



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 4, 2025 (October – December)

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.

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Thanks to the helpline staff for their 24/7 services 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 January 2026

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:

This Quarterly Analysis Report presents the findings of APLHIV's Community-Led Monitoring (CLM) activities, Toll-Free Helpline operations, implemented during the fourth quarter of 2025 (October–December) under the Global Fund GC-7 grant. The report reflects APLHIV's continued role as a community-led Sub-Recipient supporting accountability, service quality, and access to HIV treatment, care, and support services across Pakistan, despite operational and financial constraints experienced during the reporting period.

Under the CLM component, APLHIV exceeded its quarterly target by visiting 25 ART centres against a planned target of 21, achieving 119% coverage. Feedback was collected from 124 beneficiaries, including men, women, and transgender individuals, across Punjab, Sindh, Khyber Pakhtunkhwa, Baluchistan, ICT, and AJK. The assessment, guided by the AAAAQ framework, highlighted strong performance in ARV availability, confidentiality, and staff behaviour in most regions. However, persistent gaps were identified in infrastructure adequacy, availability of laboratory staff, loss-to-follow-up tracking systems, client data privacy policies, and referral readiness for services such as PMTCT, EID, viral load sample collection, and transgender-specific care, particularly in Baluchistan and parts of Punjab and Sindh.

The Toll-Free Helpline (0800-22209) remained operational as a key platform for information, counselling, referrals, complaint management, and LTFU tracking. During Q4 2025, the Helpline received 1,850 calls against a quarterly target of 2,300, achieving **80 percent** of the planned target. The **20 percent shortfall was mainly due to delayed fund disbursement, which led to nonpayment of PTCL bills and the temporary suspension of incoming and outgoing calls.** Funds were received in mid-November, partway through the quarter, allowing services to resume. A total of **10 complaints were received through the complaint management mechanism.** All complaints were investigated, processed, and addressed by the National Coordinator through coordination with the relevant facilities and authorities.

Overall, the findings demonstrate APLHIV's continued commitment to community-led monitoring, service linkage, and accountability within the national HIV response. While **strong progress was observed in ART centre coverage, complaint resolution, and rights-based service delivery, the report highlights ongoing structural gaps in infrastructure, referral systems, nutritional support, and uninterrupted clinical services.** Addressing these issues through timely fund disbursement and the release of supplies for ART centers is of utmost importance and requires special attention.

Approval processes should be simplified and decentralized to ensure the timely provision of essential medicines and supplies. The VL testing mechanism with Aga Khan is no longer in place, and there is a **clear lack of information and guidance at the ART center and provincial program level on how continuity of VL testing will be ensured.** In AJK, **VL services are currently unavailable due to administrative issues, despite the availability of a CUBAS machine.** Additionally, the **VL machine at PIMS has been out of order for a long time and urgently needs repair.** Stronger coordination with CMU and PACPs, along with focused system improvements, is needed to ensure equitable, uninterrupted, and high-quality HIV services across Pakistan.

2. INTRODUCTION AND BACKGROUND:

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

Under the Global Fund Grant and under the guidance of the Principal Recipient (PR), NACP/CMU, APLHIV is responsible for delivering Community-Led Monitoring (CLM) of HIV treatment centers across Pakistan, along with operating helpline services to provide information, counselling, advice, referral support, linkages with treatment cascade, tracking, preparing, and relinking LTFU cases with treatment and complaint management for PLHIV and affected communities. This initiative aims to address issues related to access and use of HIV treatment, care, and support services, addressing human rights, gender based, and other barriers in accessing HIV treatment services, thereby enabling the program to comprehend and respond to the significant challenges encountered by people living with HIV (PLHIV) and key populations (KPs) while accessing services. This is achieved through regular feedback from clients and service providers and by delivering services to communities in need by providing basic information, advice, counselling support, referrals, relinkages with treatment, care, and support, and a complaint management mechanism facilitated by a 24-hour helpline service. Furthermore, the APLHIV provides HIV treatment adherence counselling and tracks cases of loss to follow-up, facilitating re-linkage with treatment 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 on Antiretroviral Therapy (ART) Centers undertaken by APLHIV, focusing on feedback collected from both PLHIV beneficiaries and service providers, alongside insights generated through the 24/7 helpline services. The purpose of this monitoring effort is to assess the effectiveness of ART Centers in delivering services to PLHIV and to gather input from both representatives of ART Centers and beneficiaries.

Section-1

Community-Led Monitoring Report

HIV Treatment (ART) Centers

1. OBJECTIVE

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

a) SCOPE OF WORK: The focus/scope of the monitoring of ART Centers is as listed below: -

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

2. METHODOLOGY

During the **fourth 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 PLHIV.

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

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

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

“APLHIV visited 25 ART centers, surpassing the target of 21 centers and achieving 119% against the set target.”

Feedback was gathered from 124 beneficiaries representing diverse demographic groups, including men, women, and transgender individuals.

25 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.

3. BRIEF ANALYSIS OF THE INFORMATION GATHERED

During the reporting period, monitoring teams visited **25 ART** centers and engaged directly with 124 beneficiaries to assess service quality and patient experiences. **Due to funding cuts, the number of visits and beneficiary engagements was reduced compared to the originally planned targets.**

Region	ART Centers Visited	Male Beneficiaries	Female Beneficiaries	Transgenders Beneficiaries	Total Number of Beneficiaries Engaged
1. Punjab	10	33	12	5	50
2. Sindh	6	20	10	0	30
3. KPK	4	12	7	1	20
4. Baluchistan	3	12	3	0	15
5. Islamabad	1	2	3	0	5
6. AJK (Muzaffarabad)	1	3	1	0	4
Grand Total	25	82	36	6	124

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

a. 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 25 representatives participated in the assessment, with site visits conducted at 10 ART centers in Punjab, 6 in Sindh, 4 in Khyber Pakhtunkhwa (KP), 3 in Baluchistan, 1 in ICT, and 1 in AJK.

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

- i. ART center operational protocols
- ii. Treatment methodologies
- iii. 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).

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

A total of **124 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:

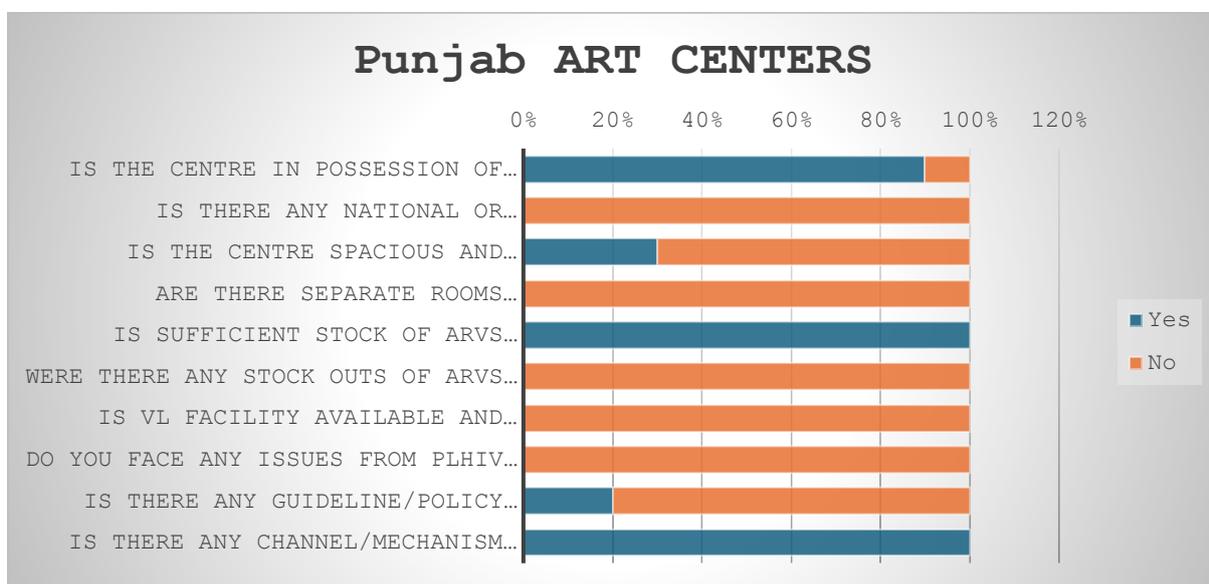
- i. Availability and Accessibility
- ii. Staff Availability and Behavior
- iii. Confidentiality
- iv. Available Facilities / Viral Load
- v. Viral Load Testing
- vi. Staff Readiness for support in linkages and referral services
- vii. Availability of ARVs & Contraceptives
- viii. Stigma and Discrimination
- ix. Overall Satisfaction of the Beneficiaries

4. Province/Region-Wise Facilities Assessment & Beneficiaries Feedback Analysis

a. Punjab:

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

I. Analysis – ART Centers Assessment



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:

In Punjab, most ART centers (90 percent, 9 out of 10) had copies of the National ART Guidelines. However, none had national or provincial policies or guidelines to track loss to follow-up cases. Infrastructure gaps were observed, as only 30 percent of centers (3) met the minimum requirement of at least three rooms, and none of the ART centers had separate rooms for different genders.

All centers reported sufficient ARV stock at the time of the visit, with no stock-outs in the past three months. None of the centers had functional on-site viral load facilities; instead, blood samples were collected and sent to PACP's labs in Lahore. Staff reported no difficulties in providing services to PLHIV. Only 20 percent of centers (2) had guidelines or policies on client data privacy. All centers (100 percent) reported having an APLHIV mechanism in place to receive patient complaints or feedback.

II. Analysis – Feedback from Beneficiaries

Key Findings:

Availability:

Availability of services varied across ART centers in Punjab. ARV medicines were consistently available, with 100 percent of respondents reporting no ARV stock-outs. However, 20 percent reported stock-outs of contraceptives. Gaps were noted in human resource availability. Counselors were present during visits for 84 percent of beneficiaries, while 16 percent reported their absence. Laboratory staff availability was lower, with 70 percent confirming their presence and 30 percent indicating that lab staff were not available during their visit.

In terms of clinical staffing, 90 percent of beneficiaries confirmed the presence of a dedicated HIV physician at their ART center, while 10 percent reported that no physician was available.

Accessibility:

Physical access to ART services was generally strong. All respondents (100 percent) reported that ART center locations were easy to reach and that opening hours were convenient. Viral load testing was available through referral mechanisms, with all respondents confirming that blood samples were collected and sent to PACPs for testing.

Despite this availability, access to routine monitoring remained limited. Only 32 percent of beneficiaries reported having undergone viral load testing in the past six months, while 68 percent had not. This suggests challenges in timely uptake rather than the absence of services

Affordability:

In Punjab, the affordability of accessing ART services in terms of time and cost shows a moderate burden on beneficiaries. On average, beneficiaries reported a travel time of about 55 minutes to reach ART centers. The transportation cost ranged from PKR 100 to PKR 3,000, representing a noticeable out-of-pocket expense for PLHIV. Although ART services are provided free of charge, travel time and transportation costs remain important affordability concerns for beneficiaries in Punjab.

Acceptability:

Acceptability of services at the **ART centers was generally high**, though not consistent across all areas. All respondents (100 percent) reported that staff were friendly and respectful. **Confidentiality** was largely maintained, with 98 percent confirming that privacy was respected during ART consultations and blood sample collection.

However, stigma-related issues persist in general. Nearly one quarter of beneficiaries (24 percent) reported experiencing stigma or discrimination while receiving services, while 76 percent reported no such experiences. Satisfaction with staff attitude reflected the same pattern, with 76 percent satisfied and 24 percent dissatisfied. **Beyond ART centers, access to stigma-free care remains a concern, as 20 percent reported being refused hospitalization and 24 percent reported being denied other health services due to their HIV status.**

Quality:

Quality of care indicators showed both strengths and gaps. Counseling services were positively rated, with 98% of beneficiaries reporting that they received education on ARV side effects and found adherence counseling helpful. However, the depth of counseling was inconsistent. A majority (58%) reported not receiving practical ART adherence methods, and 42% felt that counseling time was insufficient.

Physician availability during visits also affected perceived quality, with only 70% confirming the HIV physician was available at the time of their visit.

Staff readiness for linkage and referral services revealed uneven quality. While administrative referrals performed better, including readiness to link beneficiaries to APLHIV support systems such as the toll-free helpline and complaint management mechanism, critical gaps were identified in clinical referrals. Readiness was particularly low for violence prevention services, viral load sample collection sites, transgender hormonal services, Early Infant Diagnosis, and Prevention of Mother-to-Child Transmission, limiting continuity of care.

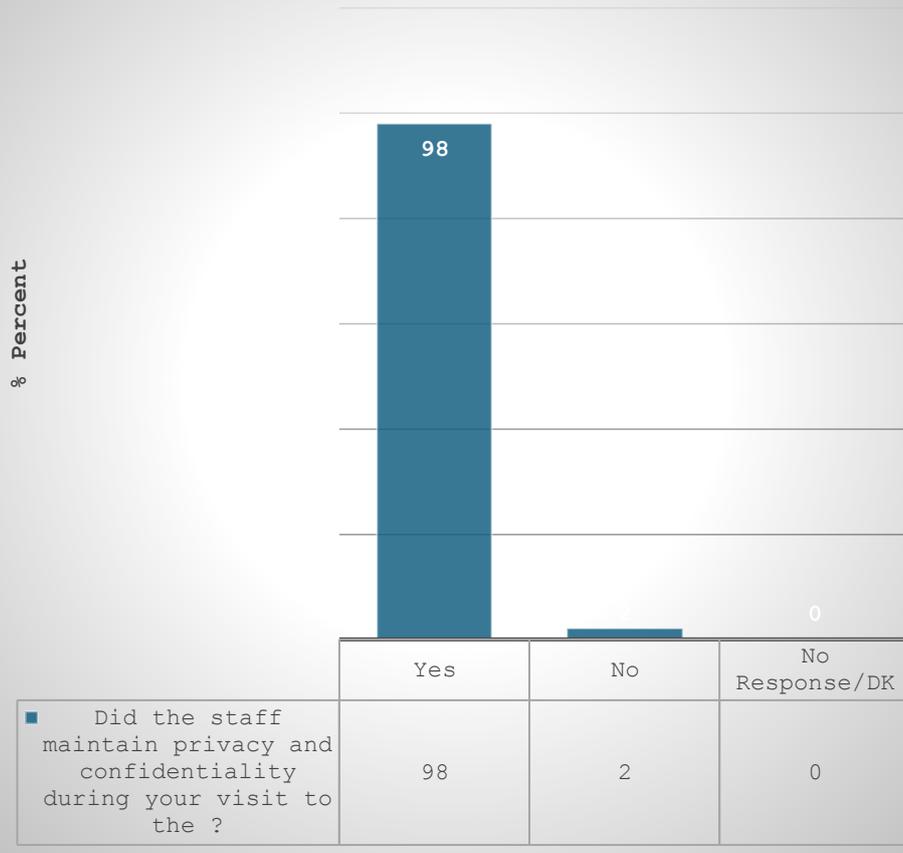
Overall Satisfaction:

Overall satisfaction with ART services in Punjab was positive but moderate. More than half of the beneficiaries (54%) reported being satisfied, while 46% were somewhat satisfied. No respondents reported dissatisfaction. This indicates that while services are functioning, improvements in staffing consistency, counseling depth, referral linkages, and stigma-free care could help shift beneficiaries toward higher satisfaction levels.

