

MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT FOR PEOPLE LIVING WITH HIV

PROJECT COMPLETION REPORT BY THE ASSOCIATION
OF PEOPLE LIVING WITH HIV, PAKISTAN

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Acknowledgements

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The APLHIV extends sincere thanks to the United Nations Development Program (UNDP), for facilitation and supporting this project across Pakistan. The support from UNDP as Principal Recipient (PR) of the country Global Fund Grant GC-6 was instrumental. We acknowledge the support of UNDP.

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We also acknowledge the support of ART treatment centers and psychiatry fraternity who have engaged in this project and made it a success.

About APLHIV

The Association of People Living with HIV (APLHIV) is a Nationwide Network of people living with HIV and associated key populations. The APLHIV was established in 2008, in response to the absence of an appropriate platform to voice and address the human rights issues of People Living with HIV and associated Key populations /people and to provide them a quality of life with dignity. The APLHIV also provides an effective and vibrant venue to a wide range of National and International Organizations with diverse goals to get together to exchange and share HIV related resources and to engage in partnerships to enhance the quality, coverage and impact of their efforts to combat HIV epidemic and address the issues associated with HIV & AIDS.

The APLHIV collaborates with existing National structures, regional partners and International Non-Governmental Organizations (INGOs) for the implementation of various projects and activities. The partners include but not limited to government entities, UN agencies, regional, international partners and donor agencies. Advocacy, Monitoring, Research & Evaluation, Independence & Empowerment of the communities and System Strengthening are the main strategic directions of the APLHIV. The APLHIV operates across Pakistan and associated regions and has over 23000 PLHIV as registered members.

Vision and Mission

APLHIV envisions a society where PLHIV, those affected by HIV, and associated key populations have equal rights and live with dignity, free from stigma and discrimination.

The mission of the APLHIV aims to improve the quality of life for these individuals and their families, ensuring their active participation in society and contribution to the HIV response.

Key Activities/Areas of the APLHIV

Advocacy and Research

APLHIV engages in research, advocacy, community-led monitoring, empowerment, and system strengthening to support PLHIV and key populations. It has over 11 national level research studies to its credit.

Community Led Monitoring

The APLHIV is the pioneer of CLM in Pakistan and is engaged in CLM of HIV treatment services since 2014, which has remarkably improved the services. The APLHIV operates a

Complaint Management Mechanism, where complaints are received, processed and addressed. So far over 600 complaints have been addressed.

Community Engagement

As the National network, the APLHIV has been providing a vibrant platform to the PLHIV and associated Key Population for their meaningful engagement in the process that leads to make a difference in their lives. This includes consultative process for legislative measures, engagement of communities in developing NSP and Funding Requests for the Global Fund. For GF Grant-7 (GC-7) the APLHIV led ever biggest consultative process in the history of Pakistan, which helped in provision of services tailored to the needs of the communities.

APLHIV organizes events and interventions to re-engage PLHIV in treatment and care, addressing challenges such as disengagement from treatment. Provision of social and psychological services is the unique area of engagement of the APLHIV. APLHIV is striving to create an inclusive environment for all individuals affected by HIV and associated Key Populations.

Training and Institutionalization

The organization conducts training programs, for PLHIV, associated Key populations, Health care Providers. Increasing awareness and capacity building of PLHIV and associated communities on Human and Health Rights, Advocacy skills, Leadership skills, communication skills and community mobilization are few important areas where APLHIV is actively engaged.

National Toll-Free Helpline

The APLHIV is the pioneer and operator of the only national HIV toll-free Helpline in Pakistan. It operates on 24/7 basis.

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Acronyms and abbreviations

ASQ	Ask suicide screening questions
APLHIV	Association of People living with HIV
SW	Sex workers
GAD	Generalized Anxiety Disorder
MSM	Men who have sex with men
HIV	Human immunodeficiency virus
IBBS	Integrated Biological and Behavioral Surveillance
KPK	Khyber Pakhtunkhwa
Mental health gap	mhGAP
MHPSS	Mental health and psychosocial support
PHQ	Patient Health Questionnaire
TG	Transgender
UNAIDS	United Nations Joint Program on HIV/ AIDS
UNODC	United Nations Office on Drug and Crime
UNDP	United Nations Development Program
WHO	World Health Organization

Executive summary

According to the National Stigma Index 2.0., the APLHIV also conducted screening of PLHIV for depressive symptoms using patient health questionnaire (PHQ)-9. The secondary data analysis shows that 24.42% of the study sample had mild depressive symptoms, 16.89% had moderate depressive symptoms, 10.17% had moderately severe depressive symptoms, and 8.61% had severe depressive symptoms. Female sex, sex work, poor socioeconomic status, unemployment, substance use were predictors for depressive symptoms among PLHIVs.

