



2020-2022

ANNUAL REPORT

*Redefining
Primary Healthcare*



PPHI SINDH ANNUAL REPORT 2020-2022

(Reporting period: July 2020 to June 2022)

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Utmost efforts have been made to verify the accuracy of the information contained in this report. All information was deemed to be correct as of June 2022. Nevertheless, PPHI Sindh cannot accept responsibility of the consequences of its use for other purposes.



CREDITS

CONTRIBUTORS:

- **Mr. Javed Ali Jagirani**
Chief Executive Officer
- **Mr. Riaz Hussain Rahoojo**
Chief Operations Officer
- **Mr. Ashraf Ali**
Director Procurement
Director Administration (Add. Charge)
- **Mr. Danish Zakir**
Director Human Resource
Director Operations
- **Dr. Kishwer Ali**
Principal Officer
- **Lt Col Khalid Ahmad Qureshi (Retd)**
Director IT
- **Dr. Zaib Dahar**
Senior Technical Advisor
- **Dr. Zakir Ali Punar**
Director Health Services
- **Mr. Muhammad Yahya**
Chief Financial Officer
- **Dr. Tariq Aziz**
Chief Pathologist
- **Mr. Asadullah Dahri**
Provincial Engineer
- **Dr. Sajid Shafique**
Provincial Coordinator Nutrition
- **Ms. Shafaq Fahad**
Deputy Director Communication & Media Affairs
- **Dr. Nelofar Baig**
Deputy Director Research
- **Dr. Rabia Ahmed**
Deputy Director FP/MNCH
- **Dr. Samiullah Odho**
Manager Disease Prevention and Control (EPI)
- **Mr. Alamgeer Khan**
Manager Monitoring
- **Mr. Masood Jamali**
Manager Finance – Provident Fund
- **Mr. Syed Zeeshan Ali**
Manager Power & Energy
- **Dr. Huma Fahad**
Manager MRC
- **Mr. Ghulam Akbar**
Manager Data Management
- **Ms. Samina Bakhtawar**
Master Trainer
- **Zuhaib Hanif**
Graphic Designer

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■ **Prepared & designed by:**
Communications & Media Affairs Wing

A special thanks to our regional and district teams for all the support they had extended in producing this report.

ACRONYMS

AAP	Accelerated Action Plan	MCPC	Management of Complications of Pregnancy and Childbirth
AEFI	Adverse Events Following Immunization	MDR	Multi Drug Resistant
AFB	Acid Fast Bacilli	MEC	Medical Eligibility Criteria
AMTSL	Active Management of Third Stage of Labor	MIS	Management Information System
BEmONC	Basic Emergency Obstetric and Newborn Care	MCM	Mid-level Management
BFHI	Baby Friendly Hospital Initiative	MNCH	Maternal, Neonatal and Child Health
BHU	Basic Health Unit	MNP	Micro-nutrient Powder
BoD	Board of Directors	MoM	Monitoring of Monitors
BRHF	Basic Rural Health Facilities	MO	Medical Officers
CBA	Child Bearing Age	MOU	Memorandum of Understanding
CEmONC	Comprehensive Emergency Obstetric & Newborn Care	MUAC	Mid Upper Arm Circumference
CEO	Chief Executive Officer	MWRA	Married Women of Reproductive Age
CHWs	Community Health Workers	NICH	National Institute of Child Health
CIP	Costed Implemented Plan	NPO	Not for Profit Organisation
CK	Clinical Knowledge	NSC	Nutrition Stabilization Center
CLMIS	Contraceptive Logistic Management Information System	NSP	Nutrition Support Program
CMAM	Community-based Management of Malnutrition	OCF	Oral Contraceptive Pills
CPR	Contraceptive Prevalence Rate	OPV	Oral Polio Vaccine
CSG	Community Support Group	OTP	Out-patient Therapeutic Program
DHO	District Health Officer	PCPNC	Pregnancy, Childbirth, Postpartum and Newborn Care
DHQ	District Health Quarter	PDHS	Pakistan Demographic & Health Survey
DHIS	District Health Information System	PHC	Primary Health Care
DoH	Department of Health	PLW	Pregnant and Lactating Woman
DR	Drug Resistant	POL	Petroleum, Oil & Lubricants
DSV	District Supervisor of Vaccinators	PPFP	Postpartum Family Planning
ECPF	Employees Contributory Provident Fund	PAFP	Post Abortion Family Planning
EPI	Expanded Program on Immunization	PPIUCD	Postpartum Intrauterine Contraceptive Device
FLCF	First Level Care Facility	PSBI	Possible Serious Bacterial Infection
FMO	Female Medical Officer	PTP	Provincial Tuberculosis Control Program
FP	Family Planning	PW	Pregnant Women
FP&PHC	Family Planning and Primary Healthcare	RHC	Rural Health Centre
GOS	Government of Sindh	RMM	Regional Manager Monitoring & Evaluation
GAM	Global Acute Malnutrition	RUTF	Ready to Use Therapeutic Food
HBB	Helping Babies Breathe	RW	Research Wing
HBS	Helping Babies Survive	SAM	Severe Acute Malnutrition
HBV	Hepatitis B Virus	SAS	Summary of Additional Services
HCP	Health Care Provider	SBA	Skilled Birth Attendants
HCV	Hepatitis C Virus	SBR	Sindh Board of Revenue
HF	Health Facilities	SECP	Securities and Exchange Commission of Pakistan
IDM	Inter District Monitoring	SIOVS	Sindh Institute of Ophthalmology and Visual Sciences
IEC	Information, Education and Communication	SO	Social Organiser
IFA	Iron Folic Acid Supplement	TBA	Traditional Birth Attendants
ILR	Ice Lined Refrigerator	TAY	Tando Allahyar
IMNCI	Integrated Management of Newborn and Childhood Illnesses	TCV	Typhoid Conjugated Vaccine
IRD	Interactive Research & Development	THQ	Taluka Headquarter Hospital
IUCD	Intrauterine Contraceptive Device	TMK	Tando Mohammad Khan
IYCF	Infant, Young Child Feeding	TOT	Training of Trainers
JPMC	Jinnah Postgraduate Medical College	TSFP	Targeted Supplementary Feeding Program
KMC	Kangaroo Mother Care	TSV	Taluqa Supervisor of Vaccinators
KPIs	Key Performance Indicators	UC	Union Councils
LARC	Long Acting Reversible Contraceptives	UNCRD	United Nation Centre for Regional Development
LBW	Low Birth Weight	UNFPA	United Nations Population Fund
LHVs	Lady Health Visitors	UNICEF	United Nations International Children's Emergency Fund
LHWP	Lady Health Worker Program	VLMIS	Vaccine Logistics Management Information System
LQAS	Lot Quality Assurance Sampling	VPD	Vaccine Preventable Disease
MAM	Moderately Acute Malnutrition	WHO	World Health Organization
MCHC	Mother and Child Healthcare Centre	ZMP	Zindagi Mehfooz Program

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Fazal-ur-Rehman
Chairman

Message from Chairman's Desk

diversity and make our organization even more inclusive.

During the same period, PPHI Sindh kept on reflecting huge commitment to give quality health services to the community. It is imbibed in PPHI Sindh's promise to empower people for equitable access to primary health care services. As Chairperson of the organization, I would like to offer a special note of thanks to PPHI Sindh team as a whole for their untiring efforts to improve community's life by truly redefining primary healthcare.

In the mentioned years, Broad of Directors also continued to support PPHI Sindh's Management with their experience and expertise. Their leadership, communication and organizational skills have enabled PPHI Sindh to achieve all its desired goals.

I would also like to express my deep thanks to Mr. Javed Ali Jagirani, CEO, PPHI Sindh and his team for their hard work and contribution made to finish the year with achievement under their belt as could have been imagined for such challenging time. I also appreciate dedication and collaboration of all team members in the field. PPHI Sindh would never stop improving quality health services in primary healthcare.

“Dedication, determination and hard work are what have helped PPHI Sindh achieve its goals and objectives to date.”

The year 2022 started with sad beginning for PPHI Sindh as one of our valued members of the Board of Directors, Mr. Tasneem Ahmed Siddiqui left us for his eternal abode. Mr. Tasneem remained a vital part of PPHI Sindh. He dedicated his time, efforts and thoughts to PPHI Sindh. We pay deep tribute to him for his contributions to PPHI Sindh.

The year was also marked by continuous precarious pandemic situation in the country. It is matter of satisfaction that during COVID-19 episode Government of Sindh showed its trust in PPHI Sindh by giving more and more responsibilities especially of vaccinating general public against COVID-19. Accordingly, the major role in COVID-19 vaccination process in the province also became another major achievement of PPHI Sindh.

Further to that, PPHI Sindh established more than 10 crucial Nutrition Stabilization Centers (NSCs) in various districts under its ongoing program of providing nutrition services to Severe Acute Malnutrition (SAM) children. We signed a few MoUs with national and international partners to work jointly on certain initiatives such as Baby Friendly Hospital Initiative with UNICEF; to better support breastfeeding mothers; to encourage breastfeeding; and Neonatal Screening for Congenital Hypothyroidism with the National Institute of Child Health (NICH) to provide a free screening of congenital hypothyroidism in neonates.

These and many other accomplishments in reporting years connect directly to the passionate and talented employees who embody PPHI Sindh's professional culture. We continue to strive and ensure that PPHI Sindh comes as a place where all our employees feel safe, protected, and rewarded. I am pleased with the efforts we made during the reported period to foster



Javed Ali Jagirani
Chief Executive Officer

Letter from our CEO

For PPHI Sindh, we take every year as unique with renewed spirits and motivation. Both the reported years 2020-21 and 2021-22 were also nothing short of being exceptional. These two years posed challenge for the whole world. Unprecedented health crisis caused by COVID-19 tested us on many fronts leaving many experiences learnt. It can be proudly said that our organization gave befitting response to this challenge and also continue our services satisfactorily.

Satisfactory we claim because we became even more committed to facemasks and protective equipment, to continue providing quality primary healthcare services to our communities. The validated figures prove that our teams provided free healthcare services to around 26.8 million people in 2020-21 and 24.5 million in 2021-22 as compared to 26.6 million the year, 2019-20. Satisfactory because we launched new research projects, especially regarding low-performing BHU Plus HFs, and were successful in publishing an article titled 'Impact on the utilization of Reproductive, Maternal, Newborn and Child health care services at Primary Health Care level during First Wave of COVID-19 in Pakistan'. The findings of such a report will support our emergency operations and also our effort to consolidate our targets to meet the challenges of humanitarian medicine through innovative projects.

PPHI Sindh has emerged as a strong, vibrant and resilient organization with diverse characteristics, including strong connections to the cross-cutting community, a large geographical base, a successful management model under a well-skilled and experienced Board of Directors and finally a highly competitive HR.

PPHI Sindh kept the pace of progress smooth in primary healthcare service objectives. It continued uninterrupted services in all mandated sectors such as Maternal and Child Health, Nutrition, Immunization, and Family Planning. The organization stood hand in hand with all key stakeholders to mitigate the pandemic effects. Hence Health Department, Government of Sindh received vital support from PPHI Sindh during the vaccination process for COVID-19 all over the province. During the same period, PPHI Sindh launched Nutrition Stabilization Centers funded by EU-PINS and DoH, GoS at 15 locations.

PPHI Sindh maintained good working relationships with multiple national and international stakeholders. Based

on its performance PPHI Sindh was able to sign various fresh MoUs to further its mission of providing free primary healthcare services. Such include Baby Friendly Hospital initiative in collaboration with UNICEF and WHO; Health and Nutrition Conditional Cash Transfer with Sindh Enhancing Response to Reduce Stunting and Malnutrition Program (SERRSP); Neonatal Screening for Congenital Hypothyroidism with National Institute of Child Health; and Hepatitis Prevention Control Program.

PPHI Sindh's resilience and determination to continue to deliver primary healthcare services during COVID-19 to marginalized communities improved GoS' trust in the organization's potential, therefore, PPHI Sindh was given additional charge of 8 HFs in Larkana including 5 RHCs and 3 THQs during 2021-22.

During the reporting period, PPHI Sindh well demonstrated its model's relevance and its staff's determination. Our teams learned new avenues of quality service delivery with a wide range of training programs; our staff remained committed to working in regions where the health situation continued to deteriorate; as such we successfully carried out our responsibilities against all odds.

Finally, I would like to extend my thanks to BoD members, GoS for their guidance & support and every team member at PPHI Sindh; with special mention of our key field staff at HFs working relentlessly day and night. I thank you all for your commitment to provide service and do acknowledge my deep appreciation for your matchless support with countless hours of quality time given to emerge PPHI Sindh as a human-friendly, resilient, and supportive organization of today's world.

Mr. Tasneem Siddiqui (Late)



Mr. Tasneem Siddiqui was one of the founding members of PPHI Sindh since October 2013. He had always been a valued and honourable member of Board of Directors since the company was founded. As a person, Mr. Siddiqui was the most humble and down to earth with an immense passion to help underprivileged people. PPHI Sindh is honored to have worked under leadership of such a true and dedicated soul.

Mr. Tasneem Ahmed Siddiqui was born in 1939 in Meerut, India, as the third of seven siblings. His childhood was spent in different cities of the United Provinces (now Uttar Pradesh) because of his father's profession as a civil servant. He spent his childhood celebrating both Muslim and Hindu festivals including Holi and Diwali.

His family relocated to Lahore in 1947 after witnessing horrors of partition of subcontinent. Once in Pakistan, his father was in service and was posted in Sheikhupura, Punjab, but moved to Sukkur after a year. During his initial years in Sukkur, financial position was tough for the family and he and due to which his siblings lost a few years of schooling.

Mr. Siddiqui loved to read and spent a lot of time in Sukkur General Library reading newspapers and international magazines. He was a great admirer of John F. Kennedy, the youngest President of USA.

As a quick-witted person who always left mark on his audience, he developed his oratory skills and could hold sway over a large crowd with his words. Mr. Siddiqui completed his education in Sukkur. After graduating from Islamia College, Sukkur, went to Sindh University, Jamshoro for his Master's. He became active in student politics and actively campaigned against martial law regime of 1960s. During this time, he met and befriended Fatayab Ali Khan, a prominent student leader of Karachi who later founded the Mazdoor Kissan Party.

Mr. Siddiqui joined the Civil Service of Pakistan (CSP) in 1965. He started his service as Assistant Commissioner, Quetta as an idealistic civil servant, eager to make a change. In society, he introduced transparency, accountability and efficiency at the stations he was posted. From the very start he displayed zero tolerance towards dishonesty, nepotism and corruption.

He became interested in affordable housing very early in his career and was offered an opportunity to experiment with affordable housing during his posting at HDA (Hyderabad Development Authority) as its DG (Director General). His interest led him to experiment a government-sponsored project in wake of mushrooming

Katchi Abadis (Slums) in and around the major cities. This line of experiment eventually resulted in Incremental Development Scheme (IDS), popularly known as 'khuda-ki-basti' (city of God).

During his career in civil services, Mr. Tasneem Siddiqui held key positions including Director General (DG) Excise & Taxation, DG Sindh Katchi Abadis Authority, Secretary Industries, Secretary Public Health Engineering, Additional Chief Secretary (Local Govt.) and eventually, rising up to be the Chief Secretary Sindh, the highest provincial post for any civil servant.

Being a Senior Board Member of PPHI Sindh, Mr. Siddiqui was also the Chairman of the organization Saiban-Action Research for Shelter which had developed housing projects for low-income groups popularly known as Khuda-ki-Basti. He also worked for 'Orangi Charitable Trust' and other notable NGOs. The width and depth of his social work is astounding. Besides affordable housing, he was also involved in conservation of heritage buildings, state of public libraries, lodging public petitions, strengthening sewerage and sanitation, bringing microfinance schemes, children's museum, basic health, education, police reforms, governance, traffic management, urban planning, and others.

