



## Quarterly Progress Report

Gap Funding for Service Delivery with Female Sex workers in Multan by UNFPA

Covering the period 15<sup>th</sup> February 2010- 15<sup>th</sup> May 2010



## Pakistan Lions Youth Council-Multan

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## **Abbreviations and Acronyms**

<b>UNFPA</b>	United Nations Population Fund
<b>AIDS</b>	Acquired Immune Deficiency Syndrome
<b>BCC</b>	Behavior Change Communication
<b>CBO</b>	Community Based Organization
<b>FHI</b>	Family Health International
<b>FSWs</b>	Female Sex Workers
<b>HASP</b>	HIV/AIDS Surveillance Project
<b>HIV</b>	Human Immune Deficiency Virus
<b>HRG</b>	High Risk Group
<b>IDUs</b>	Injecting Drug Users
<b>IPC</b>	Interpersonal Communication
<b>MSM</b>	Men having sex with Men
<b>NACP</b>	National AIDS Control Program
<b>NGO</b>	Non-Governmental Organization
<b>PACP</b>	Punjab AIDS Control Program
<b>PHC</b>	Primary Health Care
<b>PLWHA</b>	People living with HIV/AIDS
<b>RLA</b>	Red Light Area
<b>DIC</b>	Drop in Centre
<b>STI</b>	Sexually Transmitted Infection
<b>VCT</b>	Voluntary Counseling and Testing
<b>FP</b>	Family Planning

## **Glossary**

### **Female Sex Worker (FSW)**

Any female who undertakes sexual activity with a man in return for money or other financial benefits irrespective of site of operation.

### **Brothel based FSW**

Any FSW who resides and operates (seek/solicit clients) from the designated brothel areas (red light areas)

### **Street based FSW**

Any FSW who operates (seek/solicit clients) on the street/roads/open places.

### **Kothi Khana based FSW**

Any FSW who operates (seek/solicit clients) from a Kothi Khana (mini-brothel); usually located in rented houses in residential areas of cities/towns.

### **Home Based FSW**

Any FSW who resides with her family (in their family home) but engages in Sex work. These FSWs either seek/solicit clients on their own or through KK madams/pimps.

### **Pimp**

A person who finds and manages clients for prostitutes and engages them in prostitution (in brothels and on the streets) in order to profit from their earnings. A pimp may also offer to protect his prostitutes from rival pimps and prostitutes, or from abusive clients.

### **Madam**

Women who run brothel houses or provide a place to FSWs to entertain their clients.

### **Kothi Khana**

Local term for small brothels.

## **Pakistan Lions Youth Council Introductory Statement:**

Pakistan Lions Youth Council (PLYC) is one of the active non-governmental organizations (NGOs) based at Khanewal, Punjab-Pakistan. Founded in 1986 the NGO is struggling to uplift the masses in various sectors. The organization's history informs that keeping in view the deteriorated situation of a number of areas in Southern Punjab, Some activists and educated people gathered for establishment of such important platform that could provide assistance and facilitate the local communities on self-help basis. As an organization, PLYC was first registered under Societies Registration Act – 1860 and later under volunteer social welfare agencies, registration & control ordinance, 1961. Besides this the NGO is also enrolled / associated with the ministry of youth affairs & women development, UNICEF and Department of public information (DPI)/NGO section at United Nations, USA. Following summary reflects the registration status of PLYC.

### **PLYC enrolled/registered with the following:**

- ❖ All Pakistan Youth Federation, Vide Letter No. APYF/R/90/78 of 1990, Dated. August 6, 1990.
- ❖ Societies Registration Act XXI of 1860, vide letter No. PP/48, Dated. August 1991
- ❖ Social Welfare Department Government of Punjab, under the voluntary social welfare Agencies Registration & control ordinance 1961 (XLVI) OF 1961
- ❖ Ministry of Youth Affairs (Govt. of Pakistan) vide enrollment no. F.10-27/91-NP, Dated. September 19, 1991
- ❖ UNICEF, Punjab, vide Letter No. PAKE/119/HN-14, Dated, March 16, 1992
- ❖ Department of Public Information (DPI)/NGO Section at United Nations, New York Vide Letter, Dated. April 1, 1997.

### **Program Components:**

Pakistan Lions Youth Council is engaged in the social sector on poverty alleviation, human trafficking, child labour, runaway children, women empowerment, governance, community mobilization & organization, human resource development & human rights, health betterment, standard education, environment, water and sanitation. The sectors are:

- Provision of Safe Drinking Water
- Poverty alleviation
- Community mobilization
- Education
- Human Trafficking
- Child labor
- Runaway Children
- Rehabilitation of Injecting Drug Users
- Women empowerment
- Human Resource Development
- Health
- Environment
- Water and Sanitation
- Trainings/Capacity building

- Development Research

### **Vision:**

Pakistan is a country where people have all the basic facilities which are required to maintain the life at a certain and better standard through integrated development process at the grass root level.

### **Mission:**

Promotion of sustainable human development by empowering and enabling the community folks, especially to those who are socially excluded marginalized, destitute and neglected sections of society.

### **Goal:**

To address and meet the dire needs of community people and provision of basic amenities of life (i.e. education, health) to all sections and factions of society.

### **Core Values:**

- Gender Equity
- Transparency
- Rights-Based Approach
- Public-Private Partnership and Private-Private Partnership
- Involvement and empowerment of vulnerable and marginalized groups

### **Objectives:**

1. Socio-economic empowerment of communities with a special focus on marginalized sections of society
2. Provision of basic healthcare services to people
3. To raise awareness among masses regarding basic health issues, prevention, cure and treatment of diseases
4. To provide information and service for prevention and cure of Tuberculosis, malaria and HIV & AIDS
5. To provide care and support services for the people living with HIV & AIDS
6. To educate the masses about mother's and new born health
7. To build a liaison of masses with the services delivery centers and concerning line departments
8. To educate and acknowledge the people about the importance of education
9. Provision of basic education facilities and services for all
10. To increase literacy rate via formal and non formal modes of education
11. Training and capacity building of school teachers

12. Training and capacity building of voluntary organizations
13. To promote gender equality and by reducing gender discrimination
14. Protection of human rights and reduction of violence of rights
15. To sensitize and aware the people regarding environmental protection
16. Provision of better sanitation system
17. Rehabilitation and social re-adjustment of addicts, patients and victims of natural calamities.

