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# **Pakistan HIV/AIDS Prevention and Care Project (PHAPCP)**

Annual Report No. 1

February 1, 2006 – January 31, 2007

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Prepared for  
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The author's views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development or the United States Government.

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<sup>1</sup> RTI International is a trade name of Research Triangle Institute.



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## List of Acronyms

ABC	Abstinence, Being faithful, and using Condoms for high-risk sex
AFAC	Anjuman Falah-o-Behbood HIV/AIDS Council
AIDS	Acquired Immunodeficiency Syndrome
APRO	Asia/Pacific Regional Office (of FHI)
ART	Anti-retroviral Therapy
ARV	Anti-retroviral medication
ASEER	Awareness on Social Economic Education Right Foundation
BCC	Behavioral Change Communication
CoC	Continuum of Care
C&S	Care and Support
CHBC	Community and Home-based Care
C&T	Counseling and Testing
CTO	Cognizant Technical Officer
HRDS	Human Development and Relief Society
HIV	Human Immunodeficiency Virus
FHI	Family Health International
FSW	Female Sex Worker
GFATM	The Global Fund to Fight AIDS, Tuberculosis and Malaria
GoP	Government of Pakistan
IA	Implementing Agency
IDU	Injecting Drug User
IR	Intermediate Result
MARP	Most-at-risk Population
MWT	Mehran Welfare Trust
MFR	Monthly Financial Report

MOH	Ministry of Health
MSM	Men who have sex with men
MSW	Male Sex Worker
NACP	National AIDS Control Program
NGO	Non-Governmental Organization
NLACS	New Light AIDS Control Society
OSD	Organization for Social Development
PACP	Provincial AIDS Control Program
ORW	Outreach Worker
PHAPCP	Pakistan HIV/AIDS Prevention and Care Project
PLWHA	People Living with HIV/AIDS
PLYC	Pakistan Lions Youth Council
QPR	Quarterly Progress Report
RTI	Research Triangle Institute
SALBWS	Shah Abdul Latif Bhitai Welfare Society
SARHAD	Support Agency for Rural and Human Association's Development
SBC	Strategic Behavioral Communication
SO	Strategic Objective
SOP	Standard Operating Procedures
STI	Sexually Transmitted Infections
UNAIDS	Joint United Nations Programme on HIV/AIDS
YWA	Youth Welfare Association



## I. Project Overview

The USAID/Pakistan HIV/AIDS Prevention and Care Project (PHAPCP) is a three-year project supporting the expansion of HIV/AIDS prevention, care and support activities and capacity building in Pakistan. The project supports USAID's Strategic Objective 7 (SO 7) "to improve health in vulnerable populations in Pakistan," and more specifically contributes to Intermediate Result (IR) 7.3, "Improved use of proven interventions to prevent major infectious diseases." The project's objectives are to:

1. Increase the involvement of non-governmental organizations (NGOs) and other institutions in the provision of targeted HIV prevention interventions among most-at-risk populations (MARPs) and high-risk youth.
2. Increase the capacity of NGOs, the National AIDS Control Program (NACP) and Provincial AIDS Control Programs (PACPs) in implementing quality HIV/AIDS programming.
3. Strengthen the care and support activities for people living with HIV and AIDS (PLWHA).

PHAPCP began in February 2006 and will end in January 2009, and is implemented by RTI International (RTI) in partnership with Family Health International (FHI).

The PHAPCP task order agreement became effective on February 7, 2006. This annual report covers the period from February 7, 2006 to January 31, 2007.

## II. Summary of Year One Activities

This report summarizes major PHAPCP project activities from February 2006 to January 2007. In the first few months of project operations, PHAPCP staff focused on start-up activities which included transitioning from the IMPACT project, hiring new staff, orienting USAID, other organizations and implementing agencies (IAs) to the new project and developing the Year One work plan and monitoring and evaluation (M&E) plan. Four IAs previously engaged under the IMPACT project were selected to serve as PHAPCP IAs while new sites were also identified for expansion. Other key activities included building on existing HIV prevention activities for MARPs and high-risk youth in targeted areas and establishing new prevention activities, where necessary. In order to strengthen capacity of PHAPCP-supported IAs, the NACP and PACPs to implement quality HIV/AIDS programming, the project provided technical trainings in HIV prevention, care and support as well as organizational and financial management. The training topics included targeted interventions, strategic behavioral communication (SBC) and community- and home-based care (CHBC). PHAPCP staff continue to build IA capacity through regular mentoring sessions and supportive field visits. One of the project's major focuses was enhancing care and support activities for PLWHA including

palliative care, social, psychological and financial support. These services were provided through a team of outreach workers (ORWs) who visited HIV-positive clients at least twice a month. For advanced medical care, PHAPCP established linkages with tertiary care hospitals to which PLWHA were referred by ORWs. All of these activities were conducted in consultation and coordination with USAID's Cognizant Technical Officer, the NACP, PACPs, UNAIDS and other partners working in HIV/AIDS prevention, care and support.