Based on needs highlighted, APLHIV has designed a multi-tiered community-based pilot program for PLHIV screening for common mental disorders. The mental health disorders focused in pilot program included, depression, anxiety and suicidal behaviors. In the multitiered community based mental health and psychosocial support program (MHPSS) had following tiers; a) a community social mobilizer b) HIV treatment center counsellor c) HIV treatment center physician d) Psychiatrist. The pilot was rolled out at selected sites.

The project was implemented from Jan 2024-Dec 2024. It aimed to screen 5287 PLHIV whereas during the project screened 6524 PLHIV during project time making it 123% of the committed targets. Around 42.91% of the PLHIVs in the project were screened from Punjab, 18.39% from Sind, 6.28% from Khyber-Pakhtunkhwa (KPK) and 2.51% from Federal region or Islamabad. These figures are reflective of HIV burden, which is highest in Punjab followed by Sind and KPK. Overall, 20.92% of the PLHIV screened were men who have sex with men, 4.16% were sex workers and 2.39% were people who use drugs. (PWUD) It should be noted that since PWUD seek antiretroviral (ARV) refill from differentiated service delivery sites, they are underrepresented in this screening program. 36.49% had no depressive symptoms, while 11.41% had moderately severe and 2.63% had severe depressive symptoms. Of the PLHIVs screened 42.61% had no anxiety symptoms, while 23.17% had moderate and 9.74% had severe anxiety symptoms. The presence of suicidal ideation among PLHIV was asked using ASQ, 20.66% stated that they had suicidal ideation in last few weeks.

The current project identifies the burden of common mental health conditions among PLHIV however, the project was only piloted at selected sites, screening for common mental health conditions should be made integral part of the HIV treatment services We have focused on PLHIV screening only, however, key populations who are HIV negative may suffer from similar stigmatizing behaviors, research on burden of common mental health conditions and evidence driven MHPSS should be piloted in HIV key populations. We could not evaluate the impact of the program on mental health outcomes given scarcity of the resources, the impact of program on mental health and HIV outcomes should be evaluated if project is implemented in near future.

Project background

Pakistan is one of the countries in the world where HIV key populations are stigmatized and also penalized. Possession of drugs of any quantity, sex outside wedlock and same sex behavior are cognizable offence in the country. According to Section 377 of Pakistan Penal Code, same sex behavior can be penalized with life imprisonment or death sentence. There is also a high degree of stigma associated with the people living with HIV in the country. With the support of the Global Fund and United Nations Development Program (UNDP) Principal Recipient of the Global Fund HIV grant, the Association of People living with HIV, Pakistan has conducted National Stigma Index Study 2.0. The report highlighted the prevalent stigma in healthcare, non-healthcare, family and social setting faced by the people living with HIV (PLHIV). According to the study, 1.94% to 4.32% of participants reported exclusion from social or religious gatherings. About 17.57% of the study participants reported that they were aware of discriminatory remarks made by family members due to their HIV status in the past twelve months.

Leveraging on the resources of National Stigma Index 2.0., the APLHIV also conducted screening of PLHIV for depressive symptoms using patient health questionnaire (PHQ)-9. The secondary data analysis shows that 24.42% of the study sample had mild depressive symptoms, 16.89% had moderate depressive symptoms, 10.17% had moderately severe depressive symptoms, and 8.61% had severe depressive symptoms. Female sex, sex work, poor socioeconomic status, unemployment, substance use were predictors for depressive symptoms among PLHIVs.

