

# Fight HIV/AIDS Not People Living With HIV/AIDS



## HIV/AIDS PROJECT CLOSE OUT REPORT



Principal Recipient:

National AIDS Control Programme

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Sub-Recipient

Association for Community  
Development (ACD)

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## ACRONYMS

ACD	Association for Community Development
AIDS	Acquired Immune Deficiency Syndrome
APLHIV	Association of People Living with HIV
ART	Anti-Retroviral therapy
ARV	Anti-Retroviral
CHBC	Community Home based Care Centre
FATA	Federally Administered Tribal Area
FSW	Female Sex Worker
GF	Global Fund
GFATM	Global Fund to fight AIDS, Tuberculosis and Malaria
HIV	Human Immune Deficiency Virus
HRGs	High Risk Groups
HSW	Hijra Sex Worker
IDUs	Injecting Drug Users
KPK	Khyber Pakhtunkhwa
MARPs	Most at Risk Populations
M & E	Monitoring and Evaluation
MIS	Management Information System
MSW	Male Sex Workers
MSM	Male having Sex with Male
NACP	National AIDS Control Program
NGOs	Non-Government Organization
NFM	New Funding Model
PLHIV	People Living with HIV
PUDR	Progress Update and Disbursement Report
PR	Principal Recipient
SR	Sub-Recipient
SSR	Secondary Sub Recipient
SW	Sex Worker

TGs	Transgender
UN	United National
VCCT	Voluntary Confidential Counseling and Testing
VCT	Voluntary Counseling and Testing
WHO	World Health Organization

## **EXECUTIVE SUMMARY**

This closeout report is describing the challenging project of the “Care and Support of PLHIVs, their Family member and to the High Risk populations through Community Home based Care Centre” in the two very important region of the Khyber Pakhtunkhwa province i.e Harzara and Malakand regions including some part of the Federally Administrated Tribal Areas-FATA.

The Project was implemented in partnership with the National AIDS Control Programme (NACP) with the support from the Global Fund to fight against AIDS, Tuberculosis and Malaria (GFATM) through its New Funding Model (NFM) grant. The principle recipient of the grant was National AIDS Control Program (NACP), representing the Ministry of National Health Services Regulations and Coordination (MNHSR&C), Government of Pakistan. Association for Community Development (ACD) was selected as sub-Sub Recipient for the grant implementation in the aforementioned geographical areas. The Project started in March 2016 and ended in December 2017 after successful completion of its first phase as Single Stream Funding (SSF) grant from July 2014 to February 2016. The provincial Health Directorate Khyber Pakhtunkhwa provided technical guidance and support for the smooth running of the project.

The targets were revised in NFM grant for Community and Home Based Care (CHBC) Abbottabad site. With effective planning, support and coordination with the stakeholders like NACP, Provincial Health Directorate of Khyber Pakhtunkhwa (KP), Association of People living with HIV (APLHIV), ART Centers, local hospitals, labs and other stakeholders and ACD Management, it become possible to produce reasonable outcome of the activities and achieve the target at satisfactory level.

The project provided excellent learning and experience to ACD management and field teams. Despite of multiple implementation challenges the project broadened the scope of ACD in a new area of public health. During the project period both the CHBC Sites registered **679** PLHIVs against the target of **597** and **2097** family members against the target of **1791**. During the project duration 3176 HIV screening test were conducted against the target of 3150 out of which 1759 were conducted in NFM grant.

The outreach team was primary responsible for filed activities at different locations, VCT Nurse/ Counselor was responsible for the VCCT service provision. Data Entry Operator to record the data on daily basis in the online data base of NACP. The Site Manager and finance officer performed the function of monitoring the programmatic and financial progress of the activities both at field and office level.

NACP and Directorate of Health Khyber Pakhtunkhwa and ACD senior management monitored the CHBC performance regularly. CHBC site manager was responsible for monitoring field activities for timeliness and quality of services.

ACD shared Monthly/Quarterly progress reports on approved reporting formats with NACP and Provincial Health Directorate of Khyber Pakhtunkhwa.

## **1. PURPOSE OF THE REPORT**

This closeout reports intends to document the following;

- Progress of the project in terms of field activities.
- Summarize the financial expenses that incurred on implementation.
- The challenges faced during the implementation of project activities.
- Formally report close out of the project to our donor.
- Lesson learned during the implementation.