Mr. Siddiqui left us on Friday, 28 January 2022 and is survived by his wife, two sons and a daughter.

Mr. Siddique was a highly simple man. He had a simple lifestyle, very much in sync with his specialty of low-income housing. Perhaps only a man as frugal as him could consider bearing the trials and tribulations involved with low-income housing. When he passed away, his sole personal possession was his prized book collection, which he held very dear and kept adding to till the end of his life.

PPHI Sindh values his unmatched and unforgettable contribution in establishment and evolution of the organisation. He will be missed forever at PPHI Sindh.

One of his favorite sayings was by Naom Chomsky: "If you believe there is no possibility of change, you guarantee there is no possibility of change".

* PPHI Sindh thanks Mr. Jibran Siddiqui, son of Mr. Tasneem Siddiqui, for sharing the insights about his father's life with us.

About us

PPHI Sindh is a not-for-profit company setup under section 42 of The Companies Act 2017 and recognized as such by Pakistan Centre of Philanthropist (PCP), a Government certified body for recognizing Not-for-Profit Organizations (NPO). The Company is governed by Board of Directors comprising of seven seasoned members with vast and versatile public and private sector experience. The Board is also represented by Secretaries to Government of Sindh (Health, Finance, Planning & Development and Population Welfare Departments) as Ex-Officio Members.

PPHI Sindh is primarily entrusted with the operational and management control of primary health care units of Government of Sindh to ensure quality Primary Health Care (PHC) to poor masses of Sindh. Before becoming a company in 2013, PPHI Sindh, started its operations in 2007 from district Kashmore as a project under Sindh Rural Support Organization (SRSO), by contracting few dispensaries and basic health units. Gradually, it has expanded to all districts of Sindh, with 1,250 health facilities and 19 Rural Health Services, under its contractual management.

The objective of establishing PPHI Sindh was to innovatively assist Sindh Government in revitalizing its primary healthcare in rural areas by ensuring availability of human resources, improvement of physical and medical infrastructure and provision of medicines free of cost. Today, the company is managing around 1,320 Primary Healthcare Facilities (HFs) along with 19 Rural Healthcare Centre (RHCs) across Sindh and Extended Program of Immunization (EPI) in districts Dadu and Khairpur. Among its value chain are 6 Caesarian facilities, 4 major and 390 mini labs, 320 BHU Plus

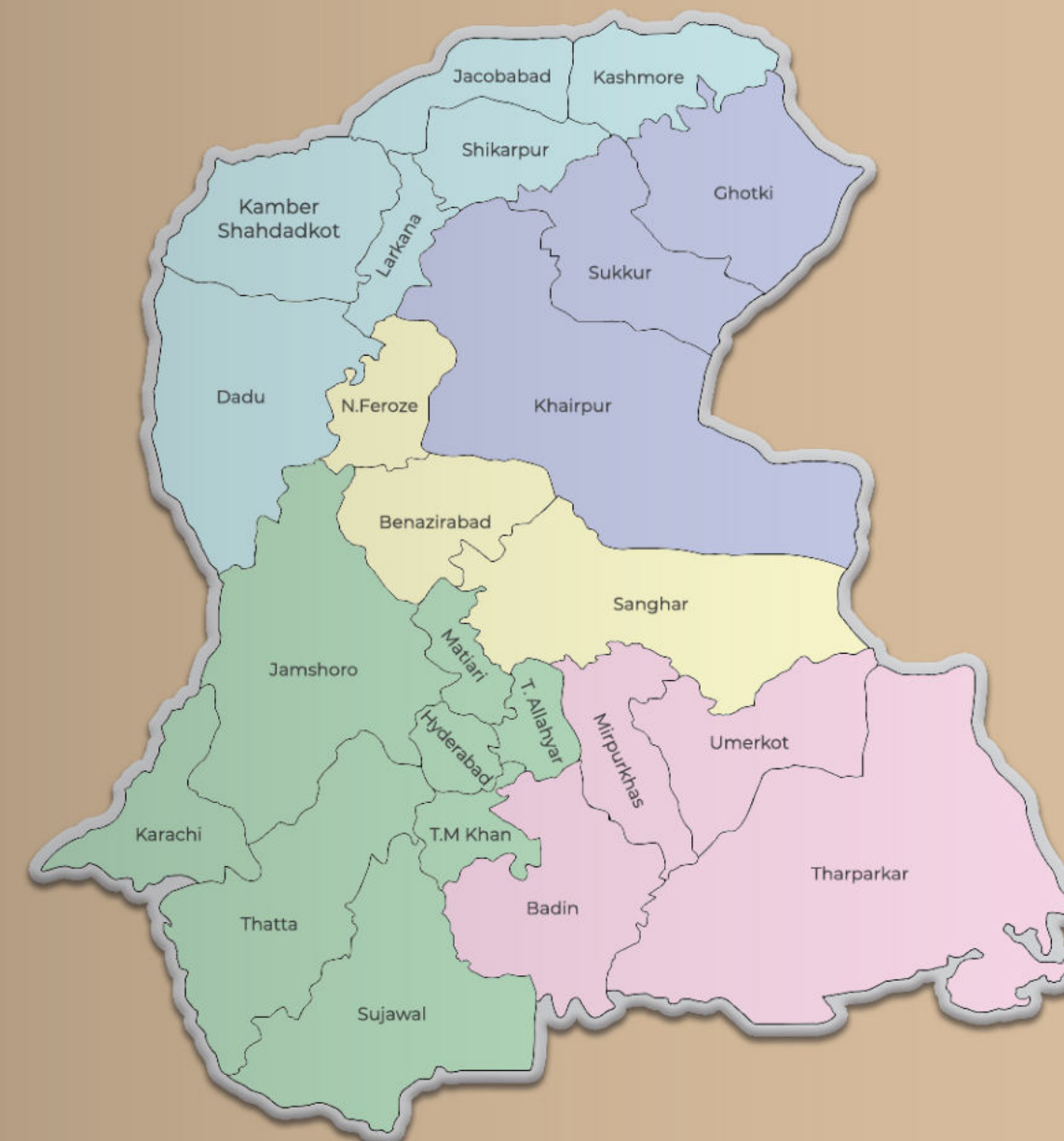
(24/7) 675 solarized HFs, 1,100 OTP (Nutrition) Sites in 24 districts, 102 TB Care facilities (TCFs), 195 EPI centers (Dadu and Khairpur), 208 ambulances, 297 HFs equipped with Ultrasound, and 344 Kangaroo Mother Care Centers (KMCs).

Currently, PPHI Sindh is providing free medicines and lab tests to all patients without any discrimination. Furthermore, PPHI Sindh signed another agreement with Health Department, Government of Sindh, for the management of children suffering from the Severe Acute Malnutrition (SAM) under Nutrition Support Programme (NSP) in nine districts of Sindh in 2016. At present, the nutrition services are scaled up in 23 districts of PPHI Sindh by establishing more than 1,100 OTPs (Nutrition Clinics) where SAM children are Managed. These services are provided with support from Sindh Government, United Nations, international and nationals partners like Accelerated Action Plan, European Union, Action Against Hunger, Concern Worldwide, World Food Programme, Rural Support Programme Network and UNICEF.

PPHI Sindh has also signed an MoU with Hepatitis Prevention and Control Program under which free diagnosis and treatment to all 12 years and above patients.

In addition to the above-mentioned services, PPHI Sindh is also working on repair, renovation and rehabilitation of the health facilities to make them operational to their full capacity. It has also been working on solarizing its HFs to provide enabling environment to its staff, health care providers and community. So far, 675 buildings including health facilities and offices have been solarized.

Where we work



REGION 1	REGION 2	REGION 3	REGION 4	REGION 5
<ul style="list-style-type: none"> ■ Hyderabad ■ Jamshoro ■ Tando Muhammad Khan ■ Tando Allahyar ■ Matiyari ■ Thatta ■ Sujawal ■ Malir - Karachi 	<ul style="list-style-type: none"> ■ Mirpurkhas A ■ Mirpurkhas B ■ Badin A ■ Badin B ■ Umerkot ■ Tharparkar 	<ul style="list-style-type: none"> ■ Larkana ■ Dadu ■ Kamber Shahdadkot ■ Shikarpur ■ Kashmore ■ Jacobabad 	<ul style="list-style-type: none"> ■ Sukkur ■ Khairpur A ■ Khairpur B ■ Ghotki 	<ul style="list-style-type: none"> ■ Benazirabad ■ Sanghar A ■ Sanghar B ■ Naushahro Feroz

Organisational Information

BOARD OF DIRECTORS

- **Chairman:**
 - Mr. Fazal-ur-Rehman
- **Members:**
 - Mr. Muhammad Nazar Memon
 - Dr. Muhammad Suleman Shaikh
 - Dr. Muhammad Saeed Qureshi
 - Mr. Mushtaq Ahmed Shah
 - Dr. Nighat Shah
 - Ms. Nargis Ali Akbar Ghaloo

CORE TEAM (HO)

- **Chief Executive Officer**
Mr. Javed Ali Jagirani
- **Chief Operating Officer**
Mr. Riaz Ahmed Rahoojo
- **Dr. Kishwer Ali**
Principal Officer

FINANCE WING (HO)

- **Chief Financial Officer / Company Secretary**
Mr. Muhammad Yahya
- **Legal Advisor**
Mr. Parvaiz Ahmed Memon
- **Deputy Chief Finance**
Mr. Faheem Ahmed

AUDIT COMMITTEE (HO)

- Mr. Fazal-ur-Rehman - Chairman
- Dr. Saeed Qureshi - Member
- Ms. Nargis Ali Akbar Ghaloo - Member

TECHNICAL WING (HO)

- **Director Health Services**
Dr. Zakir Punar
- **Senior Technical Advisor**
Dr. Zaib Dahar
- **Deputy Director MNCH / FP**
Dr. Rabia Ahmed
- **Manager Disease Prevention & Control**
Dr. Sameeullah Odho
- **Manager Training**
Dr. Beenish Atif
- **Master Trainer**
Ms. Samina Bakhtawar

HUMAN RESOURCE WING (HO)

- **Director Human Resource**
Mr. Danish Zakir
- **Manager Human Resource**
 - Mr. Sayed Shueb Ali Shah
 - Ms. Ayesha
- **Manager Finance – Provident Fund**
Mr. Masood Jamali
- **Manager Medical Reimbursement Cell**
Dr. Huma Fahad

ADMINISTRATION WING (HO)

- **Director Administration**
Mr. Ashraf Ali (Additional Charge)
- **Manager Administration**
Mr. Imran Chandio

OPERATIONS (HO)

- **Director Operations**
Mr. Danish Zakir
- **Manager Monitoring**
Mr. Alamgeer Khan

LAB & PATHOLOGY WING (HO)

- **Chief Pathologist**
Dr. Tariq Aziz Qureshi
- **Senior Manager**
Mr. Asif Iqbal Channa

AUDIT WING (HO)

- **Chief Audit Executive**
Mr. Sandeep Sidhwani

NUTRITION WING (HO)

- **Provincial Coordinator - Nutrition**
Dr. Sajid Shafiq Lakhari

REPAIR AND RENOVATION WING (HO)

- **Provincial Engineer**
Mr. Asadullah Dahri

PROCUREMENT WING (HO)

- **Director Procurement**
Mr. Ashraf Ali
- **Manager Procurement**
Mr. Zia Jalbani

SOLAISATION WING (HO)

- **Manager Power & Energy**
Syed Zeeshan Ali

IT WING (HO)

- **Director IT**
Lt Col Khalid Ahmad Qureshi (Retd)
- **Senior Manager IT**
 - Mr. Noman Ahmed Soomro
 - Mr. Atif Khan
- **Manager IT**
 - Mr. Ali Muhammad
 - Mr. Mukhtiar Lander
- **Manager Networks**
Mr. Yasir Saleem
- **Manager Data Center**
Mr. Moeid Hamid Ansari

COMMUNICATION & MEDIA AFFAIRS WING (HO)

- **Deputy Director Communications & Media Affairs**
Ms. Shafaq Fahad
- **Graphic Designer**
Mr. Shaikh Zuhaib Hanif

RESEARCH WING (HO)

- **Deputy Director - Research**
Dr. Nelofar Baig

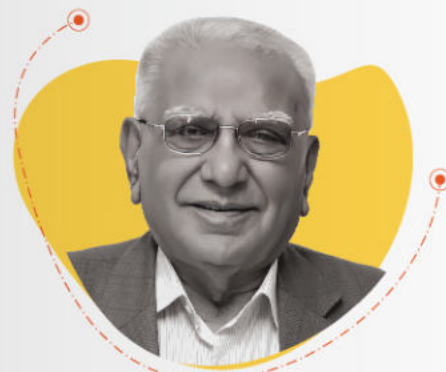
Board of Directors



Mr. Fazal-ur-Rehman
(Chairman)



Dr. Muhammad Suleman Shaikh
(BoD Member)



Mr. Muhammad Nazar Memon
(BoD Member)



Dr. Mohammad Saeed Qureshi
(BoD Member)



Dr. Nighat Shah
(BoD Member)

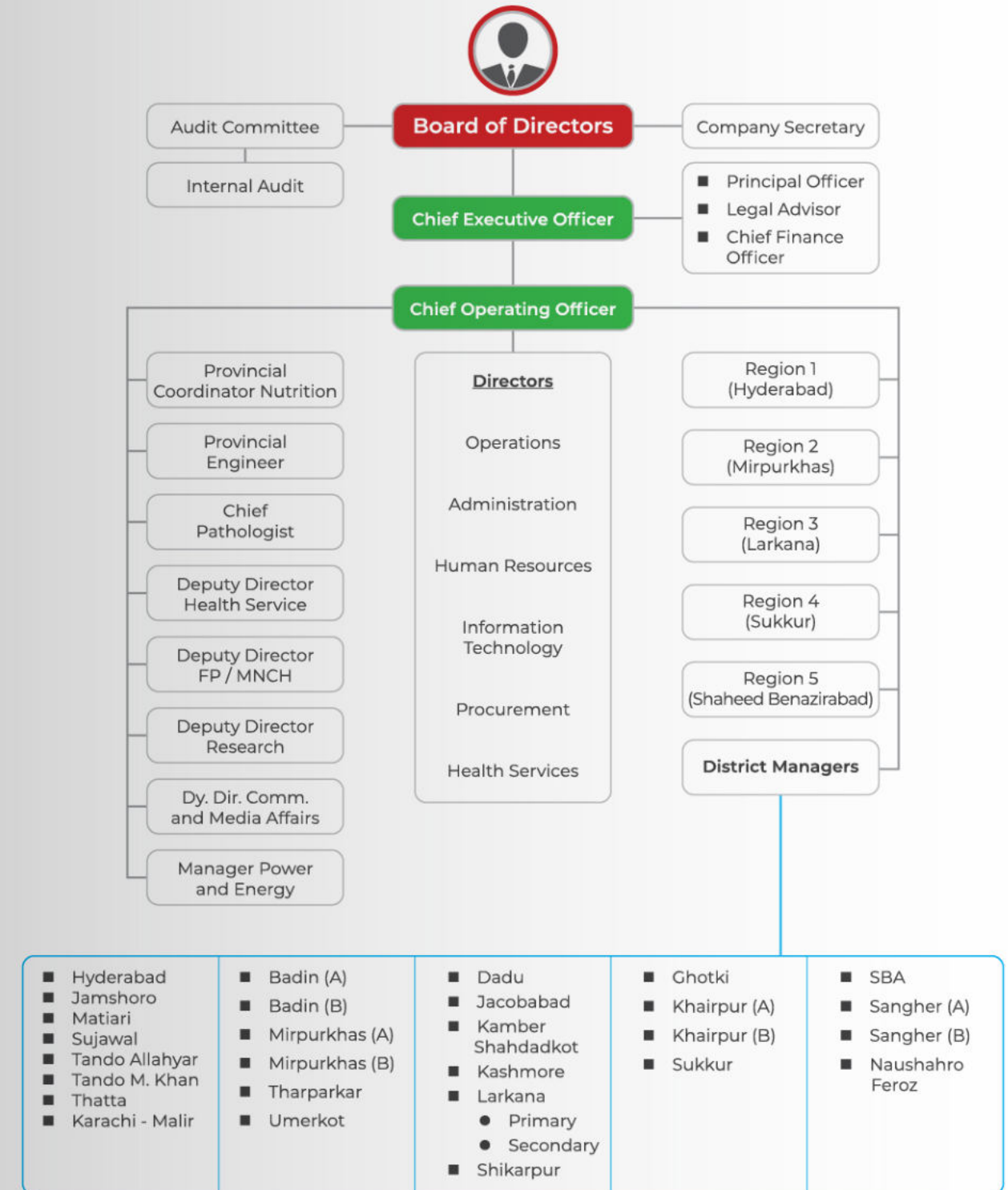


Mr. Mushtaq Ahmed Shah
(BoD Member)