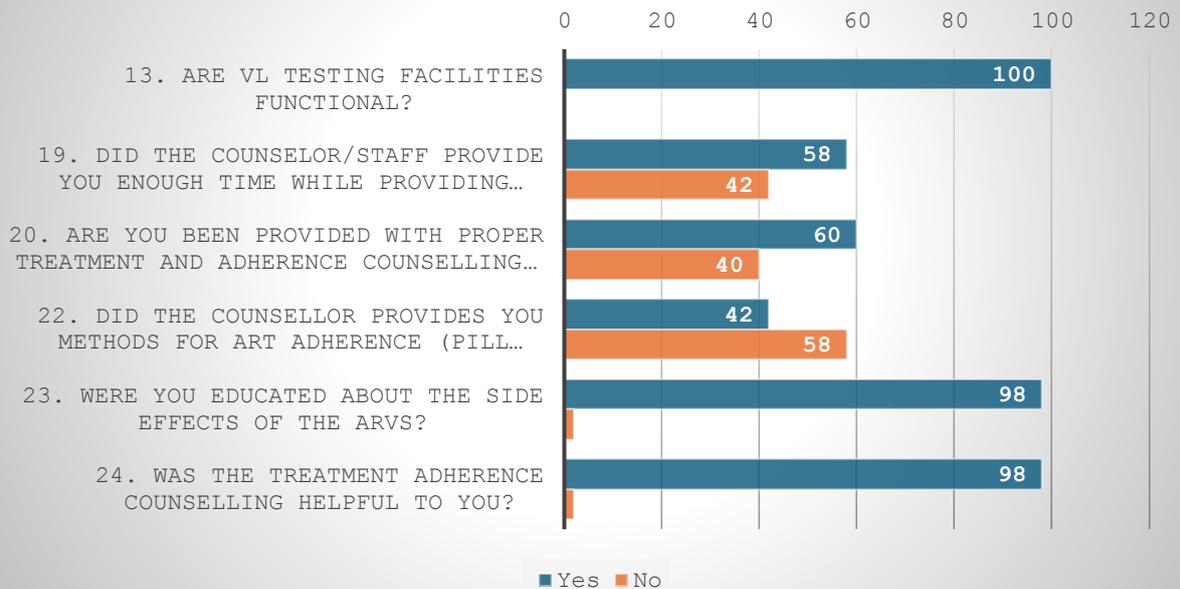
Annexure a (II): Graphical findings, Feedback from Beneficiaries (Punjab)



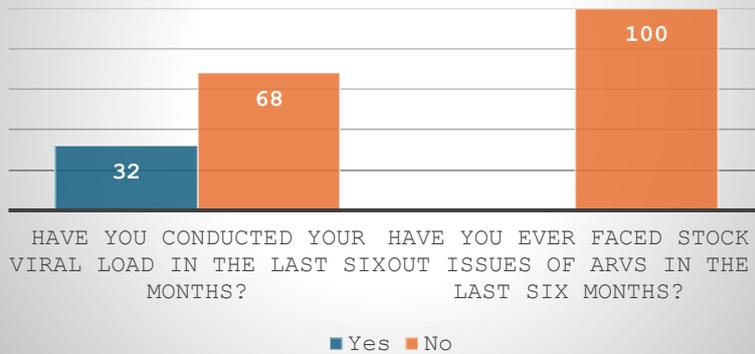
Confidentiality - Punjab



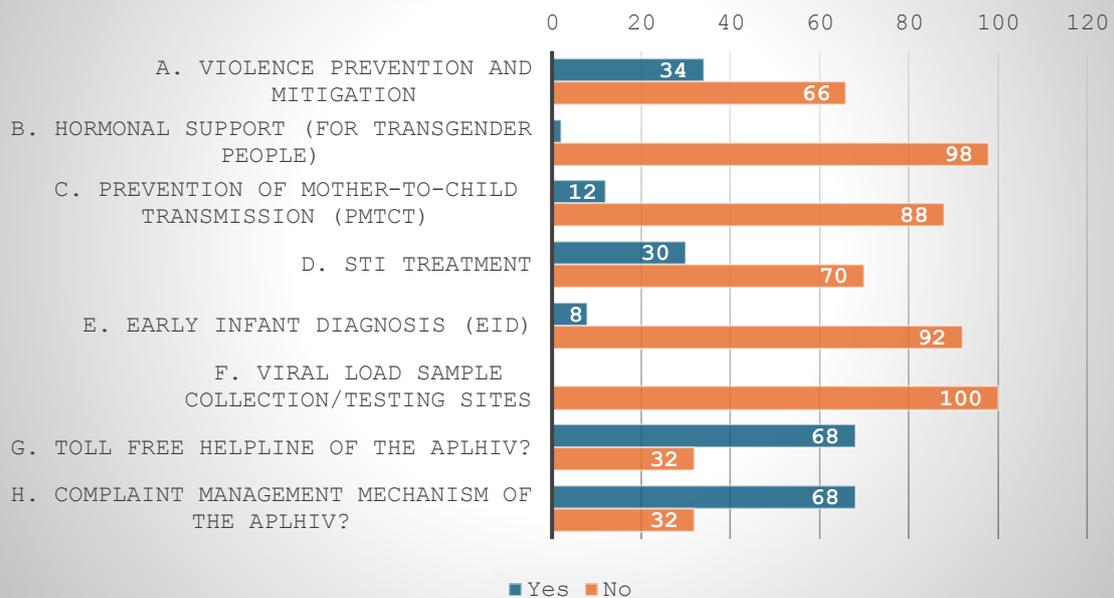
Available Facilities / Viral Load - Punjab



Viral Load Testing - Punjab



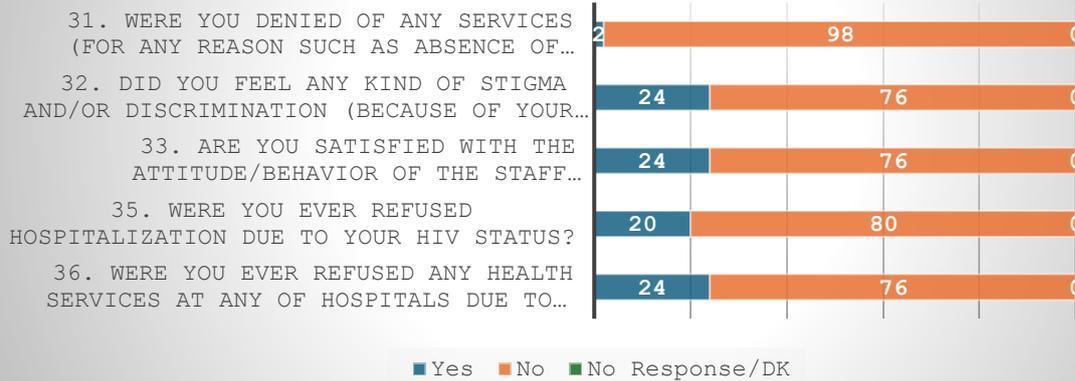
Staff readiness to Support for Referral Services - Punjab



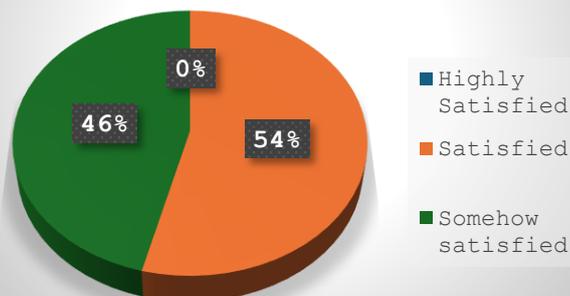
ARVs Adherence Stock out - Punjab



Stigma and Discrimination - Punjab



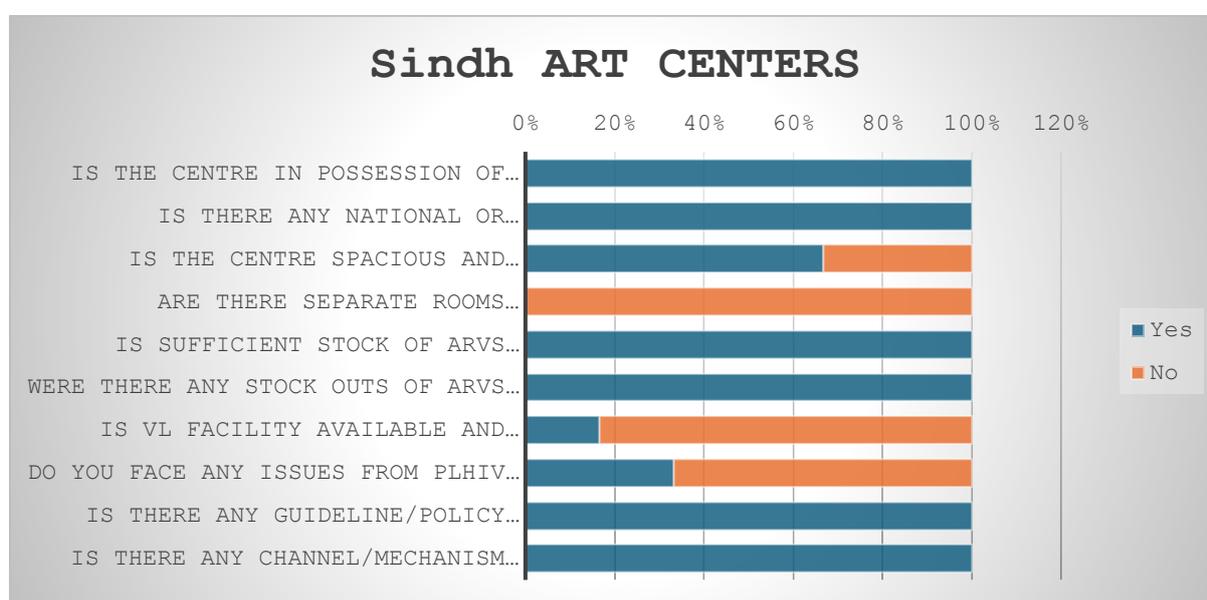
Overall Satisfaction - Punjab



b. Sindh

This report critically evaluates key performance indicators across **6 ART Centers**, involving **4** staff representatives from the ART centers, and a cohort of 30 beneficiaries in Sindh, to assess the effectiveness of HIV services. The analysis primarily focuses on service availability, staff performance, patient satisfaction, medical support, and adherence to treatment protocols. The findings, which are derived from the graphical representations provided, reflect both strengths and areas in need of enhancement within the delivery of ART services.

I. Analysis – ART Centres Assessment



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

Key Findings:

All assessed centres in Sindh (100 percent, 6 out of 6) reported having copies of the National ART Guidelines and policies or guidelines to track loss to follow-up cases. Two-thirds of the centres (67 percent, 4) were spacious enough to meet national standards, but had no separate rooms for different genders.

ARV availability remained strong, with all centres reporting sufficient stock at the time of visit and no ARV stock-outs in the last three months. However, only 17 percent of centres (1) had a functional **on-site VL facility** (*Indus Hospital Karachi*), while 83 percent reported the absence of on-site services but via referral to a private lab. Issues from PLHIV receiving services from the clinic were reported in 33 percent of centres (2). All centres had data privacy guidelines in place and APLHIV functional complaint or feedback mechanisms.

II. Analysis – Feedback from Beneficiaries

Key Findings:

Availability:

Service availability across ART centers in Sindh was consistently strong. All respondents (100%) reported that counselors, laboratory staff, and physicians were available during their visits. Dedicated HIV physicians were present and accessible at all centers. In addition, **ARVs and contraceptives** were fully available, with no stock-outs reported by any beneficiary (100%) during the reporting period.

Accessibility:

All respondents (100%) confirmed that the ART center operating hours were convenient, and the locations were easy to reach. Referral-based access to viral load testing through Aga Khan Laboratory services was functional for all beneficiaries. However, accessibility gaps were noted in referral-linked services, particularly for PMTCT, EID, transgender hormonal services, and viral load sample collection support, which limited effective linkage to comprehensive care.

Acceptability:

The findings reflect a highly acceptable service environment. All respondents (100%) reported respectful, friendly, and supportive staff behavior. Confidentiality was strictly maintained during treatment consultations and blood sample collection, with 100% confirmation from beneficiaries. No stigma or discrimination was reported, and no cases of service denial, hospitalization refusal, or differential treatment due to HIV status were identified.

Quality:

Quality of care indicators showed strong performance in core ART services. All beneficiaries (100%) received proper treatment counseling, adherence support, education on ART side effects, and found counseling services helpful. Viral load testing coverage showed progress, with 73% of beneficiaries reporting testing within the last six months. However, gaps remain in ensuring timely viral load testing for all PLHIV in line with national guidelines.

Staff readiness for linkage and referral support showed uneven quality. While 67% reported staff readiness for violence prevention services, readiness was considerably lower for PMTCT (17%), EID (27%), STI treatment (43%), transgender hormonal services (33%), and beneficiaries not referred/supported for viral load sample collection (27%). Notably, all of the respondents (100%) reported the availability of the APLHIV toll-free helpline or a functional complaint management mechanism at ART centers.

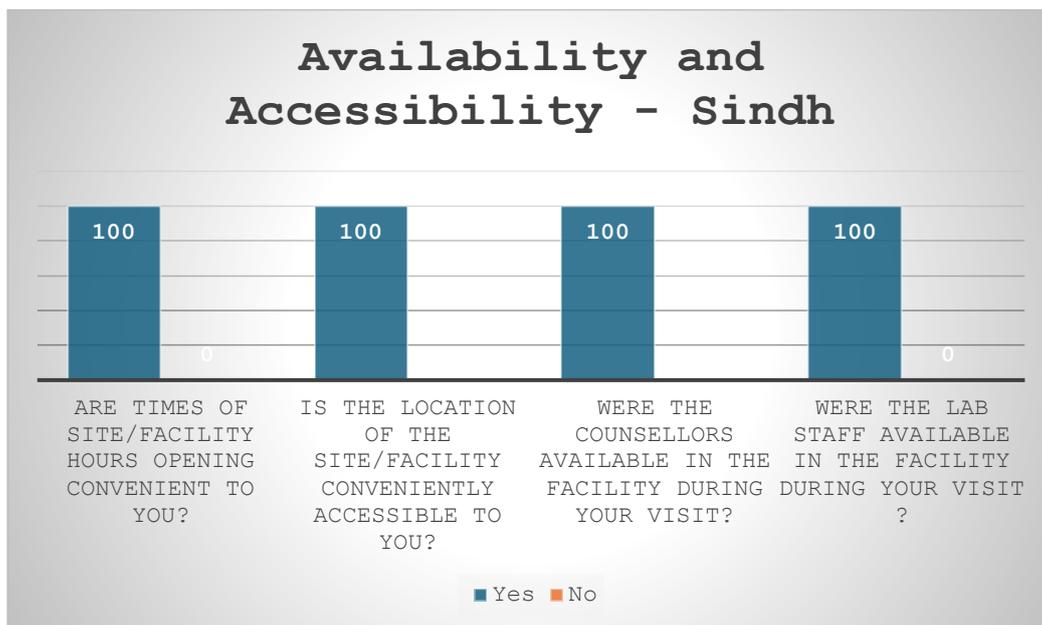
Affordability

On average, beneficiaries spend about 70 minutes traveling to reach the ART center and incur a transport cost ranging from PKR. 230 to PKR. 5,000 per visit, indicating a notable time and financial burden associated with accessing ART services.

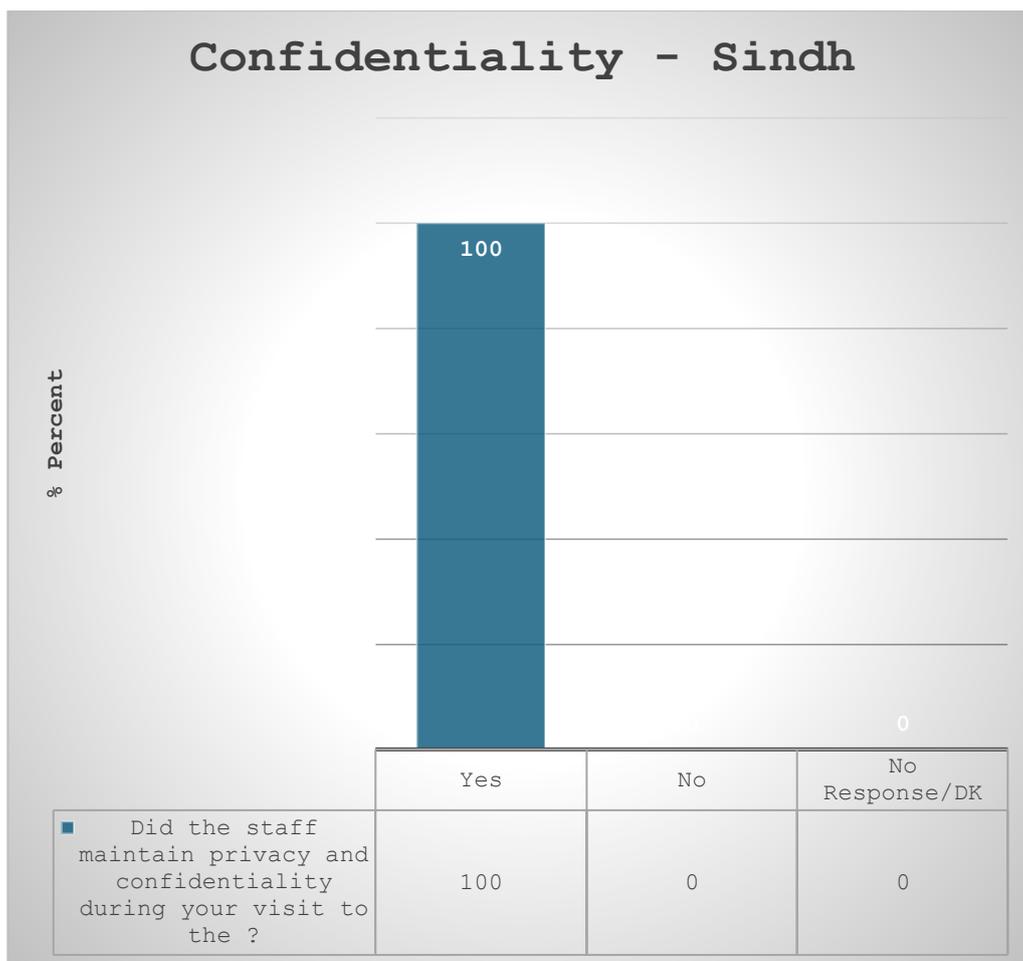
Overall Satisfaction

Overall satisfaction with ART services in Sindh was exceptionally high. All respondents (100%) reported being "Highly Satisfied" with the services received. No cases of partial satisfaction or dissatisfaction were recorded during the reporting period.