## **2. ASSOCIATION FOR COMMUNITY DEVELOPMENT-ACD**

Association for Community Development (ACD) is a non-governmental humanitarian organization registered in Pakistan with The Registrar Joint Stock Companies and Societies, Government of Khyber Pakhtunkhwa under the societies Act XXI of 1860 and with the Directorate of Social Welfare, FATA Secretariat under the Voluntary Social Welfare Agencies (Control and Registration) Act of 1961.

The aim of the society is “to improve preventive, promotive, curative and rehabilitative health services for the local and refugee population in Pakistan, regardless of race, religion or political affiliations.

ACD since the beginning as an NGO has worked with the government health department, UN agencies, WHO, international and national partners. During these years, international and national evaluators and auditors have assessed ACD’s technical, administrative and financial management capacities.

ACD works with in the frame of National Health Care standards and policies, and therefore, focuses its activities on strengthening the existing structures and operationalizing the national guidelines. ACD has achieved significant results in strengthening health management information systems, building the capacity of mid and low-level health professionals, working with village health committees, general communities, key advocates, media representatives and volunteers advocating for better health care, creating community awareness regarding health issues, promoting health seeking behavior and ensuring provision of quality basic health care. ACD supported programs have been implemented in close collaboration at the district and provincial levels advocating for favorable changes in patient care, improvement in health services, capacity building and community empowerment.

An important strength that ACD has is its contacts with the government departments, knowledge of the geographical area and effective working relationship at the district and provincial level. Moreover, as ACD has implemented community-based programs it has a good knowledge of social and cultural norms of the communities living in the Khyber Pakhtunkhwa.

## **3. BACKGROUND OF THE CURRENT PROJECT**

Pakistan is a country having a concentrated HIV epidemic, with a prevalence of **36%** among People Who Inject Drugs (PWID) the prevalence is **5.2%** among Hijra (Transgender) Sex Workers (HSW), **1.6%** among Male Sex Workers (MSW) and **0.6%** among Female Sex Workers (FSW), while it is under **0.1%** in the general population. HIV prevalence is on the rise in the most at-risk population in Pakistan. In Pakistan injecting drug use is recognized as the main driver of the HIV epidemic with 36% HIV prevalence in PWIDs

(IBBS Round IV 2011) reason being the high level of needle/syringe sharing and lack of Syringe Needle Exchange Programs in the area

National AIDS Control Program (NACP), Ministry of National Health Services Regulations and Coordination, Government of Pakistan is striving hard to provided quality care services to its targeted Key populations in the country through innovative approaches implemented with the support of its partners and Provincial AIDS programmes.

Association for Community Development (ACD) established two CHBC Sites at Abbottabad and Malakand in the SSF grant with the close collaboration of Principal Recipient (PR) of the Global Fund Grant i.e. National AIDS Control Program (NACP), Ministry of National Health Services Regulations and Coordination, Government of Pakistan and Provincial Directorate General of Health Services KPK.

The main purpose of these sites was to provide care and support, quality VCCT and comprehensive CHBC services to PLHIVs, their family members and to access High Risk Groups (HRGs) and provide them complete and updated information regarding HIV-AIDS and its co-infections. The SSF grant was closed in February 2016 and the same Project was extended by NACP under the New Funding Model-NFM with the same objective and activities. The main concept focused on the Public Private Partnership to enhance management and implementation capacity at the provincial and district level for improved health care and support services at the same time reducing physical, psychological and socio-economic harm for the people living with HIV/AIDS.

#### **4. CATCHMENT AREA OF THE PROJECT**

The two sites are catering for the populations of the following districts and agencies. The geographical area is wide spread and the terrain is difficult and mountainous, moreover; most of the districts are rural with conservative populations making outreach challenging for the field staff.

**Table 1: Districts and Agencies Covered by Each CHBC Centre**

CHBC	District/Agency Covered
Abbottabad	<ol style="list-style-type: none"> <li>1. Abbottabad</li> <li>2. Haripur</li> <li>3. Mansehra</li> <li>4. Battagram</li> <li>5. Kohistan</li> </ol>
Malakand	<ol style="list-style-type: none"> <li>1. Malakand</li> <li>2. Buner</li> <li>3. Shangla</li> <li>4. Swat</li> <li>5. Lower Dir</li> <li>6. Upper Dir</li> <li>7. Chitral</li> <li>8. Bajaur Agency</li> </ol>



## 5. OBJECTIVES AND ACTIVITIES OF THE PROJECT

### Objective of the Project

**Improve access to HIV care and treatment support for PLHIV and their family members through the provision of CHBC services and improved referral mechanisms to ART sites**