### **Project Brief:**

Pakistan Lions Youth Council with the technical and financial support of PACP implemented the Project of “Delivery of Primary Healthcare and Preventative Services for Female Sex Workers within Jurisdiction of Multan City” covering the period of November 2005 to October 2009. Keeping in view the targets and achievements of the project PLYC requested UNFPA to allocate resources for further execution of the Project to attain maximum results of interventions already made. This continuation will ensure the follow ups of previous interventions and emphasize on the initiatives like; more community involvement activities, establishment of drop in centre, new registration of FSWs and Counseling etc. UNFPA signed LoU with PLYC for the period of 15<sup>th</sup> Feb 2010 to 14<sup>th</sup> November 2010. According to LoU signed between the both parties; PLYC Team will register 250 more FSWs and pay 05 Follow up visits. Drop in Centre will be established in target area for service delivery.

### **Background of the Project:**

According to the revised estimates by the WHO and UNAIDS globally, there are an estimated 33.2 million people living with HIV/AIDS of whom 2.5 million were newly infected in 2007 alone. Whereas 4.9 million (the range being 3.7 million–6.7 million) people were living with HIV in Asia in 2007, including the 440,000 people who became newly infected in that year. Approximately 300,000 people died from AIDS-related illnesses in 2007.

Pakistan was considered a High Risk and Low prevalence country until recently. After the HIV outbreak among injecting Drug Users in Larkana in June 2003 and in Karachi in January 2004, the situation has changed. Currently Pakistan is experiencing concentrated epidemic and there is serious threat of generalized epidemic.

The HIV epidemic in Pakistan is presently concentrated in Injecting Drug Users (IDUs) population and has reached up to 51%<sup>1</sup> in certain urban areas. There is also indication of rising infections among the MSW (Hijras) population which is more visible in cities that have had an established IDU epidemic since 2-3 yrs. This is an alarming situation and a clear signal for urgent and focused actions in reducing rapid spill over of infection from these core groups to others and thereby to the general population.

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According to UNAIDS estimates, about 96,000 people were living with HIV in Pakistan at the end of 2007. Officially reported cases are, however, much lower. As in many countries, underreporting is due mainly to the social stigma attached to HIV, limited surveillance and voluntary counseling and testing systems, and the lack of knowledge among the general population and health practitioners. The combination of high levels of risk behaviour and limited knowledge about HIV among injecting drug users and sex workers could lead to the rapid spread of HIV.

### **Rational of the Project:**

Some individuals and groups of people are especially vulnerable to HIV/AIDS due to their social status, particular behavior patterns, or other special characteristics. Female sex workers (FSWs) and female migrant workers are often exploited and abused, and have little recourse due to their low social status and limitations in legal protection. Sex workers, both male and female, are widely available and the condom use is quite low. Nearly 70 per cent of the HIV transmission is through the sexual route.

In the past, female sex workers were concentrated in particular urban area (Red Light Area) and they enjoyed some degree of legal protection. Following its legal prohibition, the sex industry did not banish; instead, sex workers scattered widely throughout urban areas, with the exception of few, so called, red light districts. As a result, female sex workers became more vulnerable to exploitation and more difficult to access for purpose of preventive health interventions. The prevalence of HIV/AIDS and other STIs among FSWs in Pakistan has been inadequately studied. From what little is known about the behavior of FSWs and their clients in Pakistan, it seems likely that the introduction to HIV infection into this community may result in a rapid spread of infection among sex workers, their clients, and ultimately to the spouses and other regular sex partners of their clients.

Mapping study conducted by HASP<sup>2</sup> in year 2006 indicates that FSWs are the largest high risk group in the 12 cities of Pakistan selected for surveillance in Round 2<sup>3</sup>, with an estimated total number of 49,037 at 7,598 spots.

Multan has the famous red light area Haram Gate which is visited regularly by traders/businessmen, migrant workers, youth and people from other parts of the country. In addition, there is a transient population of sex workers who come from villages and rural areas for short periods to participate in sex business on a less regular basis. Mainly four types of setups are observed in the sex industry; brothels, kothi Khanas, Home Based and streets with brothels serving as transition point between kothis and streets. Due to highly marginalized status in society, FSWs have little access to accurate information about reproductive health care and transmission of sexually transmitted infections. Consequently, FSWs do not generally have the power to negotiate for safer sexual practices with clients. Usually, it is the client who decides whether or not to use condom or to engage in any other prophylactic behaviour.

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HIV/AIDS Surveillance Project (HASP)

HASP was assigned to develop a sustainable Second Generation Surveillance system for HIV/AIDS. First round of surveillance was conducted in September-December 2005 and Second round was conducted during August 2006 – February 2007



Although HIV prevalence is still less than 0.1% (0.02%)<sup>4</sup> in female sex workers yet they are more vulnerable to HIV because 22% IDUs have paid for sex with FSWs.<sup>5</sup> Unprotected sex is common in FSWs and they also have sexual contacts with IDUs thus resulting in a bigger risk to FSWs acquiring the disease.

A number of FSWs are either very young with immature vaginal mucosa or old with atrophic mucosa, both causes increasing vulnerability.

Due to all above reasons we can say that the status of FSWs is just what it was 10 years before with patterns similar to IDUs, so this is the time to take action to prevent the disease among FSWs. A timely action is imperative.

### **Sex industry of Multan – in focus:**

Multan is situated in southern Punjab and is called the city of saints (Auliyas). According to research study conducted by World Bank the age range of FSWs are between the ages of 16-20 and 21-30 years old. Younger FSWs are found in Multan who is less than 15 years old. Most of Naikas are above 32 years. Naikas and daughter in law were also involved in provision of sexual services 84% of brothel FSWs are illiterate, where as rest of the 16% had some level of education or informal school education. A few that does have mid level education have acquired it through private schools. Multan FSWs seems to be offering lowest rates for each sexual contact, the rates being offered varied from 50-600. The highest rates between, 200-500 as reported from 16 out of 22 sites. The highest rates are from posh locality residential area near the famous Mazars and other is site near the teaching hospital.

