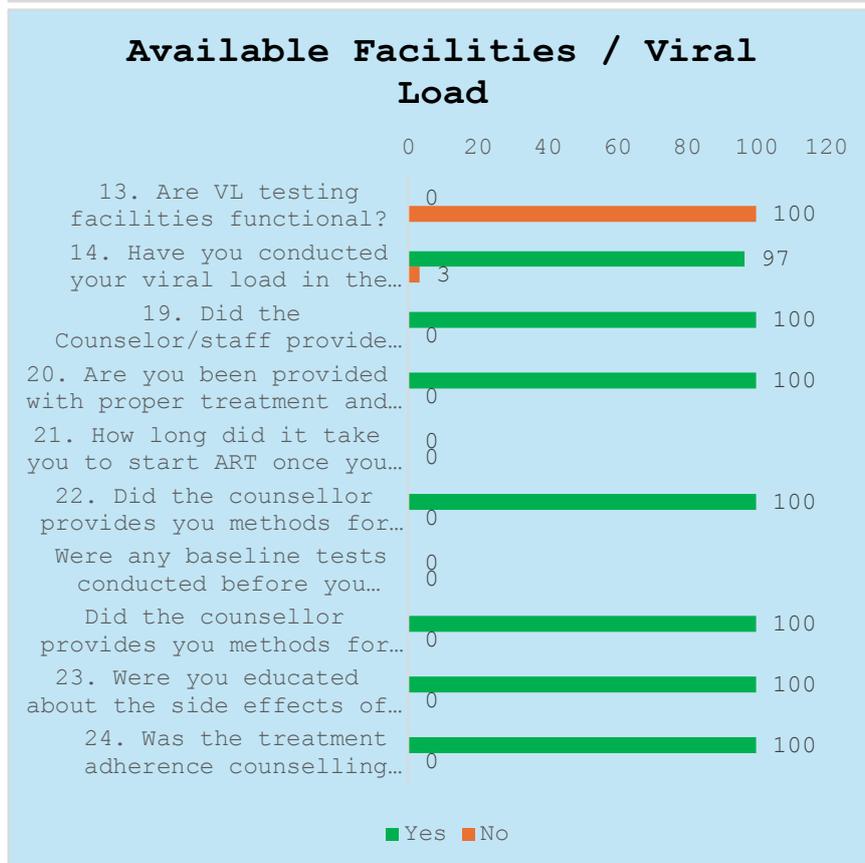
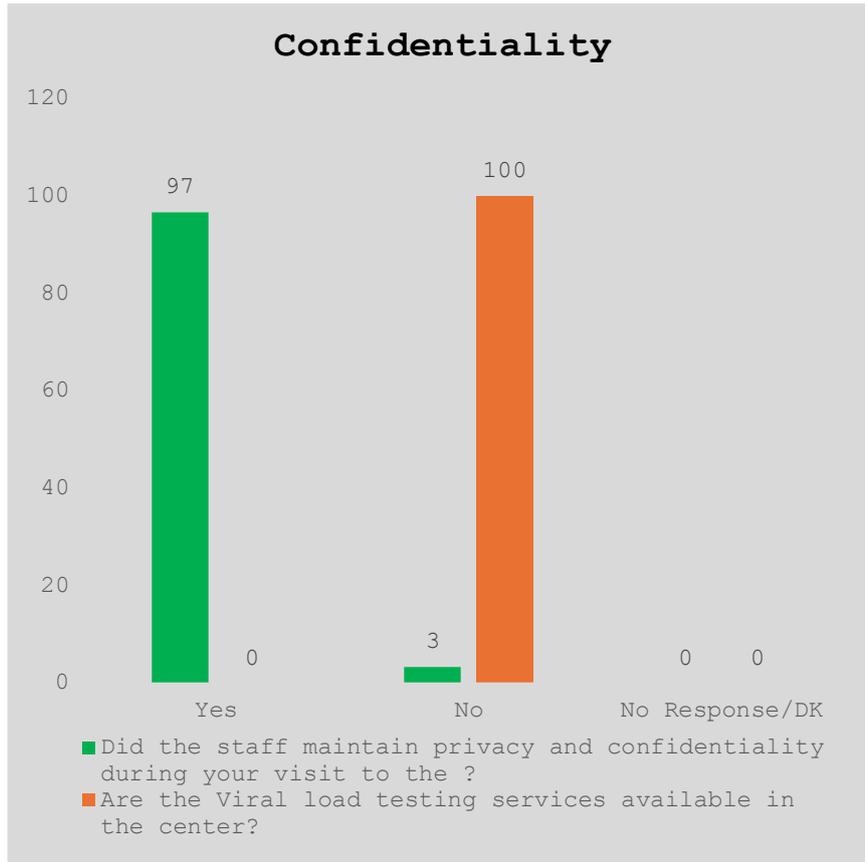
- The nutritional support program for PLHIV shows no coverage, with 0% of respondents receiving food assistance through NACP/APLHIV during Q3 2025.

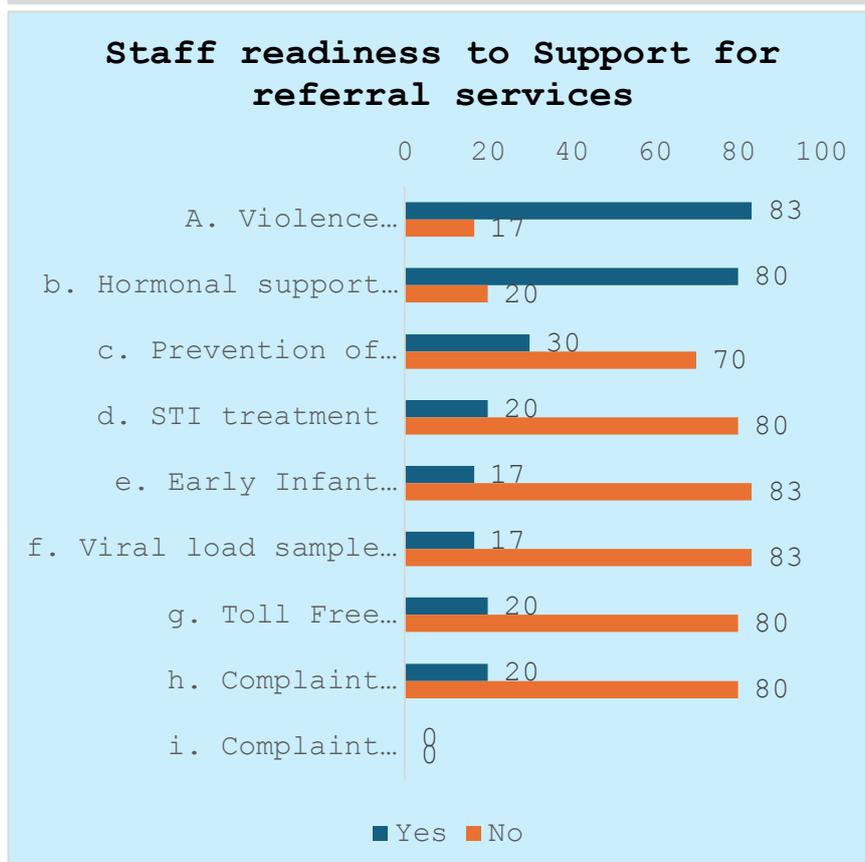
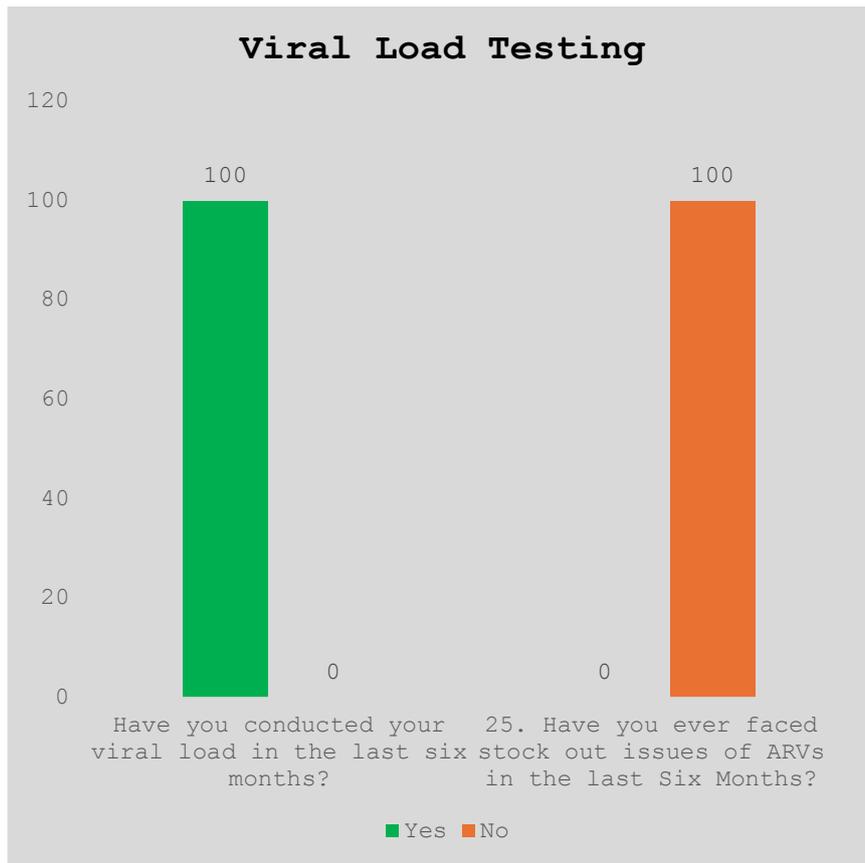
Overall Satisfaction of the Beneficiaries:

- The satisfaction levels with ART center services in Sindh are high, with 77% of patients reporting being "Highly Satisfied" and the remaining 23% indicating they are "Satisfied." There were no reports of partial satisfaction or dissatisfaction (0% for "Somehow satisfied" or lower).