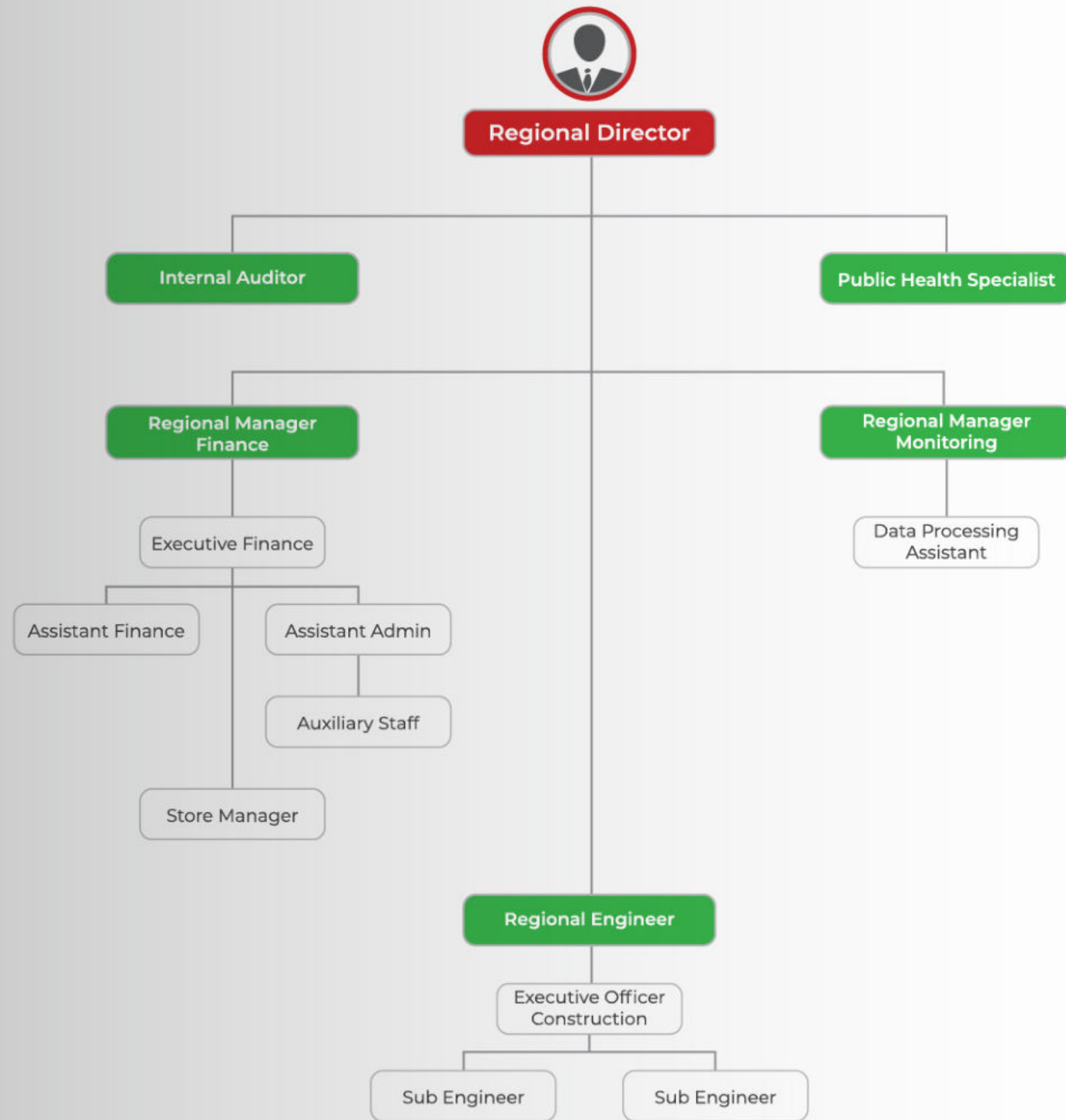


Ms. Nargis Ali Akbar Ghaloo
(BoD Member)

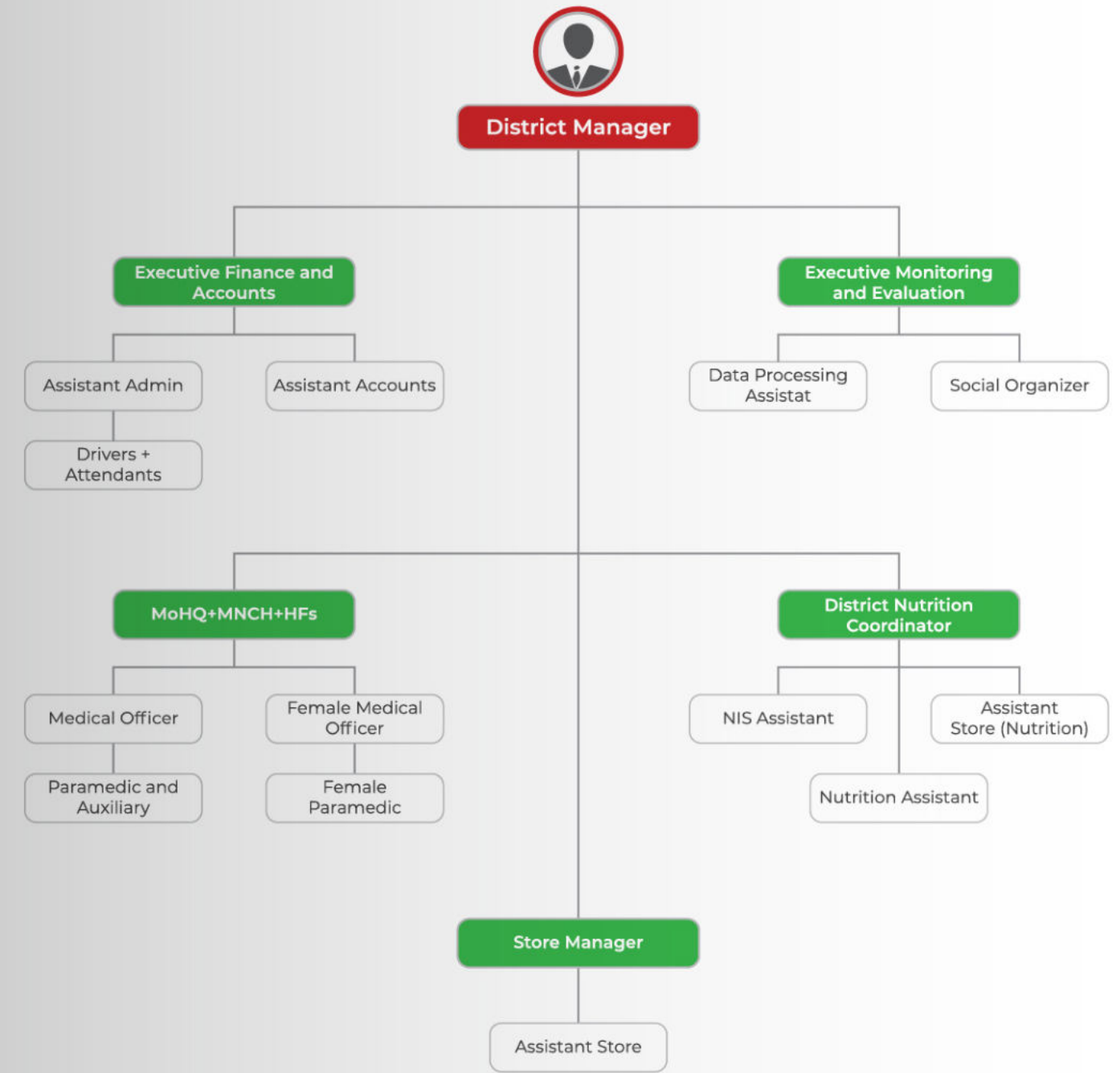
PPHI Sindh Organogram Head Office



PPHI Sindh Organogram Regional Office



PPHI Sindh Organogram District Office



Our Impact in 2020-21

PPHI Sindh with support of Departments of Health, Finance and Population Welfare, Government of Sindh, continued to provide quality health services to the most deserving communities in Sindh. Below is a sneak peak of those services provided in two years from July 2020 to June 2022.



Our Impact in 2020-21



Our Impact in 2021-22

PPHI Sindh with support of Departments of Health, Finance and Population Welfare, Government of Sindh, continued to provide quality health services to the most deserving communities in Sindh. Below is a sneak peak of those services provided in the year ending on June 2022.



Our Impact in 2021-22





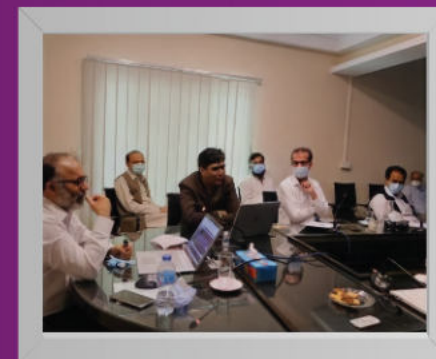
News and Events



Mr. Nazar Muhammad Memon, Senior Member BoD visited three health facilities of District Matiari where nutrition project services are integrated to identify and rehabilitate the malnourished children (WASTED-SAM). The purpose of the visit was to ensure that good quality healthcare services were being provided in the health facilities.



Former CEO, PPHI Sindh along with Mr. Javaid Ahmed Abro visited Kausar Hospital in Khairpur to oversee the quality of healthcare services provided at the hospital.



PHI Sindh's Quarterly Progress Meeting was held with COVID-19 SOPs to discuss the performance and devise strategies to enhance it. The meeting was chaired by Former CEO, PPHI Sindh and was attended by the senior team at Head Office and all Regional Directors.

News and Events



Former CEO, PPHI Sindh inaugurated BHU Plus Kot Mir Mohammad, Khairpur, that was recently renovated



Disinfection and decontamination activities are on with full vigour in different OTP sites all over PPHI Sindh HF's after a few positive Covid-19 cases surfaced in our staff in respective HF's



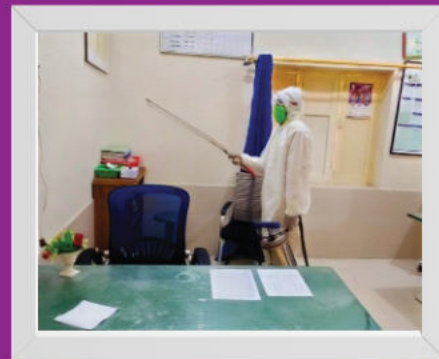
Former CEO, PPHI Sindh, inaugurated new IMNCI Clinic at MCHC Jeando Rind in District Sanghar



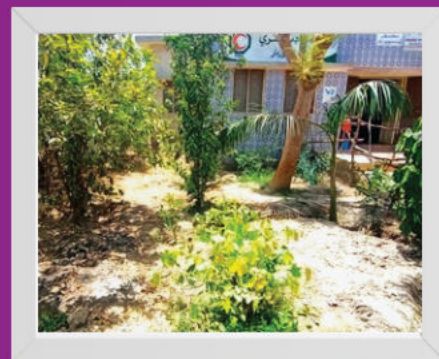
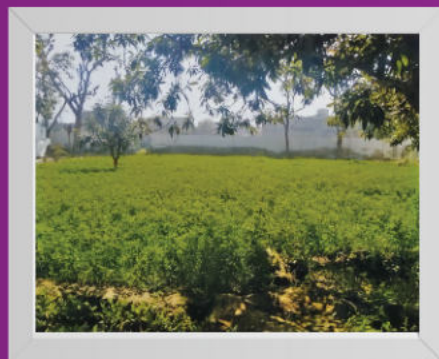
Dr. Zaib Dahar, Senior Technical Advisor, represented PPHI Sindh during a meeting with Sindh Healthcare Commission on provisional licensing of PPHI Sindh's Health Facilities



PPHI Sindh organized a two-day Free Medical Camp at Umerkot during the heavy rains



PPHI Sindh undertook various kitchen gardens initiatives in District Matiari under the EU-PINS project. Under this project, communities are also being sensitized and encouraged to develop their own kitchen gardens



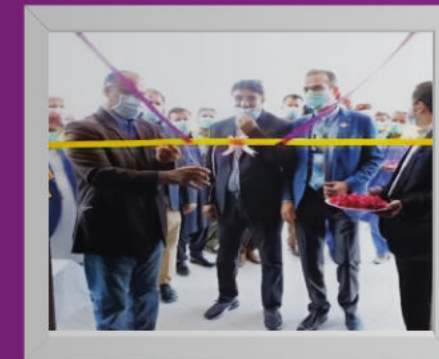
News and Events



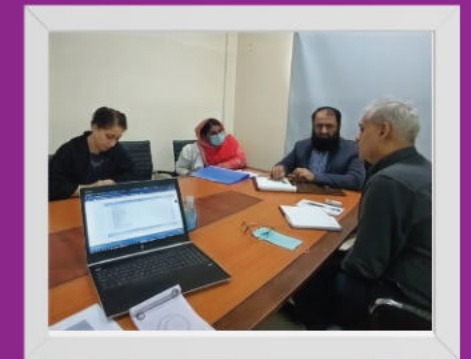
Jannat Gul Government Hospital made an OPD record on 10 August 2020 by serving more than 600 patients in one day



Commissioner Sukkur, Mr. Muhammad Shafiq Mahesar inaugurated R&R work of PPHI Sindh's BHU Dhoro in a ceremony organised at the BHU



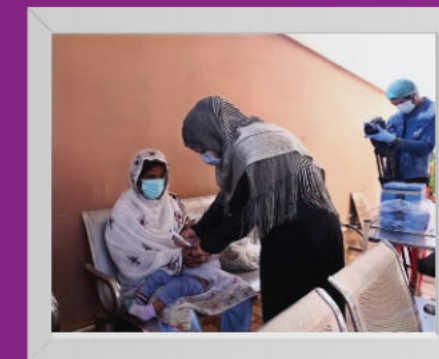
Former CEO, PPHI Sindh, inaugurated new IMNCI Clinic at MCHC Jeando Rind in District Sanghar



PPHI Sindh's Hyderabad team met with HIV Aids Control Program and UNDP Representatives to discuss HIV/AIDS Surveillance