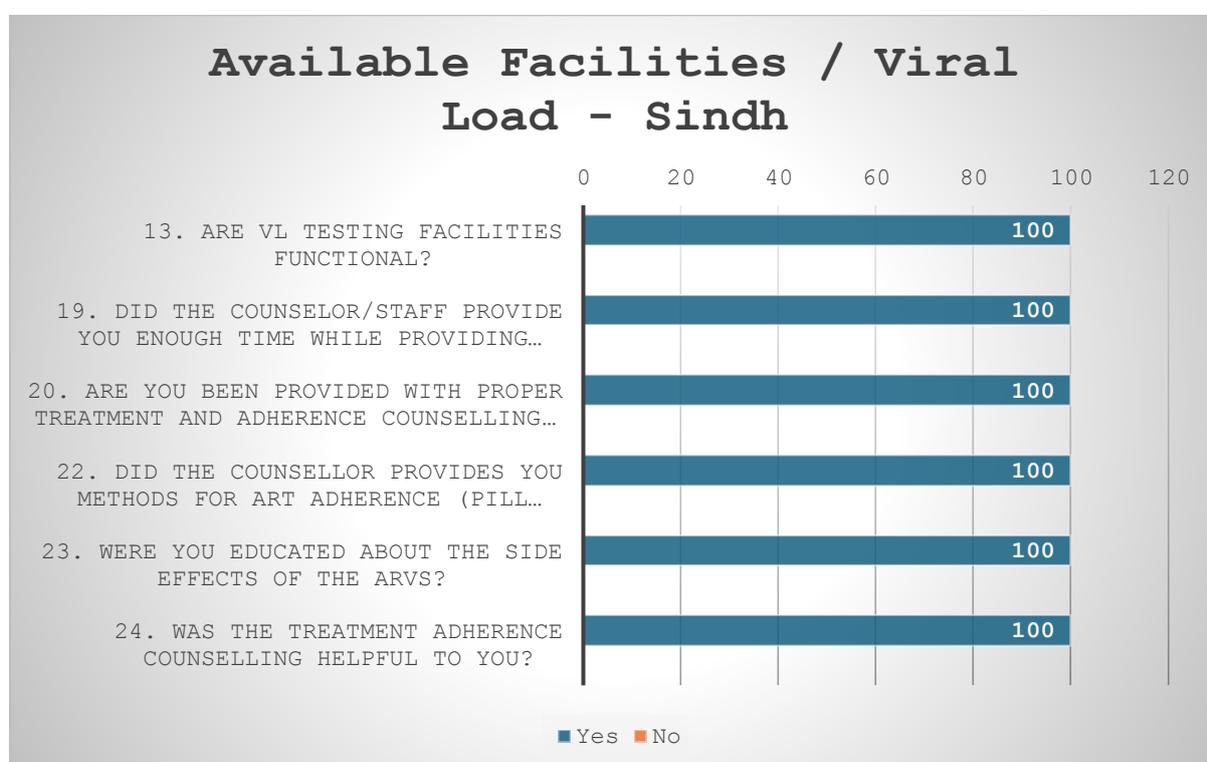
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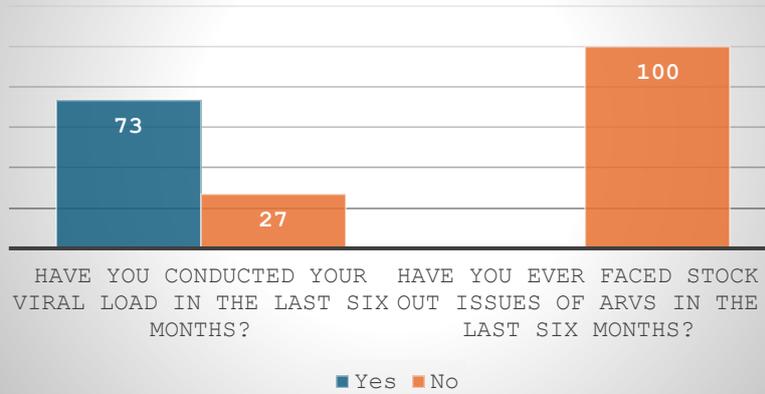
Confidentiality - Sindh



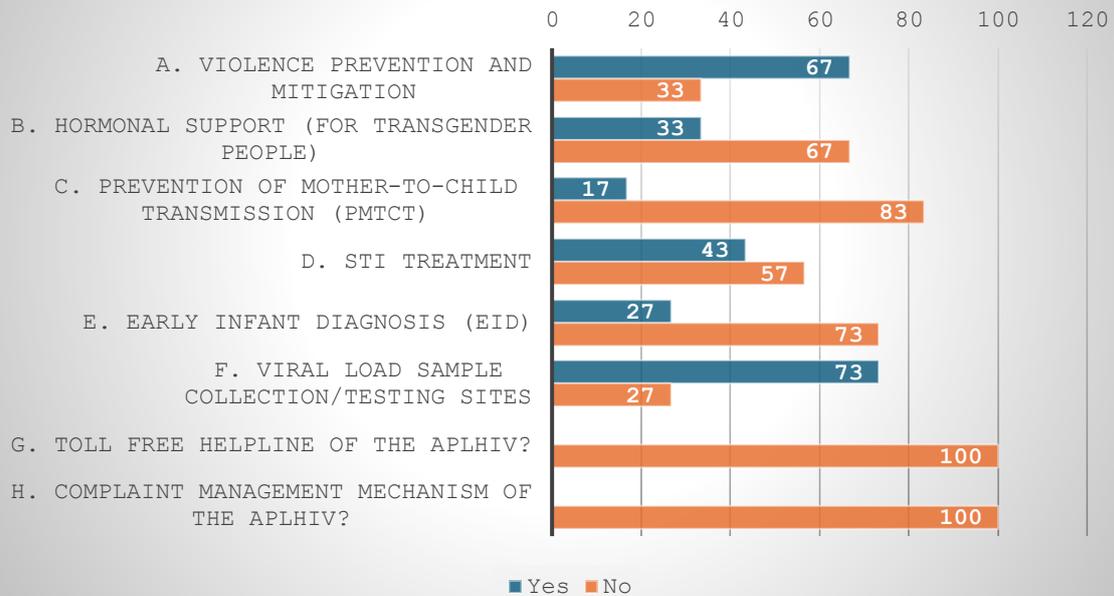
Available Facilities / Viral Load - Sindh



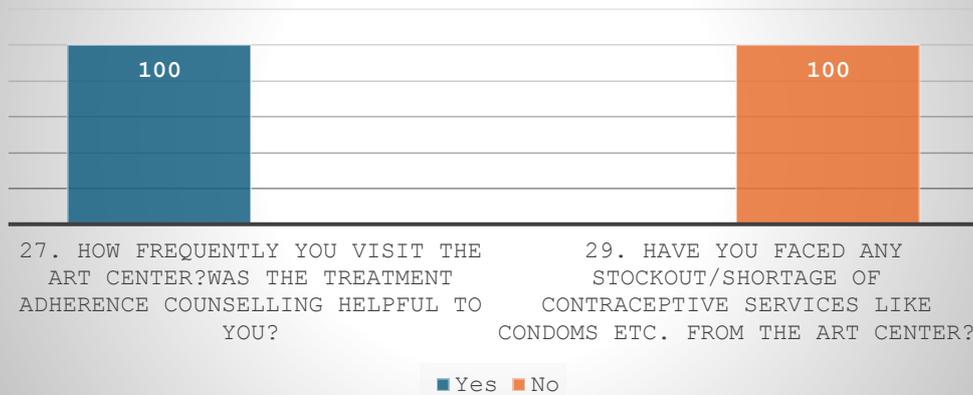
Viral Load Testing - Sindh



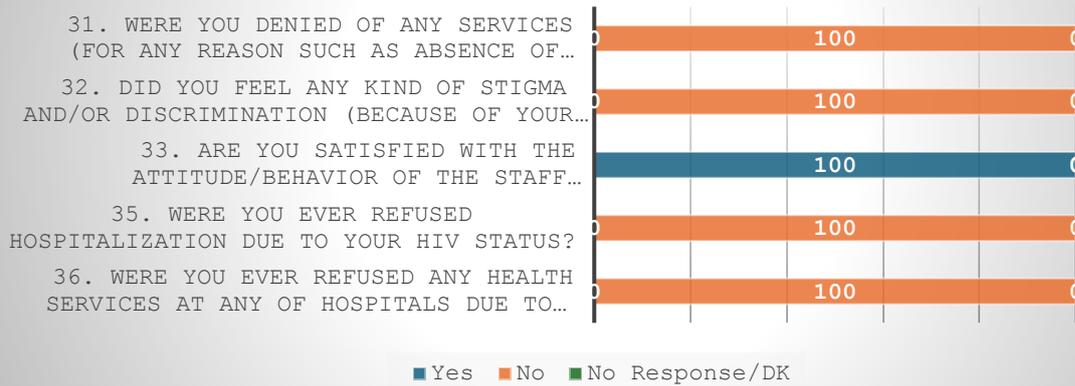
Staff Readiness to Support for Referral Services - Sindh



ARVs Adherence Stock out - Sindh

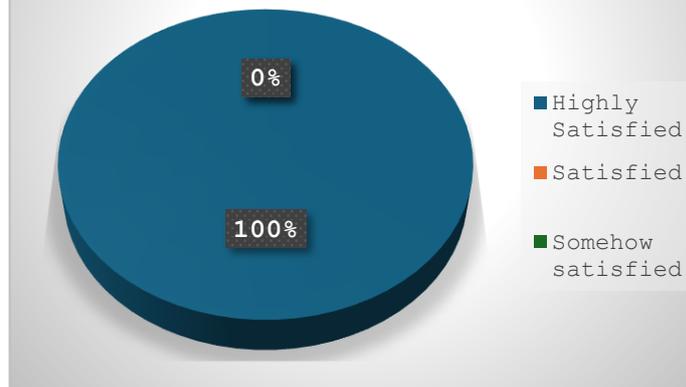


Stigma and Discrimination - Sindh



■ Yes ■ No ■ No Response/DK

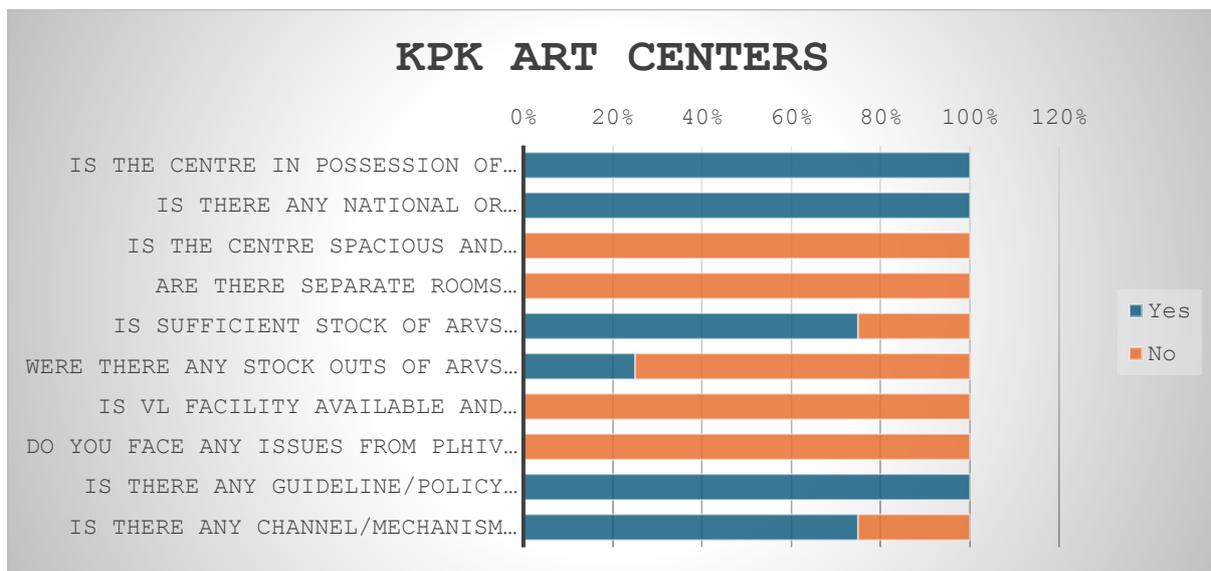
Overall Satisfaction - Sindh



c. KPK

This report critically evaluates key performance indicators across **4 ART Centers**, involving 4 staff representatives, 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.

I. Analysis – ART Centres Assessment



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

In KPK, all centers visited (100 percent, 4) possessed the National ART Guidelines and had policies in place to track loss to follow-up cases. Infrastructure remained a concern, with none of the centers meeting the minimum room requirement and none of the centers have gender specific rooms.

Seventy-five percent of centers (3) had sufficient ARV stock at the time of visit, while 25 percent (1) reported ARV stock-outs in the last three months. None of the centers had an on-site functional VL facility; rather patients are referred to AKU Labs for testing. No service-related issues faced by the staff while serving PLHIV were reported. Data privacy guidelines were available in all centers, and 75 percent (3) had confirmed familiarity with the APLHIV complaint or feedback mechanisms.

II. Analysis – Feedback from Beneficiaries

Key Findings:

Availability:

Service availability across the visited ART centers in Khyber Pakhtunkhwa was strong. All respondents (100%) confirmed the consistent availability of counselors and laboratory staff during their visits. Dedicated HIV physicians were also reported as available, with physicians accessible during patient visits. In addition, ARV medicines and contraceptives, including condoms, were fully available, with 100% of respondents reporting no stock-outs or shortages during the reporting period.

Accessibility:

Physical access to ART services was optimal. All respondents (100%) reported that ART center locations were easy to access, and operating hours were convenient. Viral load testing services were accessible through referral mechanisms, allowing beneficiaries to undergo testing via sample collection and referral facilities. Despite this access, 25% of beneficiaries had not completed viral load testing in the last six months, indicating a need to further improve uptake rather than availability.

Affordability:

In KP, beneficiaries take **just over one hour on average (around 72 minutes)** to reach the ART center. Transport costs show wide variation, ranging from **Rs. 100 to Rs. 2,100 per visit**, indicating that while some clients access services at low cost, others face a much higher financial burden depending on distance and mode of transport.

Acceptability:

Acceptability of services was very high. All respondents (100%) reported friendly and respectful staff behavior. Confidentiality was fully maintained, with all patients confirming privacy during ART treatment and blood sample collection. No cases of stigma or discrimination were reported, and all respondents confirmed that they were not denied services, hospital care, or other health services due to their HIV status.

Quality:

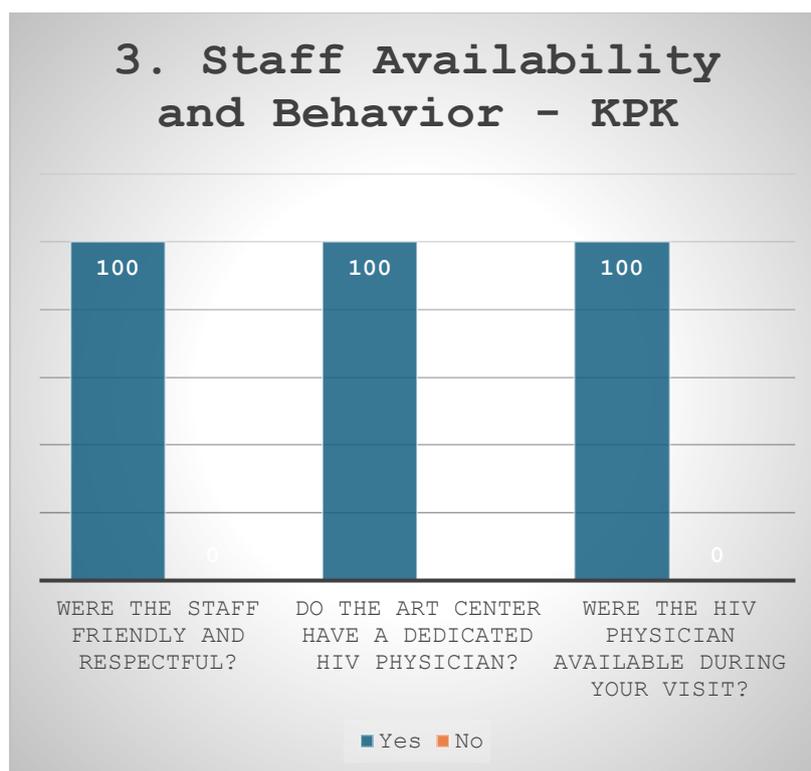
Quality of care indicators showed strong performance. Counseling services were comprehensive, with 100% of beneficiaries reporting adequate counseling time, adherence support, medication education, and helpful guidance. Viral load testing performance was encouraging, with 75% of beneficiaries reporting testing within the last six months, and uninterrupted ARV availability supporting effective treatment monitoring.