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- i. A high burden of PLHIV registered at HIV treatment center
AND
- ii. Existing postgraduate residency program for psychiatry in the same hospital

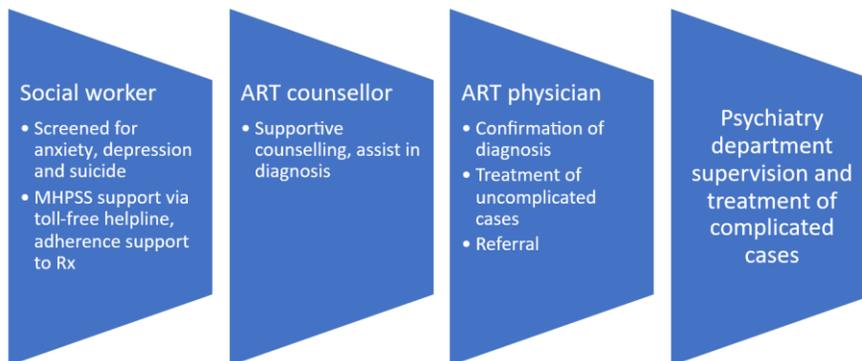
Ten centers were selected based on the criteria. The list of selected centers is attached as annexure 1 of this report. The human resource engaged were social mobilizers from within HIV Community, counselors, HIV treatment physicians and psychiatrist. Proper training manual was designed and three sets of training was conducted:

- i. Social mobilizers who were people living with HIV themselves were trained to screen PLHIVs based on PHQ-9, generalized anxiety disorder (GAD)-7 and ask for suicide screening questionnaire (ASQ). While, those with more than 10 score on PHQ-9 or GAD-7 or had active suicidal ideation were referred to counsellor.

- ii. The counsellor from HIV centers who was trained on identifying mental health conditions, project standard operating procedures and skilled in counselling, further screened the PLHIV and cases were referred to HIV treatment physician for clinical management.
- iii. The HIV physicians were trained in management of common mental health conditions based on World Health Organization (WHO), mental health gap (mhGAP) intervention guide by technical advisor who is also professor of psychiatry and a public mental health practitioner. Complicated cases were referred to psychiatrist.
- iv. In order to ensure that PLHIV are not stigmatized by psychiatrist and HIV physicians' cultural competence training was conducted. Training contents included understanding gender and sexuality, harm reduction, community subculture in Pakistan and stigma challenges they face in Pakistan.

Telephonic support was provided to the PLHIVs with significant mental health distress by the psychosocial support office based at the APLHIV office, Islamabad. The model is built on linkages and creating efficiencies in existing available resources with minimal human resources recruited specifically for the project. Only the social mobilizers were hired under the pilot program, whereas, counsellors and physicians are already deputed by the AIDS control program and psychiatrist by the specialized healthcare department. However, due to gaps in intra-department communication, sensitization on mental health, training of HIV physicians on mental health and lack of cultural sensitivity about PLHIV among the counsellors, HIV physicians and psychiatrist, coordinated services were not extended previously. Thus, the project was novel in context of Pakistan.

MHPSS model



Project activities matrix

Activities	Target quarter	Description	Activity completion details
Hiring of project staff	1	Hiring of the full-time positions supported by the grant in accordance with the policies highlighted in the APLHIV institutional manual	Project personal hired on time
Training Consultants hiring	1	Hiring of the two consultants who shall complete the project technical work and trainings.	<p>Project personal hired on time. Technical Advisor was Dr Nazish Imran, Chair and Professor of psychiatry at King Edward Medical University with FRCPsych, PhD and Masters in Health Profession education.</p> <p>Dr Usman Ali was technical Officer. He is MPhil in Public health and resident psychiatrist with 6 years' experience in HIV and 2 years in mental health. Criteria advertised was met against both positions</p>
Project inception meeting with AIDS Control Programs and Psychiatry units	1	Key stakeholders for project are AIDS Control Programs which run the ART centers, as well as the psychiatry units which we aim to engage. Formal memorandum of understandings with these stakeholders and physical meetings will be necessary for project roll-out.	Done in second quarter 28 May 2024, after consultants have developed their module as it was thought that the inception should include consultants as well a briefer on modules to be done. On 28 May 2024, inception meeting was held which was attended by UNAIDS, UNDP, National AIDS Control Program, Provincial AIDS Control Program of all provinces. Three Professor of psychiatry from selected centers, and psychiatry unit team members from other centers attended inception meeting. Meeting was attended by Professor Dr Imtiaz Dogar, Past President of Pakistan Psychiatric