### **Types and Dynamics of FSWs in Multan (Project Area):**

Prostitution in the Islamic republic of Pakistan is a forbidden culture of sex-trade that dates back to the date of its existence in 1947. Pakistan inherited the historical red light districts in many major cities and towns across all four provinces especially red light area in Multan.

Early governments and religious groups sought to reform these Red light areas (RLA's) by displacing sex workers and their families by enforcing a ban on them in 1977. This resulted in their spread out into residential areas of nearly all urban centers all across the country.

It is now evident that major reasons for females to indulge in the sex trade are poverty and lack of economic opportunities. While many of them try to keep their profession a secret from their families, others are in fact pushed or are forced into it by their families. Some FSWs are born into families where singing/dancing is regarded as a family heritage ('kanjar' families). These can be found mostly in RLAs but some have moved out to posh areas.

A small proportion of young girls from middle socio-economic class are seen to be in it for quick and easy money, fun and for the fulfillment of their desires. Mostly these

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HIV Second Generation Surveillance in Pakistan - National report Round II 2006-07  
HIV Second Generation Surveillance in Pakistan - National report Round II 2006-07



girls work individually and have contact with pimps. The deal is negotiated on the phone and the pimp instructs them about the place where they will meet their client.

The bulk of this community is made up of Pakistani girls, with highest proportions comprising of Punjabi speaking girls from lower and lower middle socioeconomic class.

A large number of these girls are migrated from smaller cities, towns and rural settings (in Multan especially from Kahror Pacca & Talamba). Girls from rural areas are bought by network operators/pimps and even clients themselves.

### **Objectives of the Project:**

The objectives to be achieved by November 2010 are:

#### **General Objectives**

- 1 HIV prevalence remains below among female sex workers in the project area
- 2 Awareness increases on STIs signs & symptoms and treatment
- 3 Condom use rate increases by FSWs during sexual acts

#### **Specific Objectives**

Till November 2010, 250 newly registered FSWs in Multan should acquire the following knowledge, attitudes, skills and behaviors.

**Knowledge-**70% of the female sex workers should be able to correctly identify the following:

- Two ways that HIV infection is transmitted
- Two ways to prevent transmission of HIV infection, including the use of condom
- The increased risk of transmission of HIV infection through sex with Injecting Drug Users
- That the correct and consistent use of condom can prevent the occurrence of Sexually Transmitted Infections (STIs)
- At least two sites for obtaining condoms
- A local clinic or private doctor that provides treatment for Sexually Transmitted Infections (STIs)

**Attitudes-**70% of the female sex workers express positive attitude towards the following:

- Personalized risk of HIV infection
- Risk of HIV and other Sexually Transmitted Infections through sex with multiple sex partners
- Their own use of condoms in sex with multiple partners
- Getting prompt treatment for symptoms of sexually transmitted infections
- Avoid having sex with the injecting drug users
- Getting tested for HIV status

**Skills-60%** of female sex workers may be able to do the following:

- Demonstrate correct use and disposal of condom
- Explain two ways of convincing clients to use a condom

**Behavior-50%** of female sex workers develop the following behaviors:

- Have used a condom in their most recent commercial sex act
- Carry a condom when working
- Have sought treatment within 7 days of having noticed the symptoms of sexually transmitted infection

**Progress during 1<sup>st</sup> Quarter (15<sup>th</sup> February 2010-15<sup>th</sup> May 2010)**

*Quantitative Analysis*

Key Indicators/Activities	Intended Results/Targets	Results Achieved	Reasons for Programmatic Deviation if any	Corrective Actions taken
<b>Start up Activities</b>				
Mapping for identification of new locations for project interventions	01	01	-	-
Mapping of identified locations	01	01	-	-
Recruitment of Staff	01	01	-	-
Establishment of Drop in Center	01	01	-	-
Project Staff Orientation	01	01	-	-
<b>BCC Activities</b>				
Project Orientation with Govt. Officials	01	01	-	-
Awareness Sessions with Target Population	03	03	-	-
Monthly Progress Sharing Meeting with Health Officials	02	01	01 meeting has been conducted in this regard. The concerned officials did not ensure their availability	Till the month of June 2010 the deviation will be overcome
Awareness Sessions with General Population	03	02	Low response from the community	Till the month of June 2010 the deviation will be overcome

Awareness Sessions with Madams/Pimps	03	01	Low response from Stakeholders	Till the month of June 2010 the deviation will be overcome
Sensitization Sessions with Religious Leaders	02	01	Religious Leaders did not ensure their availability	Till the month of June 2010 the deviation will be overcome
Sensitization Sessions with Quakes	02	01	Low response from Quakes	Till the month of June 2010 the deviation will be overcome
Meetings with Political Leaders/Community Elders	02	01	Political Leaders did not ensure their availability	Till the month of June 2010 the deviation will be overcome
Meetings with Private Practitioners	02	01	Low response from Private Practitioners	Till the month of June 2010 the deviation will be overcome
Sensitization of Health Care Providers	01	00	LHWs/LHS expressed their concern for facilitation letter from EDO Health	EDO Health will be convinced in this regard and till the month of June 2010 the deviation will be overcome
Sensitization of Media Personnel	01	01	-	-
Commemoration of Special Days	01	01	-	-
Sensitization of Police Officials	01	01	-	-
Training of paid Peer Educators	01	01	-	-
Monthly Refresher of paid Peer Educators	02	01	PEs were trained in the month of April so they received only 01 refresher training	Next time monthly refreshers will be arranged
Training of Volunteer Peer Educators	01	00	At this stage of project 10 Volunteer PEs have been identified. They will be trained in the 1 <sup>st</sup> week of June 2010	Volunteer PEs will be trained in the 1 <sup>st</sup> week of June 2010
Formation and Monthly Meetings with Friends Committee	02	02	-	-
Designing and Developing of IEC Material	01	01	-	-