Staff readiness for linkage and referral services was high. All respondents (100%) confirmed staff readiness for violence prevention, PMTCT, STI treatment, EID, viral load sample collection and testing, and the complaint management mechanism. Readiness for transgender hormonal services and visibility of the APLHIV toll-free helpline were reported by 75% of respondents, while 25% identified gaps in these areas, indicating minor areas for improvement.

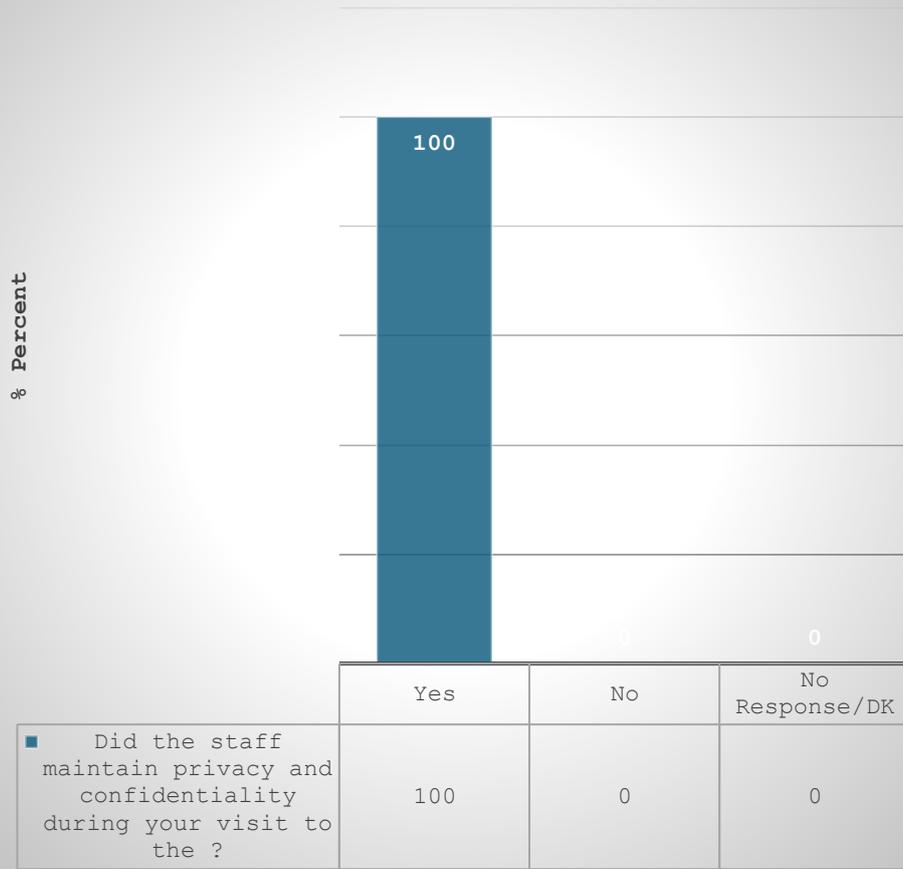
Overall Satisfaction:

Overall satisfaction with ART services in Khyber Pakhtunkhwa was excellent. All respondents (100%) reported being “Highly Satisfied,” with no reports of partial satisfaction or dissatisfaction. This reflects strong performance across service delivery, patient experience, and care quality indicators.

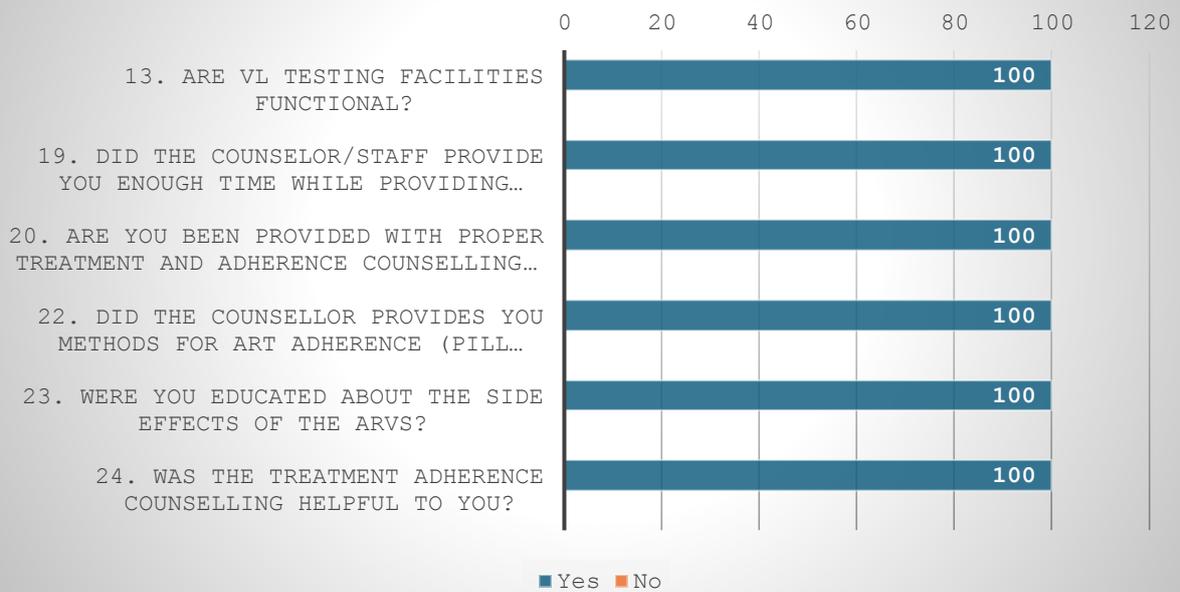
Annexure c (II): Graphical findings, Feedback from Beneficiaries (KPK)



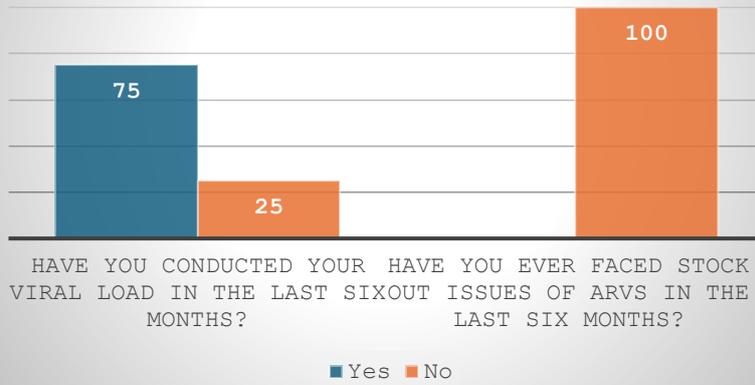
3. Confidentiality - KPK



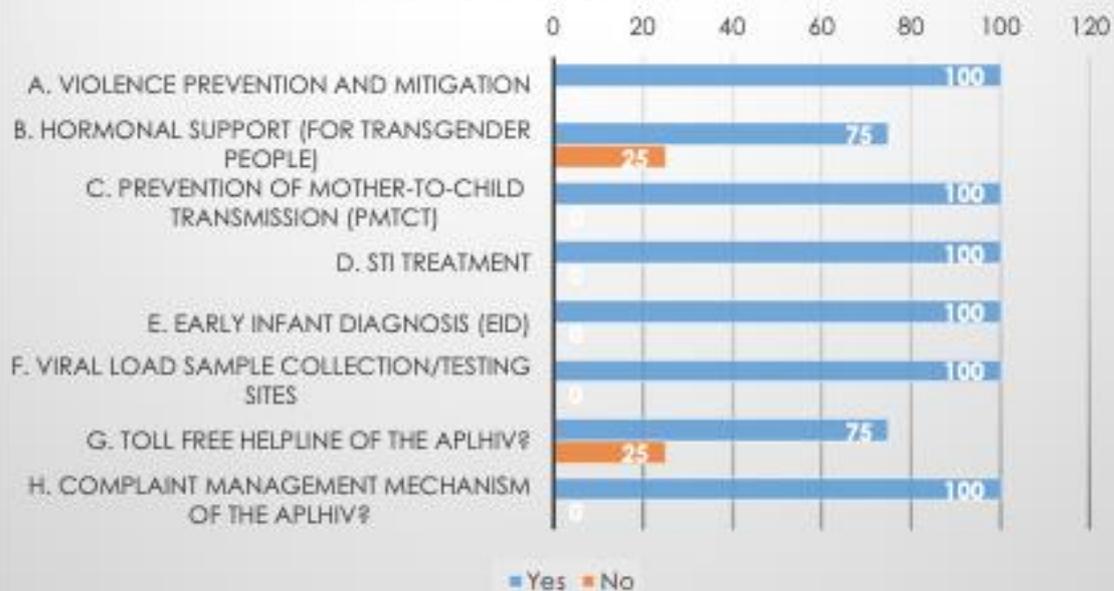
3. Available Facilities / Viral Load - KPK



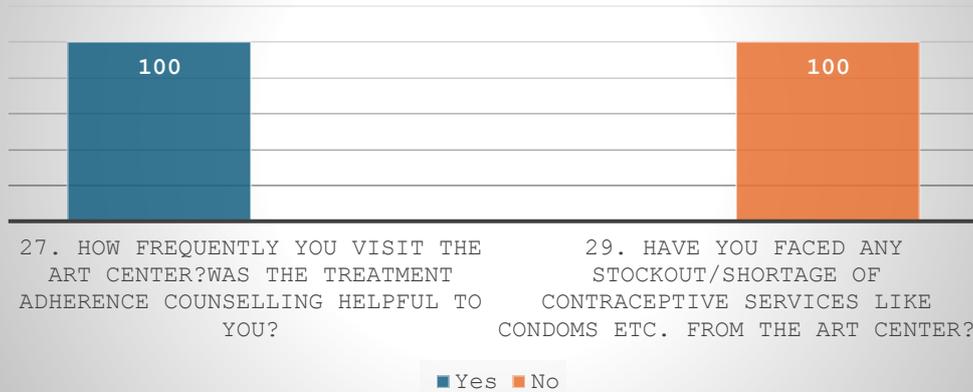
3. Viral Load Testing - KPK



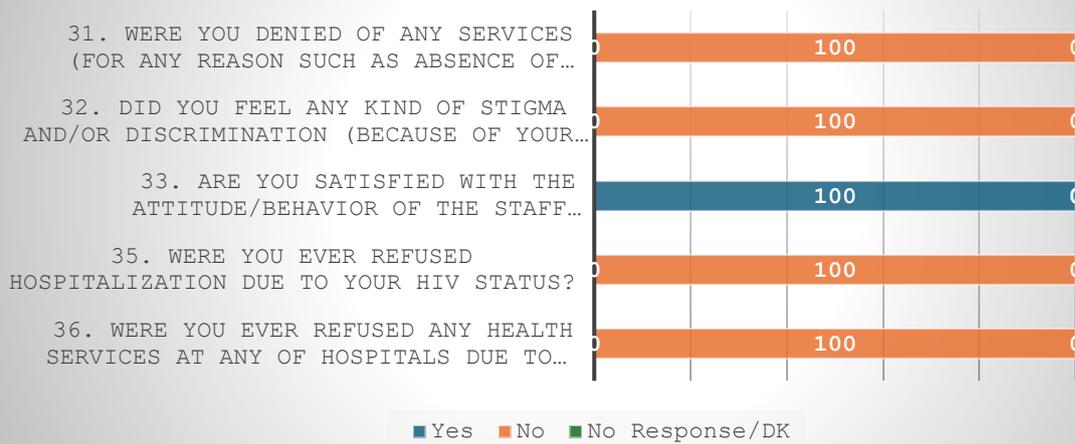
3. Staff readiness to Support for Referral Services - KPK



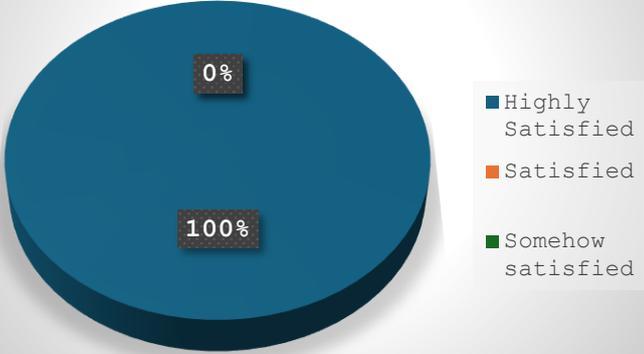
ARVs Adherence Stock out - KPK



Stigma and Discrimination - KPK



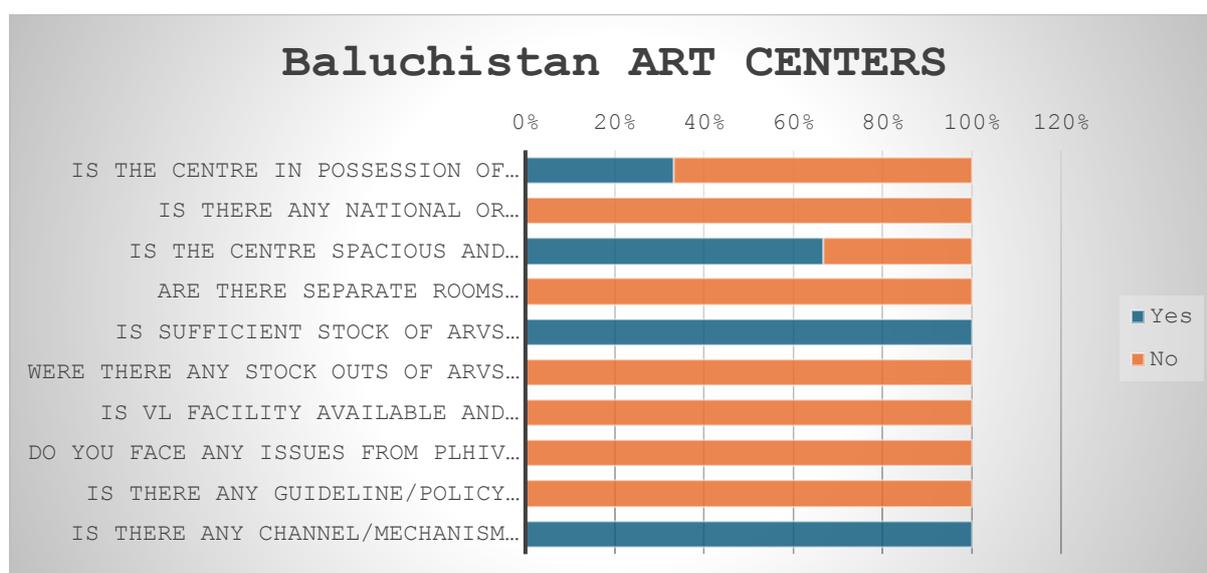
Overall Satisfaction - KPK



d. Baluchistan

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

I. Analysis – ART Centres Assessment



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

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

Key Findings:

In Baluchistan, only 33 percent of centers had a copy of the National ART Guidelines, and none reported having policies or guidelines in place to track loss-to-follow-up cases. While 67 percent of centers met the minimum space and room requirements, none had separate rooms for different genders.

All centers had sufficient ARV stock available at the time of visit, and no ARV stock-outs were reported in the last three months. On-site VL facilities were not available and functional in all centers; instead, patients are referred to AKU labs for testing. Data privacy guidelines were not available; rather, data privacy is strictly ensured at every center. All centers, However, reported familiarity with the APLHIV mechanism for patients to share complaints or feedback.

II. Analysis – Feedback from Beneficiaries

Key Findings:

Availability:

Service availability in Baluchistan shows mixed performance. While ARV medicines were consistently available, with 100% of respondents reporting no stock-outs, shortages were reported for contraceptive supplies, with only 33% availability and 67% reporting shortages. Human resource availability remains a concern. Only 67% of respondents confirmed the availability of counselors and laboratory staff during their visits, while 33% reported staff unavailability. Clinical staffing was more constrained, as only 33% confirmed the presence of a dedicated HIV physician at their ART center.

Accessibility:

Physical access to ART centers was strong. All respondents (100%) reported that facility locations were accessible and operating hours were convenient. Viral load testing services were accessible through referral mechanisms, with 100% confirming the availability of blood sample collection and referral to testing laboratories. Despite this access, only 60% of beneficiaries reported having completed viral load testing in the last six months, indicating gaps in uptake rather than physical access.

Affordability:

In Baluchistan, beneficiaries take **about 44 minutes on average** to reach the ART center. Transport costs range from **Rs. 180 to Rs. 1,000 per visit**, showing noticeable variation. While travel time is relatively short for many, the cost burden can still be high for some beneficiaries, affecting regular access to ART services.