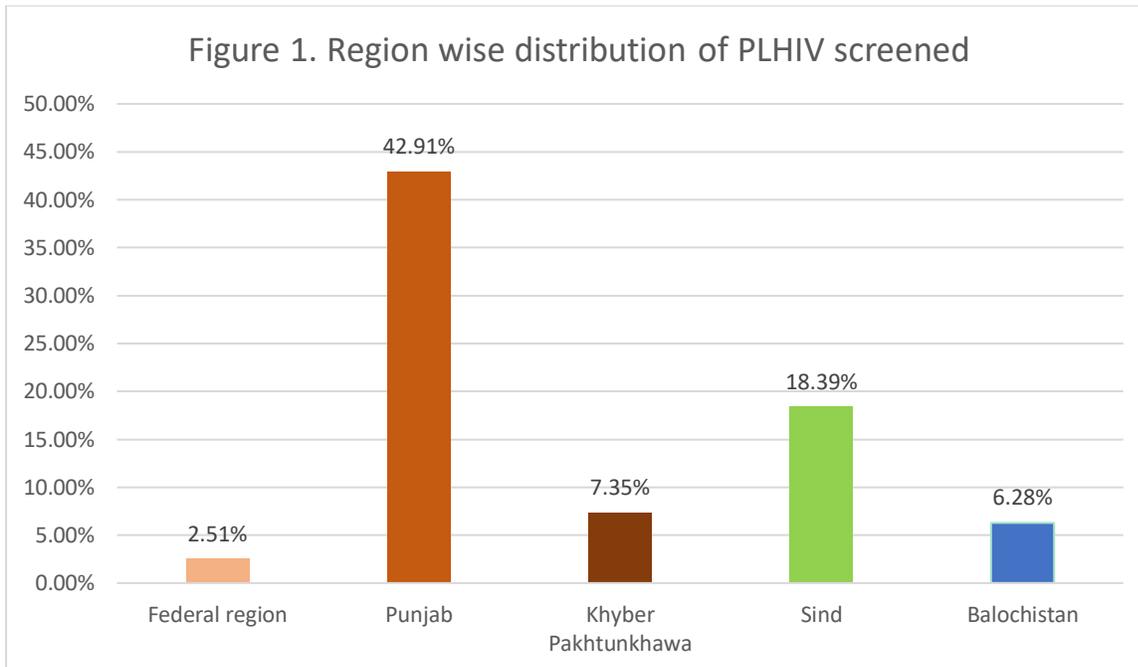
			Society, Professor Ali Madeeh Hashmi, Past General Secretary Punjab Chapter, Pakistan Psychiatric Society.
Desk review and analysis by technical advisor	1	The technical advisor shall conduct desk review and make recommendations on integrated mental health service delivery and strengthening of APLHIV helpline for mental health services for PLHIVs.	Completed in time.
Training manual development	1	Adaptation of mhGAP-IG for targeted population and translation of training material into Urdu language. We aim to include five modules of mhGAP-IG which are most relevant to our community. In addition, a cultural competence training manual will be developed for psychiatrists by technical officer.	Completed in second quarter. 41 paged training modules on common mental illnesses summarizing interventions and advice on management was developed. The delay was due to research carried out to ascertain capacity and cultural competence needs of medical fraternity in dealing with gender and sexual minorities. The protocol of the research was approved by the Ethics Review Committee of Sheikh Khalifa Bin Zayed Al Nahyan Hospital, Rawalakot, Pakistan (No. 12/ SKBZ/ CMH/ Rkt; Dated: 04 April 2024). Four consultant psychiatrists, nine postgraduate residents and eight members of gender and sexual minorities. Based on the findings of this assessment 33 paged training modules on cultural competence was also developed.

Development of Project monitoring and evaluation framework	1	Client level data sheet, facility level data sheet and donor reporting formats will be developed and approved by APLHIV leadership and donor. In addition, field monitoring plan will be made. In each quarter, the monitoring officer shall make a physical visit to each site of service (total 9 sites).	Completed on time
Conduction of 4 days training of ART physicians on mhGAP	2	Technical Advisor shall be responsible for this activity with logistic support from APLHIV. 9 ART physicians, 1 each ART center	Completed in end July 2024, due to sickness of technical officer (viral hepatitis). Instead of including nine ART centers, ten were included based on request from Balochistan AIDS Control Program as the program appreciated the pilot work.
Social workers Mobilizers and counsellors training on mhGAP-IG (4 days)	2	Technical Advisor shall be responsible for this activity with logistic support from APLHIV. 18 social workers, 9 counsellors, 1 per ART center	Completed in end July 2024, due to sickness of technical officer (viral hepatitis). Instead of including nine ART centers, ten were included based on request from Balochistan AIDS Control Program as the program appreciated the pilot work.