Identification and establishment of Focal Points for delivery of Condoms and IEC Material	02	02	-	-
Development of referral linkages with private/public health facilities/labs for Advance Care and Testing of HIV/STIs	03	03	-	-
Development/Maintenance of MIS	02	02	-	-
<b>Reporting</b>				
Preparation of Monthly Reports	03	03	-	-
Submission of Quarterly Report to UNFPA	01	01	-	-
<b>Key Indicators</b>				
# of Peer Educators Trained	05	05	-	-
# of monthly meetings with PEs	3	3	-	-
# of Volunteer PEs identified	10	10	-	-
# of FSWs newly registered	100	116	The selected target areas were more potential so more than target FSWs were registered	Targets will be focused
# of FSWs paid 1 <sup>st</sup> Follow-up visits	100	96	Some of the registered FSWs dislocated or migrated from their places so could not be paid 1 <sup>st</sup> Follow-up visit	PEs will locate them or on their return they will be followed-up
# of FSWs paid 2 <sup>nd</sup> Follow-up visits	80	77	Some of the registered FSWs dislocated or migrated from their places so could not be paid 2 <sup>nd</sup> Follow-up visit	PEs will locate them or on their return they will be followed-up
# of FSWs paid 3 <sup>rd</sup> Follow-up visits	60	48	Registered FSWs dislocated or migrated from their places so could not be paid 3 <sup>rd</sup> Follow-up visit	PEs will locate them or on their return they will be followed-up

# of condoms distributed by PEs	Maximum distribution on need and demand based	5200	-	-
# of IEC Material distributed by PEs	Maximum distribution on need and demand based	2100	-	-
# of condom demonstrations in the Field	Maximum demonstrations on need and demand based	600	-	-
# of condoms delivered through DIC	Maximum distribution on need and demand based	1500	-	-
# of IEC Material distributed through DIC	Maximum distribution on need and demand based	1100	-	-
# of condoms delivered at Focal Points	Maximum distribution on need and demand based	3600	-	-
# of Clients received STIs treatment from DIC	-	59	-	-
# of Clients received FP services from DIC	-	11	-	-
# of Clients received PHC from DIC	-	178	-	-
# of Clients counseled at DIC	-	70	-	-
# of Clients referred by PEs for STIs treatment	-	47	-	-
# of Clients received VCT Services	-	10	-	-
# of Clients referred for advance STI care	-	05	-	-
# of target population reached one-on-one by PEs	900	810	Deviation due to police raids in target areas and hibernation of FSWs with fear	More visits will be paid to individuals in next quarter
# of target population reached in groups by PEs	600	470	Deviation due to police raids in target areas and hibernation of FSWs with fear	More visits will be paid to individuals in next quarter
# of other referrals made by PEs	-	125	-	-

# of FSWs visited DIC	250	150	Deviation due to police raids in target areas and hibernation of FSWs with fear	PEs will ensure more visits of FSWs to DIC in next quarter
# of Condom demonstrations at DIC	-	90		
STI follow-up services	-	32	-	-

**Overall problems project staff met this quarter & how these have been/could be solved**

<b>Problems</b>	<b>Solutions</b>
The field staff faced the problem of follow ups of registered female sex workers as many of them came from other cities like Duniya Pur, Makhdomm Rasheed, Tallambna and Kahrore Pacca, Usually the FSWs stayed for few days at one place and after that moved to other place or their home stations	The dates of their next expected visits will be asked and noted down in the diaries by PEs. Their follow up visits will be arranged accordingly. Madams and pimps will also be encouraged to support in the follow-ups
Field staff faced problems due to raids of police as many police officers are frequently transferred. New police officers considered the staff (peer educators) as sex workers also.	During meetings with police officials field team will be introduced with them. It was also decided that organization will provide the identification cards to PEs for their security
Most of the brothel based FSWs have been dislocated by police, relocating and group meetings with FSWs has become difficult on a particular place and time	Team is approaching them on their mobile activities and as well as on their new places
Community is also expecting for the ultra sound machine at DIC (APNA Clinic)	Developed referral linkages with ultra sound centers and Target Population will get some free and cheap tests through referral system

# Narrative Progress Report for 1<sup>st</sup> Quarter

**Reporting Period:** 15<sup>th</sup> February 2010 15<sup>th</sup> May 2010

**Project Title: Gap Funding for Service Delivery with Female Sex workers in Multan**

## **Major Activities conducted during 1<sup>st</sup> Quarter**

### **Project Staff Orientation**

**Date:** 20-03-10

**Venue:** Drop in Centre-Haram Gate, Multan

**# of Participants:** 12

### **Brief Report**

Staff orientation started with name of Allah. After recitation participants introduced themselves with each other by sharing their names, designations and working experience. Mr. Muhammad Arif (Program Manager-PLYC) oriented the recruited staff on Gap Fund Project, its objectives, process of mapping, targets and scope of work. He threw light on the needs and targets of project in detail. After detail session on project objectives and targets Mr. Adnan Bashir (Project Coordinator) took a detail session on Communication and Counseling skills for effective implementation of Behavior Change Communication Strategies in the community. All the participants took part actively in this participatory session. Afterward some updated facts regarding prevalence of HIV/AIDS/STIs in Pakistan were also shared with the participants and linked all the information with their work. Roles and responsibilities of project staff were discussed in detail by sharing the various project activities and targets. Mr. Adnan Bashir also shared the detail work plan of the project and quarterly work plan for the current quarter. The forth coming activities and planning for the activities were discussed in detail.