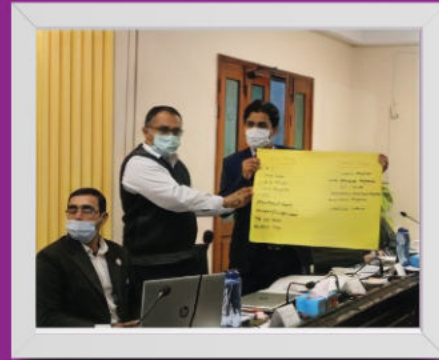
PPHI Sindh completed production of its documentary. The filming was done in December 2020 in various districts including: Karachi, Hyderabad, Matiari, Mirpurkhas, TM Khan, Badin, Tharparkar, Khairpur, Sukkur and Ghotki



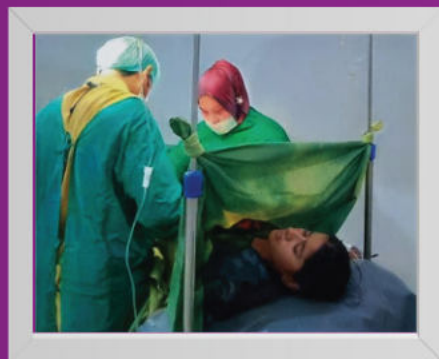
The documentary can be watched on our Youtube channel at (www.youtube.com/@pphisindh) or our website at (www.pphisindh.org/home/our_videos.php)



News and Events

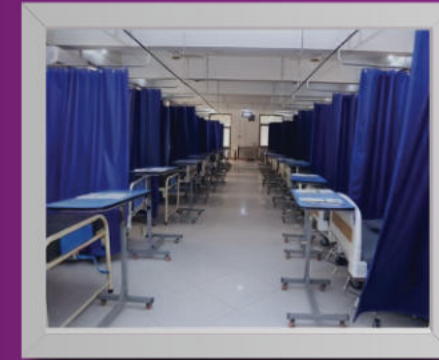


- PPHI Sindh organized a comprehensive 5-day Orientation training for District Managers at PPHI Sindh Head Office, Karachi.
- Through out the five days the participants were oriented on various wings and processes of PPHI Sindh.
- The orientation was concluded by Former CEO PPHI Sindh – thank you note. The participants were also given certificates and mementos

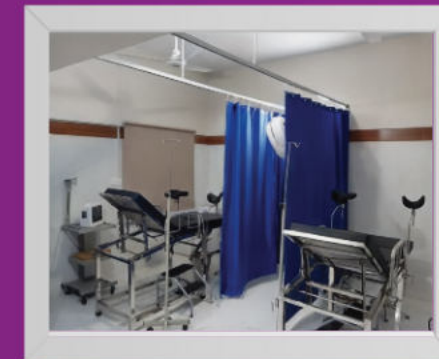


C-Section services at MCHC Mirwah were made functional to provide assistance in child birth and save lives.

News and Events



- An additional blood transfusion facility and blood bank with NICU was established at MCHC Kausar, a 40 bedded hospital
- The newly constructed ward was inaugurated by Ex Chief Minister Syed Qaim Ali Shah
- The MCHC being affiliated with Kahirpur Medical College (KMC) and due to its technical strength, now also offers emergency C-section in night shift too



- PPHI Sindh converted Jannat Gull Hospital from 6/6 to 24/7
- PPHI Sindh's Jannat Gull Government Hospital made an OPD record on 10 Aug 2020 by serving more than 600 patients in one day
- The round the clock services at the facility started in October 2020 for deliveries

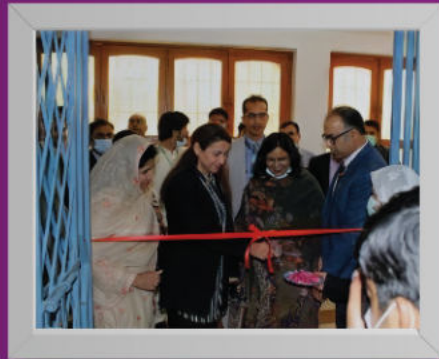


- PPHI Sindh started and established a formal practice to encourage and honour its hardworking and dedicated team members by organizing Annual Appreciation Award Distribution Ceremonies in all regions.
- Employees from all cadres were nominated and selected based on their work performance.
- Mr. Nazar Memon, Member BoD PPHI Sindh was the Chief Guest of the ceremonies held in Hyderabad and Mirpurkhas whereas Former CEO PPHI Sindh, was the Chief Guest of the ceremonies that were held in Larkano and Sukkur.

News and Events



PPHI Sindh established 14 NSCs in 12 Districts of Sindh and operationalized them. NSCs are incorporated in tertiary care Public Hospitals (Civil & DHQ) of respective districts and services are strengthened by providing qualified and trained staff under AAP Project



Dr. Nighat Shah, Member BoD PPHI Sindh inaugurated the NSC at LUMHS, Jamshoro



Mr. Munawar Ali Mithani, Deputy Commissioner inaugurated the NSC at THQ Kandhkot, Kashmir



Mr. Naved Dero, MNA, inaugurated the NSC in Sanghar



Syeda Marvi Fasih Shah, MPA inaugurated the NSC at MCHC Nawabshah, Shaheed Benazirabad



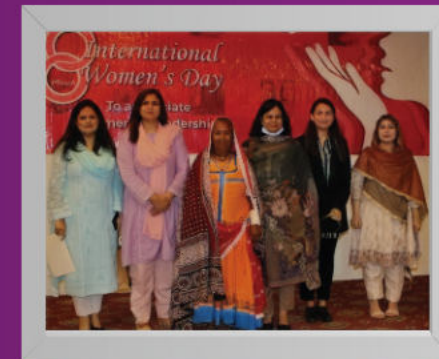
Mr. Syed Farukh Ahmed Shah, MPA and Mr. Noman Islam Sheikh, MNA jointly inaugurated the NSC at CMMMC, Sukkur



The healthcare providers at the HFs demonstrated handwashing techniques to the community and explained the benefits of regular handwashing on Global Hand Washing Day.

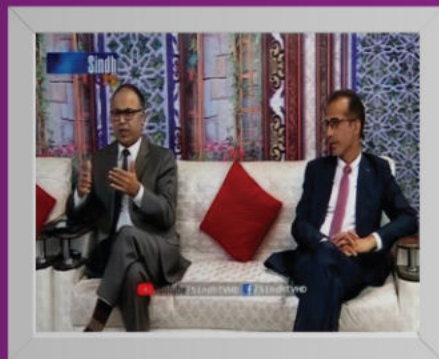
News and Events

International Women's Day Celebration



- PPHI Sindh celebrated International Women's Day to appreciate and acknowledge its female team members, and to showcase their success stories
- The main objective of the event was to recognize women's role in making PPHI Sindh a successful model
- Dr. Nighat Shah was the Chief Guest at the event
- An appreciation giveaway and a certificate was also given to each participant

News and Events



1. Morning Show on Sindh TV



2. Sindh Literature Festival

1. Former CEO PPHI and Mr. Riaz Hussain, COO appeared on a morning show 'Salam Sindh' on Sindh TV to talk about the situation of health indicators in Sindh, Sindh Government's efforts in improving them and PPHI Sindh's role in the same.
2. PPHI Sindh participated in a 45-minute long panel discussion on Health Situation in Sindh. Former CEO PPHI, Mr. Riaz Hussain Rahoojo, Dr. Zaib Dahar and Dr. Zeeshan Shaikh were the panelists.
3. PPHI Sindh celebrated World Health Day by publishing a full page article in Daily Jeejal, a Sindhi newspaper. The article included messages from Chairman PPHI Sindh – Mr. Fazalur Rehman, Former CEO PPHI Sindh, a write up, and an infographic on our achievements and progress.



3. Special Edition on World Health Day in Daily Jeejal



PPHI Sindh and NICH started an initiative Implementation of Neonatal Hypothyroidism screening in 14 Districts of Sindh. Since August 207 health care providers have been trained through Zoom and Hands on training.

- Total 2162 neonates are screened
- Total Positive are 22
- 19 has started treatment

2-DAY MASTER TRAINER WORKSHOP ON
"LACTATION MANAGEMENT & BABY FRIENDLY HOSPITAL INITIATIVE"
 organized by
 Accelerated Action Plan - Health Department in collaboration with PPA, SOGP, PPHI, WHO & UNICEF
 at
 Conference room, Gyne/Obstetrics Ward 9,
 Jinnah Postgraduate Medical Institute on
 22-23 & 24-25 September 2020

UNICEF organized a TOT on Implementation of Baby Friendly Hospital initiative (BFHI) for all PPHI master trainers at JPMC

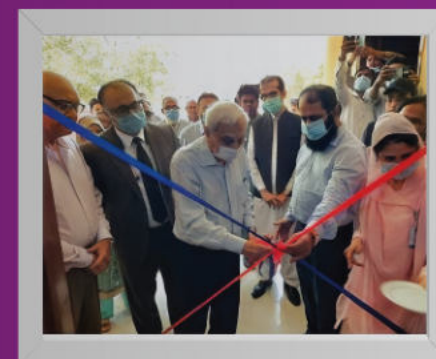
News and Events



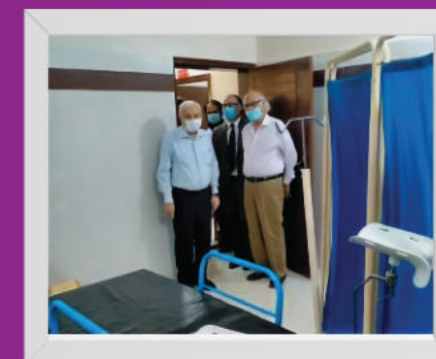
Additional Chief Secretary, Dr. Muhammad Usman Chachar inaugurated the main building of the newly repaired and renovated BHU Plus Samoo Chachar. RD Hyderabad - Dr. Najeeb-U-Rehman Chachar, RD Sukkur - Mazhar A. Veesar along with Director Marie Stopes Society, other guests including media representatives, community activists and villagers were also present at the occasion.



Mr. Muhammd Nazar Memon, Member Board of Directors PPHI Sindh inaugurated the newly established Nutrition Stabilisation Centre (NSC) under EU-PINS grant at Pediatrics Department at Sayed Abdullah Shah Institute of Medical Sciences (SASIMS). The NSC had been established under Sindh Government-funded Accelerated Action Plan (APP).

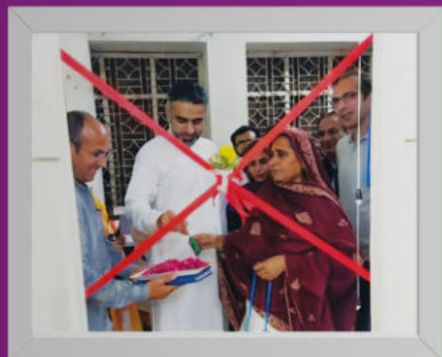


Dr. Muhammad Suleiman Shaikh, Member Board of Directors PPHI Sindh, inaugurated the newly renovated Government Dispensary Khuda Ki Basti on Monday, 12 April 2021. The newly constructed facilities at the dispensary include the labour room and PNC Ward.



Mr. Tasneem Ahmed Siddiqui, Member Board of Directors PPHI Sindh, Former CEO PPHI Sindh, Mr. Riaz Hussain Rahoojo, COO PPHI Sindh and Dr. Najeebullah, Regional Director Hyderabad PPHI Sindh.

News and Events



Mr. Javed Ali Jagirani, CEO PPHI Sindh, Mr. Riaz Hussain Rahoojo, COO and Regional Director, Hyderabad – Mr. Maula Bakhsh Solangi inaugurating Blood Bank Laboratory Service at RHC Tando Jam.



PPHI Sindh organized a two-day orientation training on the concept of mobilization and monitoring of monitoring for team/social organizers of Region 2 Mirpurkhas. The training was conducted at PPHI Sindh's District Office Tharparkar.



Deputy Speaker, Sindh Assembly, Madam Rehana laghari was presented a shield in recognition of her support to PPHI Sindh in implementing 'open defecation free' under WaterAid Pakistan and NRSP in Taluka Sakro, District Thatta.

News and Events



CEO PPHI Sindh, Mr. Javed Ali Jagirani visited RHC Bhit Shah, Matiari. He was accompanied by COO PPHI Sindh, Mr. Riaz Hussain Rahoojo and Regional Director Region 1, Mr. Moula Bux Solangi.

Mr. Muhammad Nazar Memon, Senior Member BOD PPHI Sindh visited BHU Plus Oder Lal Village of District Matiari and attended a CSG meeting.



"Invest to End TB. Save Lives"
Staff at PPHI Sindh managed BHU Plus Mahar Shah of District Matiari celebrated World Tuberculosis Day to bring maximum awareness about TB. A large number of women from local community attended the event.



"Our Planet, Our Health"
Staff of PPHI Sindh at BHU Plus Wahur District Jamshoro celebrated World Health Day by organizing Health Awareness Sessions at various schools in the district.

A delegation of World Bank on a mission on Private Health Sector Engagement Towards Achieving Universal Health Coverage visited BHU Plus Gujjo of District Thatta.

News and Events



PPHI Sindh organized Orientation for Trainee District Managers at PPHI Sindh District Office Jamshoro. During the orientation, the participants were briefed on the management and the technical aspects of their responsibilities.



Pakistan Petroleum Limited (PPL) donated two new fully equipped Hilux 4x2 STD Ambulances to BHU Plus Sari and BHU Mole of Taulka Bola Khan. Capt(r) Mr Farid- ud- din Mustafa (PAS) Deputy Commissioner District Jamshoro handed the ambulance, over to Mr. Shafique Rehman District Manager PPHI Jamshoro.



Mr. Javed Ali Jagrani, CEO PPHI Sindh visited various health facilities of Taluka Sehwan of District Jamshoro. Mr. Moula Bux Solangi, Regional Director, Hyderabad, to physically verify the existing setup with protocols of the organization and collect the feedback from community by meeting them.

News and Events



Mr. Mumtaz Ali Chandio (MPA-PPP PS 35) inaugurated the newly repaired and renovated Basic Health Unit (BHU) Palano to provide improved health facilities to the rural community.

PPHI Sindh arranged three regular Board of Directors' meetings during 2021-22.



Minister for Health & Population Welfare, Sindh, Dr. Azra Fazal Pechuho chaired a meeting on reviewing the ways in which a cross exchange of medical supplies and expertise between Pakistan and Iran. Secretary Health, DG Health, Director GIMS and CEO PPHI also attended.



PPHI Sindh's Larkano Region arranged its 2nd Annual Award Ceremony. CEO PPHI Sindh, Mr. Javed Ali Jagirani was the Chief Guest of the event along with Director HR Mr. Abid Ali Shaikh. The Ceremony was attended by all DMs and the field staff. CEO PPHI Sindh distributed awards to the winners and shields to the relatives of deceased employees and tokens of appreciation to the staff.

News and Events



PPHI Sindh and Health Department - Government of Sindh signed an MoU on Handing over / taking over the management control of 19 RHCs of Sindh, 34 Health Facilities of District Malir, Karachi and 23 Health Facilities of District Jamshoro during a ceremony held at Sindh Secretariat.



PPHI Sindh organised a meeting with Health Department in support of UNDP to conduct the review of "Larkana HIV outbreak Response" and the data collected for the study. The study will also help in understanding the role of PPHI Sindh in support of outbreak, and the lessons learnt; what worked well, what didn't work well and what needs to be improved further, etc.