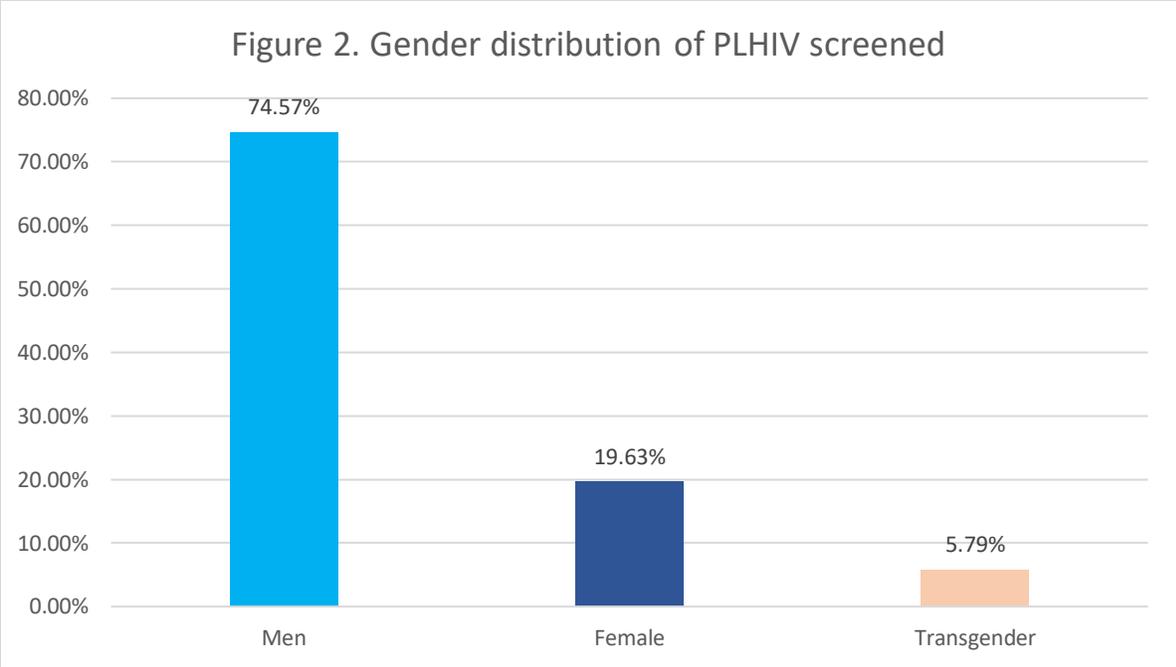
Cultural competence training of ART physicians and psychiatrist (02) days	2	The HIV key populations such as people who inject drugs, men who have sex with men, transgender and sex workers have a sub-culture of their own, have different sensitivities whereas healthcare workers often have to unlearn stigmatizing behaviors before extending healthcare services with integrity. These trainings will involve community activists and heroes sensitizing and training ART physicians and psychiatrists. Total participants (40) Technical officer shall be responsible for this activity with logistic support from APLHIV.	Completed in end July 2024. Instead of including nine ART centers, ten were included based on request from Balochistan AIDS Control Program as the program appreciated the pilot work. However, nine ART centers were trained
Provision of emergency psychological help for suicide and self-harm as well as tele-psychiatry referrals	2		Started well in time
Roll-out of services	2	18 social Mobilizers will screen PLHIVs for mental illnesses and make referrals to APLHIV helpline, ART physician and/ or psychiatry unit based on severity and need of client.	11 social workers were hired due to reduced funding.