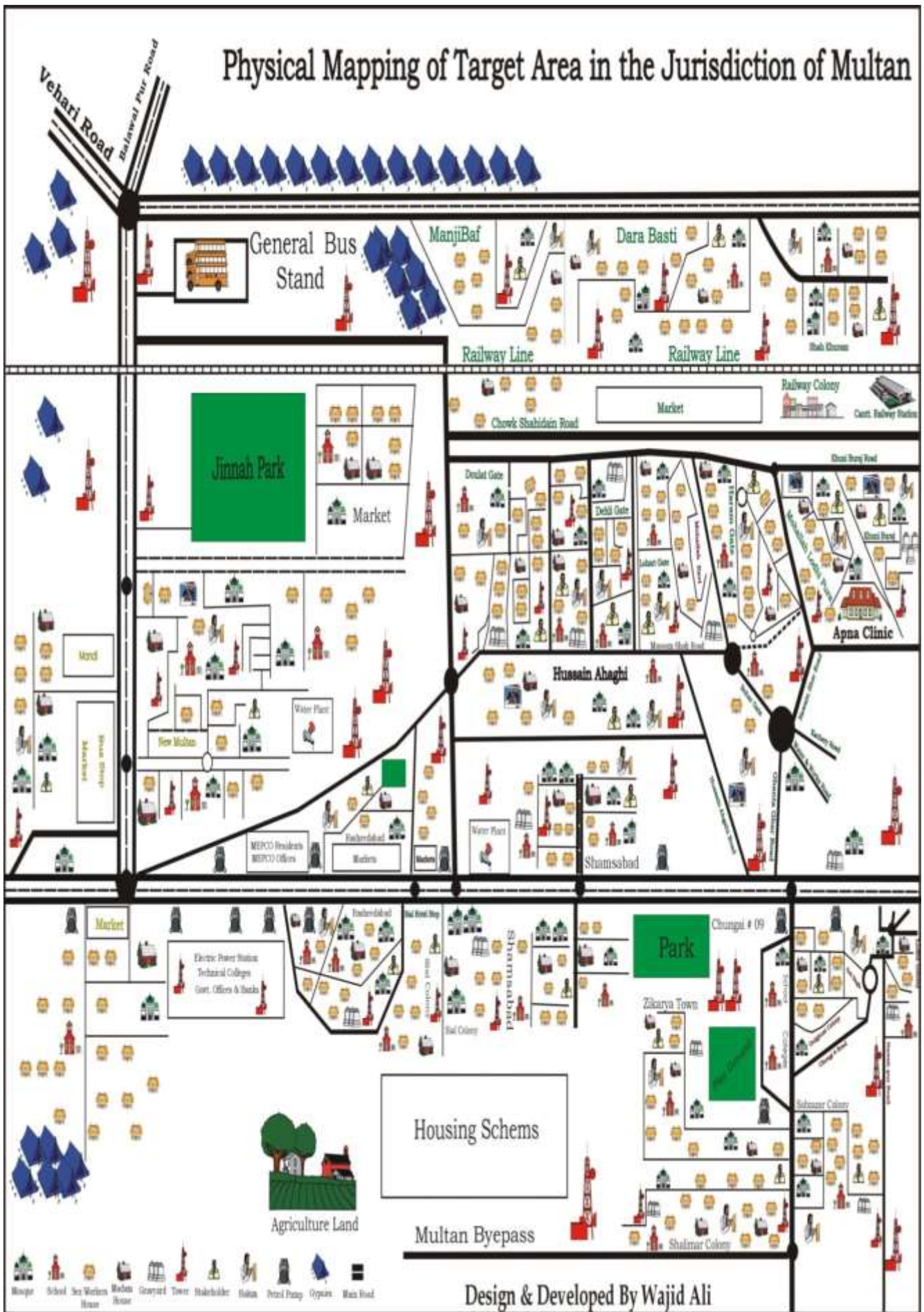
### **Mapping and Identification of new locations for Project Interventions**

On the basis of achievements, findings, recommendations, working experience of PLYC/PACP Project Team; PLYC/UNFPA Team sought guidance and identified & mapped new locations for project interventions and registration of new Female Sex Workers. Initially 10 areas were identified and mapped, 05 already intervened areas were selected. Overall 15 selected areas were divided into 05 Clusters and 01 Cluster has been allocated to each Peer Educator to conduct various project activities like; registration, follow-ups of FSWs, IEC and BCC Activities. 05 Peer Educators were allocated registration code to register 50 FSWs by each PE. List of selected areas is as under;



- Haram Gate
- Chand Wali Gali
- Loha Market
- General Bus Stand
- Mumtaz Abad
- Nehar Nao Bahar
- Chungi#14
- Vehari Chowk/Kachi Abadi
- Manji Baf
- Chitawan
- Khuni Burj
- Chowk Shehbaz
- Daira Basti
- Lodhi Pura
- Chatrang Baig

# Physical Mapping of Target Area in the Jurisdiction of Multan



Design & Developed By Wajid Ali

## **Formation and Monthly Meetings with Friends Committee**

**Date:** 05-04-10/23-04-10

**Venue:** Drop in Centre-Haram Gate, Multan

**#of Participants:** 20+22

### **Objectives:**

- To orient the participants with Staff, Project, Services and create enabling environment
- To aware and sensitize the participants on modes of transmission and prevention of various STIs/HIV/AIDS and updated facts
- To identify the roles and responsibilities of individuals for the prevention of HIV/AIDS and proper functioning/monitoring of DIC

### **Brief Report**

While implementing the PACP Project, PLYC Team formed a Clinic Management Committee by identifying and involving various stakeholders. PLYC UNFPA Team also identified some more potential stakeholders from target population for formation of Friends Committee. This committee is consist of 12 members and its members will facilitate and monitor the project activities and as well as the services of Drop in Centre. Inception Meetings with members of Friends Committee was started with the name of Allah. After the recitation, PLYC UNFPA Team introduced themselves with participants. Stakeholders participated in these meetings. Ishfaq Nadeem (Field Supervisor) shared about Project Activities and services being provided through outreach activities and at Drop in Centre. He shared that general checkups, family planning services, counseling, VCT, medicines, STIs treatment and referral services will be provided from drop in centre. He further added that information regarding various diseases and health related issues will be provided from Drop in Centre. Ms. Samina Sadiq (Counselor) shared that Public Nurse and Counselor have been appointed at Drop in Centre from 12pm to 8pm after assessing the needs of target population. She also shared some facts regarding prevalence of HIV/AIDS and also delivered tailored messages for the prevention of STIs/HIV/AIDS and common signs and symptoms of STIs.