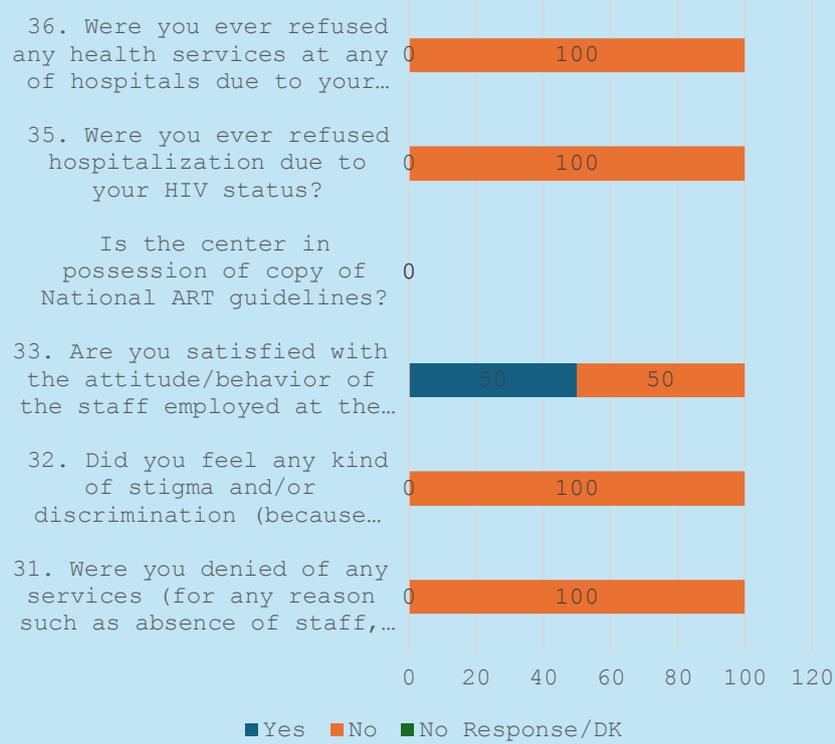
Annexure 2: Graphical findings of Sindh:



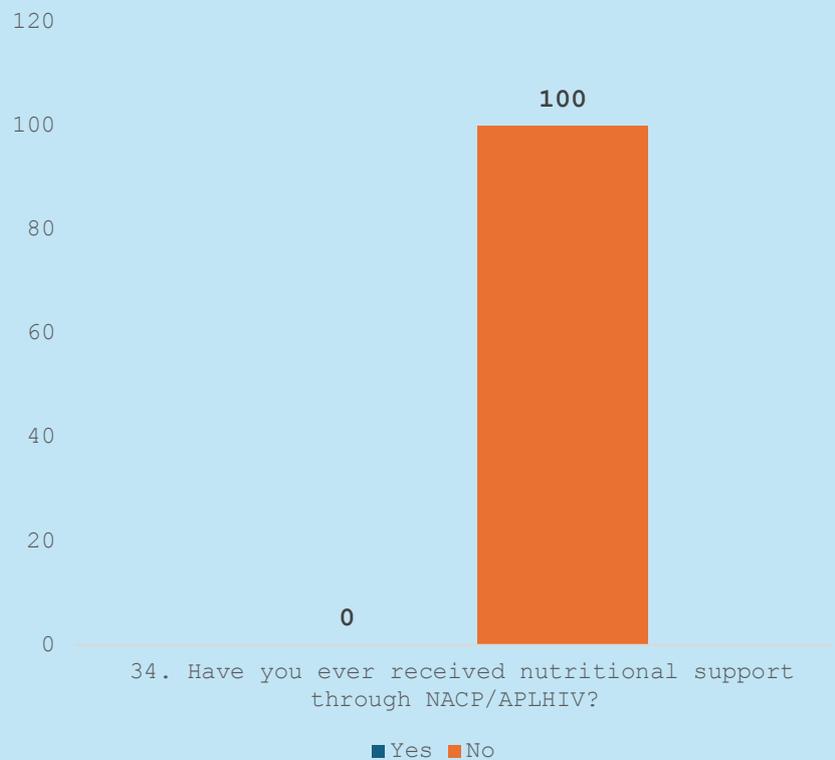


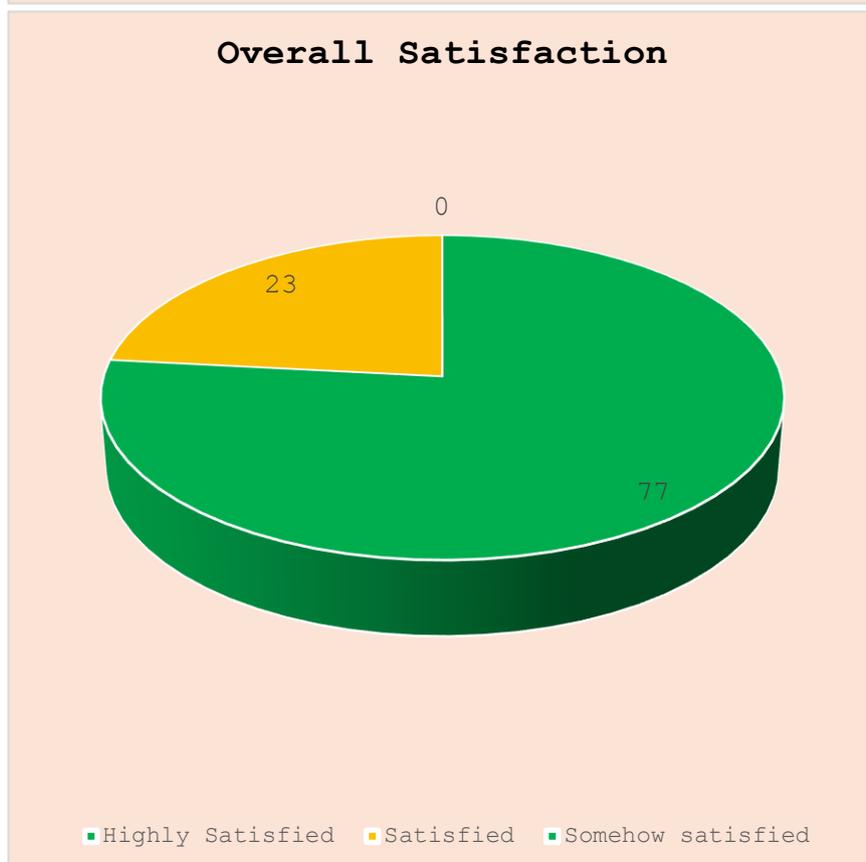
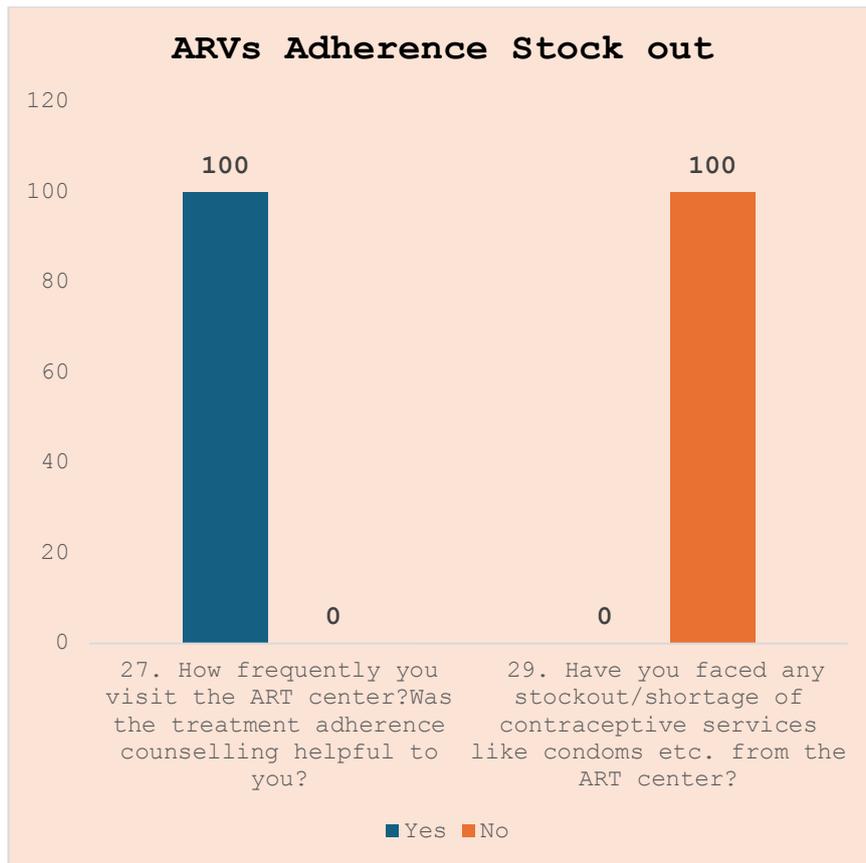


Stigma and Discrimination



Food and Medical Support





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 (75%), 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 reveal 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:

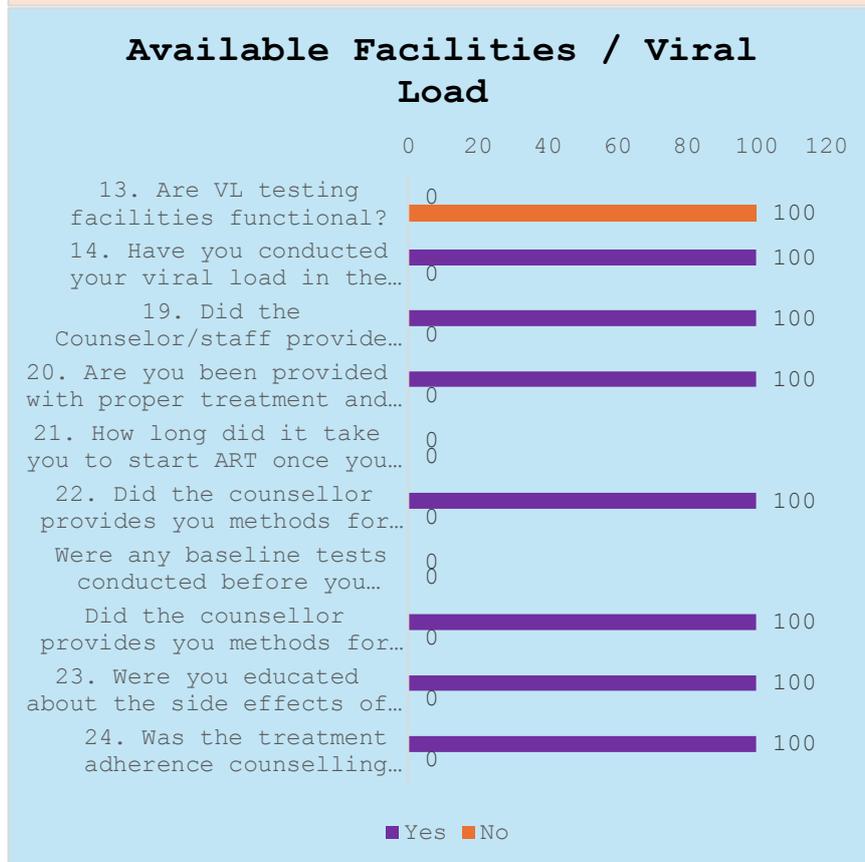
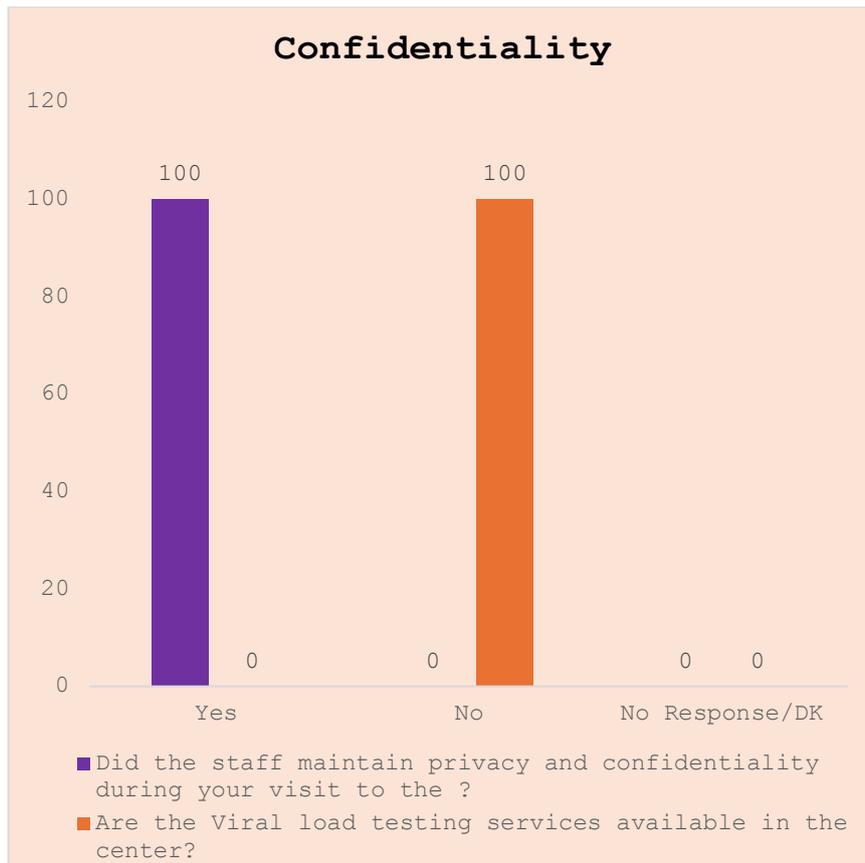
- The data reveal that in nutritional support for PLHIV in KPK, 0% of respondents received food assistance through NACP/APLHIV programs during Q3 2025.

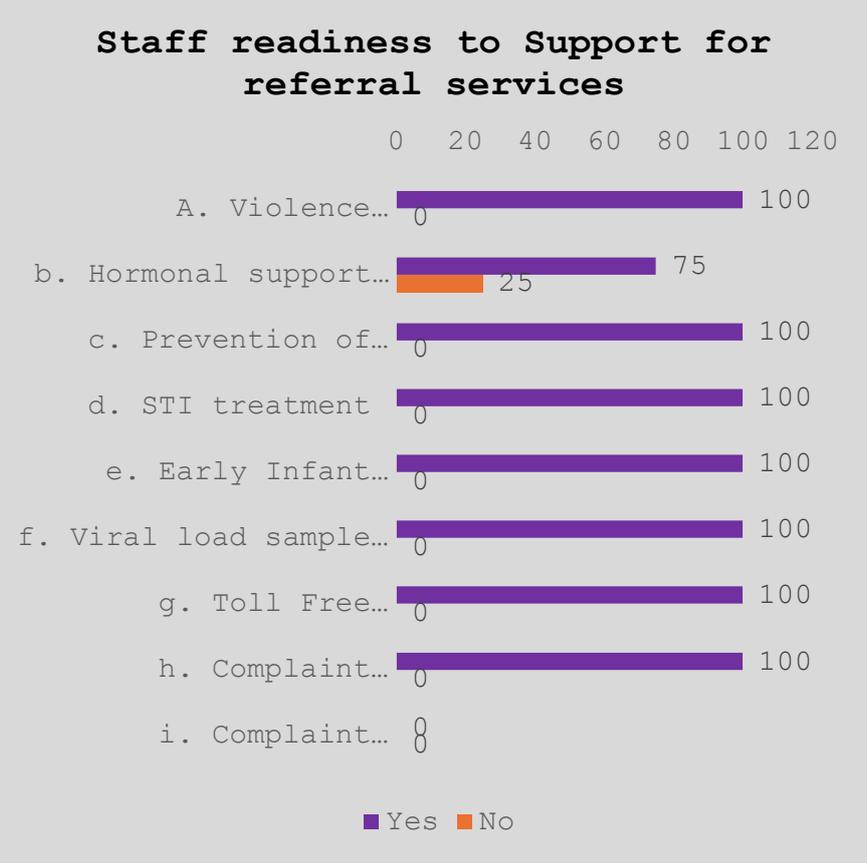
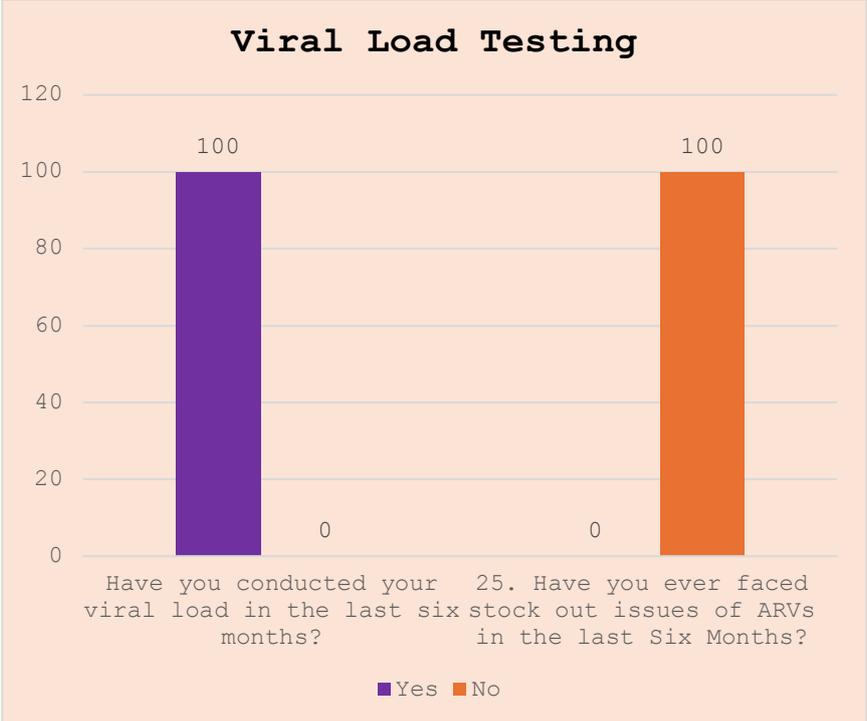
Overall Satisfaction of the Beneficiaries:

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

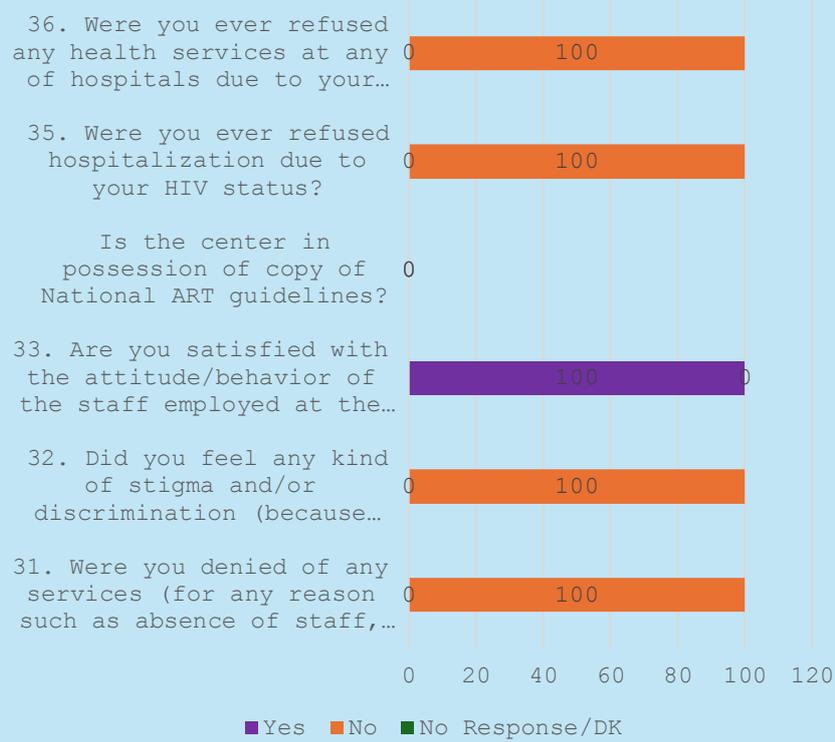
Annexure 3: Graphical findings of KPK:



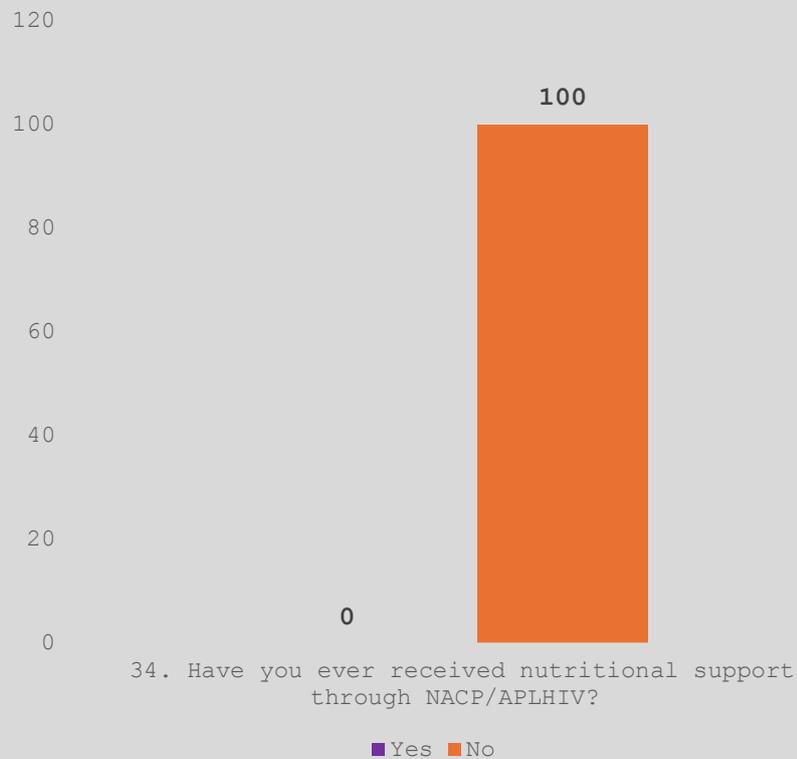




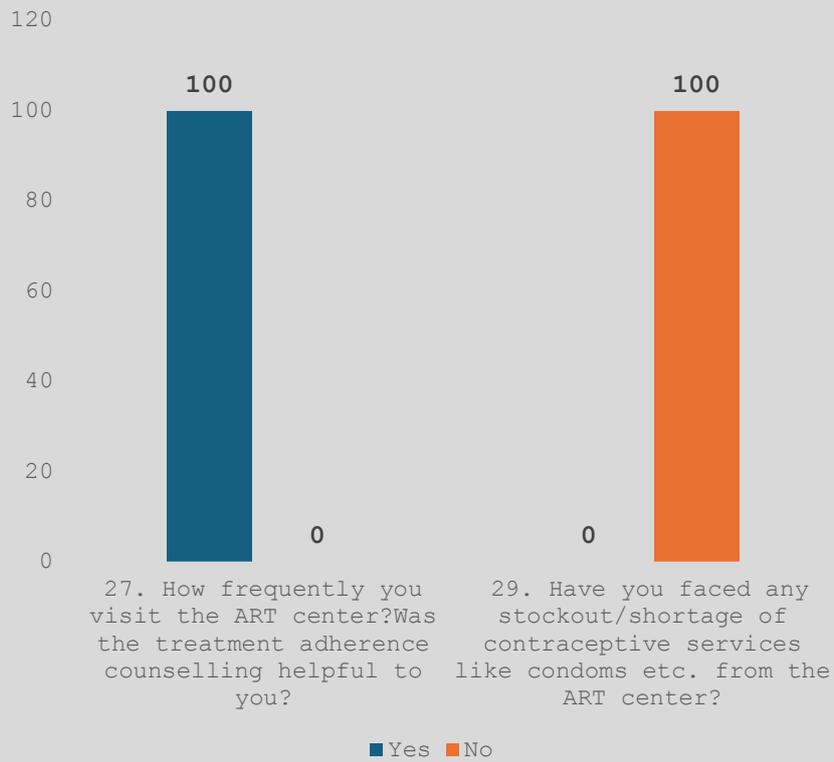
Stigma and Discrimination



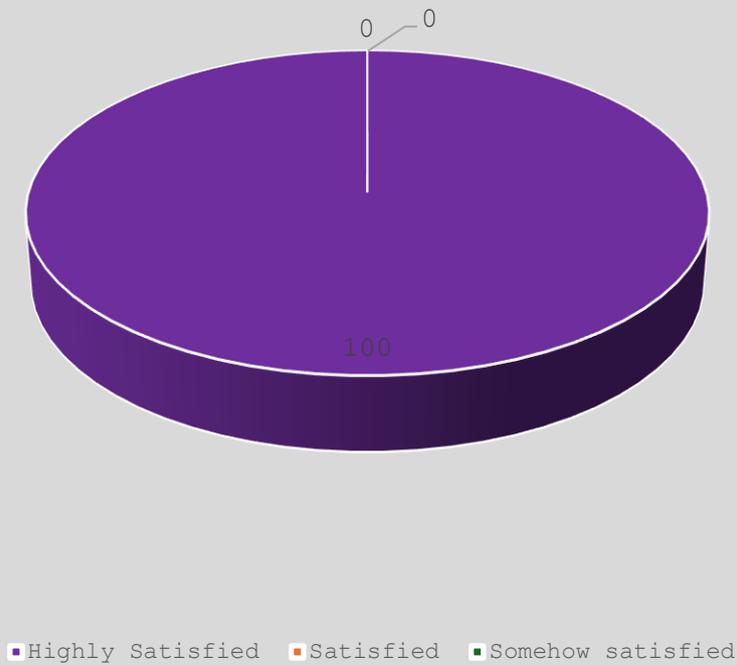
Food and Medical Support



ARVs Adherence Stock out



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:

100% of patients reported that staff-maintained privacy during treatment and viral load testing.

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, adequate time, ART methods, or side effect education.

Viral Load Testing:

- The data reveal 100% of patients have completed a test in the last six months, and 100% report 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 (67%), blood sample collection (100%), STI treatment (100%), & PMTCT (100%), at the ART center. However, significant gaps exist in violence prevention (67% ready), EID (0%), helpline access (100%), 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. Contraceptive services (condoms, etc.) are experiencing 67% 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:

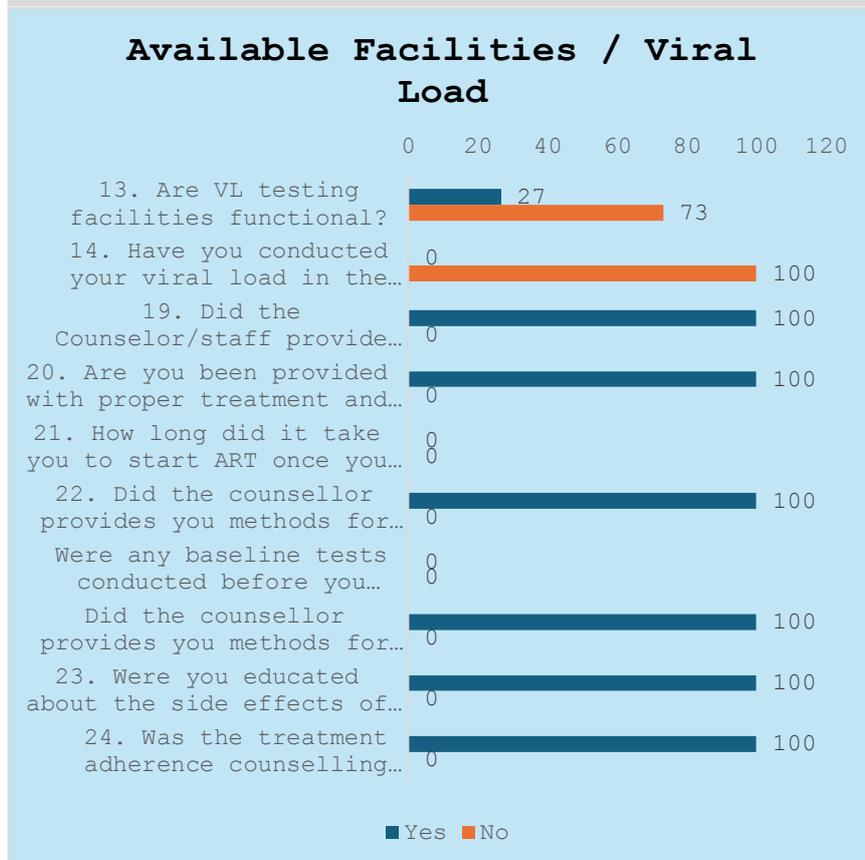
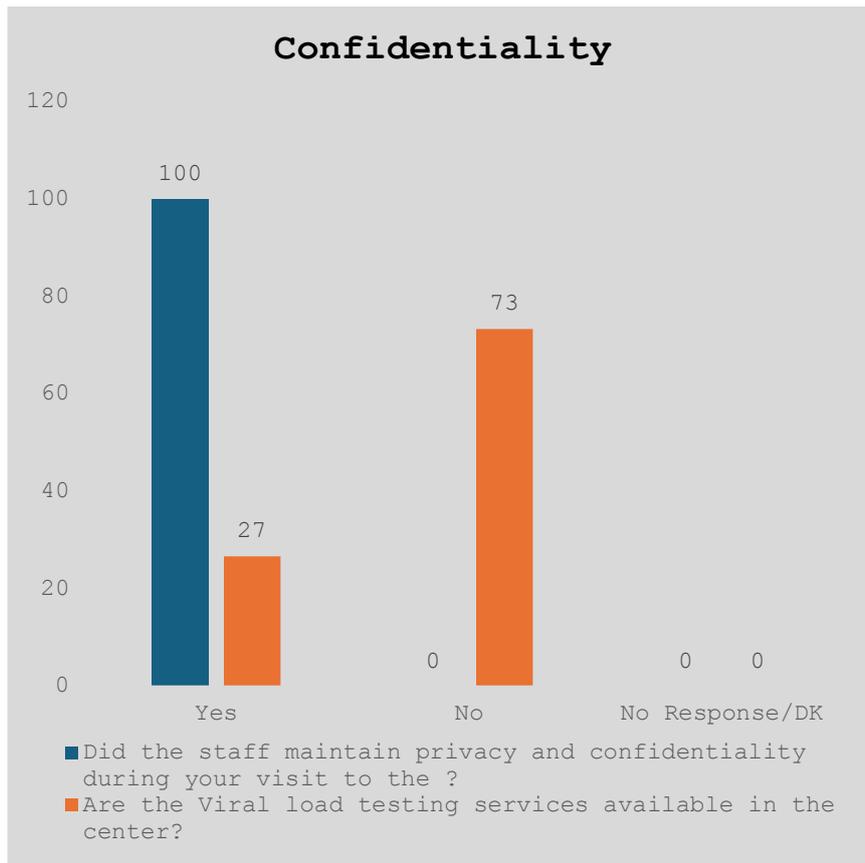
- The data reveal that **0%** of respondents received food assistance through NACP/APLHIV programs during Q3 2025.