PHAPCP accomplished most of its activities from its Year One work plan. These are described below in greater detail. Furthermore, in the fourth quarter of Year One, PHAPCP began work on expanding the project to additional sites in Sindh, Baluchistan and NWFP. After a transparent and competitive process with a full participation from PACP program managers and USAID, three new IAs were selected: Shah Abdul Latif Bhitai Welfare Society (SALBWS) in Karachi, Support Agency for Rural and Human Association's Development (SARHAD) in Peshawar, and Anjuman Falah-o-Behbood HIV/AIDS Council (AFAC) in Turbat. Additionally, Human Development and Relief Society (HRDS) in Peshawar and Youth Welfare Association (YWA) in Karachi were provided with subgrants through SALBWS and SARHAD, respectively, to complement their HIV prevention activities. Activities in the additional sites commence February/ March 2007.

## **Accomplishments**

### **Objective 1: Increase the involvement of NGOs and other institutions in the provision of targeted HIV prevention interventions among MARPs and high-risk youth**

During the first year, PHAPCP ensured that all HIV prevention activities to promote reduction and elimination of risk behaviors followed an ABC approach (abstinence, being faithful, and using condom for high-risk sex), and improved health seeking behavior. PHAPCP focused on an integrated program of proven HIV prevention interventions for MARPs, including peer education and outreach, drop-in centers, and early diagnosis and management of sexually transmitted infections (STIs) linked with HIV counseling and testing (C&T). Outreach and peer education activities provided the link to user-friendly STI diagnosis and management services when needed.

PHAPCP selected three IAs in Year One to implement and scale-up these HIV prevention interventions targeting MARPs, including male and female sex workers and their clients and high-risk youth, as originally initiated under the IMPACT project. The three IAs are the Organization for Social Development (OSD) in Rawalpindi, Awareness on Social Economic Education Right Foundation (ASEER Foundation) in Multan, and Mehran Welfare Trust (MWT) in Larkana. In all three sites, high-risk youth, especially street youth associated with MARPs in the project areas, were part of the outreach and peer education programs. Peer education focused on improving their HIV prevention knowledge and skills. Activities were adapted for each target group in each location to

maximize effectiveness. In all sites, strong referral systems were set up to ensure that target groups were directed to STI screening and C&T services and if found HIV positive, individuals were referred to care, support and treatment services through another PHAPCP-supported IA, New Light AIDS Control Society (NLACS), operating in Karachi, Lahore, Multan and Rawalpindi. In addition, the Pakistan Lions Youth Council (PLYC) in Multan received project support for its STI clinic as a subgrantee of NLACS to provide STI services to MARPs referred by ORWs. This has helped strengthen the referral linkages between PLYC and NLACS, improving services for HIV-positive individuals who were identified through project activities.

One of the PHAPCP's primary contributions to HIV prevention activities was the provision of technical assistance to build the capacity of seven local NGOs in project management and various technical areas, including SBC, STIs and CHBC for PLWHA. Specific capacity building activities included monthly and quarterly peer educator trainings. During these workshops facilitated by the project IAs, basic HIV education and prevention information was shared. The training sessions focused on the effective use of behavioral change communication (BCC)/SBC materials and enhancing interpersonal communication with MARPs for HIV/STI service delivery. Outreach workers who attended these events remained active and became instrumental in referring MARPs to STI services. In Year One, the project trained 387 individuals on HIV/AIDS prevention methods.

As noted earlier, in the last quarter of Year One PHAPCP identified three new IAs, SALBWS in Karachi, SARHAD in Peshawar, and AFAC in Turbat, to provide project-supported HIV prevention activities. These activities commence in February/March 2007.

The following are key accomplishments under Objective 1 during the first year.