### **Identification of Roles/responsibilities and contribution for the prevention of HIV/AIDS**

After detail informative sessions, Mr. Adnan Bashir invited the attention of members of Friends Committee to the identification of roles/responsibilities and contribution for the prevention of HIV/AIDS/STIs and facilitative monitoring of project activities and services of DIC. He asked various questions in this regard like; what we can do on our part, how we can contribute and what is beyond our limits to work out etc. Friends Committee members shared that they will fully facilitate the project team and monitor the services of Drop in Centre.



### **Awareness Sessions with General Population**

**Date:** 28-03-10/18-04-10

**Venue:** Sada Bahar Inn/Haji Saleem Mechanic Shop-  
General Bus/Truck Stand, Multan

**#of Participants:** 32+30

#### **Objectives:**

- To orient the participants with Staff, Project and Services
- To assess Knowledge, Attitude and Practices of Target Population in the context of STIs/HIV/AIDS
- To aware and sensitize the participants on modes of transmission and prevention of various STIs/HIV/AIDS
- To encourage the participants on healthy behaviors and further dissemination of tailored messages for the prevention of HIV/AIDS/STIs

#### **Brief Report**

PLYC UNFPA Team observed during mapping and learnt from the previous experience that most of the youth working at General Bus/Truck Stand are the clients of FSWs working in various targeted areas in Multan. This youth is performing the role of bridge population for the spread of HIV/AIDS and other STIs. So Project Team decided to arrange awareness sessions at General Bus/Truck Stand, Multan. Sessions with males of general and bridge populations was started with the name of Allah. After the recitation, PLYC UNFPA Team introduced themselves with participants. Males including; Mechanics, Inn Keepers, Shopkeepers and others participated in this awareness session. Mr. Adnan Bashir (Project Coordinator) shared about Project Activities and services being provided through outreach activities and at Drop in Centre-Haram Gate. He shared that general checkups, family planning services, counseling, VCT, medicines, STIs treatment and referral services will be provided from drop in centre. He further added that information regarding various diseases and health related issues will be provided from Drop in Centre. Mr. Ishfaq Nadeem (Field Supervisor) shared that Public Nurse and Counselor have been

appointed at Drop in Centre from 12pm to 8pm after assessing the needs of target population. He asked various questions for assessing the existing knowledge, attitude and practices of target population in the context of HIV/AIDS/STIs. Some of the participants took part actively and shared some personal experiences also. Some of the misconceptions and wrong practices were identified during this session. Afterward participants were delivered tailored messages for the prevention of STIs/HIV/AIDS and common signs and symptoms of STIs.



### **Awareness Session/Meeting with Madams/Pimps**

**Date:** 02-04-10

**Venue:** Daira Basti, Multan

**#of Participants:** 20

#### **Objectives:**

- To orient the participants with Staff, Project, Services and create enabling environment
- To assess Knowledge, Attitude and Practices of Target Population in the context of STIs/HIV/AIDS
- To aware and sensitize the participants on modes of transmission and prevention of various STIs/HIV/AIDS
- To encourage the participants for further dissemination of tailored messages for the prevention of HIV/AIDS/STIs
- To identify the roles and responsibilities of individuals for the prevention of HIV/AIDS

#### **Brief Report**

Session with Madam/Pimps of targeted areas was started with the name of Allah. After the recitation, PLYC UNFPA Team introduced themselves with participants. 20 Males/Females participated in this awareness session. Ms. Shazia Shahid (Public Nurse) shared about Project Activities and services being provided through outreach activities and at Drop in Centre. She shared that general checkups, family planning



services, counseling, VCT, medicines, STIs treatment and referral services will be provided from drop in centre. She further added that information regarding various diseases and health related issues will be provided from Drop in Centre. Mr. Adnan Bashir (Project Coordinator) shared that Public Nurse and Counselor have been appointed at Drop in Centre from 12pm to 8pm after assessing the needs of target population. Khala Rifaqat (Peer Educator) asked various questions for assessing the existing knowledge, attitude and practices of target population in the context of HIV/AIDS/STIs. Some of the participants took part actively and shared some personal experiences also. Some of the misconceptions and wrong practices were identified during this session. Afterward participants were delivered tailored messages for the prevention of STIs/HIV/AIDS and common signs and symptoms of STIs.

### **Identification of Roles/responsibilities and contribution for the prevention of HIV/AIDS**

After detail informative session, Mr. Adnan Bashir invited the attention of Madams/Pimps to the identification of roles/responsibilities and contribution for the prevention of HIV/AIDS/STIs. He asked various questions in this regard like; what we can do on our part, how we can contribute and what is beyond our limits to work out etc. The participants shared that they will disseminate these messages further, allow project team to conduct their activities at their Deras, Brothels (one on one/group meetings with FSWs, condom demonstration, awareness raising, negotiation skills etc), ensure the availability of condoms at their Deras/Brothels. They further shared that they will fully cooperate with project team and will market/promote the services of Drop in Centre among workers.



## **Awareness Sessions with Target Population**

**Date:** 25-03-10/15-04-10/15-05-10

**Venue:** Drop in Centre-Haram Gate, Multan

**#of Participants:** 25+27+28

### **Objectives:**

- To orient the participants with Staff, Project and Services
- To assess Knowledge, Attitude and Practices of Target Population in the context of STIs/HIV/AIDS
- To aware and sensitize the participants on modes of transmission and prevention of various STIs/HIV/AIDS
- To encourage the participants on safe sex practices and further dissemination of tailored messages for the prevention of HIV/AIDS/STIs

### **Brief Report:**

Sessions with females of target and bridge populations were started with the name of Allah. After the recitation, PLYC UNFPA Team introduced themselves with participants. FSWs participated in this awareness session. Ms. Shazia Shahid (Public Nurse) shared about Project Activities and services being provided through outreach activities and at Drop in Centre. She shared that general checkups, family planning services, counseling, VCT, medicines, STIs treatment and referral services will be provided from drop in centre. She further added that information regarding various diseases and health related issues will be provided from Drop in Centre. Mr. Adnan Bashir (Project Coordinator) shared that Public Nurse and Counselor have been appointed at Drop in Centre from 12pm to 8pm after assessing the needs of target population. Ms. Sana (Peer Educator) asked various questions for assessing the existing knowledge, attitude and practices of target population in the context of HIV/AIDS/STIs. Some of the participants took part actively and shared some personal experiences also. Some of the misconceptions and wrong practices were identified during this session. Afterward participants were delivered tailored messages for the prevention of STIs/HIV/AIDS and common signs and symptoms of STIs.