Key Achievements

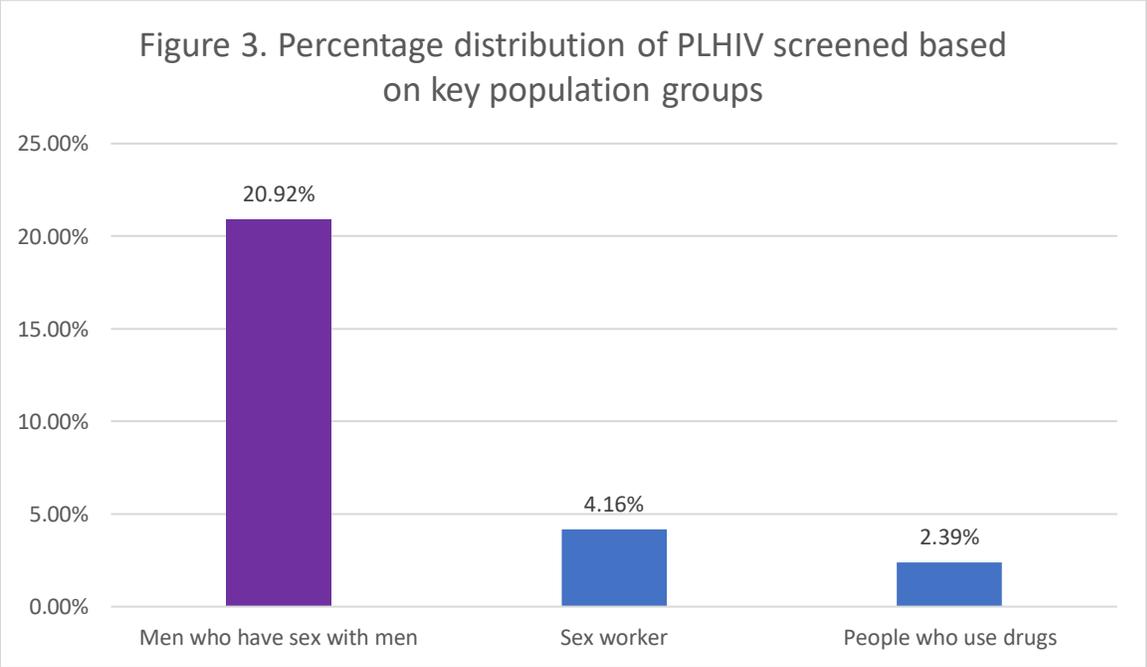
- The project was implemented from Jan 2024-Dec 2024. It aimed to screen 5287 PLHIV whereas during the project screened 6524 PLHIV during project time making it 123% of the committed targets.
- The region wise distribution of PLHIV screened is shown in figure 1. Around 42.91% of the PLHIVs in the project were screened from Punjab, 18.39% from Sind, 6.28% from Khyber-Pakhtunkhwa (KPK) and 6.28% from Balochistan, and 2.51% from Federal region or Islamabad. These figures are reflective of HIV burden, which is highest in Punjab followed by Sind and KPK.



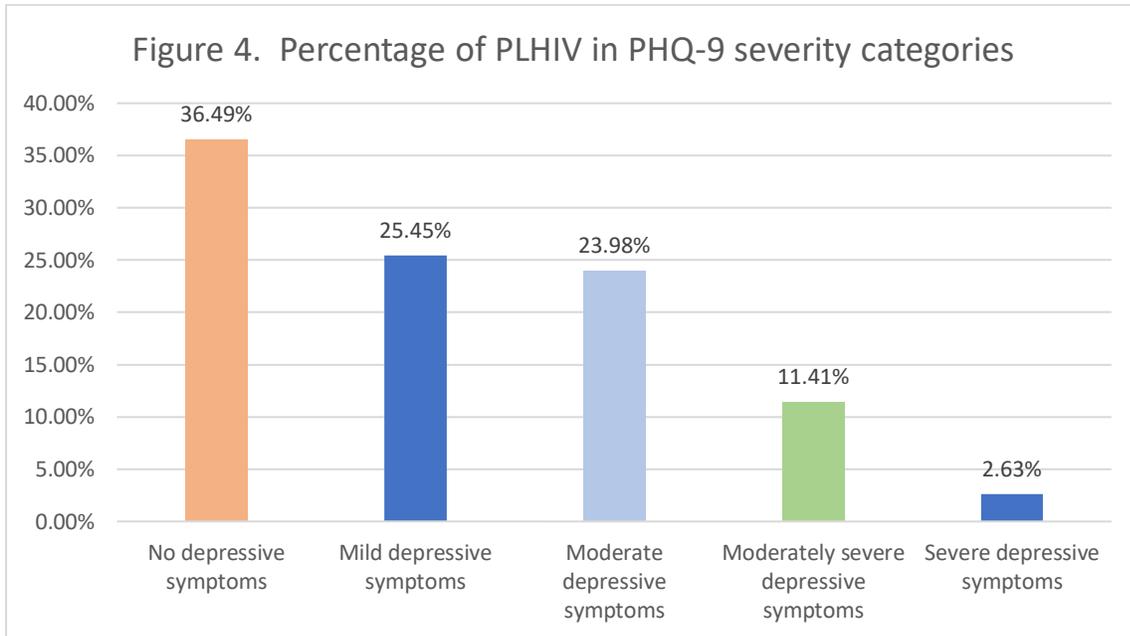
The gender distribution of the PLHIV screened is shown in figure 2. Of the PLHIV screened 5.79% identified as transgender people, 19.64% identified as women and 74.57% identified as men.