Acceptability:

Acceptability of services presents a mixed picture. All respondents (100%) reported friendly and respectful interactions with ART center staff, and confidentiality was fully maintained during treatment and blood sample collection. However, one-third of beneficiaries (33%) reported experiencing stigma or discrimination based on personal characteristics. While no respondents reported denial of outpatient ART services, access to stigma-free inpatient care remains a serious concern, as 67% reported being refused hospitalization due to their HIV status.

Quality:

Quality of care indicators show both strengths and gaps. Counseling services were reported as comprehensive, with 100% of beneficiaries confirming receipt of adherence support, adequate counseling time, ART adherence methods, and side-effect education. Viral load monitoring performance was moderate, with 60% of beneficiaries reporting testing within the last six months, despite the availability of services and no reported shortages of sample collection kits.

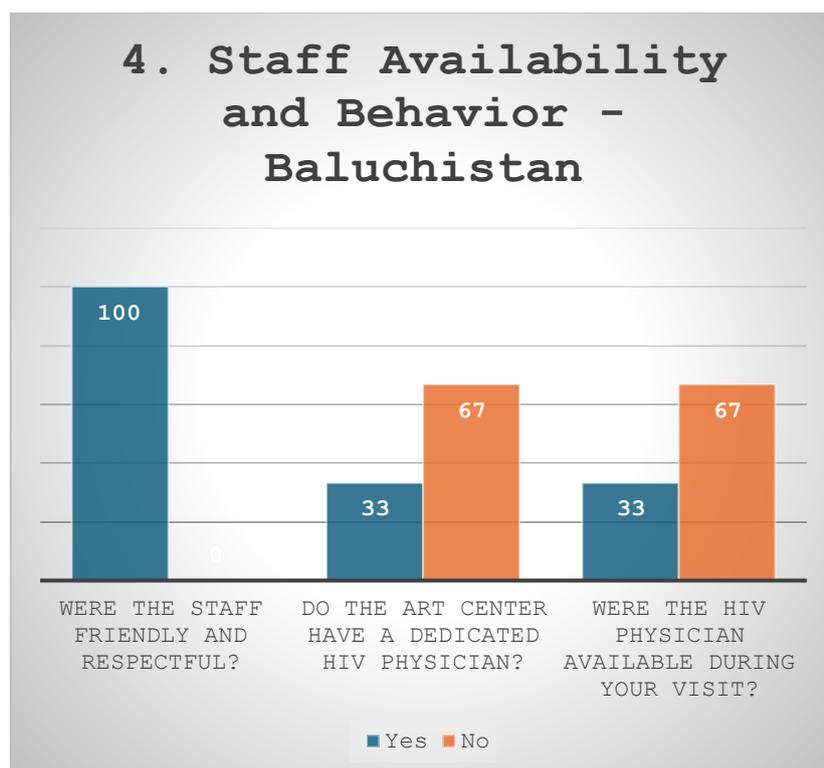
Staff readiness for linkage and referral services was uneven. Moderate readiness (67%) was reported for violence prevention and mitigation, transgender hormonal

support, STI treatment, Early Infant Diagnosis, and access to the APLHIV toll-free helpline. However, critical gaps were identified in Prevention of Mother-to-Child Transmission services and complaint management mechanisms, with 0% reporting staff readiness in these areas. These gaps highlight urgent needs in maternal HIV services and grievance redressal systems in Baluchistan.

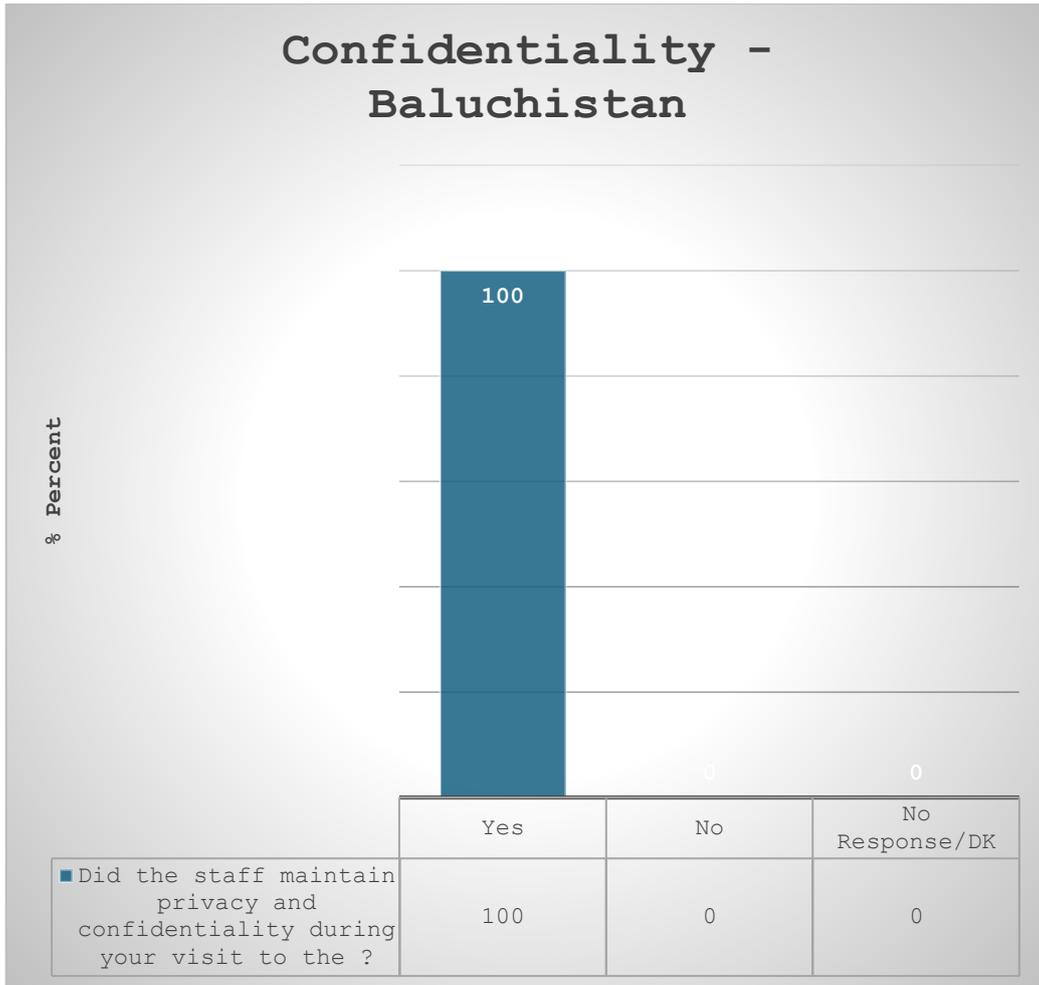
Overall Satisfaction:

Overall satisfaction with ART services was positive. All respondents (100%) reported being satisfied with the services received, and none reported dissatisfaction. While this reflects confidence in core ART services, the findings also point to priority areas for improvement, particularly physician availability, referral systems, contraceptive supply, and stigma-free access to inpatient care.

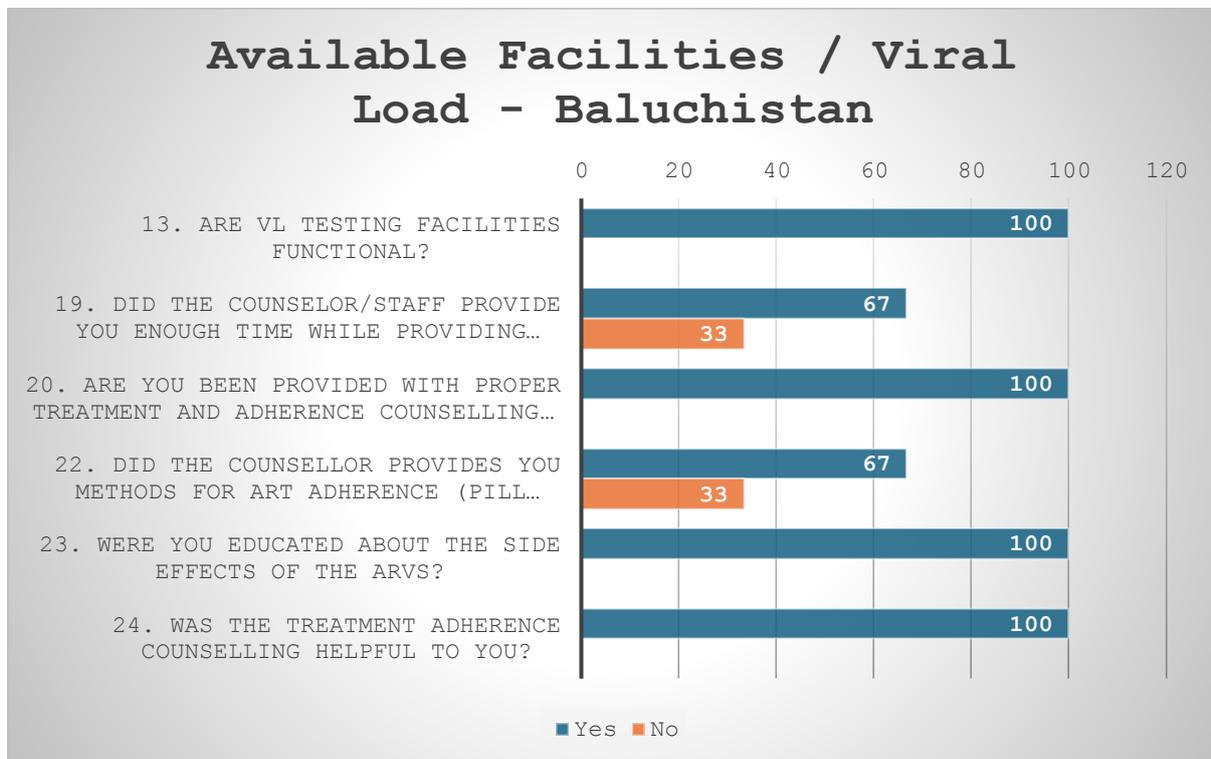
Annexure d (II): Graphical findings, Feedback from Beneficiaries (Baluchistan)



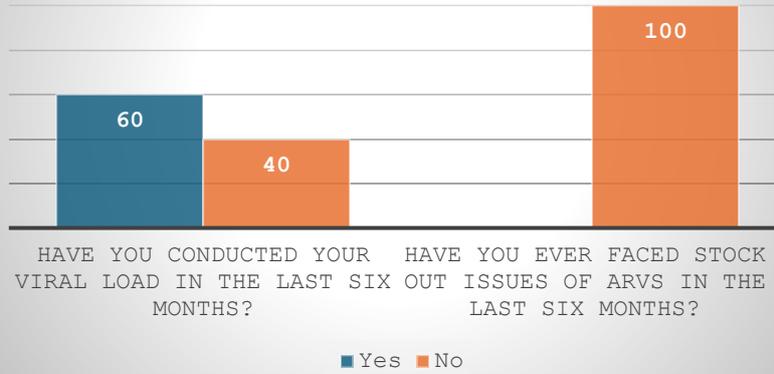
Confidentiality - Baluchistan



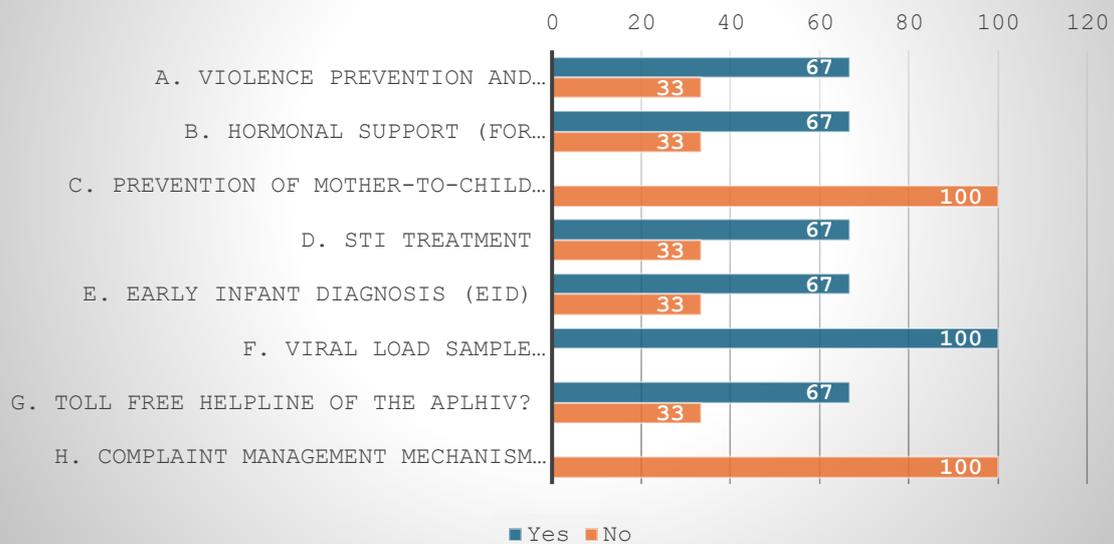
Available Facilities / Viral Load - Baluchistan



4. Viral Load Testing - Baluchistan



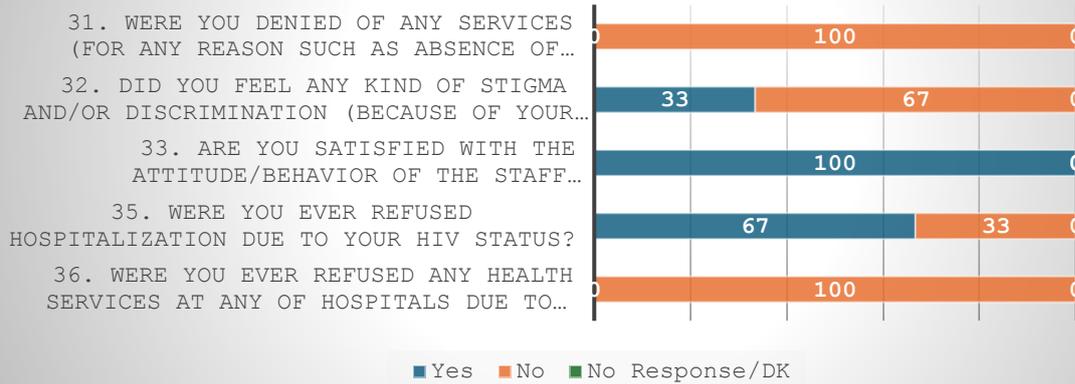
4. Staff readiness to Support for Referral Services - Baluchistan



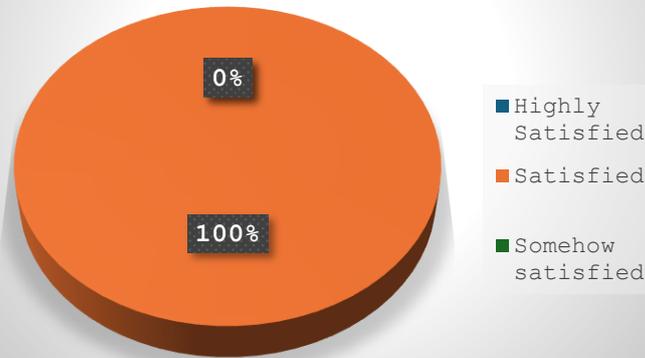
ARVs Adherence Stock out - Baluchistan



Stigma and Discrimination - Baluchistan



Overall Satisfaction - Baluchistan

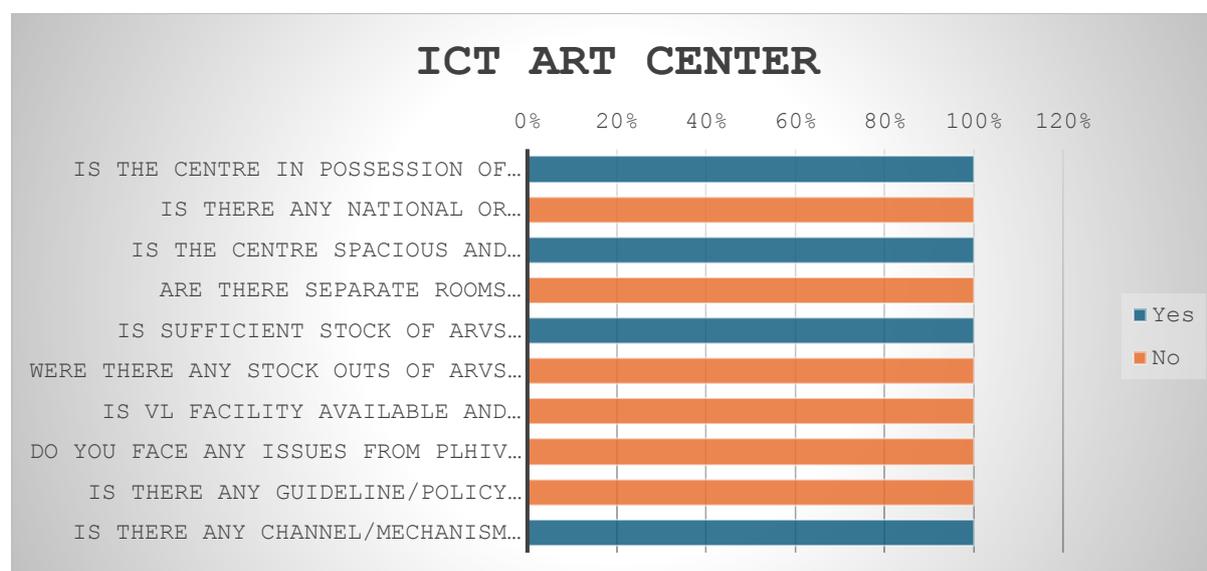


e. ICT/AJK

This report critically evaluates key performance indicators across **2 ART Centers**, involving a cohort of 9 beneficiaries in ICT & AJK, 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.