## **Free Medical Health Camp**

**Date: - 02-04-10**

**Venue: - Vehari Chowk, Multan**

**Chief Guest: - Mr. Ilyass Khaldi (President-GBS Multan)**

### **Brief Report:-**

After assessing the needs during mapping PLYC UNFPA Team took initiative and decided to organize 01 day free medical health camp in most potential area for project namely; Vehari Chowk, Multan. Before Medical Camp PLYC UNFPA Project Team conducted various community mobilization activities in catchment areas. **120 females** were served through this Medical Camp. On this occasion one to one and group sessions were also arranged by Project team to aware the beneficiaries about project activities, services and modes of transmission and prevention of various STIS/HIV/AIDS. 03 FSWs with chronic signs and symptoms of STIs were referred for advance care to Nishtar Hospital. Through this Camp the target group was served with Free Medical Checkups, Medicines, Counseling and Referrals. Project Team also marketed the services of Drop in Centre established in Haram Gate, Multan and also invited to the FSWs to visit the DIC. PLYC M&E Manager also joined the camp and gave some valuable suggestions for coming activities.



## **Training of Peer Educators**

**Date: - 05-04-10 to 12-04-10**

**Venue: - Drop in Center-Haram Gate, Multan**

**Facilitated by: - Mr. Muhammad Arif (Program Manager-PLYC) and Adnan Bashir (Project Coordinator)**

To have stronger interaction and implement result oriented BCC strategies, peer educators were trained on the following topics. All the paid peer educators received 08 days training initially followed by monthly refreshers.

- ❖ Improved knowledge regarding STIs including HIV/AIDS
- ❖ Improved knowledge on health related issues of FSWs
- ❖ Improved Communication and Counselling Skills
- ❖ Improved motivational and negotiation skills
- ❖ Improved knowledge on safer sex practices/methods
- ❖ Improved Condom demonstration skills
- ❖ Improved knowledge on record keeping and conduction of activities



## **Project Orientation with Govt. Officials**

**Date: - 14-05-10**

**Chief Guest: - Sheikh Tariq Rasheed (Health Coordinator, Punjab)**

Concerned Govt. Officials including Sheikh Tariq Rasheed (Health Coordinator, Punjab) and M. Yusaf (SP-Trafiq) were oriented on Project objectives, activities, services and targets. For creating more enabling environment they were requested to support and participate in the various forthcoming activities of the Project. All the concerned appreciated to the initiative and ensured their maximum cooperation wherever required by Project Team.



## **Monthly Progress Sharing Meeting with Health Officials**

**Date: - 16-04-10**

**Chief Guest: - Dr. Islam Zafer (EDO-Health)**

PLCY UNFPA Team arranged Progress and Findings Sharing Meeting with concerned Health Department Officials. Dr. Islam Zafer (EDO-Health), Dr. Sayedain Naqvi (DHO), Dr. Sayed Abbas Naqvi, Dr. Sajid Mustafa and other concerned participated. The participants were oriented on Project objectives, activities, services and targets. Findings of mapping and Key achievements of PLYC were shared with Health Department in detail.

## **Sensitization Sessions with Religious Leaders**

**Date: - 22-04-10**

PLCY UNFPA Team arranged Sensitization Session with Religious Leaders in DIC, in the meeting they were sensitized about the prevention of HIV/AIDS/STIs and they were also requested to convey the healthy messages to the general community through

their sermons and speeches. They encouraged the team and ensured their maximum cooperation.



### **Sensitization Session with Quakes**

**Date: - 27-04-10**

Meeting with hakims/quakes and local practitioners was arranged by Project Team. In this meeting they were oriented with Project Objectives, Activities and Services. Afterward they were sensitized on the prevention of HIV/AIDS/STIs. These quakes were requested to display and place the IEC material on HIV/AIDS/STIs on their shops/clinics and distribute the material to their clients. Free of cost condoms were also given to them for distribution on the basis of demand and need. They were also requested to refer the clients at DIC for VCT.



### **Meetings with Political Leaders/Community Elders**

**Date: - 29-04-10**

Concerned Political Leaders including Akhtar Alam Qureshi, M. Saleem Bhuta, Ms. Shahida Ijaz (lady Councilor) and Raja Saleem (General Secretary-PPP) were oriented on Project objectives, activities, services and targets. For creating more enabling environment they were requested to support and participate in the various

forthcoming activities of the Project. All the concerned appreciated to the initiative and ensured their maximum cooperation wherever required by Project Team.

### **Meetings with Private Practitioners**

**Date: - 30-04-10**

Meeting with private practitioners was arranged by Project Team. In this meeting the practitioners were oriented with Project Objectives, Activities and Services. Afterward they were sensitized on the prevention of HIV/AIDS/STIs. These practitioners were requested to display and place the IEC material on HIV/AIDS/STIs on their shops/clinics and distribute the material to their clients. Free of cost condoms were also given to them for further distribution on the basis of demand and need. Further referral linkages were also developed with them.

### **Sensitization of Media Personnel**

**Date: - 04-05-10**

PLYC Team arranged a project orientation cum sensitization meeting with the media personnel. All the participants were oriented with project objectives and services. Media personnel were encouraged to perform their positive role for prevention of HIV/AIDS and promotion of project activities.

### **Commemoration of Special Days**

**Date: - 08-05-10**

PLYC UNFPA Team observed Mother's Day in target areas with Target Population. On this occasion target population was sensitized on their rights and educated on health related issues for the prevention of HIV/AIDS and other STIs.