#### *HIV Prevention Education Activities*

To create awareness in most at risk groups and community in general, the ORWs used innovative BCC tools and strategies including puppet/theatre shows at least once per quarter for HIV prevention "edutainment." ASEER in Multan organized four puppet shows in high-risk areas of the city for local youth and stakeholders. Peer educators and ORWs acted, facilitated role plays and disseminated simple messages about HIV and TB prevention in local languages. During the show, ORWs and peer educators distributed leaflets which included information on HIV transmission and prevention. They also addressed risky behavior and treatment seeking behavior. These sessions were popular and quite interactive. At the end of each puppet show, most participants asked questions about modes of HIV transmission and where and how they could get tested for HIV. Approximately 160-250 individuals attended each show.

Similarly, MWT in Larkana held sport events such as cricket matches between the AIDS Awareness Cricket Clubs to promote healthy behaviors for a HIV risk-free life. Banners were displayed and BCC materials were distributed. More than 75 people attended these events.

The annual target for reaching high-risk youth through community outreach to promote abstinence and/or being faithful was 1,400. PHAPCP exceeded this target by reaching 1,672 high-risk youth in the first year. Achieving these high results was facilitated in part by the project strengthening the HIV prevention knowledge and skills of approximately 25 ORWs and more than 400 peer educators (PEs), who were then better equipped to successfully reach out to these youth.

#### *Increased Access to STI and VCT Services*

OSD, MWT, PLYC and ASEER provided community-based STI services to MARPs in their respective project sites. Trained medical staff provided syndromic treatment to nearly 1,200 STI clients including counseling to more than 400 individuals. Utilization of STI services by females was low through most of the year, due to the clinics being tailored to MSM needs. However, female utilization of services did improve by almost 20% during the third and fourth quarters by dedicating a specific clinic day once a week for female clients. PHAPCP also established strong referral systems to ensure that target groups were directed to appropriate STI screening and C&T services. During the past year, 33 HIV-positive individuals (29 males and four females) were referred to NLACS for care and support services. Referrals came from a range of organizations including government facilities, private hospitals and NGOs, including PHAPCP IAs.

To strengthen STI services for MSM, PHAPCP provided technical support to strengthen STI clinical management based on the “Clinical Management Guidelines for Sexual Health Care of Men Who Have Sex with Men” by the International Union Against Sexually Transmitted Infections (IUSTI). Thirty physicians from around the country participated in this training, including representatives from IAs, the NACP and PACPs. Participants developed a deeper understanding of quality STI services, and how to effectively implement syndromic management in a community health establishment setting. For more details, see Objective 2.

Another important project accomplishment was the establishment of a resource center at each IA project office. These centers serve as a value resource for MARPs by creating awareness and providing reliable and engaging information about HIV/AIDS and STIs. The information centers provide reading materials (e.g., brochures, booklets) related to awareness on HIV/AIDS. The materials are in local languages with pictorials to aid those who are illiterate or have low literacy skills.

#### *Integration of VCT services*

It is a well-known fact that the presence of STIs increases vulnerability to HIV by a factor of 15-20%. In Year One, project IAs provided STI screening and treatment services and HIV counseling, but had to refer clients to external VCT centers for HIV testing, which resulted in loss of clients for follow up. PHAPCP will address this problem in Year Two by integrating VCT in ongoing projects in Rawalpindi, Multan and Larkana and combining STI and VCT services in two new grants in Karachi and Peshawar. This

will increase the effectiveness of planned interventions and minimize client loss for follow-up, as clients will be able to access more comprehensive services in one location. Kathleen Casey, FHI Senior Technical Officer for VCT provided technical assistance to the project in late January regarding integration of VCT with existing services. She will work with the project during Year Two to build the VCT capacity of IAs through training. PHAPCP intends to develop and finalize VCT standard operating procedures (SOP) by May 2007, when HIV rapid test kits will be available to the project. Once the SOPs are completed and the test kits are available, the IAs will be trained to initiate work on this component of the project.

### *World AIDS Day*

To mark World AIDS Day on December 1, 2006, PHAPCP organized several activities through the IAs in Multan, Larkana, Rawalpindi and Karachi. ASEER in Multan and MWT in Larkana arranged a two-hour HIV education-related stage/theatre play at the ARTS Council in Multan and in the theatre hall in Larkana. During the dramatic stage performance, actors and dancers gave out messages on the importance of limiting sexual partners to one. More than one thousand individuals including representatives from the district and local governments, NGOs, health care providers, and the general public turned out to show their support for these important awareness raising events.

PHAPCP staff also organized a high level advocacy event which was held to reaffirm commitment and to raise community awareness about HIV/AIDS issues, including the need to provide support and understanding for PLWHA. This event took place at the Hotel Serena in Islamabad on World AIDS Day. Several dignitaries including United States Ambassador, Mr. Ryan Crocker, and Manager of the Pakistan NACP, Dr. Asma Bokhari, as well as senior government officers, staff from UN Agencies, international and national media and other key stakeholders attended. During the event, OSD displayed a colorful exhibit and distributed PHAPCP project brochures and IEC materials and information to the participants.