I. Analysis – ART Centre Assessment.

ICT:



Graph 5.3.5: Service Delivery Assessment of ICT ART Center: Key Findings and Challenges

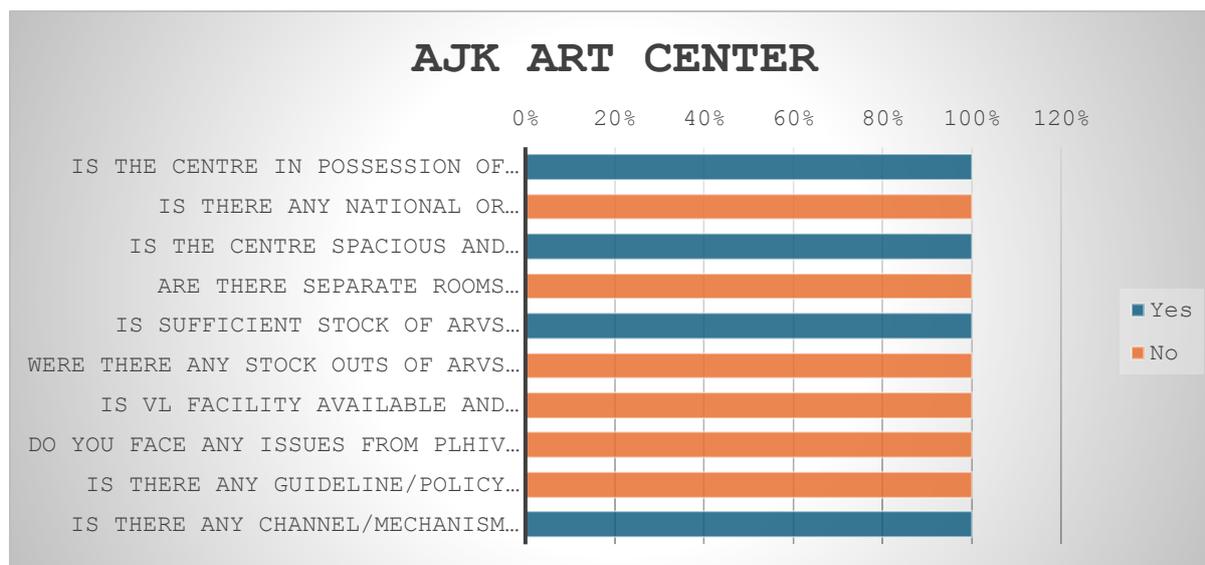
This graph presents an analysis of the ICT ART Center based on key service delivery indicators. The key insights are:

Key Findings

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

ARV stock was sufficient at the time of the visit, and no ARV stock-outs were reported during the last three months. The VL facility was not available or functional at the center since VL machine COBAS has been out of order for a couple of months. There were no guidelines or policy related to clients' data privacy; however, the data privacy and confidentiality is being ensured locally. APLHIV channel for complaints and feedback was known to the staff.

AJK:



Graph 5.3.6: Service Delivery Assessment of AJK ART Center: Key Findings and Challenges

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

Key Findings:

In AJK, the center had the National ART Guidelines and had policies or guidelines available to track loss to follow-up cases. The center met the minimum requirement for space and number of rooms, but it had no separate rooms available for different genders. The center had sufficient ARV stock available at the time of the visit and reported no ARV stock-outs in the last three months. **On-site viral load testing facilities were not available or functional at the center due to reagent unavailability; clients were therefore referred** to the AKU labs for testing. Data privacy guidelines were not available, but data privacy is strictly ensured; the center reported having familiarity with the APLHIV channel or mechanism for complaints or feedback.

II. Analysis – Feedback from Beneficiaries

Key Findings:

Availability:

ICT:

Service availability in ICT was strong across core ART services. All respondents (100%) confirmed the availability of counselors, laboratory staff, and a dedicated HIV physician at the ART center. Viral load testing facilities were temporarily non-

functional due to technical issues with the testing machine. ARVs were consistently available with no stock-outs reported, and adherence counseling services were fully operational.

However, contraceptives were not available. All beneficiaries (100%) reported stock-outs or shortages of condoms and related contraceptive supplies, indicating a critical gap in integrated prevention services.

AJK:

ART service availability in AJK was also strong. All respondents (100%) confirmed the availability of counselors, laboratory staff, and a dedicated HIV physician during their visits. Viral load testing facilities were functional through blood sample collection and referral to laboratories, and ARVs were consistently available with no reported stock-outs.

Contraceptive availability showed minor gaps, with 25% of beneficiaries reporting shortages, while 75% confirmed availability.

Accessibility:

ICT:

Accessibility of ART services in ICT was optimal. All respondents (100%) reported convenient operating hours and easily accessible ART center locations. No beneficiaries reported barriers related to timing, distance, or staff access.

Viral load testing services were available but not functional at the time of the visit. However, uptake was not universal, as 20% of beneficiaries had not completed viral load testing in the last six months.

AJK:

All respondents (100%) in AJK reported that ART center locations were easily accessible and operating hours were convenient. No barriers related to physical access or service timing were reported.

Despite service availability, access to viral load testing in practice was limited. None of the respondents (0%) reported having completed a viral load test in the last six months, indicating systemic access or referral barriers that require urgent attention.

Affordability:

ICT:

In ICT, beneficiaries reach the ART center in **under 30 minutes on average (around 28 minutes)**. Despite the shorter travel time, transport costs remain high, ranging

from **Rs. 1,200 to Rs. 1,500 per visit**, indicating a consistent financial burden for clients accessing services in the capital.

AJK:

In AJK, beneficiaries spend around 53 minutes on average traveling to the ART center. Transport costs range from Rs. 150 to Rs. 400 per visit, reflecting relatively moderate expenses compared to other regions, though travel time can still pose a challenge for regular access to ART services.

Acceptability:

ICT:

Acceptability of services in ICT was very high. All respondents (100%) reported friendly and respectful staff behavior. Confidentiality was fully maintained during ART treatment and blood sample collection, with 100% confirmation from beneficiaries.

No cases of stigma or discrimination were reported. All respondents confirmed they were not denied services, refused hospitalization, or denied other health services due to their HIV status.

AJK:

Similarly, acceptability in AJK was excellent. All respondents (100%) reported respectful staff behavior and strict maintenance of confidentiality during treatment and viral load sample collection.

No respondents reported stigma, discrimination, service denial, or refusal of hospitalization based on HIV status, indicating strong adherence to rights-based service delivery practices.

Quality:

ICT:

Quality of care indicators in ICT showed strong performance in clinical services and counseling. All respondents (100%) reported receiving adequate counseling time, adherence support, ART adherence methods, and education on ARV side effects, and found counseling helpful.

Staff readiness for referral services showed mixed results. While staff were fully prepared (100%) to support STI treatment referrals, viral load sample collection, the APLHIV toll-free helpline, and complaint management mechanisms, no readiness was reported for violence prevention, PMTCT, EID, or transgender hormonal support, indicating gaps in preventive, maternal, and gender-affirming care linkages.

AJK:

Quality of care in AJK was strong across most indicators. All respondents (100%) confirmed receiving comprehensive counseling, adherence support, and education on ARV side effects. Viral load testing systems were functional, although utilization remained low.

Staff readiness for referrals was high for violence prevention, PMTCT, STI treatment, EID, transgender hormonal support, and viral load testing (100%). However, community accountability mechanisms were weak, with only 25% showing familiarity with the APLHIV toll-free helpline and complaint management system, while 75% indicated a lack of information about the APLHIV complaint mechanism.

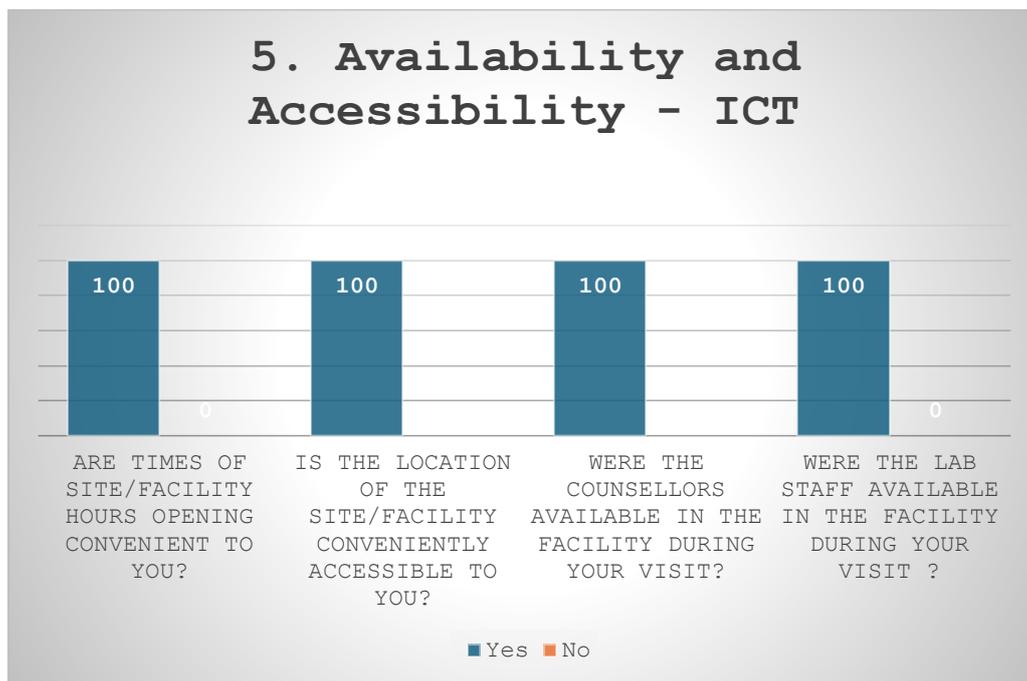
ICT:

Overall satisfaction with ART services in ICT was high, with 100% of beneficiaries reporting satisfaction and no reports of partial or low satisfaction.

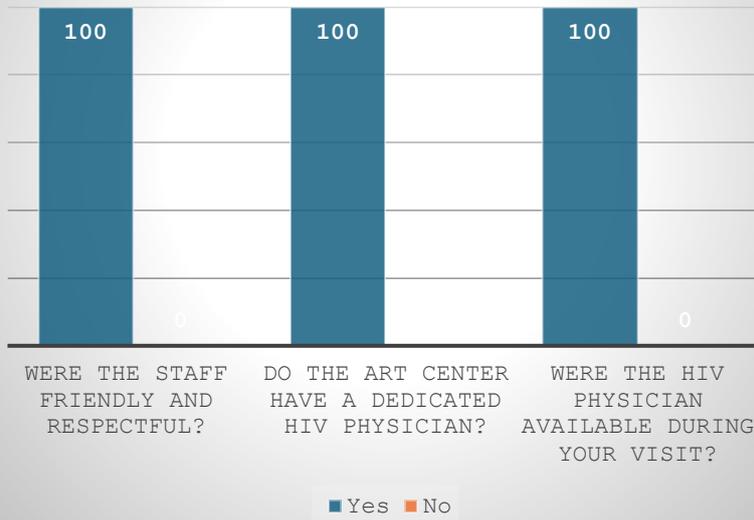
AJK:

Overall satisfaction in AJK was exceptionally high. All respondents (100%) reported being "Highly Satisfied," with no reports of lower satisfaction levels.

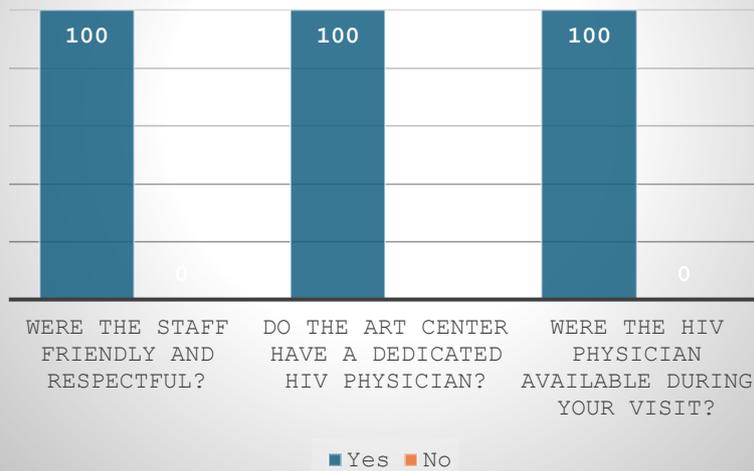
Annexure e (II): Graphical findings, Feedback from Beneficiaries (ICT/AJK)