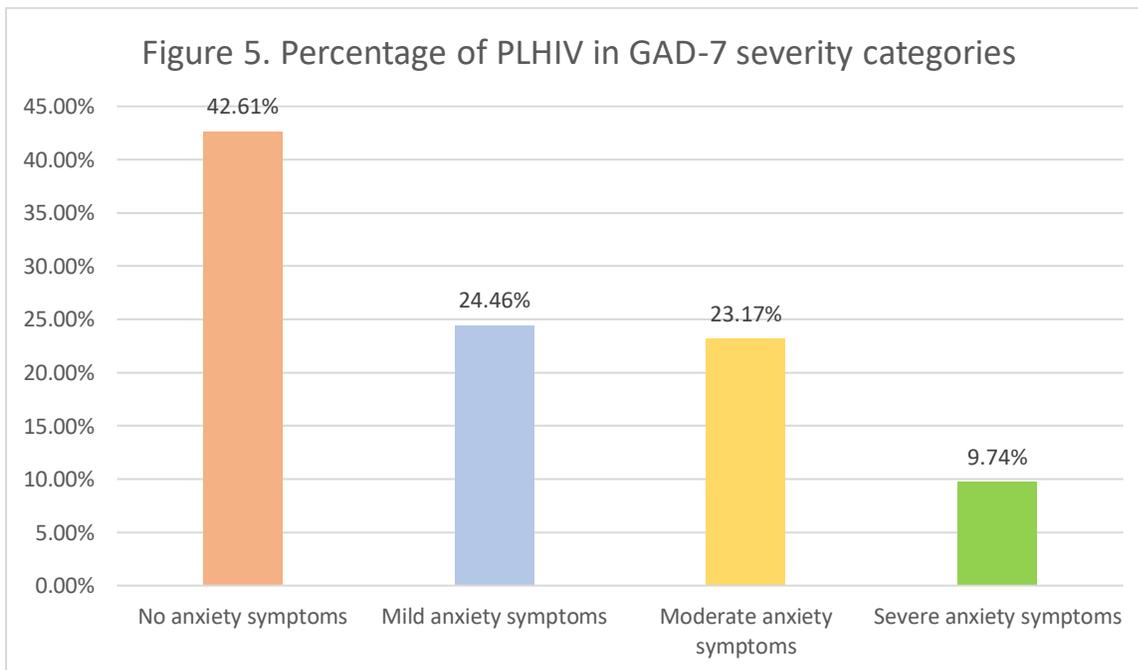
The key population-based distribution of the PLHIV screened is shown in figure 3. Overall, 20.92% of the PLHIV screened were men who have sex with men, 4.16% were sex workers and 2.39% were people who use drugs. (PWUD) It should be noted that since PWUD seek antiretroviral (ARV) refill from differentiated service delivery sites, they are underrepresented in this screening program. The other reason is non-disclosure of drug use/association with other KPs status due to stigma.