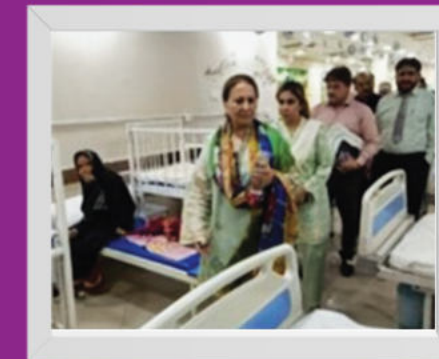


A World Bank mission on Private Health Sector Engagement towards achieving Universal Health Coverage met with higher management of PPHI Sindh at PPHI Sindh Head Office in Karachi.

News and Events



A 'Mobile Phone Distribution' Ceremony was held at Project Director EPI's Office, Karachi. The Secretary Health, CEO PPHI, CEO IRD and Project Director EPI distributed new and upgraded mobile phones among vaccinators of PPHI Sindh managed Districts Dadu, Khairpur A and B. About 409 mobile phones were given to 252 vaccinators of Khairpur A&B and 157 vaccinators of Dadu.



PPHI Sindh organized a training on 'Inj. Monofer'. Dr. Sahib Jan Badar (Program Coordinator AAP Health) was the Chief Guest of the event. The training was facilitated by Dr. Khalid Laghari (District Nutrition Officer AAP Health), Qurban Ali (DLO AAP Health), Dr. Ishtiaq Ahmed (Focal Person AAP).



PPHI Sindh's Sukkur Region organized its 5th Annual Award Ceremony at the Auditorium of IBA Sukkur. CEO PPHI Sindh, Mr. Javed Ali Jagirani was the Chief Guest of the event along with Director HR Mr. Abid Ali Shaikh. The Ceremony was attended by all DMs and the field staff. CEO PPHI Sindh distributed awards to the winners and shields to the relatives of deceased employees and tokens of appreciation to the staff.

News and Events



PPHI Sindh Mirpurkhas Region organized the Annual Appreciation Awards Distribution Ceremony 2021. Mr. Nazar Memon – Senior Member BoD, Mr. Javed Ali Jagirani– CEO, Mr. Riaz Hussain Rahoojo – COO, and Mr. Maula Bakhsh Solangi – Regional Director Hyderabad were the Chief Guests of the ceremony. The awards were distributed among the employees of PPHI Sindh Mirpurkhas region for the best performance during the year 2021. CEO PPHI SINDH also presented the shields to the relatives of deceased employees and tokens of appreciation to the staff who organized the event.



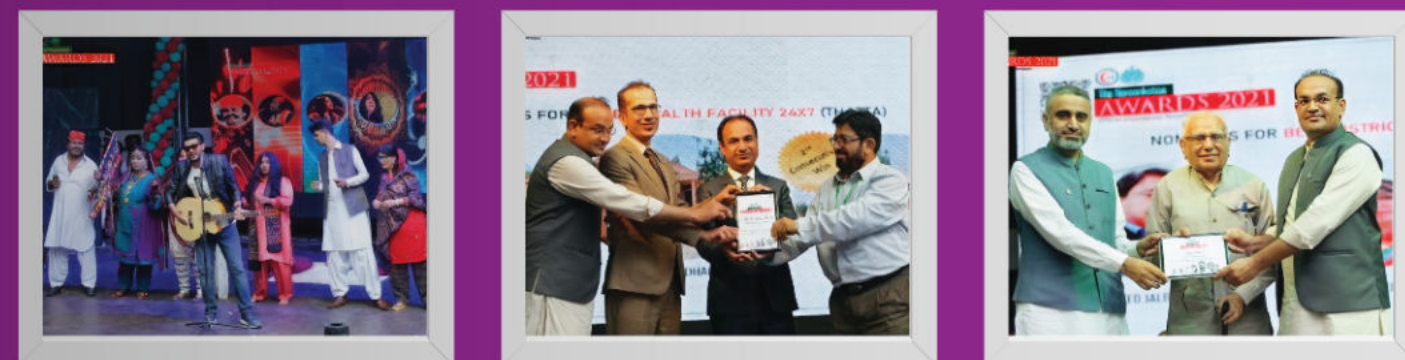
PPHI Sindh organized a 4-day *Training of Trainers* (TOT) on *Prevention Vaccination Diagnosis and Case Management of Hepatitis*, at Mehran Hotel, Karachi. Training was Conducted by Hepatitis Prevention and Control Program (HPCP) Sindh in Partnership with PPHI Sindh. All MOHQs and MNCH Coordinators from PPHI Sindh were trained.

CEO PPHI Sindh - Mr. Javed Ali Jagirani, COO - Riaz Rahoojo and Additional Director CDC-II Dr. Zulfiqar Dharejo distributed the certificates to participants after completion of Training.

News and Events



A delegation from Japan International Cooperation Agency (JICA) including Ms. Kuri Yama, Project Formulation Advisor and Mr. Asim Khattack visited Nutrition Stabilization Centre LUMHS Jamshoro established under EU-PINS ER-II AAP, GOS. Dr. Niaz Babar, Deputy Medical Superintendent, Dr. Zubaida Junejo, Dr. Shafique Laghari, RMO and Mr. Zakir Hussain Samo, District Nutrition Coordinator PPHI Jamshoro briefed the team about the management of NSC.



PPHI Sindh Region Hyderabad successfully organized "The Neroonkotian Awards 2021" at the Central Auditorium of Mehran University of Engineering & Technology Jamshoro. Mr. Muhammad Nazar Memon – Member BoD PPHI Sindh, Mr. Javed Ali Jagirani – CEO PPHI Sindh, Mr. Riaz Hussain Rahoojo – COO PPHI Sindh were the Chief Guests. District Office Sujawal was declared as "The Best District COVID-19 Response".



BHU Plus

Introduction

Health care services, during pregnancy and child-birth as well as after delivery, are important for the survival and well-being of both mother and infant. Proper medical attention and hygienic conditions during delivery reduce the risk of complications and infections that may cause death or serious illness for the mother and the baby. Hence, an important component of efforts to reduce the health risks to mothers and children is to increase the proportion of babies delivered in a safe, clean environment under the supervision of skilled health professionals / Skilled Birth Attendants (SBA). Institutional deliveries are the key intervention to reduce maternal and neonatal mortality and prevent complications and disability.

Previous Survey data showed that in Pakistan 52% of the births in the 5 years preceding the survey were delivered in a health facility (PDHS 2012-13) most of which occurred in the private sector. The major reason beyond that is the unavailability of SBA / service points in rural areas. In the peripheries, the bulk of health facilities is of PHC level (BHU / GD / DCD, etc.) which work only 6 hours a day and 6 days a week (6/6). Other higher level health facilities like RHCs, THQs and DHQs are limited in number and a limited number of communities have access to them. In such a situation, the provision of delivery care at an accessible level to the community was impossible.

PPHI Sindh, for the first time introduced the concept of upgrading the PHC health facilities which were supposed to work 6/6, to 24/7 (24 hours a day and 7 days a week) by providing Female Health Care Providers round the clock. This model of upgraded PHC Health Facility is known as BHU Plus Health Facility.

Aims & Objectives of BHU Plus Health Facility

- To provide the optimum level of PHC services regarding all the aspects of service domains
- To provide complete diagnostic services including basic lab tests and ultrasounds to pregnant women
- To provide delivery coverage round the clock
- Provide Basic Emergency Obstetric and Neonatal Care (BEmONC) service at the PHC level accessible to the community round the clock.

BEmONC Services include following:

- Availability and Use of Uterotonic
- Availability and Use of Anticonvulsants
- Availability and Use of Antibiotics
- Assisted Vaginal Delivery
- Manual Removal of Placenta
- Removal of Placental Pieces
- Neonatal Resuscitation
- Provision of Ambulance services at HFs or networked within 10-20 minutes distance.



Currently, about 320 PHC health facilities are updated into BHU Plus health facilities all over Sindh. Following are the services offered at BHU Plus health facilities:

S.No.	Service Delivery	BHU Plus	BHU	GD & Other Lower PHC HF's
1	Out Patient Services	6/6	6/6	6/6
2	Family Planning Services	24/7	6/6	6/6
3	Antenatal Care	24/7	6/6	6/6
4	Normal Vaginal Delivery	24/7	6/6	NA
5	BEmONC	24/7	6/6	NA
6	PNC Services	24/7	6/6	6/6
7	Ultrasound	6/6	Optional	Optional
8	Basic Diagnostic Services	24/7	6/6	6/6
9	Ambulance	24/7	NA	NA

Ambulances are available at 208 BHU Plus HF's. At other remaining health facilities, they are linked with nearby health facilities so that an ambulance may be availed within 20 minutes duration.

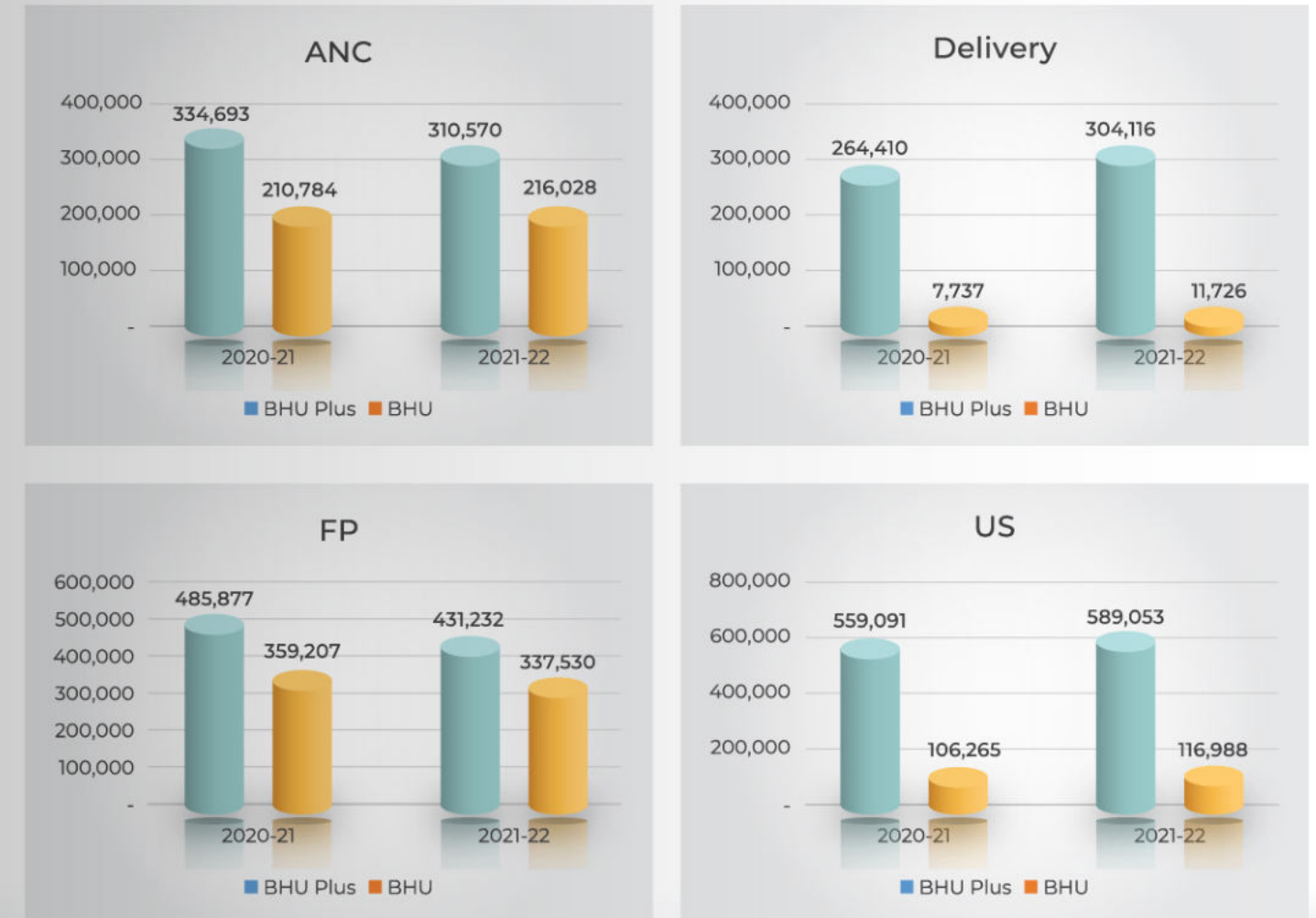
The labour room is available at only BHU Plus and BHU health facilities.

Laboratory services at BHU Plus HF's offers complete range of 8 diagnostic services required for Antenatal care which are not available at other BHU HF's and GD's.

- Blood Sugar
- Haemoglobin
- Blood Group
- Urine Protien / Albumin
- Hepatitis-B
- Hepatitis-C
- HIV
- VDRL



BHU Plus HF Coverage (RHC Excluded)



Take over of 8 RHCs in Larkano

Primary Health Care (PHC) infrastructure in Pakistan is divided into different functional units. The smallest unit/outlet of PHC structure is Experimental Dispensary (ED) a one room health facility, run by health technician, providing health education and guidance to community along with provision of basic OTC / essential drugs / FP commodities and first aid services. ED serves 1,000 – 2,000 population.

Second category of PHC is Government Dispensary (GD) which consists of 3 – 7 rooms and serves about 3,000 to 5,000 population. There are different types of GDs like Rural Dispensary (RD) Urban dispensaries (UD) District council dispensary (DCD).

Third category of PHC is Basic Health Unit (BHU) which consists of 6 – 12 rooms on average and serves about 5,000 to 25,000 population. BHU is a complete functional unit of PHC having all the services required at PHC level but only on OPD basis. There are also different types of BHUs like Sub-Health Center (SHC) Urban Health Units (UHU) etc.

Rural Health Center (RHC) is the largest and last unit of PHC and ranks upper most level in comparison with other PHC in Health Facilities. RHC encompasses almost all the necessary services required in any community and serves as First Referral Point between lower units of PHC (ED/G-D/BHU). At RHCs, in-patient service is also available and emergencies are dealt round the clock including CEmONC services. All the vertical program services are also available at RHC level. RHC serves as a referral point for 4 to 5 BHUs and covers about 100,000 population.

PPHI Sindh was already running two model RHCs in Hyderabad and Matiari. In January 2022, PPHI Sindh has been handed over 5 RHCs and 3 Taluka hospitals in District Larkana on pilot basis to strengthen the primary health care system and the referral chain. DoH Government of Sindh also showed its trust in PPHI Sindh's capabilities to run additional RHCs in different districts. Following is the progress of newly handed over RHC/THQs in Larkano.

S.No.	Name of Service	Availability
Outdoor Services		
1	OPD	24/7
2	Emergency Care	24/7
3	Medicolegal Case	24/7*
4	Dental Health (OPD)	6/6
5	Ophthalmology Consultant	6/6*
6	Peads consultant services	6/6
7	Chest / TB Consultant	6/6
8	Malaria Control Program	6/6
9	HIV Control Program	6/6
10	Hepatitis Control Program	6/6
11	Immunization / EPI	6/6
12	Health Education	6/6
MNCH Services		
13	Family Planning	24/7
14	Antenatal Care	24/7
15	Normal Delivery & BEmONC	24/7
16	Postnatal Care	24/7
17	Caesarean Section	24/7
18	Blood Transfusion	24/7*
19	Post-operative Care	24/7
20	Neonatal ICU	24/7*
Diagnostic Services		
21	General Lab Tests	24/7*
22	X-ray	24/7*
23	Ultrasound Services	6/6

* Services are provided on optional basis because some of RHCs are remotely located and do not cover all the services.