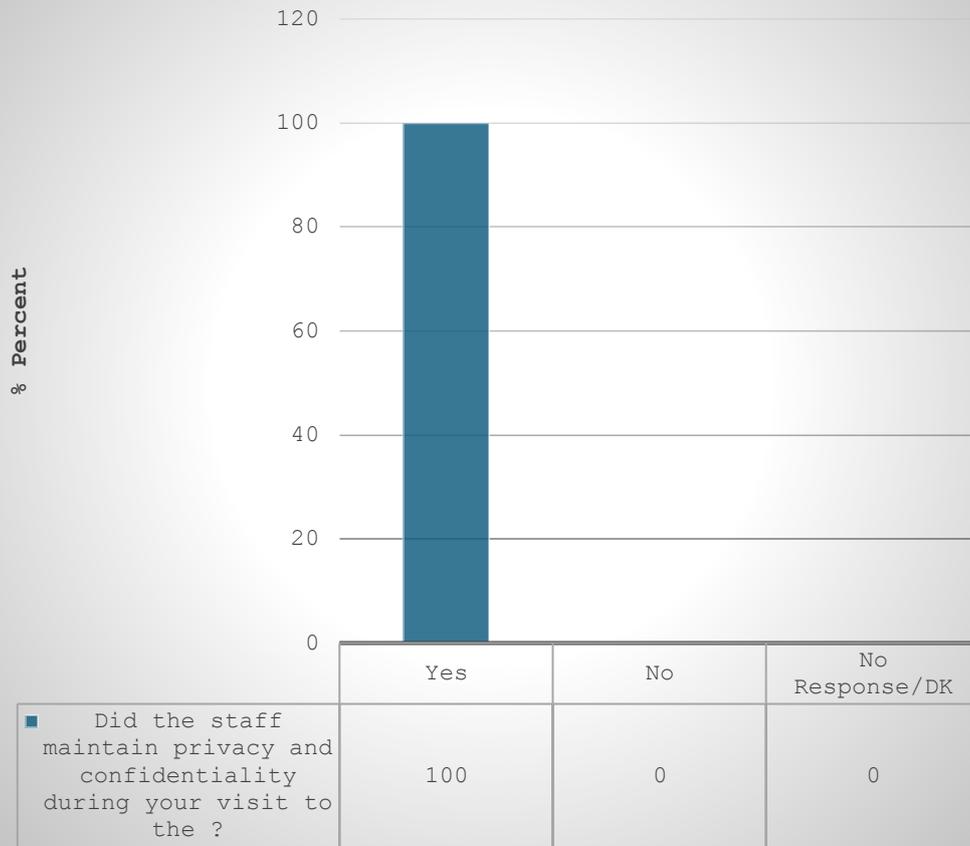
Staff Availability and Behavior - ICT



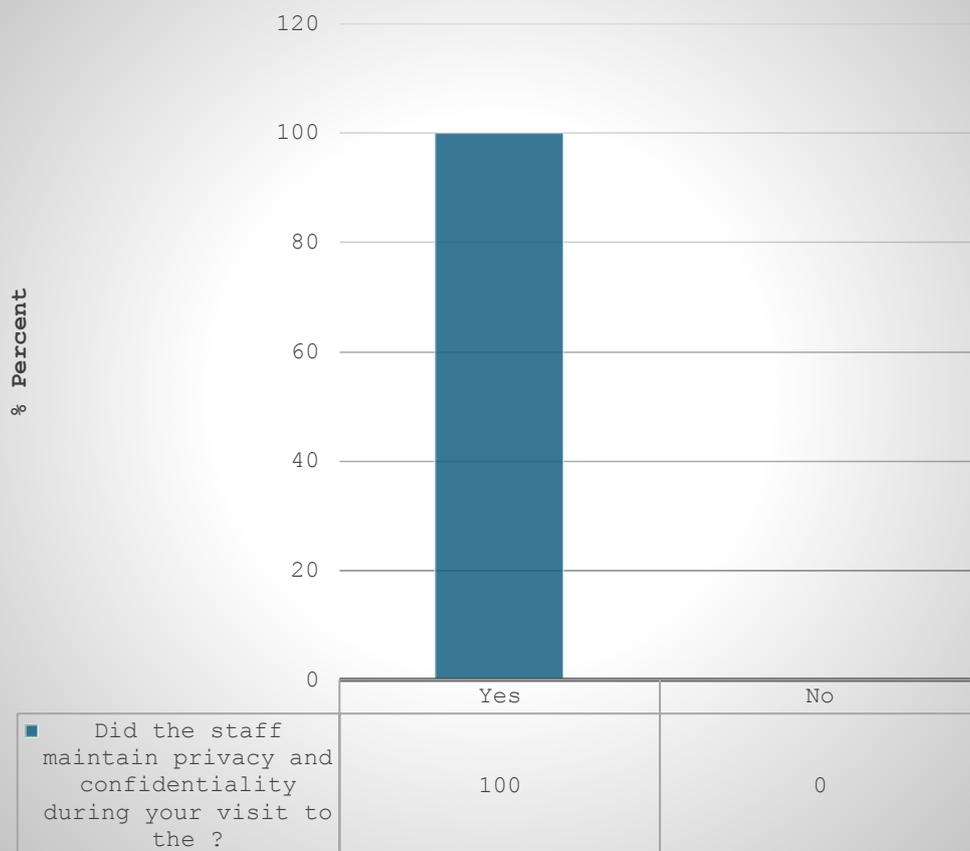
Staff Availability and Behavior - AJK



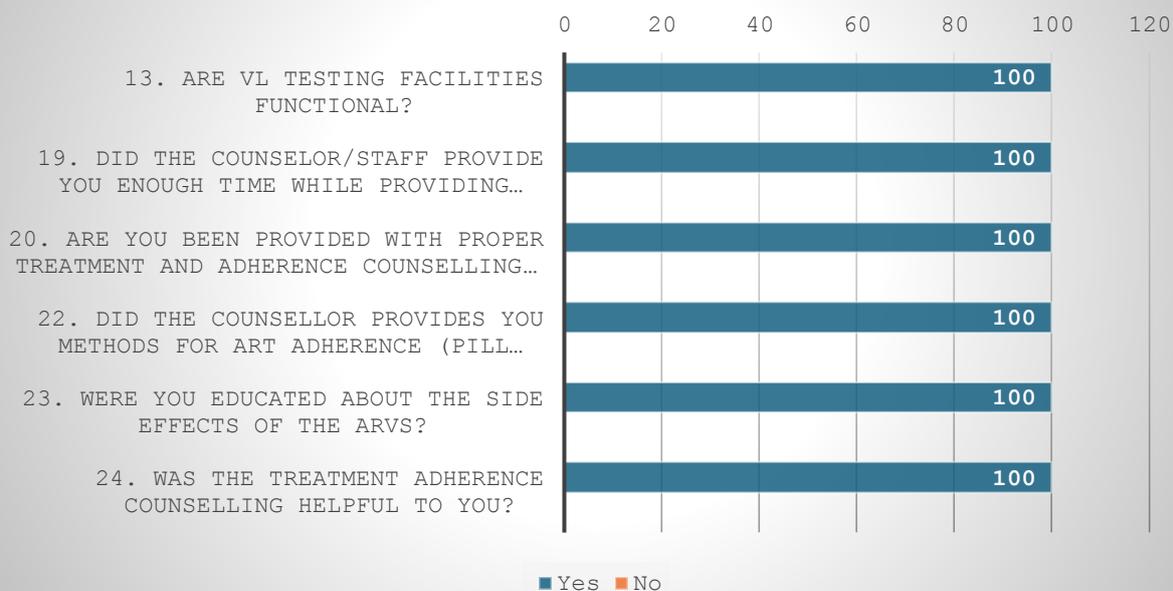
5. Confidentiality - ICT



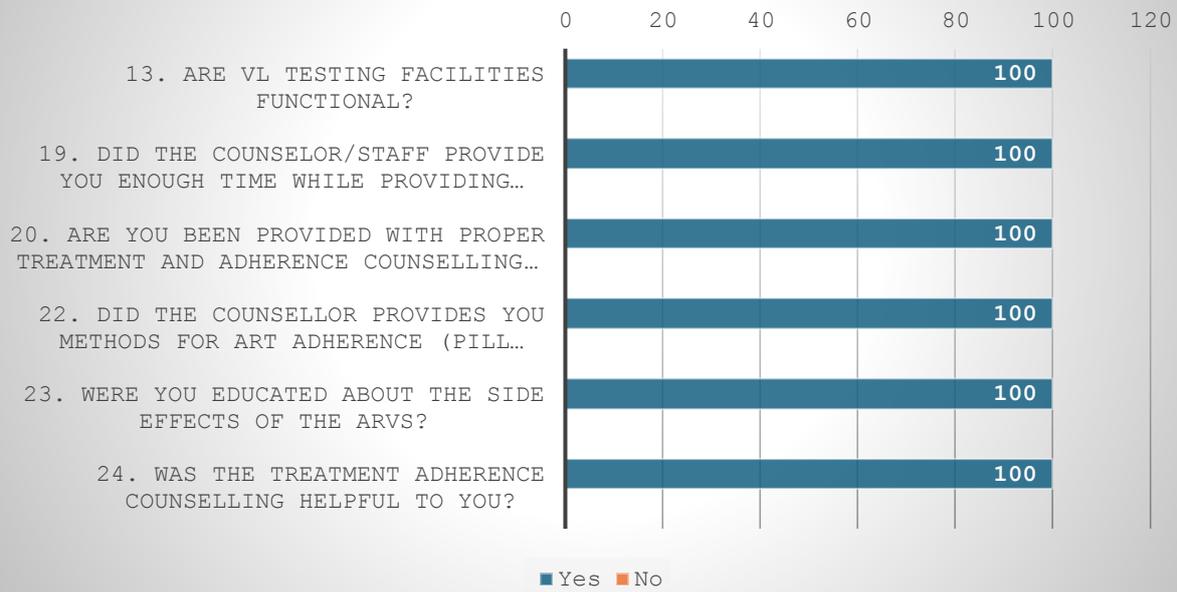
6. Confidentiality - AJK



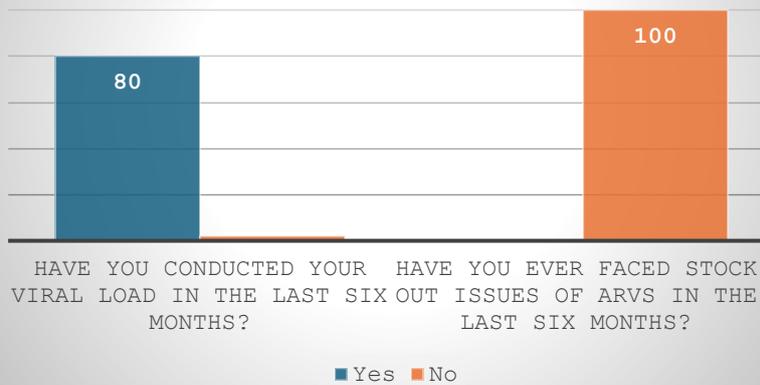
Available Facilities / Viral Load - ICT



Available Facilities / Viral Load - AJK



Viral Load Testing - ICT

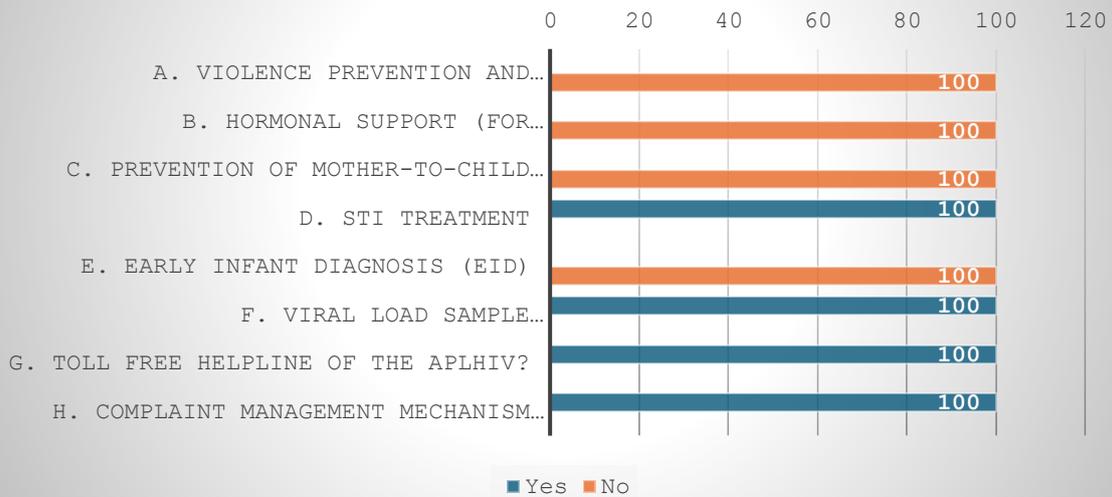


Viral Load Testing - AJK

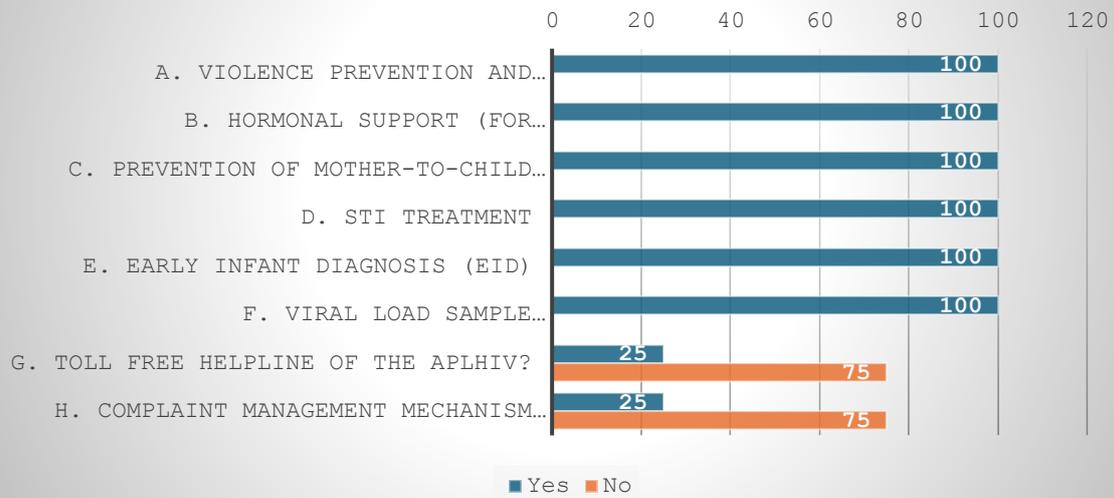


HAVE YOU CONDUCTED YOUR VIRAL LOAD IN THE LAST SIX MONTHS? HAVE YOU EVER FACED STOCK OUT ISSUES OF ARVS IN THE LAST SIX MONTHS?

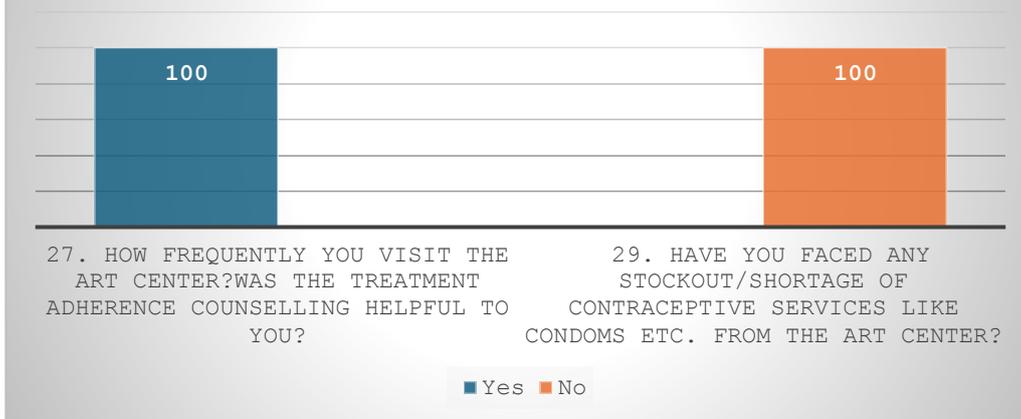
Staff readiness to Support for Referral Services - ICT



Staff readiness to Support for Referral Services - AJK



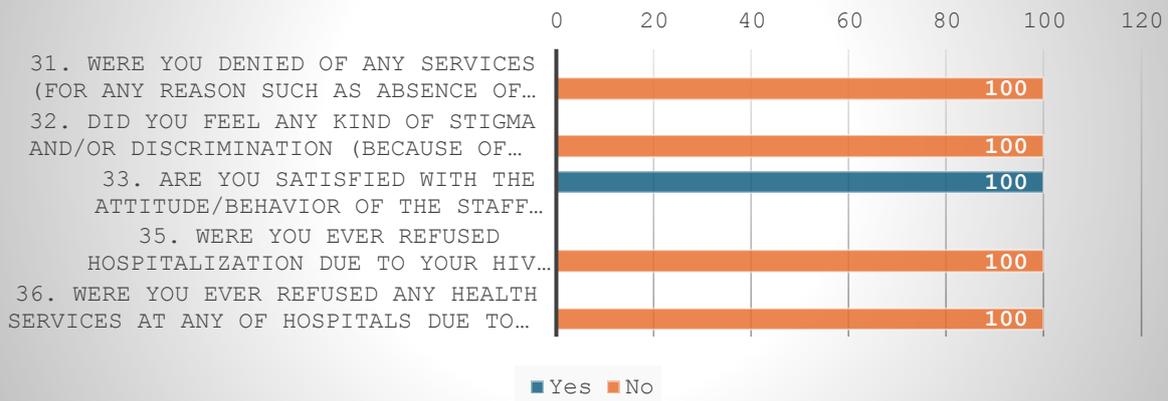
ARVs Adherence Stock out - ICT



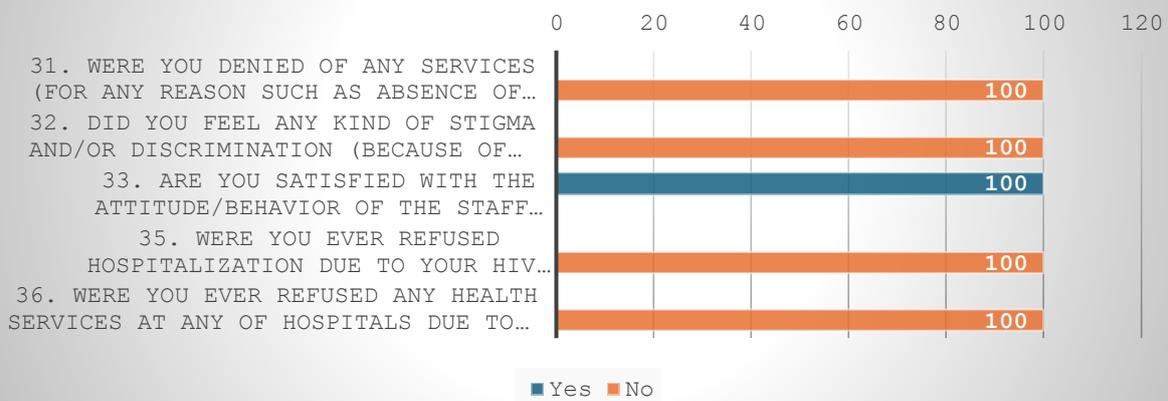
ARVs Adherence Stock out - AJK



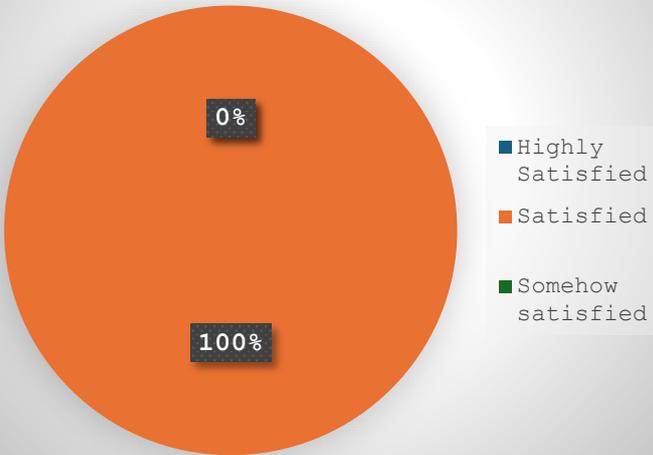
Stigma and Discrimination - ICT



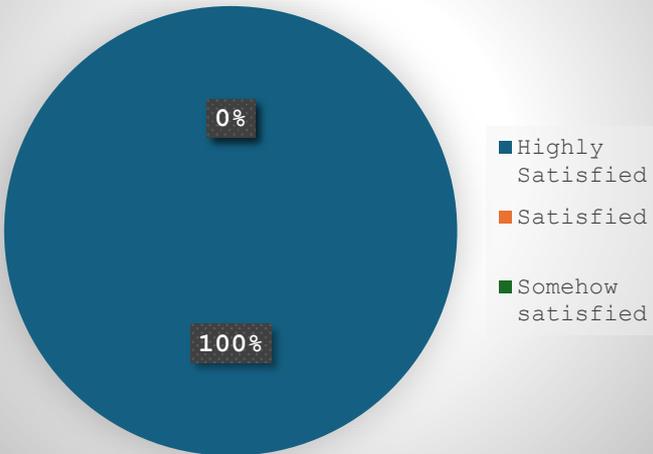
Stigma and Discrimination - AJK



Overall Satisfaction - ICT



Overall Satisfaction - AJK



Section-2

Toll-Free Helpline Services

1. Objective:

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

a. SCOPE OF WORK

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

I. Provision of Information:

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

II. Telephonic Counseling and Support:

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

III. Referral Services:

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

IV. Complaint Management:

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

2. METHODOLOGY / MOV

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

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

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

During Q4 2025, the Helpline received 1,850 calls against a quarterly target of 2,300, achieving **80 percent** of the planned target. The **20 percent** shortfall was mainly due to delayed fund disbursement, which led to nonpayment of PTCL bills and the temporary suspension of incoming and outgoing calls. Funds were received in mid-November, partway through the quarter, allowing services to resume.