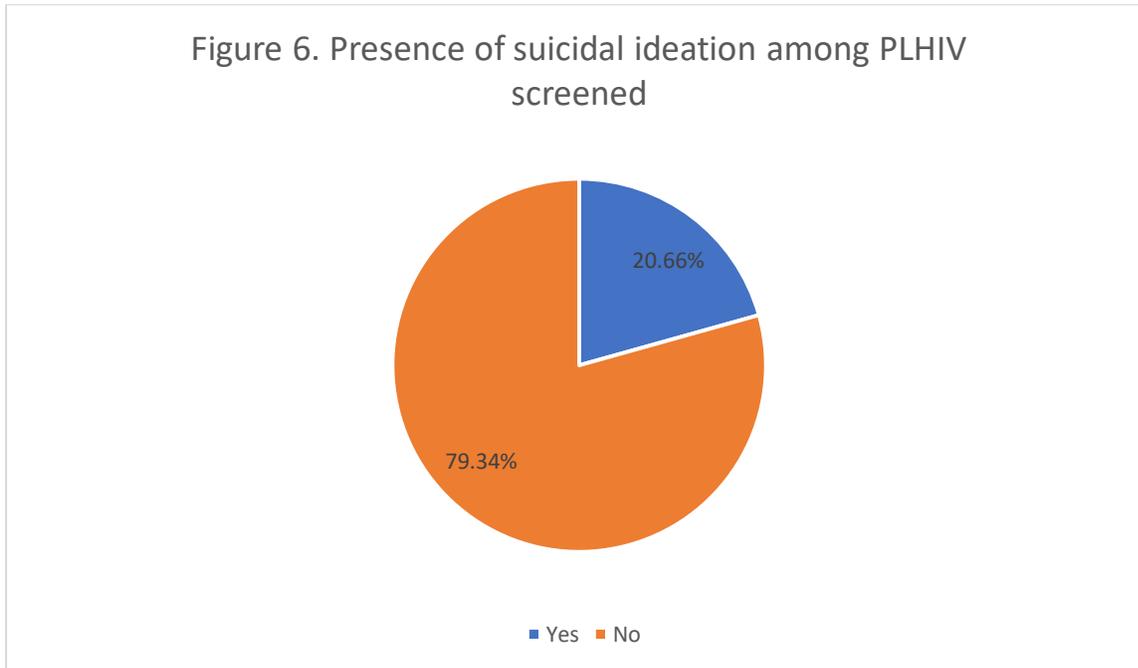
The categories of depressive symptoms based on PHQ-9 is show in figure 4. 36.49% had no depressive symptoms, while 11.41% had moderately severe and 2.63% had severe depressive symptoms.



The categories of anxiety symptoms based on GAD-7 is show in figure 5. Of the PLHIVs screened 42.61% had no anxiety symptoms, while 23.17% had moderate and 9.74% had severe anxiety symptoms.



The presence of suicidal ideation among PLHIV was asked using ASQ as mentioned above, 20.66% stated that they had suicidal ideation in last few weeks.



Of 2610 PLHIV with PHQ-9 and GAD-7 score of 10 or more, 2592 were referred to ART physician while 18 were referred directly to psychiatry unit due to acute need.

Recommendations

1. The current project identifies the burden of common mental health conditions among PLHIV however, the project was only piloted at selected sites, screening for common mental health conditions should be made integral part of the HIV treatment services
2. We have focused on PLHIV screening only, however, key populations who are HIV negative may suffer from similar stigmatizing behaviors, research on burden of common mental health conditions and evidence driven MHPSS should be piloted in HIV key populations
3. We could not evaluate the impact of the program on mental health outcomes given scarcity of the resources, the impact of program on mental health and HIV outcomes should be evaluated if project is implemented in near future. This requires a longitudinal follow-up with at least 1 year and optimal financial and technical resources. Further programs with longer duration, longitudinal follow-up and electronic monitoring system shall help in such impact evaluations

Annexure 1. Sites selected for MHPSS pilot program

The sites chosen for the project include:

- i. Lady Reading Hospital, Peshawar
- ii. Pakistan Institute of Medical Sciences, Islamabad
- iii. Nishter Hospital, Multan
- iv. Mayo Hospital, Lahore
- v. Services Hospital, Lahore
- vi. Jinnah Hospital, Lahore
- vii. Allied Hospital, Faisalabad
- viii. Sheikh Zayed Hospital, Rahim Yar Khan
- ix. Jinnah Postgraduate Medical Complex (JPMC), Karachi
- x. Bolan Medical Complex, Quetta