Currently, PPHI Sindh is providing CEmONC services at six of its health facilities, RHC Tando Jam RHC Bhit Shah, MCHC Mirwah, MCHC Mirpur Mathelo and Kausar Hospital. This is to facilitate women requiring urgent specialized care to be provided rapid referral within the catchment area population and include ambulance services for swift and timely transfer of clients.

Number of C-Sections performed on yearly basis are mentioned below:

Health Facility	2018-19	2019-20	2020-21	2021-22
Tando Jam	236	289	292	418
RHC Bhit Shah	800	849	870	705
MCHC Mirwah	15	21	38	341
MCHC Mirpur Mathelo	973	1,381	2,030	3,459
Kausar Hospital	2,560	3,174	3,952	5,406
SGH Naudero	426	515	451	128

PPHI Sindh's Family Planning Services

Pakistan is the 5th most populous country in the world with an estimated population of over 220 million. According to the Pakistan Bureau of Statistics, the projected population in the year 2050 stands at 310 million. This population momentum simply highlights the pressing need for enhancing family planning (FP) services and a significant increase in contraceptive uptake. If not acknowledged, it will have disastrous effects on all socio-economic indicators.

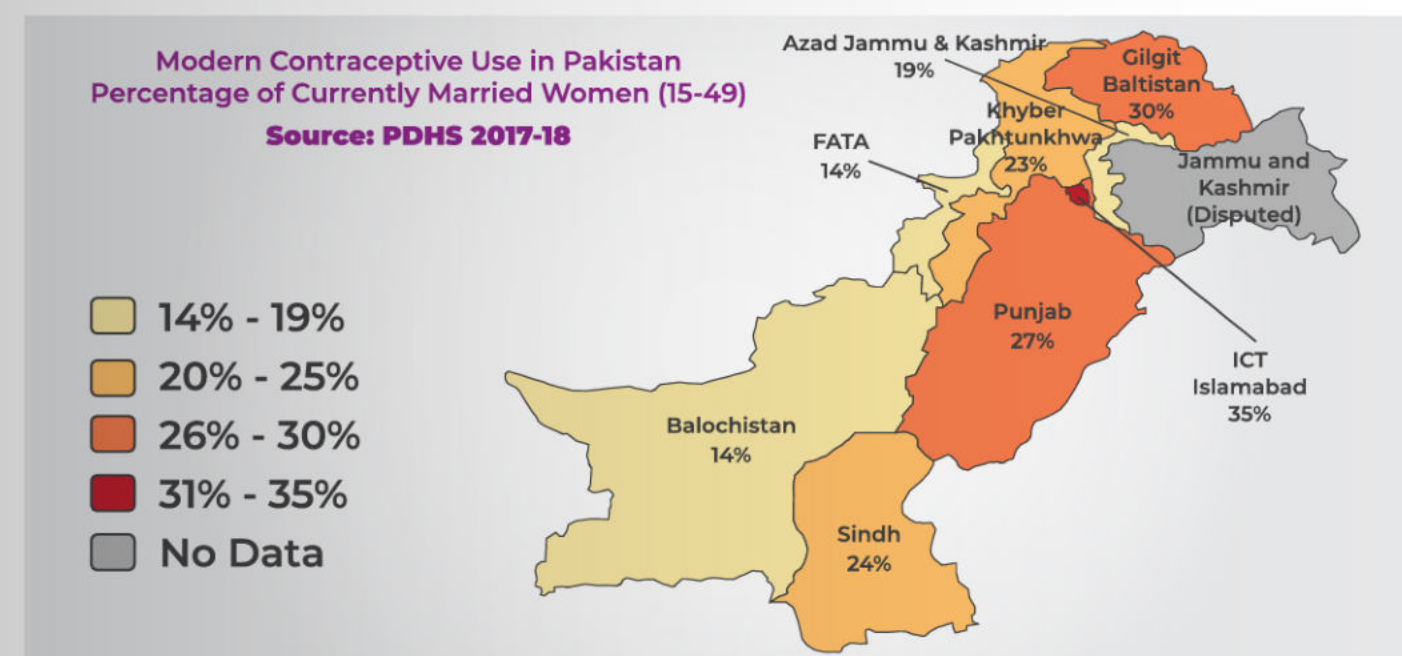
In Pakistan, the use of family planning is scarce due to a lack of accessibility, availability, affordability and social, cultural, and religious beliefs. According to PDHS (2017-18), the current contraceptive prevalence rate (CPR) is 34% among married women of reproductive age (MWRA), however, 17% of married women have an unmet need for family planning and the most common issue identified is lack of accessibility in rural settings of Sindh. This means

women in urban areas are more likely to use a contraceptive method than women in rural areas (43% and 29%, respectively).

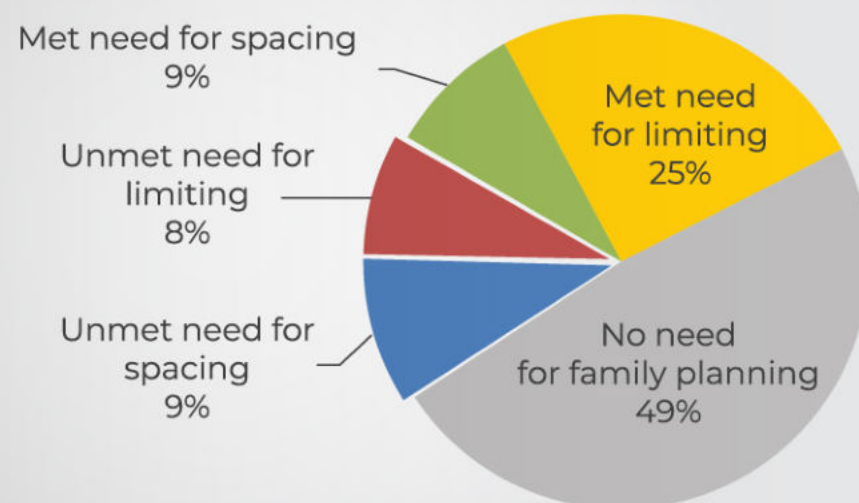
PPHI Sindh shares its responsibility to achieve FP2030 goals along with the Government of Sindh (GOS) and Population Welfare Department (PWD) in collaboration with the costed implementation plan (CIP). PPHI Sindh is working mainly to:

- Increase CPR by 50% by the year 2030.
- Reduce unmet needs from 17% to 14% by the year 2030.
- Contraceptive commodity security up to 80% in all public/private sectors.

In compliance with Sindh Government's commitment, PPHI Sindh has introduced many interventions to help achieve 6.7 million additional users and to increase CPR to 50% by 2030.



Percent distribution of currently married women age 15-49 by need for family planning



Note: Excludes Azad Jammu and Kashmir and Gilgit Baltistan. Percentage may not add up to 100 due to rounding.

Source: PDHS 2017-18

PPHI Strategic Plan

1. Capacity building of

- Male and female paramedic staff on Long-Acting Reversible Contraceptive (LARC)
- Male medical officers in implant insertion to provide LARC services in areas where female medical officers/paramedic staff are unavailable.

2. Ensuring availability of

- WHO Medical Eligibility Criteria (MEC wheel) for service providers to counsel and offer choice to clients.
- Contraceptive commodities at all PPHI Sindh managed health facilities.

3. Maintenance of contraceptive records on contraceptive Logistic Management Information System (cLMIS) software in order to take evidence-based policy decision.

4. Special family Planning camps are arranged at the level of all BHU plus (24/7 MCHC) under the management of PPHI Sindh to provide accessibility to women living in far flung areas by providing them with transportation to reach health facilities.

5. Supportive supervision and on-the-job coaching by Maternal, Neonatal and Child Health (MNCH) coordinators in each district.

6. Regular tracking of indicators and performance on DHIS to see the progress. Feedback is provided to the HFs, district and regional offices based on this information to improve the services.

Issues and Challenges

Contraceptive commodity security

Discontinuation rate is high due to side effects and misconceptions about modern contraceptives

High un-met need in underserved outreach areas

POST PARTUM FAMILY PLANNING (PPFP) / POST ABORTION FAMILY PLANNING (PAFP)

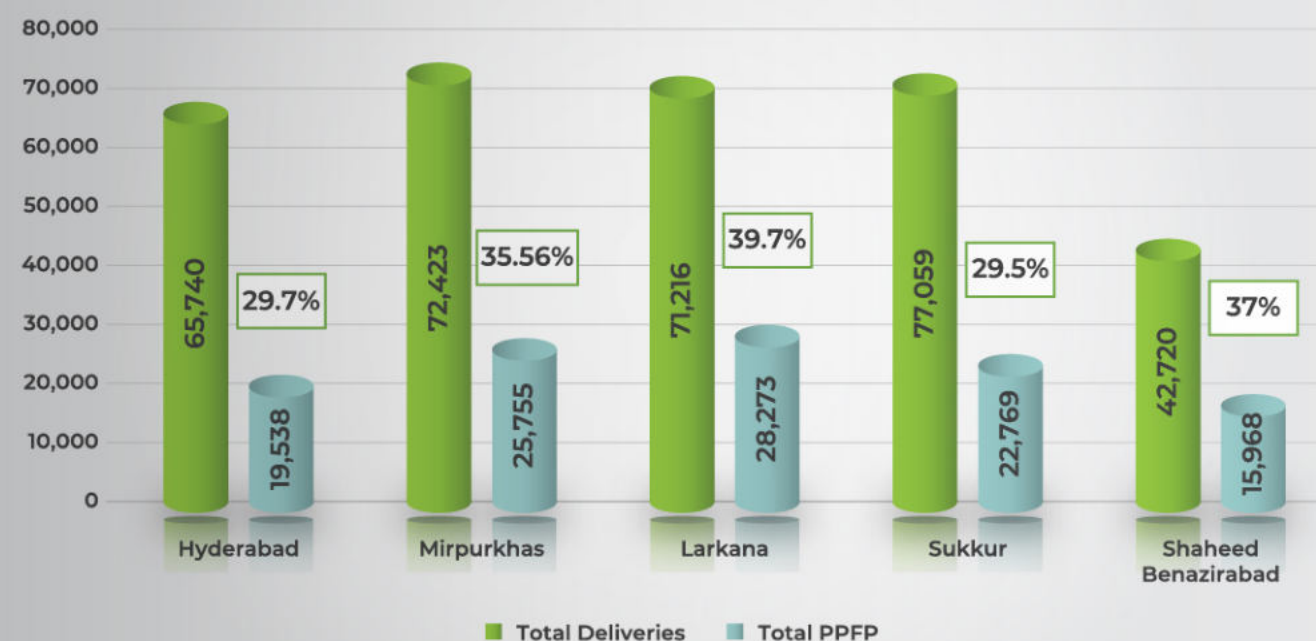
PPFP is a low cost-high impact intervention that provides a critical opportunity to reach out to women with reproductive health services and counselling when they need it the most. PPFP refers to the provision/insertion of Implant / Jadelle after one year of the delivery. Immediate PPFP refers to the insertion of IUCD within 24 hours of delivery or the insertion of an implant within 42 days of delivery. PAFP refers to the provision of FP services to a lady after an abortion.

PPFP aims to prevent unintended and closely spaced pregnancies throughout the first 12 months following childbirth and it is also referred to as 'the initiation and use of FP during the first year after delivery'. The postpartum period starts immediately after childbirth. It includes the first six weeks after delivery during which the woman's body essentially returns to its pre-pregnancy state.

The Ministry of Health and Population Welfare Sindh is committed to provide high-quality PPFP services through all its service delivery points, from the tertiary care level to the primary care level. The PPFP policy guides the scale-up of the PPFP services and ensures regular monitoring and tracking of results for policy-level decision-making. PPHI Sindh is already working on PPFP/PAFP service provision at BHU plus health facilities.

PPHI Sindh has been providing routine family planning services through counselling of mothers in ante-natal, postpartum, and lactating periods.

Region - wise Comparison of Postpartum Family Planning July 2021 - June 2022

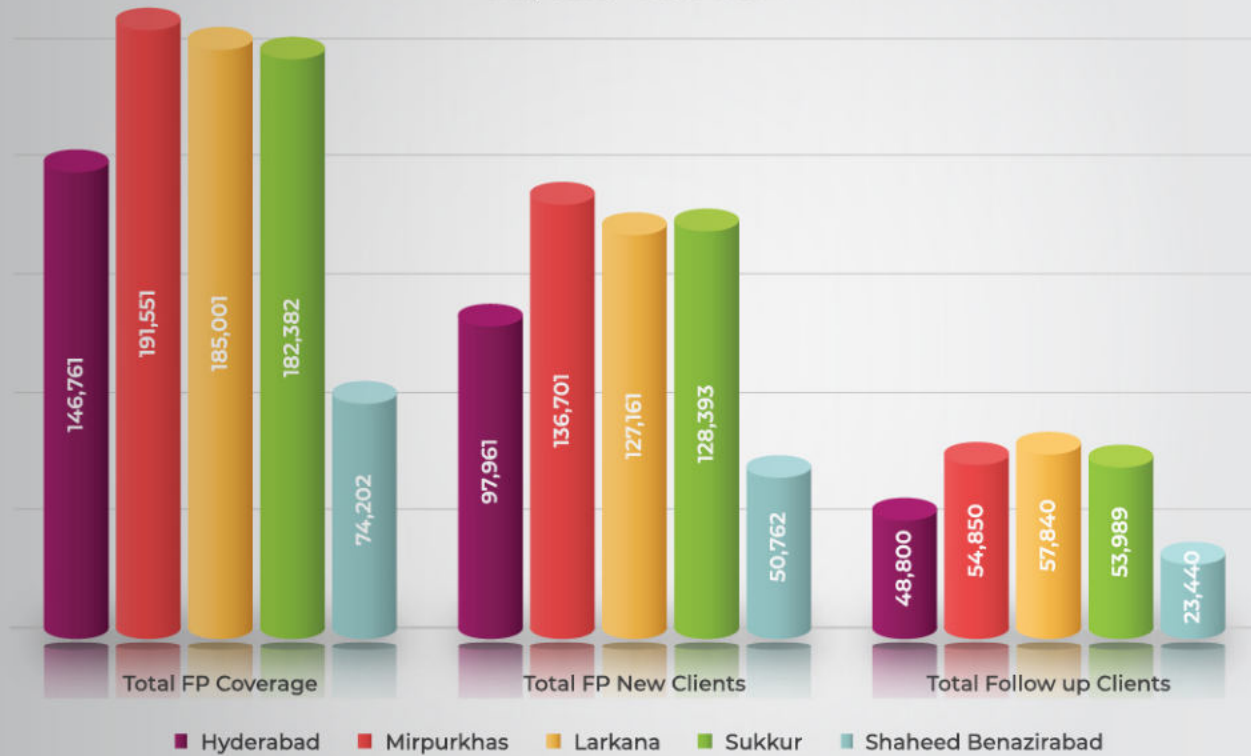


PPHI Sindh's Contribution to LARC

Long-Acting Reversible Contraceptives (LARCs) provide long-term protection against pregnancy with fewer hospital visits and low user involvement as compared to pills which are taken regularly on a daily basis and can be withdrawn anytime in case of wanting a child or whatever reason. PPHI Sindh's contribution is obvious from the fact that from July 2021 to June 2022, 77,067 IUCD and 22,883 Implants have been inserted.

S.No.	Indicator	2020-21	2021-22
1	OCP Clients	170,041	210,027
2	DMPA Clients	307,731	318,186
3	Inj Net-En Clients	212	637
4	Condom Clients	93,852	37,427
5	IUCD Clients	36,643	81,489
6	Implant Clients	28,325	22,966
7	Counselling Provided to FP	863,613	782,505

Region - wise Coverage of Routine Family Planning Services July 2021 - June 2022



Graph 1: Region-wise Coverage of Routine FP Services (July 2021 to June 2022)

Free family planning camps

In order to achieve FP2030 goals, PPHI Sindh shares its responsibility with the Government of Sindh (GOS) and the Population Welfare Department in achieving universal access to reproductive health services in underserved poor, outreach communities where lack of access is an issue.