Activities conducted for Community and Home Based Care included:

Provision of psychosocial and nutritional support

Improve livelihoods via socioeconomic support and job creation for PLHIV

Care for children affected by HIV & AIDS

Provision of social support network for PLHIV

Expansion of VCT to increase detection and uptake of PLHIV

Support ARV treatment adherence for adults and children

Provide referral support to clients for HIV-treatment related services

Build supportive relationships with local community and faith-based groups working with high-risk populations

## **6. Components of the project**

Following were some of the services provided through the CHBC sites

### **6.1. Outreach**

Accessing the key population PLHIVs and High Risk Groups through the Outreach was an important component of the CHBC and it focused on the following;.

- Accessing the PLHIVs and High Risk groups
- Building rapport with the target community
- Providing complete information regarding HIV/AIDS and other opportunistic infection
- Creating awareness about Risky behaviors
- Informing on transmission of HIV/ADIS and other related infections
- Providing Comprehensive CHBC and VCCT Services for PLHIVs and their family members and for High Risk groups available at CHBC Sites.

### **6.2. Counselling Services**

Counseling and testing services for PLHIVs, their family and for the high-risk groups was one of the main activities of the project. Client centered approach was adopted for this activity which proved beneficial in accessing PLHIVs and their families. It contributed to acceptance of the services by the target community, reducing stigma to some extent and improving clients understanding about HIV and related infections. It also motivated clients to the treatment adherence and screening of their relations who were previously not utilizing the available services in the public health facilities.

### **6.3. Testing Service**

The CHBC site provided HIV testing facility in the center after pretesting counselling with the clients. WHO approved and NACP recommended Three HIV Rapid Diagnostic Testing Kits were used for this purpose.

### **6.4. Management Information System (MIS)**

The MIS system is the online database where CHBC Sites recorded client's data on the daily basis strictly maintaining the confidentiality protocols recommended by the NACP. Access to data was secured with a user name and password provided by NACP to the concerned persons.

### **6.5. Comprehensive CHBC Services**

CHBC sites provided comprehensive services to the PLHIVs to enhance their motivation for treatment adhering. Similarly, some services were provided to facilitate the PLHIVs family members. These services included;

- Voluntary Confidential Counseling and Testing (VCCT) service to the PLHIVs family members other sex partners of the PLHIV if any and for the high risk population.
- Outreach activities to identify new HIV patients and to provide approved set of services to the PLHIVs and their family members.
- Nutritional Support/Food Packages to those PLHIVs with limited income to support their families.
- School Support packages to PLHIVs children to support their education needs.
- Skill development and support for the PLHIVs to increase their income sources.

- Regular Medical referral and other medical investigations support to PLHIVs for their regular medical follow-up visit to ART Centers for ARVs and other medication.
- Building supportive relationship with local community and faith based groups working with high risk population. This activity was used for dissemination of information regarding HIV-AIDS.

## 7. TARGET VS ACHIEVEMENTS

The following figure shows achievement of the CHBC's against the following three Performance Indicators;

1. Number of PLHIV receiving comprehensive CHBC services.
2. Number of family members receiving comprehensive CHBC services.
3. Number of people who received VCCT services for HIV through CHBC & received their test.