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

i. Gender-Wise Call Distribution

Out of a total of 1,850 calls received during the quarter, the majority were from male callers (1,534), followed by female callers (312), while a very small proportion were from transgender individuals (4). October recorded the highest number of calls overall, with male callers consistently accounting for the largest share across all three months. Female participation showed a noticeable increase in December compared to previous months, while calls from transgender individuals remained minimal throughout the reporting period.

ii. Province-Wise Call Distribution

Province-wise analysis shows that the highest number of calls originated from Punjab (716), followed by Sindh (548) and Khyber Pakhtunkhwa (434). Comparatively fewer calls were received from Baluchistan (53), AJK (27), and ICT (72), while no calls were reported from GB. October had the highest volume of calls across most provinces, indicating stronger engagement during the start of the quarter, with relatively stable reporting trends in November and December.

iii. Service Type Distribution

Service-wise distribution indicates that most calls were related to referral services (543), basic information about HIV (354), and counselling on HIV testing (232). A substantial number of calls were also categorized under "Others" (448), reflecting diverse client needs beyond predefined categories. Counselling on PEP/PrEP

accounted for 166 calls, while complaints and emergency medical services represented a smaller share.

b) Complaints and Redressal

During the fourth quarter of 2025, a total of 10 complaints were received through the helpline and complaint management mechanism from Sindh, Punjab, Khyber Pakhtunkhwa, and Islamabad. These complaints reflected persistent challenges faced by people living with HIV and key populations accessing respectful, timely, and uninterrupted health services.

In October, three complaints were reported from Sindh (Sukkur), Punjab (Jhelum), and Islamabad. These included denial of ARVs at an ART center, stigma and breaches of confidentiality by healthcare staff, and gaps in PPTCT services due to the non-functionality of the PPTCT center at PIMS Hospital, affecting HIV-positive pregnant women.

November recorded two complaints from Punjab, specifically Peer Mahal and Burewala. One case involved an incorrect HIV-positive test report that caused distress and hardship for a family before repeat testing confirmed an HIV-negative result. The second complaint related to stigma and refusal to perform surgery for an HIV-positive patient, highlighting discriminatory practices within hospital settings.

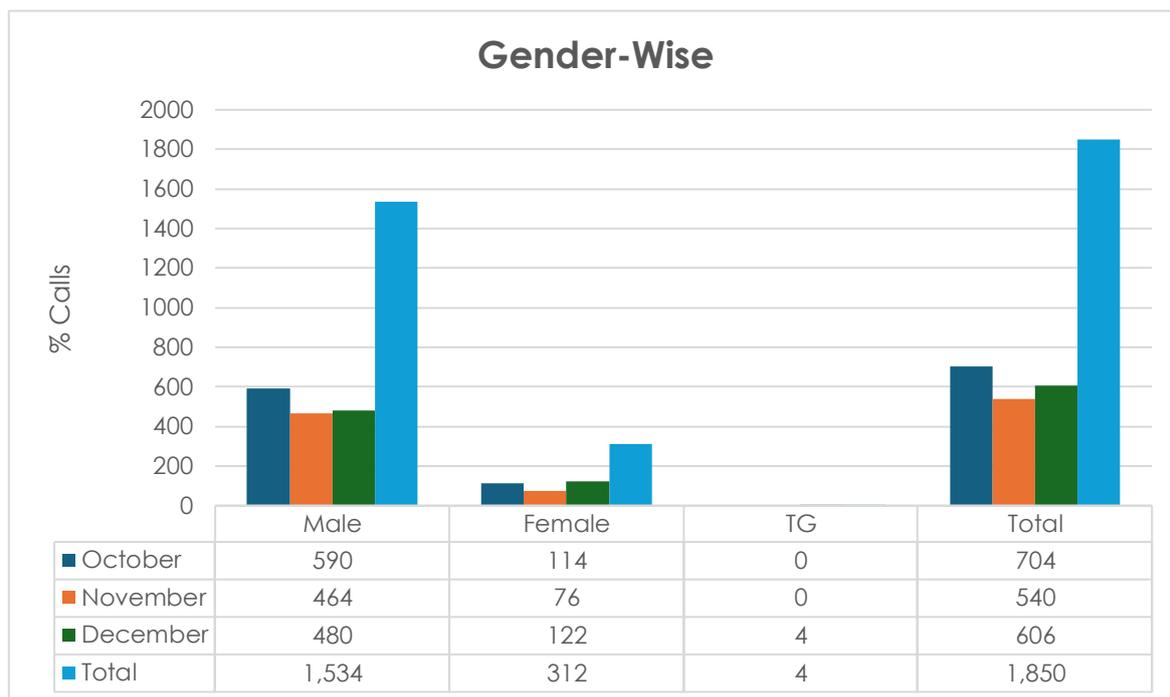
The highest number of complaints was received in December, with five cases reported from Sindh (Karachi and Kashmore), Punjab (Multan and Sargodha), and Khyber Pakhtunkhwa (Abbottabad). These complaints were mainly related to stigma, ARV unavailability, and PrEP shortages. One complaint reported multiple HIV infections among children at a private hospital in Karachi, prompting urgent calls for investigation and preventive measures. Other cases involved denial of ARVs by providers, medicine shortages, and service disruption due to a hospital strike.

Q4 2025	Total Complaints	Provinces/Cities Covered	Key Complaint Types Identified	Resolution Status
October	3	Sindh (Sukkur),	ARVs issue,	100% resolved
		Punjab (Jhelum)	Facing Stigma	
		Islamabad	PPTCT Services at the Center	
November	2	Punjab (Peer Mahal)	HIV test report positive	100% resolved
		Punjab (Burewala)	Facing Stigma, Surgery-related issue	
December	5	Sindh (Karachi, Kashmore),	Facing Stigma	100% resolved
		Punjab (Multan)	ARVs availability issue	
		Punjab (Sargodha)	PrEP shortage	
		KPK (Abbottabad)	ARVs availability issue	

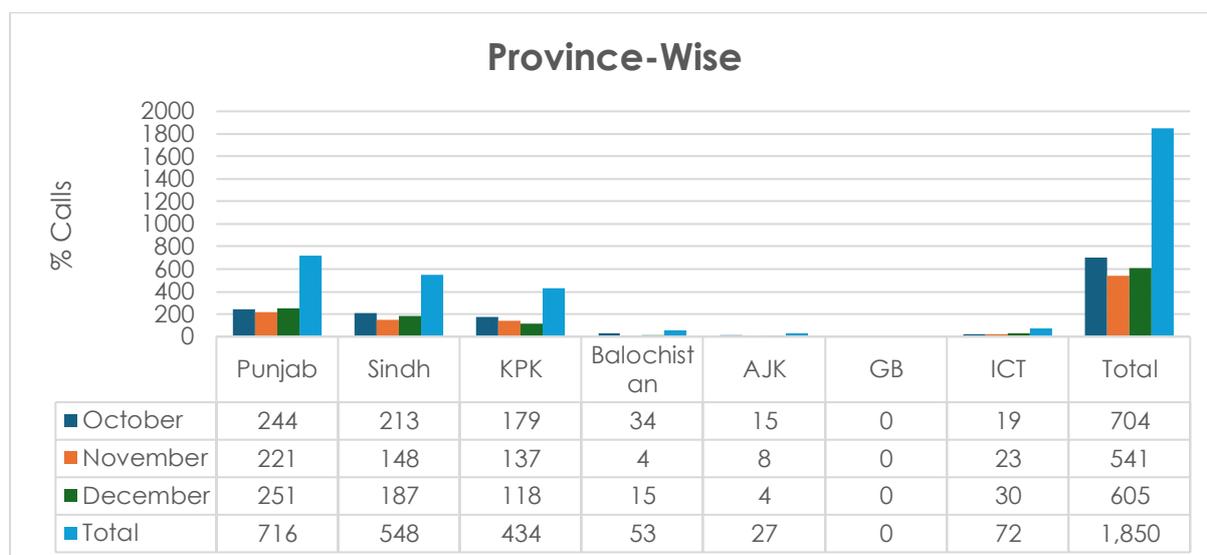
Total	10	
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All complaints were recorded by peer counselors through the helpline and shared with the National Coordinator and Deputy National Coordinator for action. The National Coordinator and Deputy National Coordinator led the investigation, coordination, and resolution process with ART centers, hospital administrations, and relevant authorities. Feedback was provided to complainants throughout the process. All complaints received during the quarter were investigated, processed, and addressed, resulting in a 100 percent resolution rate.

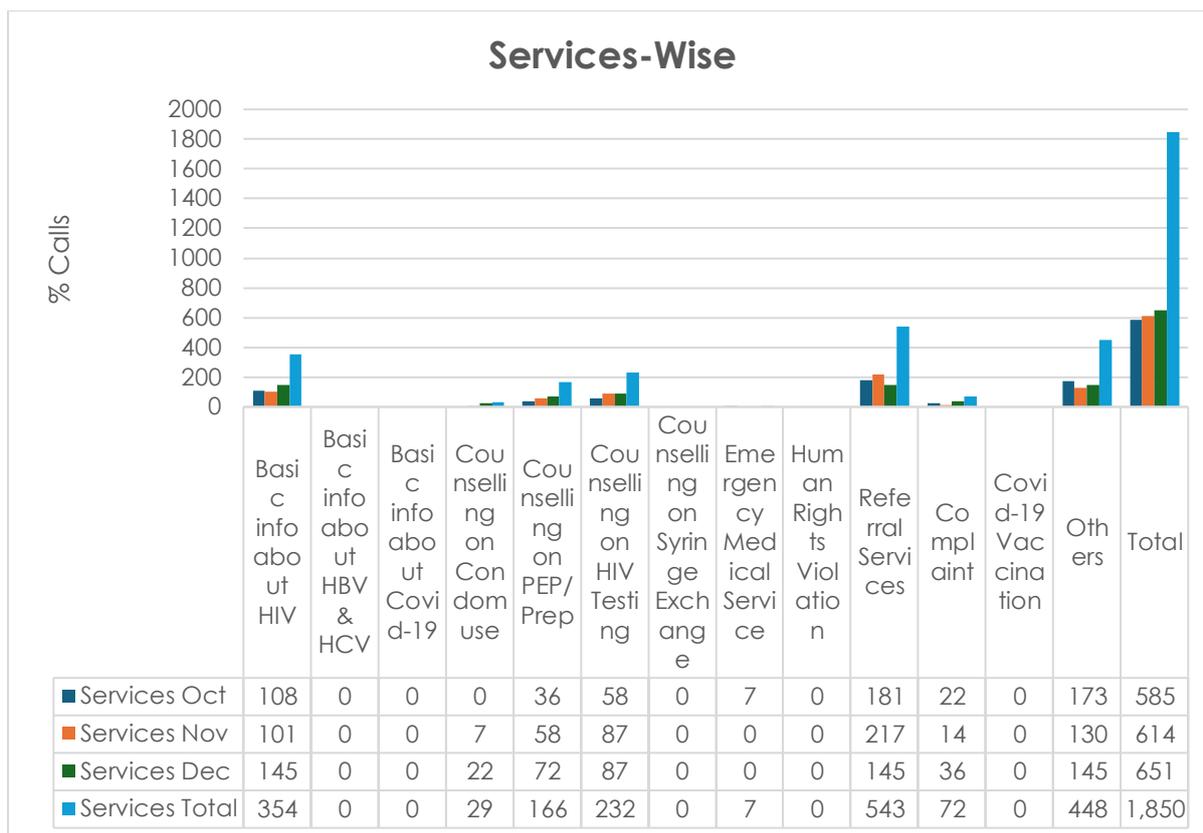
Annexure a (i, ii, iii): Graphical findings of Helpline Services



Graph i: Incoming Summary – Gender-Wise Calls Distribution



Graph ii: Incoming Summary – Province-Wise Call Distribution



Graph iii: Incoming Summary – Services-Wise Distribution.

Section-3

Recommendations

1. Recommendations

Based on the findings from Community-Led Monitoring, ART centre assessments, beneficiary feedback, helpline data, and the complaints and redressal mechanism during Q4 2025, the following recommendations are proposed to address priority system gaps and improve the quality, equity, and continuity of HIV services across Pakistan

a. Improve Availability of Adequate Infrastructure and Rooms at ART Centres

Many ART centres, particularly in Punjab, Sindh, Khyber Pakhtunkhwa, and Baluchistan, do not meet minimum infrastructure standards, including the availability of at least three functional rooms and separate spaces for different genders. Provincial AIDS Control Programs should prioritize infrastructure upgrades to ensure adequate consultation rooms, counseling spaces, and privacy for all clients. Interim measures, such as space reallocation within facilities, should be considered where structural expansion is not immediately feasible.

b. Institutionalize Stigma Sensitization and Rights-Based Training

Despite generally respectful staff behaviour, stigma and discrimination remain a recurring issue, including reports of service denial and refusal of hospitalization. Regular, mandatory sensitization sessions should be institutionalized for ART centre staff and allied hospital departments, focusing on HIV-related stigma, confidentiality, non-discrimination, and patient rights. These sessions should go beyond one-off trainings and be embedded into routine staff orientation and refresher programs, with monitoring of compliance and follow-up in facilities where repeated complaints are reported!

c. Ensure Continuity of Viral Load (VL) Testing Services

Clear national guidance is urgently required following changes in VL testing arrangements. ART centres should be formally notified of updated VL referral pathways and responsibilities. Administrative bottlenecks affecting VL testing in AJK must be resolved, including operationalizing the available CUBAS machine. The non-functional VL machine at PIMS Hospital requires urgent repair to restore services for ICT-based clients.

d. Strengthen Referral Systems and Staff Readiness

Gaps in referrals for PMTCT, Early Infant Diagnosis, transgender-specific services, viral load sample collection, and specialized care persist, particularly in Sindh & Baluchistan. Standard referral protocols should be reissued and reinforced, and ART staff should be oriented on existing referral networks, including linkages to community-based support and the APLHIV helpline.

e. Ensure Timely Fund Disbursement and Decentralized Approvals

Delays in fund disbursement directly disrupted CLM & helpline operations, outreach, and routine monitoring activities. Approval processes for operational expenses and supply releases should be simplified and decentralized to prevent service interruptions, ensure

timely payment of utilities, and support uninterrupted implementation of CLM and helpline services.

f. Improve Supply Chain Planning for ARVs, PrEP, and Contraceptives

While ARV availability was largely maintained, recurring shortages of PrEP and contraceptives were reported. Stronger forecasting, buffer stock maintenance, and closer coordination between CMU and PACPs are needed. Contingency plans should be developed to manage supply disruptions caused by strikes, administrative delays, or localized shortages.

g. Enhance Visibility and Integration of the Helpline at ART Centres

Although the helpline demonstrated strong performance in complaint resolution, its visibility at the facility level remains uneven. ART centres should prominently display helpline information, and staff should routinely inform clients about its use for information, referrals, loss-to-follow-up support, and grievance reporting.

h. Institutionalize Use of CLM and Helpline Data for Action

Routine analysis of CLM findings and helpline data should be formally integrated into provincial and national review meetings. This will support early identification of systemic issues, timely corrective actions, and stronger evidence-based planning and resource allocation within the national HIV response.