PPHI Sindh at BHU Plus level organizes free family planning camps which not only provide free-of-cost services but also provides transport to pick and drop clients from communities to health facilities and vice versa. The focus of these camps is on LARC i.e. Implant and IUCD so that a woman does not need further visits on her own. Both male and female medical officers are available to provide counselling and family planning services to male and female clients. Additionally, free transport is provided to clients who are interested to get contraceptives but live in far-flung areas.

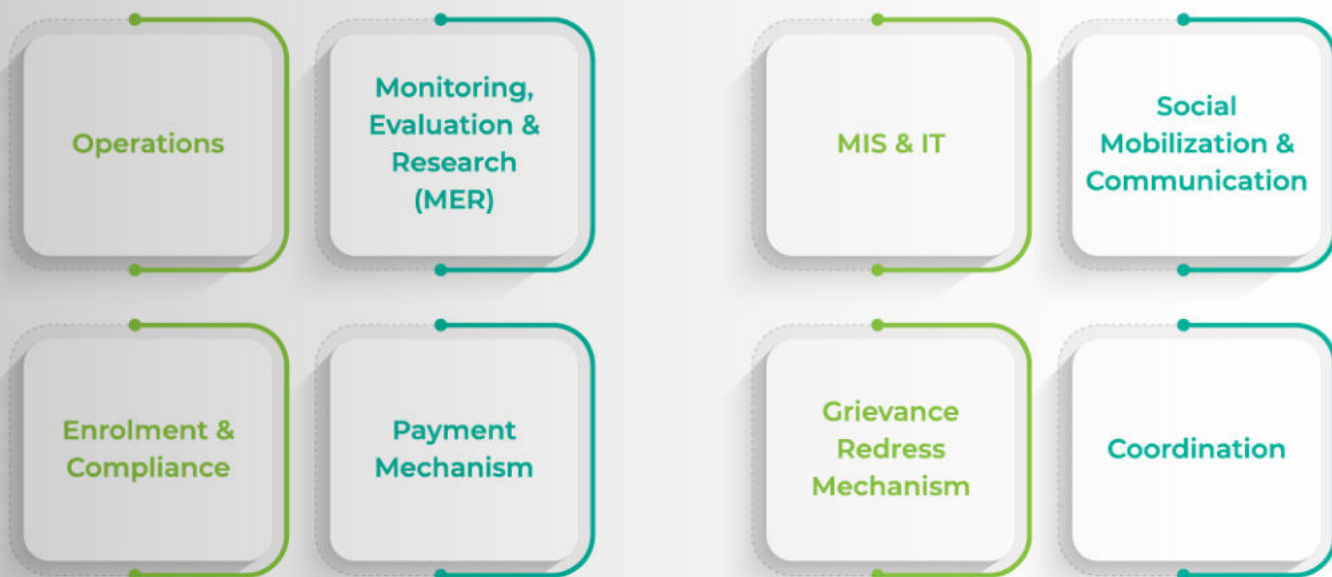
During the year 2020-21 and 22, FP camps were postponed due to Covid pandemic and vaccination activities.



Health & Nutrition Conditional Cash Transfer (H&N CCT)

Health & Nutrition Conditional Cash Transfer (H&N CCT) aims to incentivize pregnant and lactating women (PLW) to avail health care services during pregnancy, childbirth and the postnatal period. This initiative has been piloted in two districts, Tharparkar and Umerkot. The targeted beneficiaries of the program include women registered under the National Socio-Economic Registry (NSER) of the Benazir Income Support Program (BISP). The component of Conditional Cash Transfer (CCT) for PLW has been assigned to Social Welfare Department (SWD). For strategic support, a dedicated Social Protection Unit (SPU) has been set up in SWD to implement H&N CCT Component as a part of Sindh Enhancing Response to Reduce Stunting and Project (SERRSP).

Social Protection Unit plans to dole out a fixed amount at different stages; a) Rs. 1,500/- per trimester/quarter to avail health facility, b) Rs. 4,000/- for safe birth delivery, and c) Rs. 2,000/- on birth registration. The benefit amount shall be provided during the first 1,000 days of a child from conception to the age of two years. In this connection, a third party will be engaged to develop a Management Information System (MIS) based on bio-matric identification for the distribution of benefit amounts among the identified PLW. H&N CCT has the following different compliance mechanisms and specialists for its implementation:



The main activity of the H&N CCT is to create demand for nutrition services, promote behavioural change and increase uptake of health and nutrition services focused on the first 1,000 days of life. It aims to incentivize health check-ups of pregnant and lactating mothers, and growth monitoring and immunization of children less than 2 years of age, by providing regular and predictable cash transfers to targeted poor and vulnerable households.

The other major activity for H&N CCT is to set up an efficient MIS-based disbursement system along with a comprehensive Operations Manual for Health & Nutrition CCT. The Operation Manual has been prepared which provides a detailed mechanism for MIS-based H&N Conditional Cash Transfer with identification of beneficiaries, their enrolment and compliances. PPHI Sindh is an implementation partner along with other stakeholders with different roles where the Health Department's major responsibility is to manage a proper supply system at Health Facilities.

The PC-1 is also under approval process for the conditional cash transfer program and an MoU is in pipeline for signing between PPHI Sindh and H&N CCT. After piloting in two districts Umerkot and Tharparkar, the program is being scaled up in 13 more districts of Sindh and implementation is expected in September 2022. The following districts are included;

- Umerkot
 - Tharparkar
 - Badin
 - Ghotki
 - Jacobabad
- Kambar
 - Kashmore
 - Mirpurkhas
 - Sanghar
 - Sajawal
- TAY
 - TMK
 - Thatta
 - Shikarpur
 - Matiari

Client Registration Progress / Beneficiaries for FY 21-22

S.No.	District	No. of Registered Client	No. of Revisits
1	Tharparkar	21,724	38,643
2	Umerkot	15,052	32,310
Grand Total		36,776	70,953



24/7 Midwife Led Birthing Stations

Introduction

Facility-based childbirth / institutional delivery is one of the most important key strategy to reduce the maternal and neonatal mortality, particularly in low- and middle-resource settings. This is critical, given that over two-thirds of maternal deaths and nearly one-third of stillbirths and neonatal deaths occur around the time of childbirth.

Although, progress has been made towards reduction in maternal and neonatal mortality and morbidity, in many resources limited countries, but still the poorly staffed primary health care (PHC) facilities and non-functional referral systems have been recognized as constraints to improving maternal and newborn health outcomes.

Midwives are the major care providers in childbirth, and midwifery services are underpinned by the concept of normality of childbirth in most countries. Midwife-led continuous care has been recommended for low-risk pregnant women and is considered cost-effective. A midwife has been proven to successfully and safely lead a birthing station with clinically effective service delivery.

Background

PPHI Sindh has been working in the province since a decade and has adopted the international best practice of deployment of midwives at PHC level for the uncomplicated pregnant women and for newborn care. Availability and access to basic emergency services has increased uptake and improved health indicators but due to limited resources, hard to reach health facilities and scarce human resources, impaired service provision is still a challenge at many potential health facilities.

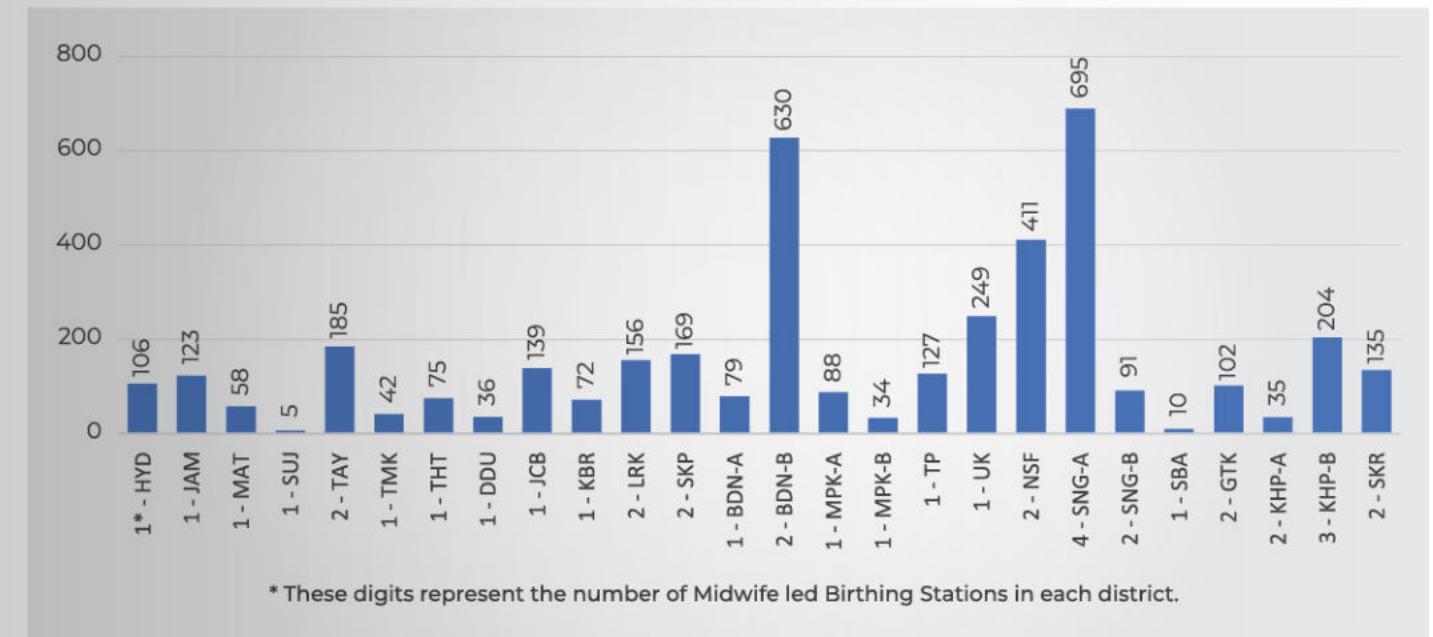
Service delivery through a traditional model of three shifts deployment of midwives makes a staggering dent in resources and is an additional burden in already scarce human resources available in remote and hard to reach health facilities.

Midwife led Birthing Centre Model Intervention

PPHI Sindh has been at the forefront of overcoming such hurdles and have been introducing multiple initiatives to provide basic emergency obstetric and new born care (BEmONC) while utilizing the already restrained allocated resources. A latest strategy of managing of health facilities with single midwife and conversion into a 24/7 midwife led birthing station are established.

A pilot intervention is underway since May 2021 for 24/7 Midwife led Birthing Centre model in 42 health facilities across Sindh to enhance the coverage of skilled birth attendant as compared to traditional 3 shift health facilities model. Each midwife shall perform regular morning duties and will be available on call for the evening and night shifts. Midwives are given additional allowance to give 24 hours coverage and on surpassing specific delivery targets she will also be eligible for performance based incentive.

So far, 42 SMW led centers are functional, and from July 2021 to June 2022 a total of 2,935 deliveries have been conducted. BHU Rasaldar of district Kashmore run by single midwife has crossed more than 60 deliveries and therefore upgraded and strengthened into three shift BHU plus to provide better quality services to women. While one of the Sanghar district health facility BHU Bhit Bhattae is conducting 45 deliveries per month so ranks second.



Deliveries conducted on SMW centers from July 21 – June 2022 (District wise)



Baby Friendly Hospital Initiative (BFHI)

The first few days of a newborn's life are an important window for providing mothers with the support they need to breastfeed successfully. UNICEF and WHO launched the Baby-Friendly Hospital Initiative to encourage health facilities worldwide to better support breastfeeding. In Sindh, Accelerated Action Plan (AAP) Program supported this initiative in Department of Health (DoH) and PPHI Sindh health facilities through UNICEF.

Malnutrition in children particularly in Sindh is alarmingly high and assumptions are that babies are not exclusively breastfed for earlier six months and for extended two years of their life. Globally, the evidence suggests that the countries with best breastfeeding practices have decreased number of malnutrition cases. To refocus the breastfeeding initiative through female providers and auxiliary will enhance the breastfeeding practices.

BFHI strategy has three steps of implementation

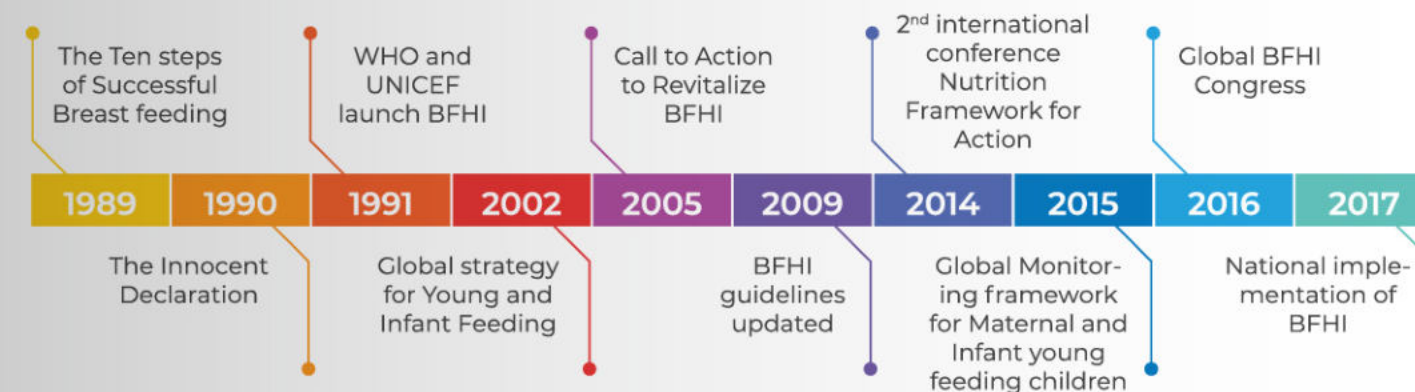


Objectives of BFHI

- To transform hospitals and maternity facilities through implementation of the "Ten Steps" to successful breastfeeding to promote optimal clinical care for mothers and infants.
- To end the practice of distribution of free and low-cost supplies of breast-milk substitutes to maternity wards and hospitals.

BFHI Timelines

The Baby-friendly Hospital Initiative (BFHI) was launched in 1991 by the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF), in response to the 1990 Innocenti Declaration on the promotion, protection and support of breastfeeding and aims to provide health facilities with a framework. Below mentioned is the timeline of BFHI since 1990.



WHO with collaboration of UNICEF and AAP, PPA has planned to expand this BFHI practices into health facilities of Sindh with help of Integrated Health services (IHS) and PPHI Sindh. They have conducted ToT at Karachi and trained all PHS, Master Trainers, MNCH Coordinators and MOHQs of PPHI Sindh. In continuation, BFHI Master Trainers have conducted further 43 sessions in 11 districts and trained 1,145 participants as part of trickle-down trainings. Details are provided in below mentioned table:

S.no.	Districts	Total no. of Staff Trained
1	Thatta	71
2	Jannat Gul	15
3	Badin A	78
4	Badin B	115
5	Tharparker	136
6	Umerkot	132

S.no.	Districts	Total no. of Staff Trained
7	Larkana	103
8	Jacobabad	106
9	Sukkur	165
10	Khairpur A	127
11	Khairpur B	97

Ten steps of BFHI



Kangaroo Mother Care (KMC)

Globally, 7.6 million children died in 2010 before reaching their fifth birthday and 40% of these deaths occur in the neonatal period. Pakistan has the third highest rate of neonatal mortality globally. In Pakistan, no major difference has been identified in neonatal mortality rate since 1991 which was 49 per 1000 live births and in 2018 it was 42 per 1000 live births (PDHS 90-91 and 2017-18).