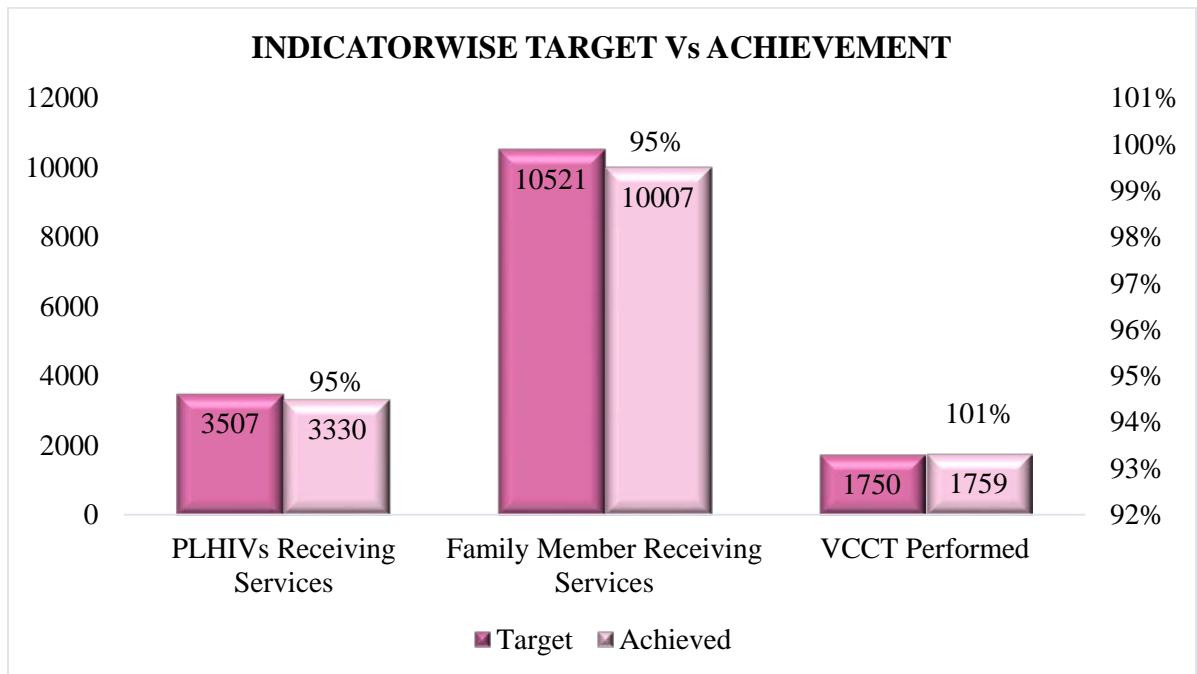


Figure 1

### 7.1. PLHIVs Registered

PLHIVs registered with both CHBC sites, according to the most at risk population (MARP) groups are as following:

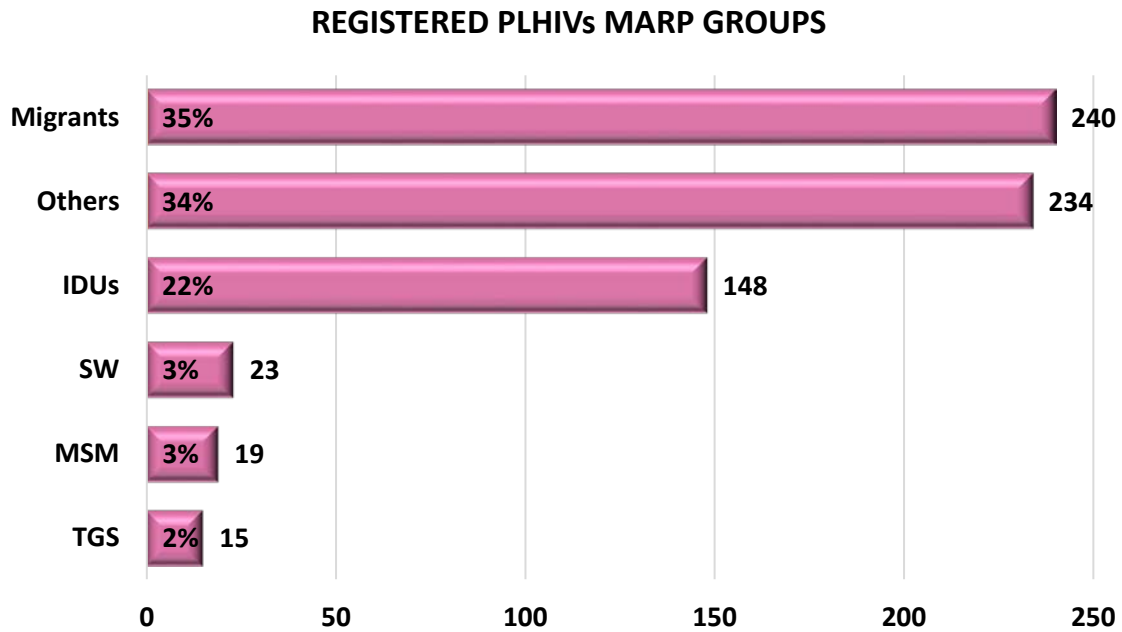


Figure 2

## 7.2. Family Members Registered

Family members registered with both CHBC sites according to MARP group.