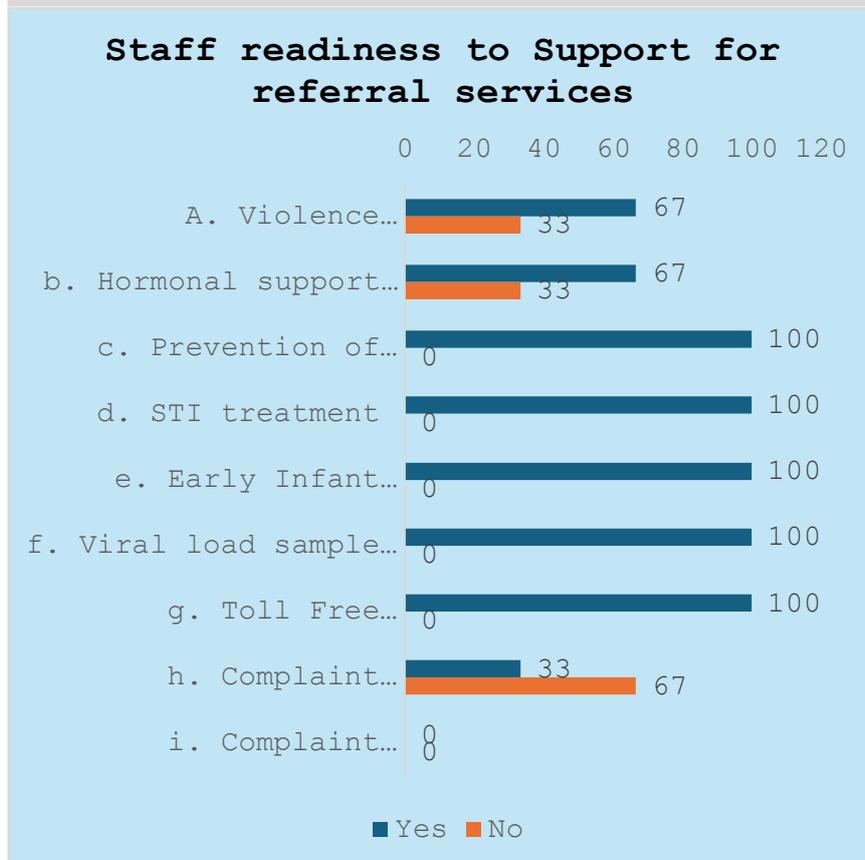
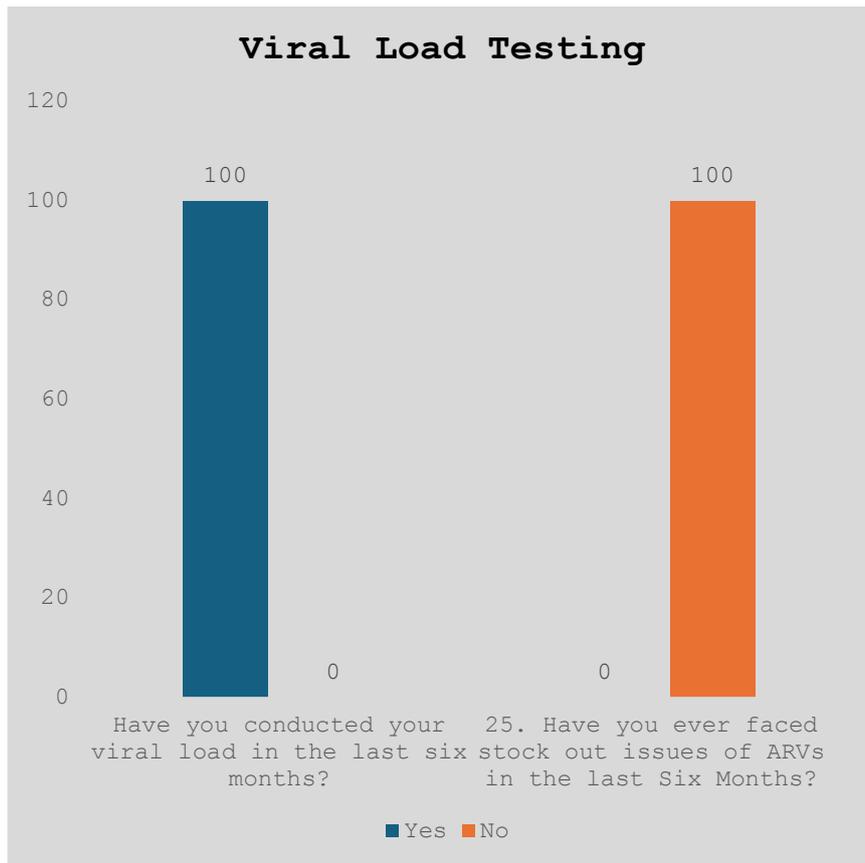
Overall Satisfaction of the Beneficiaries:

- The data demonstrate good service quality, with 87% satisfied, while 13% indicated lower satisfaction levels.

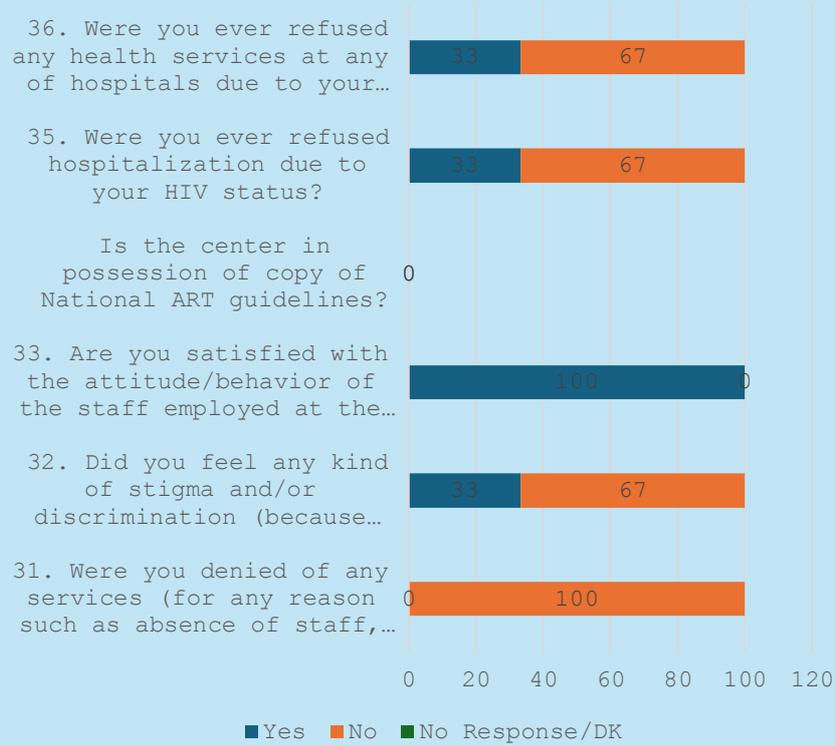
Annexure 4: Graphical findings of Baluchistan:



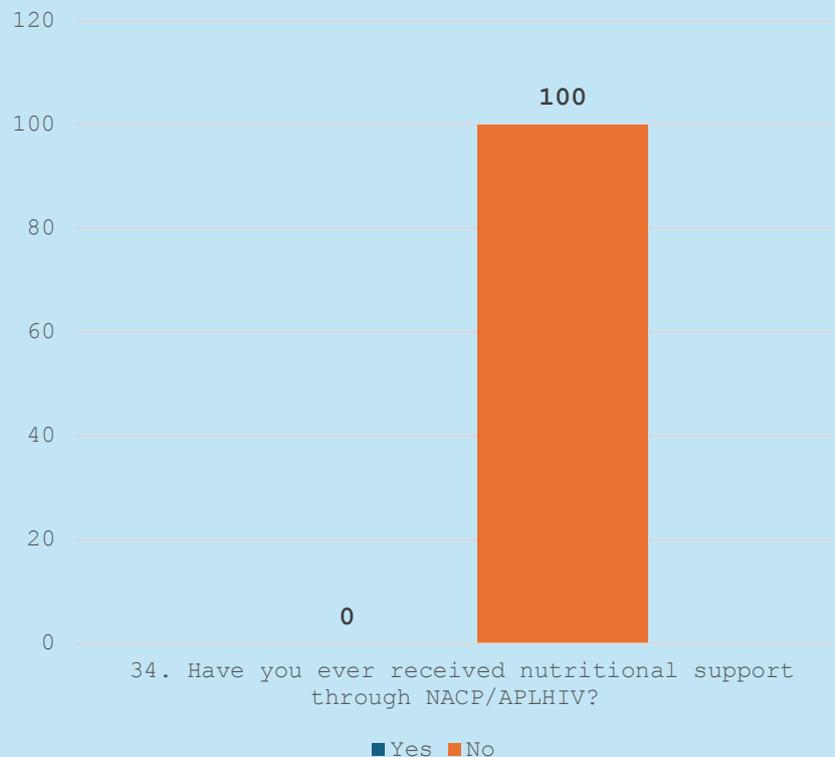




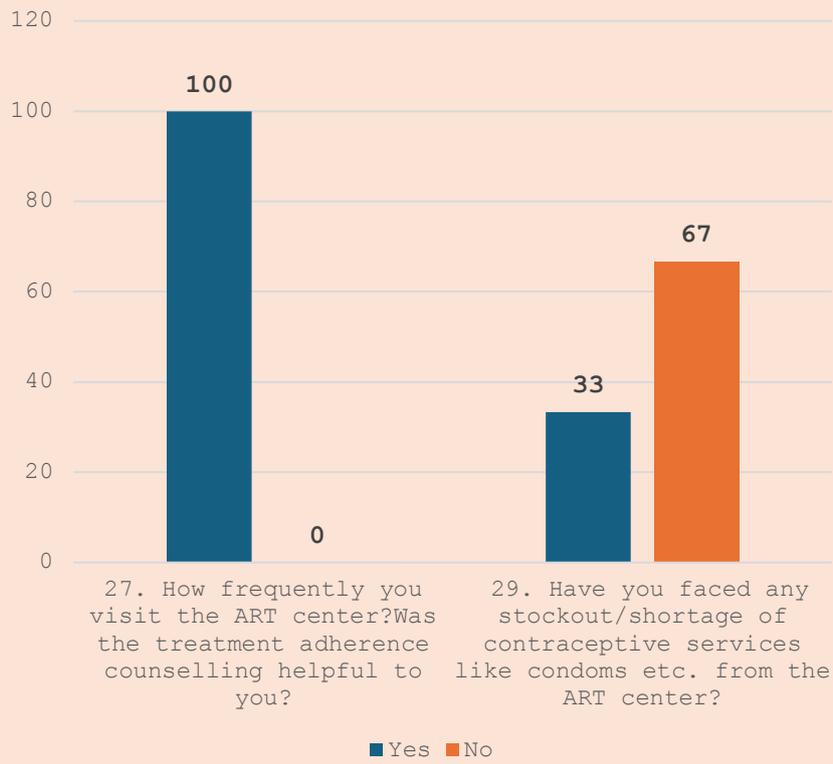
Stigma and Discrimination



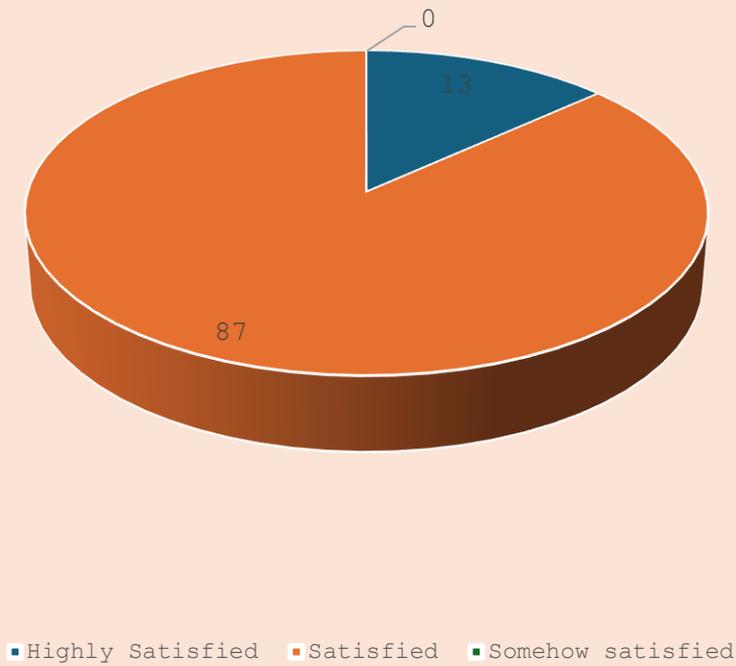
Food and Medical Support



ARVs Adherence Stock out



Overall Satisfaction



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

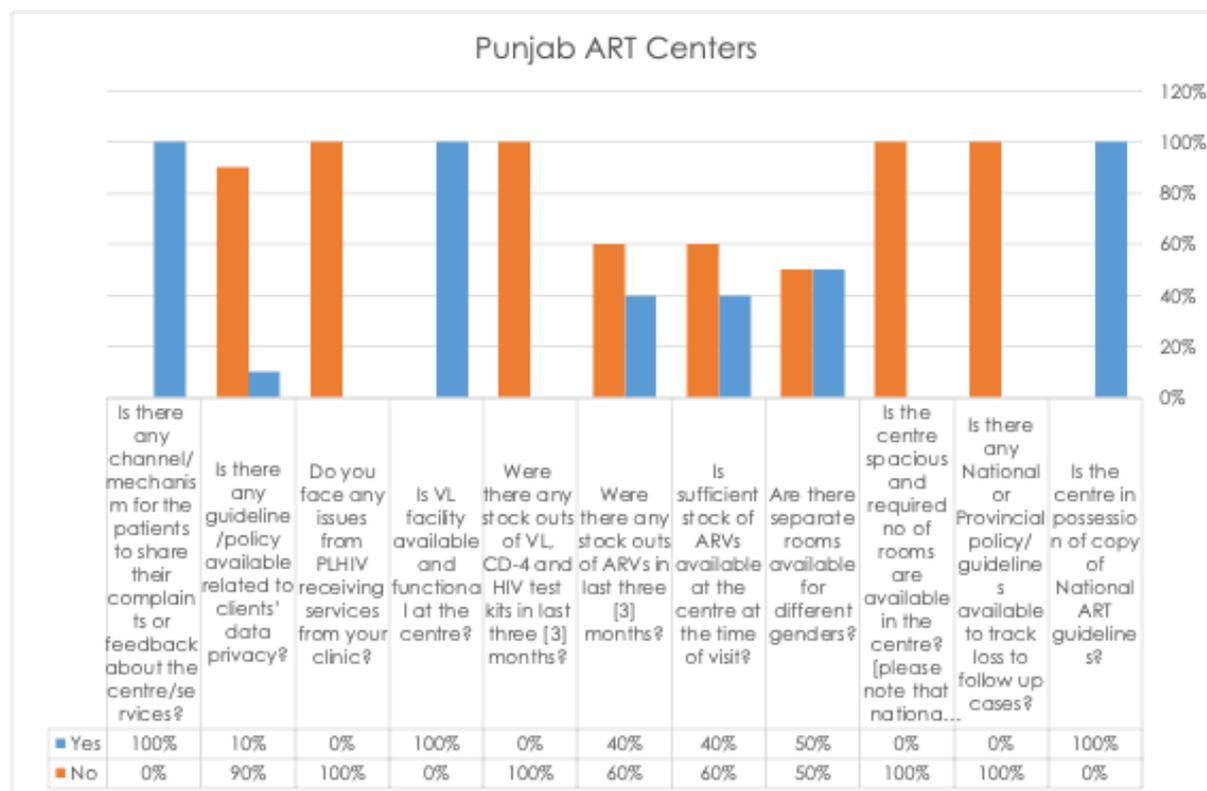
As part of the Community-Led Monitoring initiative, feedback was systematically collected from representatives of ART centers across all four provinces. A total of 24 representatives participated in the assessment, with site visits conducted at 10 ART centers in Punjab, 5 in Sindh, 4 in Khyber Pakhtunkhwa (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:



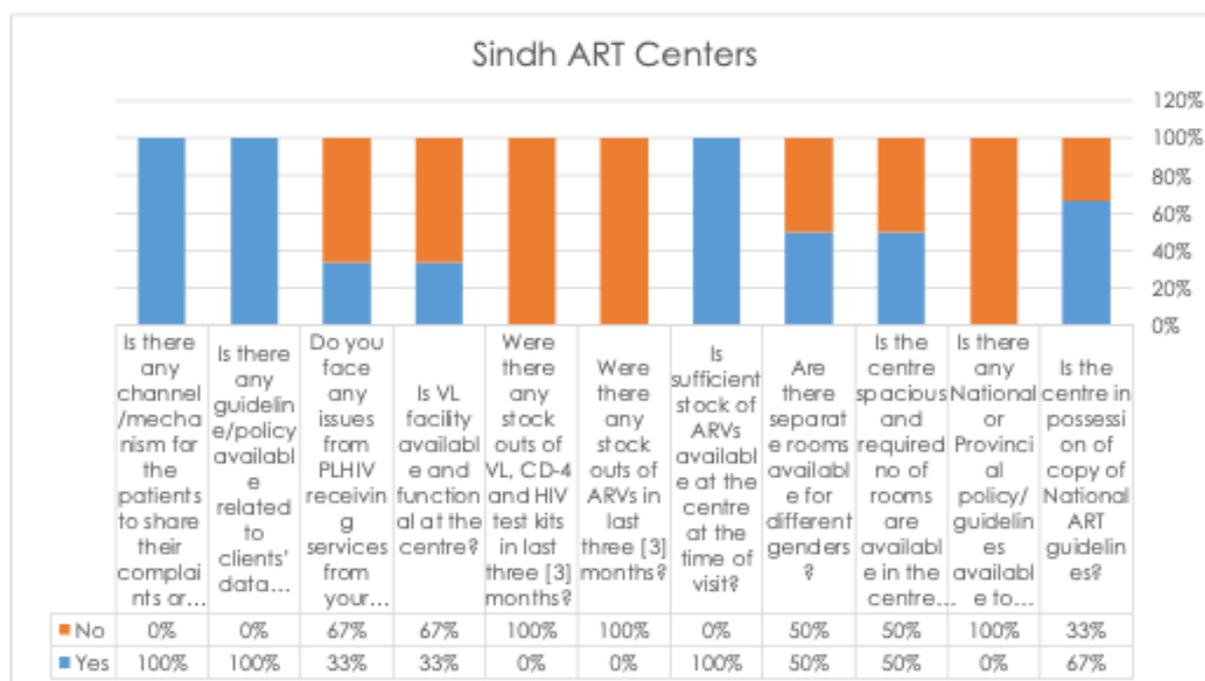
Graph 5.3.1: Service Delivery Assessment of Punjab ART Centers: Key Findings and Challenges

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

Key Findings

- **Guidelines Availability**
 - All centres (100%) have a copy of the National ART guidelines.
 - None of the centres (0%) have national or provincial policies to track loss-to-follow-up cases.
- **Infrastructure**
 - None of the centres (0%) meet the national guideline requirement of having at least three rooms.
 - Only half of the centres (50%) have separate rooms for different genders.
- **Stock and Supplies**
 - Just 40% had sufficient ARV stock at the time of visit.
 - 60% experienced ARV stock-outs in the last three months.
 - All centres (100%) reported no stock-outs of VL, CD-4, and HIV test kits in the last three months.
- **Testing Facility**
 - VL testing is performed through referrals to the central lab at PACP in Lahore.
- **Service Experience**
 - All centres (100%) reported no issues faced by PLHIV while receiving services.
- **Policies and Feedback Mechanisms**
 - Only 10% have guidelines/policies on client data privacy.
 - All centres (100%) have some channel/mechanism for patient complaints or feedback.