### **Objective 2: Increase the capacity of NGOs, the NACP and PACPs in implementing quality HIV/AIDS programming**

PHAPCP assisted in building the capacity of IAs and NACP, PACP and governmental agencies through various training workshops. The capacity building efforts focused on improving the skills of local service providers and IAs to become more effective in delivering HIV/AIDS prevention, care and support services. During Year One, technical assistance through trainings and workshops was provided on a quarterly basis. These trainings and workshops focused on organizational and financial management and targeted interventions such as SBC, STI management, and CHBC. The following summarizes the key technical assistance provided through PHAPCP in Year One.

**Shawn Aldridge**, RTI Home Office Technical Manager, traveled to Pakistan in April 2006 to assist in the development of PHAPCP first-year work plan and provide technical inputs on PHAPCP project management. In the second quarter, **Melanie Luick**, a

consultant, provided technical assistance to the National AIDS Control Program with preparation of the HIV/AIDS component of Pakistan's GFATM Round 6 proposal.

**Kimberly Green**, FHI Senior Technical Officer for CHBC, conducted a two-day workshop on CHBC in Lahore in September 2006. The training focused on HBC from a program management perspective and covered a variety of topics from how to conduct a need assessment to M&E. Stigma and discrimination was also introduced as a cross cutting issue relevant to all care and support activities. Ms. Green also conducted a field visit to NLACS and visited two PLWHA and their families in their homes.

At the request of NACP, PHAPCP organized a five-day training workshop on the management of STIs among MSM in late November 2006. **Dr. Chris Bourne**, a well-known Male Sexual Health Specialist from Sydney, Australia worked as a consultant for PHAPCP to provide training for health care providers working with MSM. The training was attended by PHAPCP health care staff from Rawalpindi, Multan, and Larkana as well as several participants from projects funded by the NACP. The key objective of the training was to help participants understand health issues uniquely related to MSM and transgender individuals and how they can be best managed in terms of both physical and psychological care. The participants also learned how to create a supportive environment during provider-patient interactions and management of STIs in MARPs. The participants were provided with an opportunity for "hands on" training to enhance their clinical/practical skills in examining clients and conducting proctoscopy.

**Nancy Jamieson**, FHI Senior Technical Officer for SBC, conducted a workshop in SBC in Karachi in January 2007 to build the capacity of Project Directors and Coordinators from the IAs in Karachi and Peshawar and Turbat. The workshop aimed to address the psychological and behavioral aspects of the lives of people with high-risk behaviors, provide the latest techniques to create general awareness in the community, and develop communication skills for reaching out to primary audiences and stakeholders. The workshop was participatory and included a panel discussion with several MSM and transgender individuals who provided invaluable insight about how to work effectively with this particular MARP.

In late January 2007, **Catherine Elkins**, Senior Technical Officer from RTI International, provided technical assistance on M&E to the PHAPCP team and assisted with development of the Year Two work plan and updating of the M&E plan. During this TA visit, the existing monitoring tools and formats were reviewed and adapted to meet the specific and expanded needs of the PHAPCP project. (Because the bulk of Ms. Elkin's visit took place at the start of Year Two, the details of her trip will be discussed in the Year Two annual report.)

PHAPCP staff including members of IAs also participated in local, national and regional meetings to share information about PHAPCP and strengthen collaboration and communication among the existing network of HIV/AIDS organizations working in the target areas.

PHAPCP project staff also conducted quarterly supervisory visits to each IA to review activity accomplishments and resolve any challenges they faced. These participatory visits helped in creating a sense of mutual trust and respect between project staff and IAs. In addition, PHAPCP project staff participated in NACP-sponsored activities including the mid-term review of the Enhanced National HIV/AIDS Control Program, the revision of the National HIV/AIDS Strategic Framework, and the development of the country's first National HIV/AIDS Policy. The PHAPCP project team involved PACPs in project planning and selection of IAs which led to increased coordination and helped in creating a more effective network to support an integrated and effective response to the HIV/AIDS epidemic in these project areas.

### **Objective 3: Strengthen the care and support activities for PLWHA**

PHAPCP's care and support component included a wide range of services and interventions for PLWHA and their families, including CHBC, medical and psychosocial services, identification and establishment of linkages between existing testing centers and forming peer support groups for PLWHA to strengthen their voice in advocating for care and treatment. PHAPCP built capacity of NLACS for conducting advocacy seminars and providing CHBC for PLWHA.