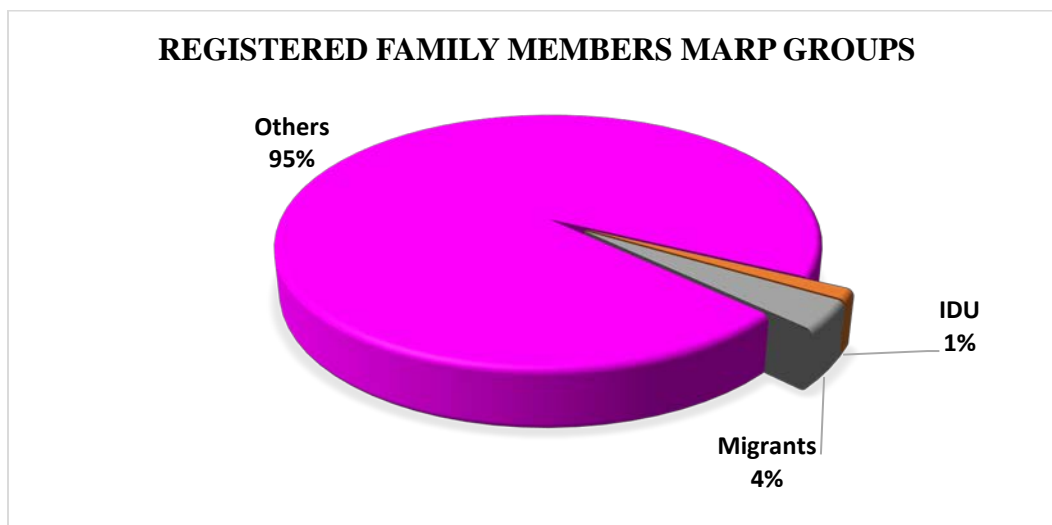


Figure 3

### 7.3. VCCT Provided

VCCT services provided at both CHBC sites to MARP group:

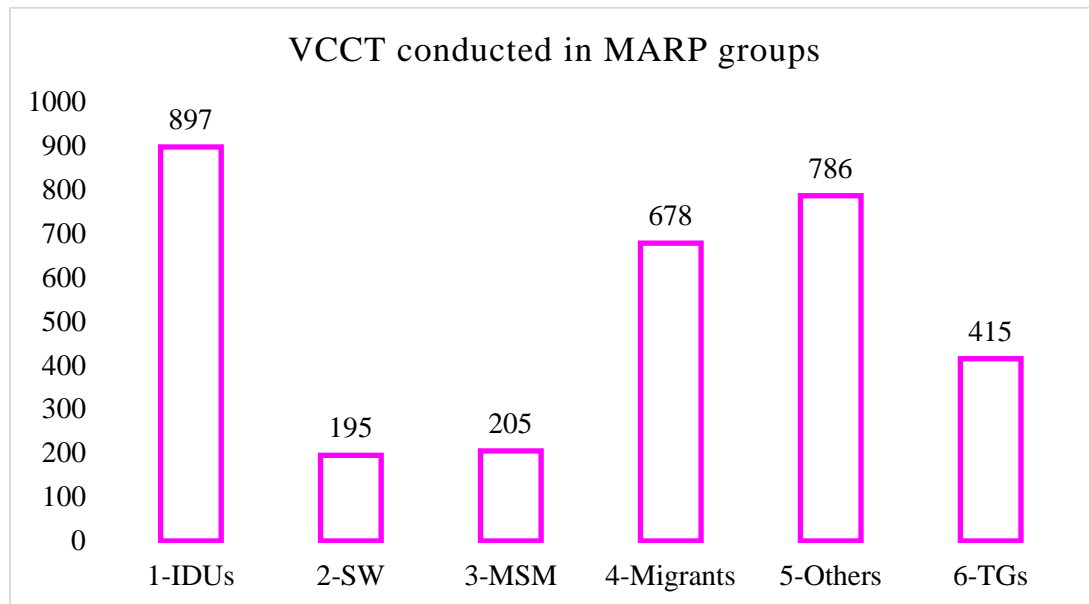


Figure 4

## 8. CHALLENGES/HURDLE FACED DURING THE PROJECT

CHBCs faced multiple challenges in the implementation of project that kept project team under tremendous mental and physical pressure. We were often faced with covering the tough target of the activities caused by a number of obstacles that will be summarized in the following paragraphs. However; CHBCs managed to overcome these challenges by determination, hard work and team support, and were able to achieve the desired targets at satisfactory level.