5.3.2 Sindh



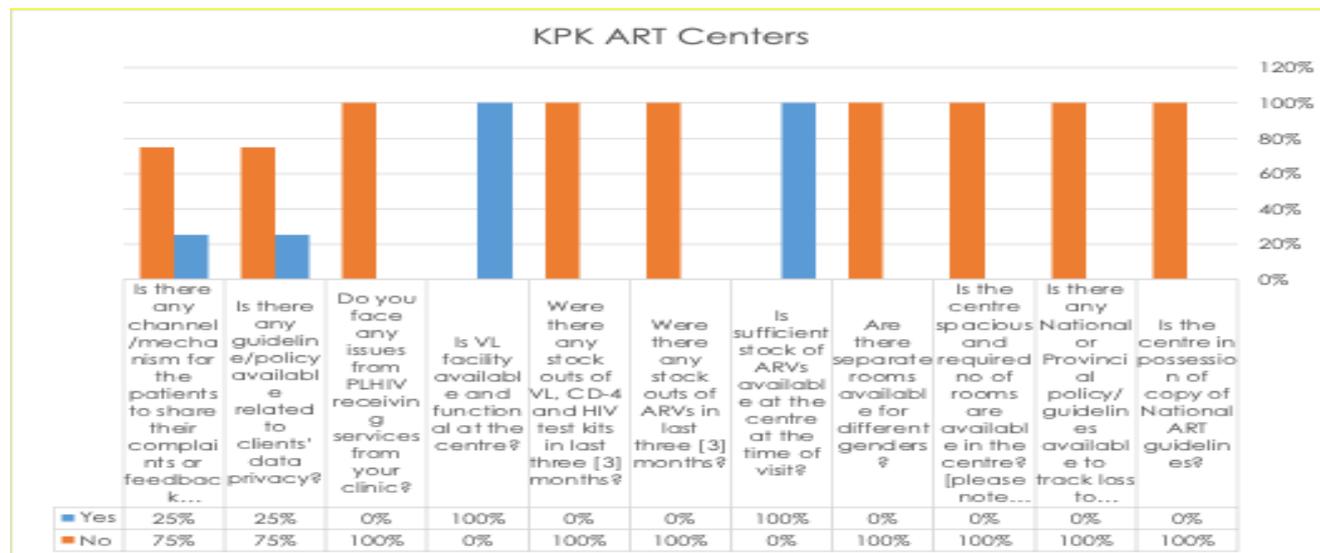
Graph 5.3.2: Service Delivery Assessment of Sindh ART Centers: Key Findings and Challenges

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

Key Findings:

- **Guidelines & Policies**
 - 67% have a copy of the National ART guidelines.
 - None (0%) have guidelines to track loss-to-follow-up cases.
- **Infrastructure**
 - 50% meet the requirement of 3 rooms.
 - 50% have separate rooms for different genders.
- **Stocks & Supplies**
 - 100% reported ARV no stock-outs in the past 3 months.
 - 100% reported no stock-outs of VL, CD-4, and HIV test kits in the past 3 months.
- **Testing & Services**
 - Only 33% have an on-site functional VL facility.
 - While (78%), the remaining VL testing is conducted through referrals at Agha Khan Lab.
- **Policies & Feedback**
 - 100% have data privacy guidelines.
 - 100% have a complaint/feedback mechanism.

5.3.3 KPK:



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

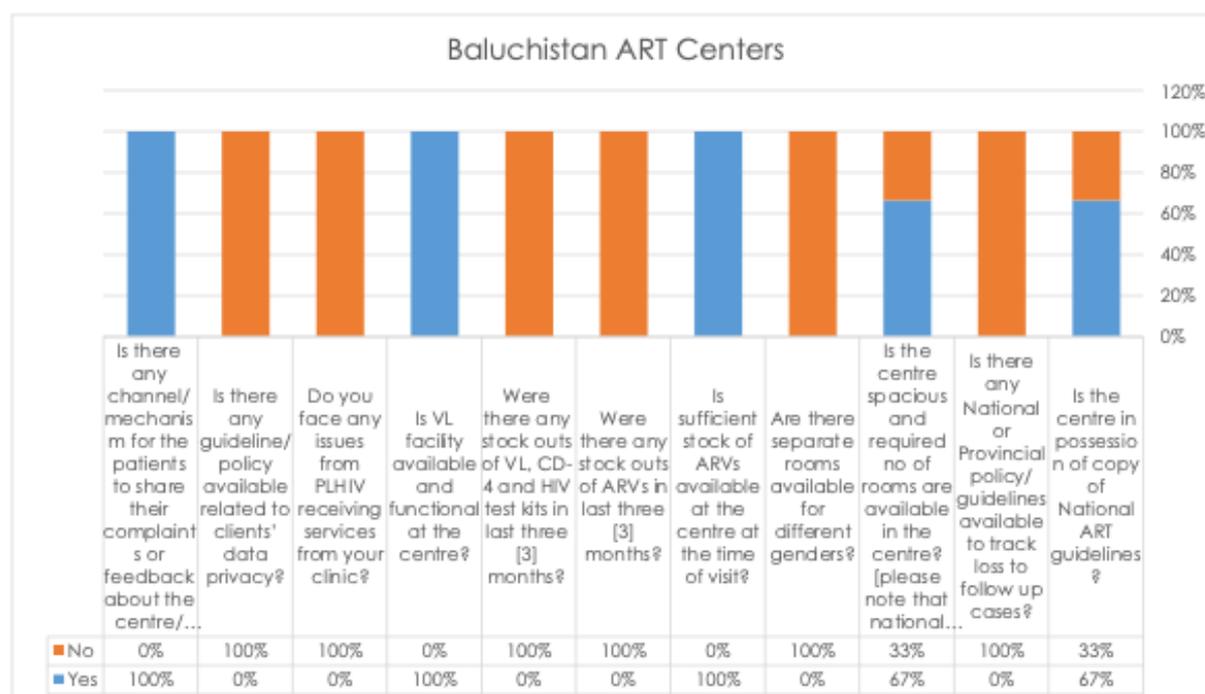
This graph presents an analysis of KPK ART Centers based on key service delivery indicators. The key insights are:

Key Findings

Khyber Pakhtunkhwa (KPK)

- **Guidelines & Policies**
 - 100% centers have a copy of the National ART guidelines.
 - None (0%) have guidelines for loss-to-follow-up cases.
- **Infrastructure**
 - 75% meet the 3-room requirement.
 - 50% have enough room space.
- **Stocks & Supplies**
 - 100% had sufficient ARV stock at the time of visit.
 - All centers (100%) experienced no ARV stock-outs in the past 3 months.
 - All centers (100%) reported no stock-outs of test kits.
- **Testing & Services**
 - 100% have a functional VL facility via referrals.
 - 0% reported issues faced by PLHIV in receiving services.
- **Policies & Feedback**
 - 100% have client data privacy policies.
 - 75% have patient complaints/feedback mechanisms.

5.3.4 Baluchistan:



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

Key Findings

Balochistan

Guidelines & Policies

- 67% centres have a copy of the National ART guidelines.
- None (0%) have guidelines for loss-to-follow-up cases.

Infrastructure

- 67% meet the 3-room requirement.
- None (0%) have gender-specific rooms.

Stocks & Supplies

- 100% had sufficient ARV stock at the time of visit.
- None (0%) reported ARV stock-outs in the past 3 months.
- None (0%) reported stock-outs of test kits.

Testing & Services

- 100% have a functional VL facility via referrals.
- None (0%) reported issues faced by PLHIV in receiving services.

Policies & Feedback

- None (0%) have client data privacy policies.
- All centres (100%) have patient complaints/feedback mechanisms.

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 / MOV

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 3rd Quarter 2025, **a total of 10,321 calls were made**, consisting of **6,671 outgoing calls by the APLHIV staff members from multiple units** and **3,650 incoming calls from individuals utilizing the necessary telephonic services**.

During the reporting period, eight major complaints were recorded through helpline under the complaint management mechanism, the majority of which were promptly resolved through APLHIV's interventions, demonstrating the effectiveness of community accountability in strengthening HIV service delivery. However, the continued non-functionality of the PPTCT facility at PIMS Hospital remains a critical concern, as it denied an HIV-positive pregnant woman essential maternal care, placing both mother and child at risk. Additional complaints regarding ARV shortages and denial of healthcare were addressed and resolved in coordination with relevant authorities. While progress has been made, urgent action is required to restore PPTCT services and ensure systemic safeguards against future service gaps.

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 third 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

Between July and September, the Helpline managed 3,650 calls across three shifts. The majority were received during Shift 01 (2,777), followed by Shift 02 (747) and Shift 03 (126). Monthly trends show steady growth: from 886 calls in July to 1,209 in August, reaching 1,555 in September. The pattern confirms that most callers connect during the first shift, while later shifts also maintain consistent activity.

2. Gender-Wise Call Distribution

From July to September, the Helpline received 3,650 calls. The majority came from male callers (2,882), followed by females (755), and 13 calls from transgender

individuals in September. The steady month-to-month rise, from 886 calls in July to 1,555 in September, shows both growing demand for the service and the importance of expanding outreach to women and transgender communities.

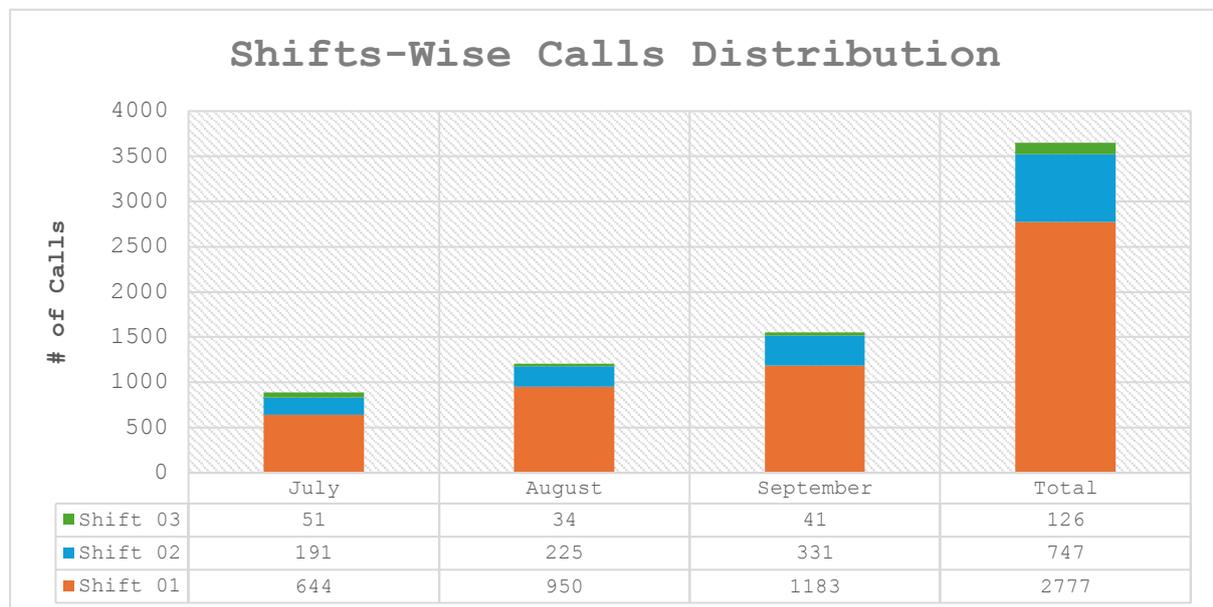
3. Province-Wise Call Distribution

Between July and September, the Helpline received 3,650 calls from across Pakistan. Khyber Pakhtunkhwa recorded the highest share with 1,302 calls, followed by Punjab (1,230) and Sindh (771). Smaller but notable engagement came from the Federal areas (216), Baluchistan (72), AJK (55), and Gilgit-Baltistan (4). The steady increase across most regions reflects growing awareness, while also pointing to provinces like Baluchistan and GB, where more targeted outreach is needed.