Beginning in Year One, PHAPCP, in collaboration with NACP and UNAIDS, worked to strengthen networking among PLWHA groups and to provide an expanded package of CHBC services which included:

- Psychosocial support to PLWHA and their families;
- Positive prevention activities to reduce HIV transmission from PLWHA to others and support healthy lifestyles and stigma reduction;
- Advice on medical care including making referrals;
- Monitoring adherence for medication regimens for opportunistic infections (OIs) and other illnesses as well as antiretrovirals (ARVs);
- Monitoring for medication-related side effects;
- Treatment for conditions such as bedsores and trying to ensure that the PLWHA is comfortable; and
- Assisting the PLWHA and family with maintaining basic personal hygiene and sanitary conditions in the home.

With PHAPCP support during Year One, the NLACS project is fully staffed and providing care and support to 125 individuals in Karachi, Lahore, Multan and Rawalpindi. These care and support activities began in the second quarter. Its services include palliative care and social, psychological and financial support for PLWHA and their families. NLACS ORWs conduct home visits at least twice a month to each PLWHA to provide HBC and counseling to the PLWHAs and their families. PHAPCP trained the ORWs to provide care to PLWHA using FHI's HBC checklist, a tool that focuses on ethics, positive living, basics of HIV/AIDS, and observation for identifying

AIDS-related symptoms, nutritional and educational issues, ARV treatment, and following up on relevant investigations. ORWs also provided pre-test counseling to family members which led to an increased uptake of existing VCT services. As a result, PLWHA and family members could take measures to prevent secondary transmission of HIV and to access care, support and positive living services, as needed.

Given the challenging nature of the outreach work, ORWs regularly shared information from their visits with supervisors to seek guidance and address different issues. PLWHA were invited to attend monthly meetings with ORWs at NLACS office to share their experiences about ARV treatment as well as to discuss their state of well-being. PHAPCP's behavioral interventions enhanced the engagement and confidence of HIV-positive individuals to participate in CHBC activities and helped provide necessary encouragement and guidance to these clients to plan for their futures and to access a continuum of care provided through PHAPCP.

PHAPCP provides a Continuum of Care (CoC) services based on a model successfully implemented by FHI in other countries. This model focuses on linking existing care and support services within a geographic area in order to provide a full or nearly-full range of services for PLWHA, while improving access to and quality of selected services through targeted capacity building and coordination with other Government of Pakistan (GoP), donor, NGO and private sector efforts. The model was implemented by NLACS at its existing Lahore and Multan locations as well as its Karachi location established in Year One. NLACS further strengthened prevention and care referral linkages through a subgrant to PLYC to support its STI clinic services in Multan. This in turn has improved service access for HIV-positive individuals identified through the PLYC clinic and referred on to NLACS.

Under PHAPCP, NLACS worked with local support groups, GoP, clinical service providers and other agencies to ensure that the full range of needs of PLWHA were met. Under the CoC program, PHAPCP provided technical assistance to NLACS, local support groups, GoP and other stakeholders to develop and implement strategies for linking potential HIV-positive individuals with other national and international agencies providing specific HIV services not provided through this project. These services include educational, nutritional and economic livelihood. In addition, PHAPCP provided technical assistance to NLACS and other PLWHA organizations to help establish and/or strengthen referral systems with VCT services for family members and with GoP hospitals for ART and other clinical services, when necessary.

PHAPCP facilitated the development of CHBC instructional material during Year One through consultation and collaboration with other partners including Catholic Relief Services, UNICEF, UNAIDS and the NACP. Partners mutually agreed that UNAIDS would take responsibility for the development of a CBHC manual (including a PLWHA booklet, NGO C&S reference guide, and treatment guide) through a local consultancy with input provided by all stakeholders including PLWHA. Input being provided by PHAPCP is based in part on FHI's CHBC manual and CoC development experience in

Cambodia and Vietnam. In the fourth quarter, PHAPCP participated in a partners meeting to develop consultancy short list criteria and the scope of work. Work on the manual is expected to be completed by the end of 2007. Once it is finalized, PHAPCP will use the CHBC manual to train PHAPCP outreach workers at all sites.