- Since working in the HIV/AIDS projects in 2014, CHBCs faced a lot of challenges to disseminate information about HIV/AIDS and to bring positive change in the minds of common man to reduce the stigma and discrimination associated to the disease.
- This give us courage and commitment to work for the depressed and deprived affected population who facing many hurdle because of their HIV positive status. Pakistan and particularly Northern districts of Khyber Pakhtunkhwa province having very conservative society who are not accepting the reality of HIV transmission, they only associated HIV as the sex born disease and discriminating the HIV affected populations.
- There is a strong stigma attached to this particular health condition and many clients are not willing to expose their status and therefore; do not come for registration.
- The public sector as well as the private sector laboratories do not keep record of the clients that are diagnosed positive, therefore; it become very difficult to trace such clients. Moreover; most of the labs do not declare positive results to the clients and therefore many go uninformed.
- Catchment area for the CHBC sites is very scattered that makes access to clients difficult.

- Many clients after registration were not willing to visit ART Centre for ARVs and other detailed medical investigation because the ART Centre are located far away from the CHBC Sites, secondly due to the myths attached with the disease make them **conscious** to visit the ART Centre.
- Delay in the fund transfer was also a big challenge for CHBCs, usually it were transferred in the second month of the each quarter which make the service provision very tough.
- Official vehicle was not provided to CHBC Malakand for smooth running of their filed activities to the faraway target areas
- No proper training provided by PR to CHBC staff in their specialize field and they were carried out their activities as per their Manager Understandings and guidelines provided by NACP in the written form.

## 9. MONITORING & EVALUATION

ACD Site Managers and finance officers performed the function of monitoring the programmatic and financial progress of the activities. ACD management also monitored the field performance from time to time and as per need.

- The Site Managers monitored the field activities with the frequent field monitoring visits and advised the ORWs accordingly. Day to day monitoring was also the responsibility of the Site Manager.
- The finance officer was responsible for the monitoring of the activities at financial aspect.
- The provincial coordinator of the APLHIV visits the CHBC Sites quarterly and conducted the interviews of the PLHIVs at Site and report the findings to the PR and APLHIV.
- The Monitoring and evaluation associate of PR also visited the CHBC Sites once a quarter for data verification and for checking the records in their respective registers.
- Senior Project Coordinator of PR also visited the Sites to check the service provision to the clients and the performance of the CHBCs.
- CCM also visited the CHBC Abbottabad Site to verify the project interventions at the area both programmatic and financial aspect.
- The Finance Specialist of NACP also visited the CHBC Sites to monitor and verify the financial activities, bills, voucher, files etc.
- The provincial Health Directorate of Khyber Pakhtunkhwa also monitored the work of the CHBC Site with intervals and report the finding to the PR accordingly.
- Overall the monitoring report for the Sites were very positive to put the things on the right track and to ensure the quality services provision to the clients according to the guidelines of the Global Fund and National AIDS Control Program.

## **10. LESSON LEARNED**

- There is a strong stigma attached with this particular health condition and many clients are not willing to expose their status and do not come for registration due to which CHBC teams faced many problems. The Managers implemented different strategies to take best possible out comes from project activities and utilize staff effectively. Initially the ORWs came daily to CHBC and they plan to go to field for outreach, which was time consuming process. Then Site Managers decided to place their ORWs on their allocated district which produced fruitful results. This lesson was learnt during the implementation of project activities.
- The public sector as well as the private sector laboratories do not keep record of the clients that are diagnosed positive, therefore; it become very difficult to trace such clients. Moreover; most of the labs do not declare positive results to the clients and therefore many go uninformed, CHBCs trying to develop positive linkages with the public and private laboratories and hospitals for referring HIV Positive clients and also advised them to keep record of the positive clients, initially it was very difficult to convince them for keep record and referral but continuous coordination they start to refer clients and keeping their record with confidentially.
- Catchment area for the CHBC sites is very scattered including hilly remote rural areas that makes access to clients difficult, with proper planning, commitment and different strategies CHBC Teams try their level best to reach the client in those tough areas with available limited resource to produce maximum positive outcome.

## **11. CONCLUSION**

The overall performance remained satisfactory and the project achieved its desired targets to acceptable level. Although many challenging situations aroused during the course of implementation but the dedication, commitment and support extended by all stakeholders made this challenging task achievable.

## **12. ACKNOWLEDMENT**

The CHBCs pay their sincere gratitude to all stake holders including the Global Fund, National AIDS Control Program, Provincial Health Directorate of Khyber Pakhtunkhwa province, ART Centre, APLHIV, District Health Authorities, other stakeholders, ACD senior Management and project team for their tireless efforts, dedication and ownership of the project without which the implementation of the project was not possible.