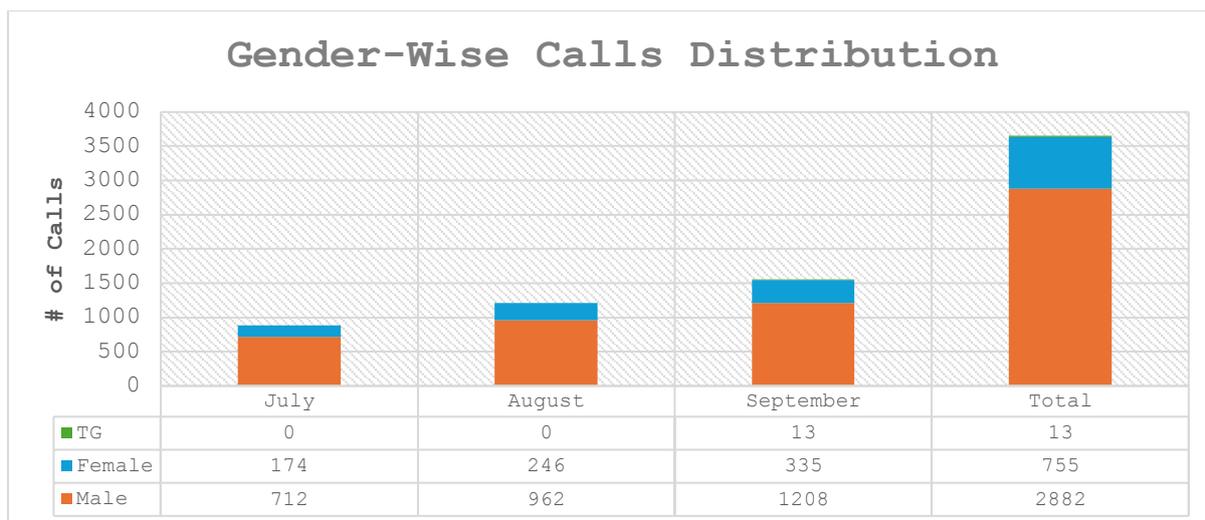
4. Service Type Distribution

From July to September, the Helpline provided 3,892 services. The majority were related to information on care and support services (2,386), followed by referral services (518) and counseling on HIV testing (306). Basic information about HIV accounted for 287 calls, while 90 sought guidance on PEP/PrEP, and smaller numbers were recorded for condom use (3), syringe exchange (10), and HBV/HCV (10). Notably, “Other” inquiries grew significantly over the quarter, totaling 242. The data shows that while most callers rely on the Helpline for care and support information, demand is diversifying as the service becomes more widely used.

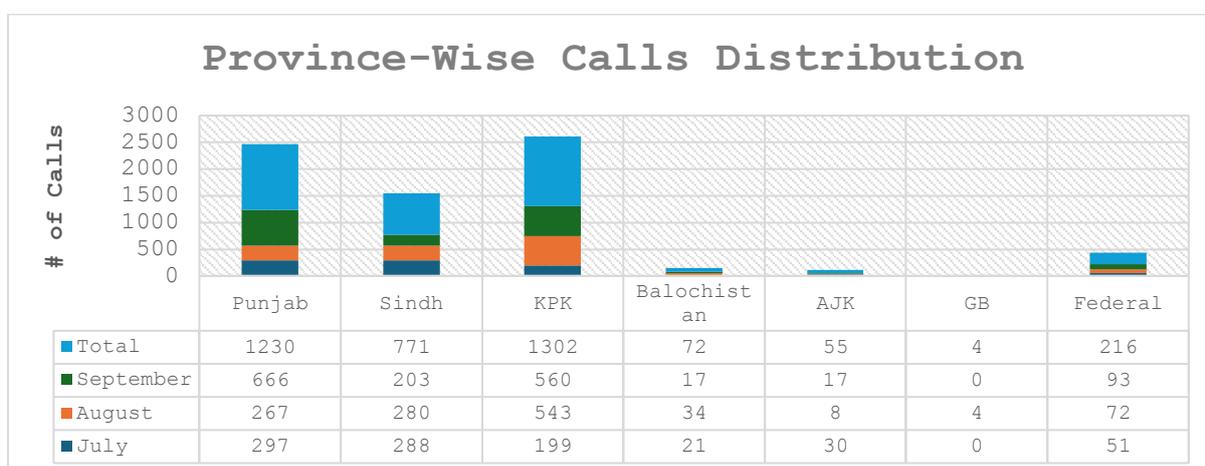
Annexure 4: Graphical findings of Helpline Services:



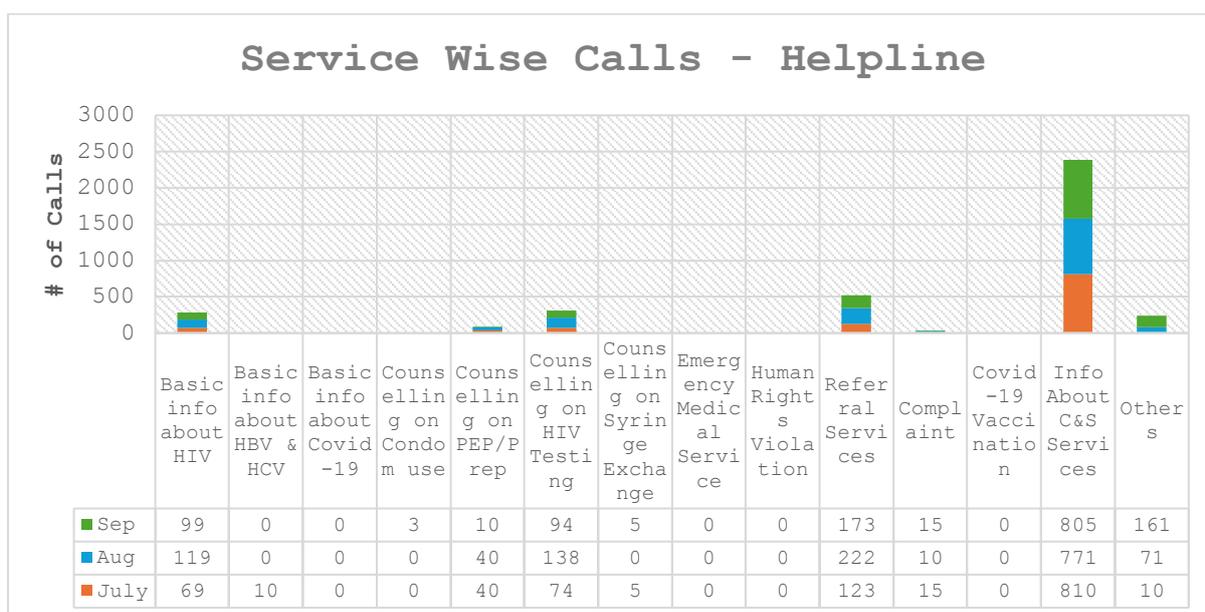
Graph 4.1: Incoming Summary - Shifts Calls Distribution



Graph 4.2: Incoming Summary – Gender-Wise Calls Distribution



Graph 4.3: Incoming Summary – Province-Wise Call Distribution



Complaints and Redressal:

During the reporting period, eight (8) major complaints were documented through the helpline under the Complaint Management Mechanism. With timely follow-up and coordination by the APLHIV team, these complaints were addressed and resolved, demonstrating the effectiveness of community monitoring in strengthening accountability and improving service delivery for People Living with HIV (PLHIV).

However, one critical issue remains unresolved. The Prevention of Parent-to-Child Transmission (PPTCT) facility at PIMS Hospital has been non-functional due to administrative challenges. As a result, the HIV-positive pregnant women were denied essential maternal care and forced to deliver at a private hospital. With her HIV status likely undisclosed in that setting, the risk of HIV transmission was significantly increased, and her right to safe, stigma-free care was compromised. Although a written complaint was formally submitted, no corrective action has been taken to date.

In addition, several complaints were received in Q3 regarding shortages of antiretroviral medicines (ARVs) and instances of denial of healthcare services. These were promptly escalated by the APLHIV team and resolved through coordination with relevant authorities, resulting in the restoration of ARV supplies and improved patient access.

The successful resolution of most complaints underscores the value of CLM in addressing service gaps. Nonetheless, the continued non-functionality of the PPTCT facility at PIMS highlights the urgent need for systemic reforms.

Recommendations:

1. Immediate restoration of PPTCT services at PIMS Hospital to ensure uninterrupted maternal and child health care for HIV-positive women.
2. Clear accountability mechanisms within CMU and PACPs to address unresolved complaints in a timely manner.
3. Strengthened ARV supply chain management to prevent future stockouts and ensure uninterrupted treatment.
4. Enhanced grievance redressal mechanisms so that complaints raised by PLHIV are acted upon promptly and transparently.
5. Regular oversight by CMU and MoH (Ministry of Health) to ensure that administrative barriers do not compromise lifesaving services.

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 have 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 a 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 / MOV

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** ensures continuous improvement.

4. BRIEF ANALYSIS OF PROVISION OF LIVING SUPPORT

The planned distribution of 4,500 ration bags in the third 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.

Food support for 4,500 PLHIV has been halted by the CMU; APLHIV teams will resume the activity as soon as distributions restart, ensuring continuity of support.