Background
As of 2020, there were an estimated 57 million people chronically infected with Hepatitis C virus (HCV) globally, with around 10% of these living in Pakistan.

OCB has run an HCV project in Machar Colony Karachi since 2015. In 2020, the strategy for 2021-2024 was revised to build on the success and capitalize on earlier experience. This evaluation will be used to reflect and take stock of this revised strategic direction and the likelihood of its success within the given context.

Program Document Review
Program Logic Workshop
Mixed-Methods Approach
20 Key Informant Interviews
3 FGD Sessions
Program Data Analysis

Recommendations
1: Work collaboratively with key stakeholders to clarify the catalytic objectives of the strategy.

2: Discuss and agree on issues regarding replicability and sustainability by all relevant stakeholders.

3: Update advocacy strategy to incorporate the changing needs and context.

4: Explore the feedback loops between action, research, and advocacy; and how each can enhance and support the other.

5: Plan for operational research, data and evidence required for advocacy.

Key Findings
MSF’s work in Baldia and Machar Colony contributes to Pakistan’s National Elimination Goals 2030. Of the total national target to screen 69 million persons, MSF is aiming to screen about 112,000 in Machar Colony and make HCV care accessible to 100,000 to 200,000 people in Baldia.

In Machar, MSF is enabling access to HCV care for a marginalised and under-resourced community currently living with a high HCV prevalence rate. Current data on the key performance indicators suggest progress is on track. Health promotion team goes door-to-door to increase awareness of HCV. They have reached 24% of the total population of Machar Colony in 8 months. 70% of the people approached agreed to take Rapid Diagnostic Tests and 60% of those who were tested HCV-positive are initiated on treatment. 40% of the who started treatment have completed treatment so far.

In Baldia PHC, MSF has adapted to the needs and ways of working of MOH to facilitate successful integration of HCV model. Capacity-building focused on training 119 MOH Lady Health Workers (LHW). The training evaluation found an increase in LHW knowledge of HCV. The data also shows an increase of the number of people screened and initiated on treatment.

The current progress on operational research is satisfactory, however, there hasn’t been much progress on advocacy. Several gaps in operational research and advocacy, that are likely to become barriers to achieving successful catalytic change.