During the first year, PHAPCP trained 30 PLWHA in palliative care and 55 people in HIV-related stigma and discrimination through participatory workshops. Four PLWHA also attended a candlelight vigil at the Governor's house to raise awareness of PLWHA issues. Various organizations like Aga Khan University, Civil Hospital and Liaquat National Hospital in Karachi, Nishter Hospital in Multan and other PHAPCP partners referred 33 HIV-positive cases to NLACS for CHBC services. To date, NLACS has been serving 125 PLWHA and more than 300 family members with PHAPCP support. NLAC is providing HBC, including psychological, social and healthcare support. NLAC ORWs visit clients at least twice a month and the organization conducts regular monthly meetings with PLWHA groups to provide peer support in all its project sites.

In the last quarter of Year One, PHAPCP identified a new IA, AFAC, to provide similar care and support services in Turbat. AFAC begins its PHAPCP-supported activities in February/March 2007.

### **III. Project Management**

PHAPCP aims to build on the successes of USAID's IMPACT Project in Pakistan while expanding USAID's investment to other provinces. The project is jointly implemented by RTI International, the prime contractor, and FHI, its subcontracting partner.

Project management activities during the first year focused on project start-up, ensuring a seamless transition from the IMPACT project to PHAPCP, including establishing new service grant agreements with IAs previously supported under IMPACT, identifying new IAs for project expansion, orienting partners and IAs to the PHAPCP project, and strengthening coordination and collaboration among local and international partners.

In March 2006, PHAPCP submitted its draft Year One work plan and monitoring and evaluation (M&E) plan to USAID/Pakistan for approval. RTI International's Home Office Technical Manager, Shawn Aldridge, conducted a project start-up visit in April 2006 during which he worked with the country team to finalize the work plan for Year One activities and provide project management orientation. Subgrants were jointly developed and then executed with four NGOs (OSD, ASEER Foundation, MWT and NLACS) in June 2006.

Dr. Naseer Nizamani serves as the PHAPCP Project Director/Chief of Party (COP). To further ensure strong technical and programmatic support and timely execution of activities, PHAPCP hired Dr. Khurram Shahzad as Program Officer in second quarter and Dr. Masuma Zaidi as Program Manager (to replace Dr. Muhammad Tariq) in the third quarter of Year One. Other staff as originally proposed and approved continued working

throughout the year. In Year Two, a program assistant and executive assistant will be hired to support expansion of the project.

During Year One, a key start-up activity was IA orientation. Several workshops were organized with IA partners to discuss roles and responsibilities; project vision, objectives, technical strategies, targets, workplan and budget templates; start-up issues, timelines for initial activities and reporting requirements. In addition, the PHAPCP team held meetings with NACP and PACP program managers to enhance communication and collaboration. This included informing these managers about the proposed Year One project activities and requesting information to gain a better understanding of HIV/AIDS interventions planned by the GoP.

In terms of monitoring, PHAPCP staff conducted regular monthly meetings with the IAs to review activity progress. In addition, PHAPC conducted supportive field visits in each quarter to monitor activities at the project sites and held meetings to discuss coordination, review project progress, achievements and obstacles and evaluate progress against the quarterly benchmarks. At the meetings, IAs and supervisors discussed accomplishments and challenges encountered and proposed solutions to address the problems. After PHAPCP staff received monthly and quarterly reports from IAs, they reviewed and provided feedback on activities completed in the previous quarter to IAs for finalization of the reports as well as project improvement.

In November 2006, PHAPCP placed requests for expressions of interest and concept papers in the local newspapers to solicit three new IAs for the expansion of the project in the second year. Each expression of interest was reviewed and evaluated based on pre-determined selection criteria. In consultation with PACPs and with approval from USAID, final selection of the implementing sites in Balochistan, Sindh and NWFP were made. Prior to signing a subgrant with each of the new IAs, PHAPCP conducted a pre-award assessment with each IA to assess organizational capacities and identify areas and plans for IA capacity building. Subgrant budgets were reviewed by the finance staff to ensure compliance with financial rules and regulations. PHAPCP also ensured overall quality assurance through review of subgrants and review of technical and programmatic interventions, M&E plan, indicators and targets.

The project established an effective reporting system with USAID/Pakistan for seeking guidance and complementing the efforts of other cooperating agencies (CAs) supporting SO7 through monthly meetings as well as regular teleconferences with the CTO at USAID. At the request of USAID, PHAPCP hosted a meeting of USAID partners at its office in August 2006 to share progress, challenges and recommendations with each partner. During the meeting, USAID provided an update on funding opportunities and staffing changes at USAID.

During late in the first year, USAID/Pakistan provided additional funding to PHAPCP to integrate VCT and rapid HIV testing into the STI clinics run by ASEER in Multan, OSD

in Rawalpindi, and MWT in Larkana. A revised workplan and budget were submitted to and approved by USAID.