### **Sensitization of Police Officials**

**Date: - 08/09-05-10**

Sensitization meeting with Police Officials of Police Station-Haram Gate was conducted by Project Team. They were oriented about the objectives and services of the project. They were encouraged to support project activities and target population. All the participants were sensitized on the modes of transmission and prevention of HIV/AIDS and other STIs. IEC Material on HIV/AIDS and other STIs was distributed among the participants.

## **Monthly Refresher of paid Peer Educators**

**Date: - 11-05-10 to 12-05-10**

Monthly refresher training of Peer Educators was arranged to refresh and update their knowledge and improve their skills both communication and record keeping. During refresher training PEs also shared their working experiences and concerns.

## **Designing and Developing of IEC Material**

PLYC designed and developed IEC Material (Broacher) with basic pictorial and written information on the modes of transmission and prevention of HIV/AIDS and other STIs. The material was developed according the needs and level of target population. Before printing material was reviewed by pretesting and proofreading.

## **Identification and establishment of Focal Points for delivery of Condoms and IEC Material**

PLYC UNFPA Team prepared 02 new Focal Points and revitalized the 02 old ones for delivery of Condoms and IEC Material to Target Population. These focal points will be in easy access of FSWs of target areas and various IEC Activities will be carried out through these Focal Points.

## **Development of referral linkages with Organizations/Private/Public Health Facilities/Labs**

**Venue: Drop in Centre Haram Gate, Multan**

**#of Participants: 16**

### **Organizations/Departments participated:**

BAWT, HELP, Lab Attendants from Nishtar Central Lab. Shahab Laboratory, Gouri Laboratory, MDF, Pak Plus and New Lights AIDS Control Society

### **Objectives:**

- To orient the participants with Staff, Project and Services
- To develop referral linkages and networking for comprehensive/package services to clients
- To identify the roles and responsibilities of individuals for the prevention of HIV/AIDS/STIs
- To get Feedback and Suggestions for better implementation of Project

### **Brief Report:**

Meeting for Referral Linkages/Networking Development with Organizations/Health Facilities was started with the name of Allah. After the recitation, all the participants introduced themselves with each other. 16 Males/Females from concerned



departments participated in this meeting. Mr. Adnan Bashir (Project Coordinator) shared about Project objectives and services being provided through outreach activities and at Drop in Centre. He shared that Primary Health Care, FP, Counseling, VCT, distribution of condoms and IEC Material, STIs treatment and Referral services will be provided from drop in centre. He further added that information regarding various diseases and health related issues will also be provided from Drop in Centre. Mr. Ishfaq Nadeem (A&F cum Field Supervisor) shared that Public Health Nurse and Counselor have been appointed at Drop in Centre from 11am to 7pm. All the participants were encouraged to support project activities for the prevention of HIV/AIDS in Female Sex Workers. Ms. Samina Sadiq (Counselor) shared some facts regarding prevalence of HIV/AIDS in High Risk Groups in Pakistan. The participants from Nishtar Hospital ensured that VCT referral and advance care for STIs will be entertained in Nishtar Hospital. Representatives of other organizations also ensured their maximum cooperation.

### **Identification of Roles/responsibilities and contribution for the Referral and prevention of HIV/AIDS**

Representatives of various departments and organizations recognized the importance of individual roles and responsibilities for the prevention of HIV/AIDS. Referral for advance STIs care and VCT will be entertained in Nishtar Hospital. HELP, Pak Plus, and New Lights AIDS Control Society will refer the FSWs for VCT and STI treatment from Drop in Centre.



### **Development/Maintenance of MIS**

Organization has developed its Reporting and Record Keeping System in this regard. All records related to the activities including, activities conducted, registration of FSWs, follow ups, number of clients referred for VCT, Patients referred for advance care of STIs, # of condoms distributed, # of clients treated for STIs and follow up of these clients.



## Monthly Meetings of PLYC/ UNFPA Staff to Share Progress and Concerns

Monthly progress and concerns sharing meetings of project staff were conducted at DIC on monthly basis. All the record has been maintained in this regard.

## Monitoring of Project Activities

### **Internal Monitoring and Evaluation**

Mr. Adnan Bashir (Project Coordinator) visited the DIC and various target areas to conduct and observe Project Activities and services being provided to the target population. Mr. Ishfaq Nadeem (A&F cum Field Supervisor) also monitored the activities. Team has developed a checklist which is being used for the monitoring that includes:

- Attendances register
- OPD Register
- Medicine stock register
- Record of newly registered FSWs
- Record of follow ups
- Monthly record of number of patients managed for STIs
- Record of condoms distribution
- Record of minutes of meetings
- Daily diaries of peer educators
- Work plan and its compliance
- Monthly progress chart etc

Activity Monitoring Form has also been developed to monitor various project activities which is shown below;

Planning Date	Implementation/Supervision Date	Objectives of Activity	Expected Results	Achieved Results	Observations (if any)	Corrective Action/Recommendations (if any)

Feedback of monitoring visits was shared with the team for necessary actions and corrective measures.

### **External Monitoring Visit by UNFPA Team**

Dr. Safdar Pasha and Mr. Salman from UNFPA paid facilitative monitoring visit to DIC and met with Project Team. The project performance was presented to them, followed by discussion. They observed all the performance, data collection and Record Keeping. Dr. Safdar Pasha also interviewed the project staff and held talks with peer educators to assess their knowledge and skills. He asked questions about the field progress from Project Coordinator and also analyzed the progress of DIC. STI syndromic management record, OPD Register, Registration and Follow-up Forms of FSWs and record of Condoms distributed so far were deeply observed by the UNFPA Team. UNFPA Team also visited the project target area and met with some female sex workers and asked various questions regarding project activities, beneficiaries and services for FSWs. Dr. Safdar Pasha appreciated the coordination of the field with female sex workers. He further emphasized on the promotion of condom distribution and mapping of the targeted areas. He suggested to share the targeted areas with CSC Team to avoid any overlapping as they were also working with FSWs in Multan.