## **IV. Issues and their resolution**

Overall the project progressed well in Year One. However, the project did encounter a few minor challenges. One IA, NLACS, experienced delays in project implementation due to inadequate managerial capacity. In order to build management capacity, PHAPCP staff began coaching and mentoring NLACS project staff on a quarterly basis both in project management and financial management to strengthen reporting skills. Similarly, during the initial coaching visit, PHAPCP staff determined that adherence to STI clinic SOPs needed to be improved as well as clinic record keeping. After two technical assistance visits from the PHAPCP team, these activities and the records system had been adequately strengthened and streamlined.

In the early phase of subgrant implementation, a few minor financial management/accounting issues were identified by PHAPCP staff. For example, the NLACS satellite office in Karachi needed technical assistance in improving the upkeep of their financial reporting records. PHAPCP's Finance Manager conducted a site visit to provide guidance and support. In December 2006, PHAPCP conducted a follow-up visit and determined that financial records were now up to the mark and the issues identified earlier had been resolved.

As previously noted, PHAPCP held consultative meetings with NACP and PACP program managers to discuss potential project sites for project expansion. In consultation with USAID and NACP and PACP managers, the project team selected intervention areas in Karachi (Sindh), Turbat (Baluchistan) and Peshawar (NWFP). This process took longer than originally planned and as a result grants could not be awarded in the last month of Year One. On the other hand, PHAPCP actively involved important key stakeholders in the site selection process, which helped achieve partner buy-in. It is anticipated that using this participatory process will result in increased project collaboration and stronger end results.

In Larkana and Rawalpindi, IAs reported low uptake of STI clinic services by FSW in the early months of the project. The project determined this was due to several factors: the remote location of the clinic, the lack of confidentiality, and the presence of non-FSW clients at the clinic. In order to address this issue, a new clinic schedule was established which included dedicating one day per week specifically and exclusively for FSWs to access STI clinics services. This helped address confidentiality concerns among the FSW clients and resulted in a 20% increase in the number of FSWs utilizing the STI services over quarters three and four.

## V. Anticipated Activities for Year Two

### Project Management

- Submission of Year Two work plan and M&E plan to USAID
- Execution of two subgrants with two NGOs for targeted MARP prevention activities in Karachi and Peshawar
- Execution of a subgrant with AFAC for HIV prevention and care and support activities for migrant workers, PLWHA and their families in Turbat, Baluchistan
- Preparation and submission of quarterly progress reports
- Secure technical assistance in STI and VCT, SBC and MSM project management
- Participation in national consultative/coordination meetings
- Participation in USAID project review meetings
- Participation in regional/global meetings
- Continuation of supportive supervisory visits with all IAs on a monthly/quarterly basis

### Targeted prevention, care and support interventions

- Continue/expand the targeted prevention interventions among MARPs implemented by IAs in Rawalpindi, Multan and Larkana, Karachi and Peshawar
- Inclusion of rapid HIV testing as part of VCT services provided at four clinics in Multan, Rawalpindi, Karachi and Peshawar
- Continue/expand care and support activities for PLWHA and families by NLACS in Multan and Karachi and by AFAC in Turbat
- Review and update existing national VCT guidelines for the Ministry of Health in consultation with PACPs
- Develop SOPs based on FHI and National STI guidelines to include integration of VCT services. PHAPCP will conduct training on finalized SOPs for IA STI/VCT establishments and ensure the SOPs are adhered to during operations
- Develop SOPs for STI management for physicians, medical assistants, counselors and ORWs

### Capacity building for NGOs, NACP and PACPs in implementing quality HIV/AIDS programming

- Train IAs in monitoring and evaluation
- Train IAs in strategic behavioral communication
- Train IAs in STIs treatment and management and VCT
- Train IAs in care and support for PLWHAs

## VI. Technical Assistance

During Year One:

1. Shawn Aldridge, Technical Manager from RTI International, provided technical assistance in project design and management and assisted with development of the Year One work plan in April 2006.
2. Melanie Luick, PHAPCP consultant, provided technical assistance to the National AIDS Control Program in preparing the HIV/AIDS component of the GFATM Round 6 proposal in June 2006.
3. Kimberly Green, FHI Senior Technical Officer for CHBC, provided technical assistance to PHAPCP implementing agencies, PLWHA groups and local government in September 2006.
4. Dr. Chris Bourne, PHAPCP consultant, provided technical assistance on MSM issues focusing on male sexual health in late November 2006.
5. Nancy Jamieson, FHI Senior Technical Officer for SBC, provided technical assistance in January 2007.
6. Catherine Elkins, Senior Technical Officer from RTI International, provided technical assistance on M&E to the PHAPCP staff and IAs and assisted in developing the Year Two work plan and M&E plan in January - February 2007.

Proposed TA for Year Two:

1. Kathleen Casey, FHI Senior Technical Officer for VCT will provide technical assistance by conducting a five-day VCT workshop to train staff from all seven PHAPCP IAs during the first and second quarters.
2. Kimberly Green, FHI Senior Technical Officer for CHBC, will train new IAs in care and support and CHBC and will conduct refresher training for those trained earlier in Year One.
3. Nancy Jamieson, FHI Senior Technical Officer for SBC, will provide technical assistance on SBC in the fourth quarter.
4. Dr. Chris Bourne, PHAPCP consultant, will provide technical assistance on MSM issues focusing on male sexual health to follow up assistance provided in Year One in the third quarter.
5. PHAPCP participation in regional and global meetings in the third and fourth quarters.

## VII. Products/Reports/Deliverables for Year One

- PHAPCP Year One work plan and M&E plan
- PHAPCP subgrant packages for OSD, ASEER Foundation, MWT, NLACS, AFAC, SARHAD and SALBWS

- Quarterly Report No. 1
- Quarterly Report No. 2
- Quarterly Report No. 3
- Quarterly Report No. 4
- Year One Annual Report

## VIII. Results for Year One

The PHAPCP project year runs from February to January. The PHAPCP project had a strong first year and accomplished many of the objectives that were proposed in the Year One workplan. Results for Year One are shown in the table below.

For **Objective 1**, most of the targets were achieved. However, as noted earlier, the number of FSWs receiving STI services has been low due the STI clinics being located in MSM areas and having mostly male staff. This issue has been partially resolved by creating mobile clinics and by designating specific days when only FSW can visit the clinics. VCT service results have also been lower than originally expected because the full range of VCT has not been provided at project STI clinics and so clients must be referred for testing. The issue will be addressed in Year Two with the integration of VCT and rapid HIV testing at the STI clinics in four sites.

Targets in **Objective 2** were satisfactorily achieved except for those noted in 2.B and 2.C of the table. During Year One, institutional capacity building and training in HIV-related policy development were conducted during field visits to NLACS.

Achievements against targets in **Objective 3** were also satisfactory.

**Table 1. Results for Year One**

Indicators	Baseline	Annual Target for Year 1	Achieved for Year 1
<b>PHAPCP Objective 1.</b> Increase the involvement of non-governmental organizations (NGOs) and other institutions in the provision of targeted HIV prevention interventions among most-at-risk populations (MARPs) and high-risk youth.			
1A: Number of high risk youth reached by community outreach that promotes abstinence and/or being faithful	NA	1,400	1,848
1B: Number of MSM receiving community outreach not focused on abstinence, being faithful	10,000	13,000	16,156

Indicators	Baseline	Annual Target for Year 1	Achieved for Year 1
1C: Number of FSW receiving community outreach	1,186	1,400	1,930
1D: Number of MSM receiving STI services	272	500	1,081
1E: Number of FSW receiving STI services	68	600	289
1F: Number of MSM receiving counseling, testing, and results	272	400	401
1G: Number of FSW receiving counseling, testing, and results	55	600	94
1H: Number of individuals trained to provide HIV prevention through other behavior change beyond Abstinence, being faithful	60	80	426
<b>PHAPCP Objective 2.</b> Increase the capacity of NGOs, the NACP and PACPs in implementing quality HIV/AIDS programming.			
2A: Number of governmental/non-governmental organization receiving technical assistance for organizational development	5	5	7
2B: Number of individuals trained in HIV-related institutional capacity building	60	60	5
2C: Number of individuals trained in HIV-related policy development	60	60	5
2D: Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	8	50	50
<b>PHAPCP Objective 3.</b> Strengthen the care and support activities for People Living With HIV and AIDS.			
3A: Number of PLWHA receiving HIV-related palliative care (including TB/HIV)	72	200	125
3B: Percentage of PLWHA continuing to participate in C&S services at least 3 months after C&S referral/intake	50%	65%	100%
3C: Number of individuals trained to provide palliative care	8	15	30

Indicators	Baseline	Annual Target for Year 1	Achieved for Year 1
3D: Number of individuals trained in HIV related stigma and discrimination reduction	15	55	55