Kangaroo Mother Care (KMC) is a method of providing skin-to-skin contact by placing a preterm/low birth weight (LBW) infant vertically between the mother's breasts to provide closeness between the infant and the mother (WHO). It is one of the most important methods to save the lives of low birth weight and/or premature babies who otherwise need specialized incubator care because these babies can't maintain their body temperature.

KMC, a non-conventional, low-cost method which intimates skin-to-skin care between mother and baby or close relatives, provides opportunities for exclusive breastfeeding, and early discharge from the hospital, and supports mothers (Jehan, et al, 2019).

PPHI Sindh introduced KMC services in 2016 to save LBW and premature babies. The organization is trying to establish separate rooms in every BHU

to facilitate mothers with KMC services but due to less space availability in the BHUs, the women are facilitated in the postpartum ward.

Currently, PPHI Sindh is providing KMC services at about 350 health facilities in overall Sindh.

PPHI Sindh ensures to provide quality care to mothers with LBW and preterm babies, counsels and trains the mothers and reinforces proper follow-up visits. So far, PPHI Sindh has trained 1,834 employees on KMC amongst which 270 were trained between July 2021 to June 2022.

PPHI Sindh keeps the records of KMC admission in KMC register whereby the baby's name is mentioned with the mother's name. Initial birth weight is also recorded along with other socio-demographic information.

The infants admitted in KMC are allowed to go home in a few hours after giving orientation to mothers on how to give skin-to-skin (KMC) to the baby and the family is counselled for further follow-up to assess the baby's condition and monitor his birth weight. After four minimum visits, the baby graduates from KMC and achieves appropriate weight. From the given period total of 37,890 infants were continued from the previous month.

Progress Table for KMC Admissions

Year	LBW admission in KMC	Premature admitted in KMC	Admissions in KMC	Graduates in KMC	Referred Out	Lost to follow up (Drop out)
2020-21	22,974	13,670	29,315	23,215	2,180	3,920
2021-22	27,864	16,540	33,303	28,868	1,823	2,612

Helping Babies Breathe

The first month of life is the most vulnerable period for child survival, with 2.4 million newborns dying in 2020. Neonatal deaths account for 40% of deaths under the age of 5 years worldwide. (WHO/Newborn Mortality Fact Sheet 28 Jan 2022) Two-thirds of the world's neonatal deaths occur in just 10 countries, mostly in Asia and Pakistan ranks third with an estimated 298,000 neonatal deaths annually and a reported neonatal mortality rate of 42 per 1000 live births (PDHS 2017-18).



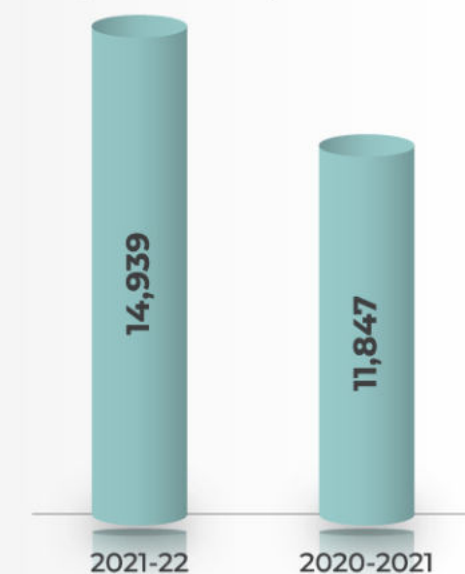
Pakistan accounts for 7% of global neonatal deaths. Globally, the major causes of these neonatal deaths are infection (36%), preterm birth (28%) and birth asphyxia (23%) accounting for 87% of neonatal deaths worldwide (Bhutta, 2005).

Birth asphyxia is defined as the failure to establish breathing at birth which can cause severe mental damage or death within minutes. Resuscitation is the only major intervention which has the potential to save the neonates by enabling them to start breathing within the first golden minute. With this respect, Helping Babies Breathe (HBB) is a global set of curriculum/guidelines which specify each step of resuscitation and initiation of breathing in

young infants and it has been proven to reduce mortality among neonates if correct intervention is done within the first golden minute of neonatal lives.

PPHI Sindh started HBB intervention at almost all 320 BHU plus HFs by providing training to the staff working round the clock and providing training material to every district to continue training when and where needed by technical staff to equip health care providers in HBB skills. Currently, 100 % BHU Plus are equipped with HBB interventions. MNCH team is regularly getting information from the health facilities to see the effectiveness of the intervention through DHIS/SAS data on monthly basis.

PPHI Sindh has also been saving neonates who suffered from birth asphyxia by promoting HBB practices. In 2021 - 22, 8,156 babies were resuscitated by cleaning and clearing their airways and 6,783 babies were resuscitated using a bag and mask. Similarly in 2020-2021, PPHI Sindh saved 11,847 babies using both techniques.



Comparison of babies saved/resuscitated through HBB during the reported years.

Projects with Partners

Strengthening the implementation of Integrated Management of Newborn and Child Illness (IMNCI) and Possible Serious Bacterial Infection (PSBI)

IMNCI stands for Integrated Management of Neonate and child illnesses. It refers to a broad WHO/UNICEF initiative that was launched globally in 1995 with the objective of reducing under-5 mortality, morbidity and disability, and improving child growth and development.

At PPHI Sindh where extensive interventions on maternal health have been implemented, there is a major gap that still exists on Child Health. A need of providing proper training in IMNCI to healthcare providers (HCPs) was identified after monitoring and supervisory visits. Although, PPHI Sindh has provided necessary medicines for treating under 5-years-old children for pneumonia and diarrhea but it was felt that the HCPs are still not assessing, classifying and treating these conditions appropriately using IMNCI desk guide. This resulted in irrational drug use, which also has implications for antimicrobial resistance.

PPHI Sindh in collaboration with Aga Khan University conducted a pilot study on PSBI in district Thatta to demonstrate feasibility of delivering simplified antibiotic regimens to young infants with PSBI where referral is not possible. The aim of this innovative approach was to demonstrate that following targets can be achieved in the demonstration sites:



Government of Sindh adapted the WHO guideline to allow management of PSBI in young infants when referral to a higher-level facility was not feasible in Thatta district. The experience has been quite positive and substantial number of young infants have been treated who otherwise would not have received timely therapy. Thus, many lives were saved.

PPHI Sindh is now expanding this intervention to all the primary health facilities it manages in 22 districts of Sindh.

World Health Organization (WHO) and Government of Sindh's MNCH Department has trained over 17 PPHI Sindh Master Trainers. These MTs have trained 670 health facility staffs from 320 BHU Plus including male and female doctors. It has improved management of sick children and their outcomes and rational use of drugs at primary healthcare facilities and indirectly saves costs by reducing the use of medicines.

Web and Android Based COVID-19 Integrated IMNCI Digital Training and Clinical Decision Support System Platform

It was difficult and challenging for PPHI Sindh to engage its healthcare providers in person for the 6-day training on IMNCI. Therefore, UNICEF and PHC Global introduced an innovative strategy by introducing digital application of IMNCI for training and clinical decision-making purpose. PHC Global and UNICEF approached PPHI Sindh for piloting this application and PPHI Sindh implemented it in Tando Allahyar for training purpose and assessing the improvement in the clinical decision of medical staff in treating ill children for the duration of six months.

The rationale behind adapting to this tool was to improve the clinical decisions of the medical staff and to experience the trainee centered e-learning tool.

Objective of Innovation

- To decrease the IMNCI training and logistics cost of IMNCI training
- To provide opportunities to learners to learn at their own pace and to improve individualized learning capacity.
- To implement the digital IMNCI platform not only for training but for identification, management, referral and follow up for under five children initially at district Tando Allahyar, in Sindh Pakistan.
- To assess the usability and user friendliness of the application in increasing the knowledge of the health care workers in Sindh.
- To document the suggested changes for further

er optimization for improved effectiveness of the digital application.

Achievements

- The technical teams of PPHI Sindh, Head Office and Hyderabad Region were trained through an online (Zoom) Training of Trainers ToT in May 2021
- The medical staff (Male and Female), 35, of all HFs of District Tando Allahyar were also provided a one-day orientation on how to use the application and then they were given a month's time for self-learning during which they were monitored on dashboard for their progress
- One focal person was hired by UNICEF to assess the overall implementation of IMNCI at District Tando Allahyar
- Contact details of all medical staff of district Tando Allahyar have been provided to PHC Global which was added to a Whatsapp group
- Medical staff have started installing and registration at IMNCI Digital Application

Feedback Mechanism

Once the application has been implemented, the PHC Global team will interview the trained HCPs to collect robust end user feedback. Additionally, after training and implementation of digital application, a qualitative research will be conducted to provide insight about preferences of features, usability, user friendliness, adaptability and integration of the application into existing system.

UNICEF / ECHO Funded Project

PPHI Sindh has partnered with UNICEF to strengthen the Primary Health Care (PHC) system to ensure the continuation of life saving basic health services (Maternal, Newborn, Child Health, Immunization and Nutrition), psychosocial support services and ensure the infection prevention and control measures, including provision of safe drinking water, sanitation and hygiene interventions, to mitigate the adverse impact of COVID-19 outbreak.

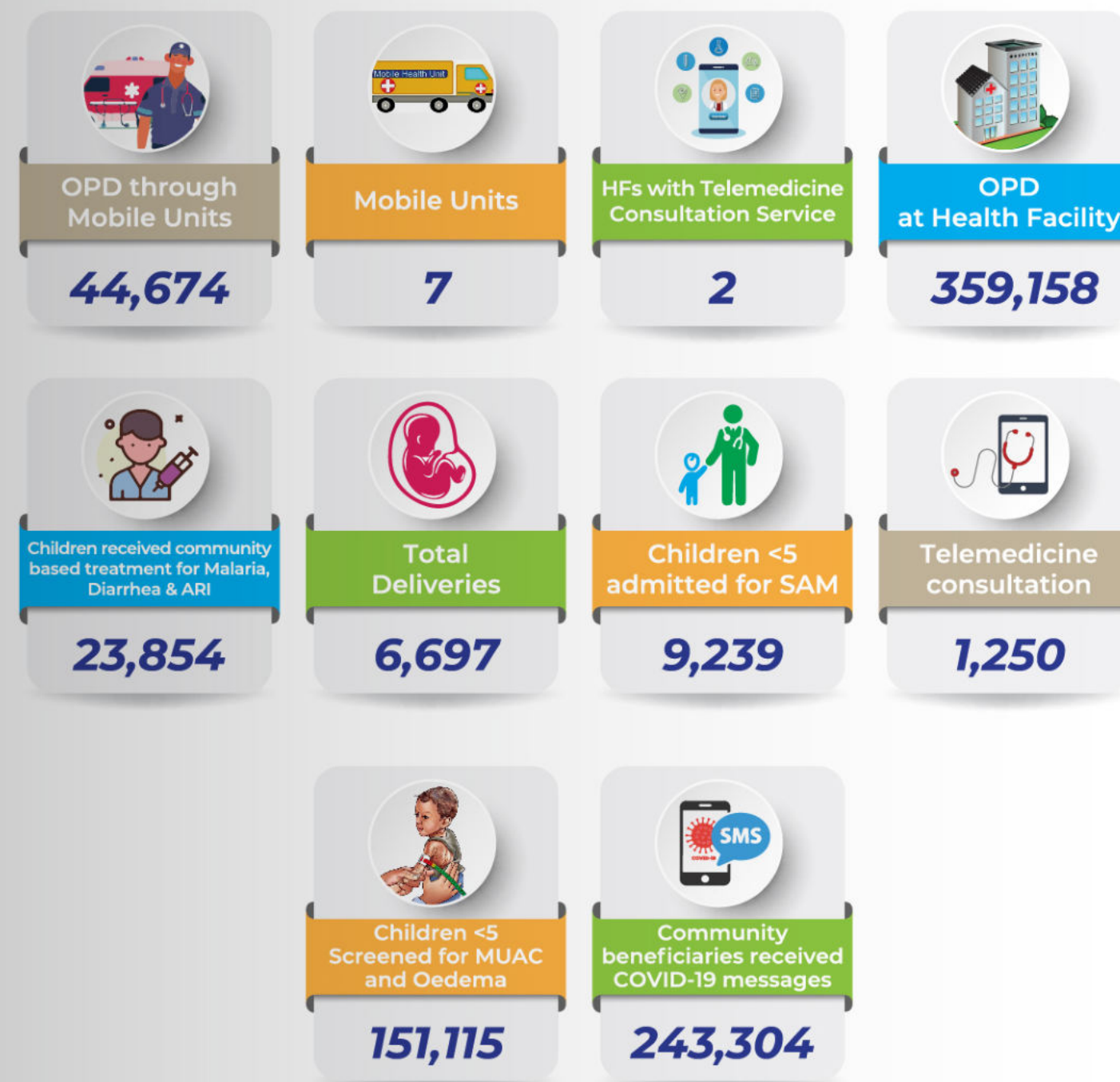
This project was for one year and three months. It started in December 2020 and ended in February 2022.

The outcomes of this intervention are



Under this project, PPHI Sindh hired 82 employees on contract basis including medics, paramedics, management and auxiliary staff.

A total of 300 LHWs and 60 HF staff were trained on Covid-19, 47 trained on KMC, 42 trained on PCPNC, 39 trained on HBB and 35 on IMNCI.



Training Data (2021-2022)

Category	No. of participants trained
Maternal Health	1,884
Child Health	525
DHIS/SAS	1,334
FP	1,261
Others	1,291

Intervention of Sindh Institute of Ophthalmology & Visual Sciences (SIOVS)

Sindh Institute of Ophthalmology and Visual Sciences (SIOVS), Hyderabad, is an autonomous institute that is supported by Health Department, Government of Sindh. The institute works at the health facilities of Sindh Government. The prime role of the Institute is to screen eye diseases and refer such cases for quality care and management to tertiary care hospitals.

SIOVS had signed an agreement with PPHI Sindh on 12th November, 2019 to develop a mechanism of referral system for eye patients and improving clinical skills of medics and para medics. Initially, the project was piloted in District Matiari, where medics and para medics were trained to screen eye diseases and patients of reduced vision. Currently, they have extended services in districts Mirpurkhas and Kamber also during fiscal year 2021-22. In future, SIOVS has plans to further extend these services in districts Larkana, Khairpur and Shaheed Benazirabad. They have established specialized and well equipped centers in their model in taluka hospitals where screened cases are referred for further evaluation and management by well-trained optometrists.

SIOVS Performance regarding Screening of Eye diseases and their management

S.No.	Description	Year 2020	Year 2021	Year 2022
1	Screened	30,571	92,426	30,982
2	Traiged cases	9,011	32,508	13,243
3	Cataract	500	1,081	3,253
4	Glaucoma	33	48	138
5	Others	757	960	7940
6	Provided near and distant glasses	112	888	-

Hepatitis Screening, Prevention and Management Facilities

(with support of Hepatitis Control Program)

According to WHO estimates (2015), globally around 71 million and 257 million people are chronically infected with Hepatitis C virus (HCV) and Hepatitis B virus (HBV) respectively. World-wide around 399,000 and 887,000 people die each year of from the infections and complications of HCV and HBV respectively.

In 2008, the national hepatitis prevalence survey reports that 4.9% and 2.5% overall sero prevalence of HCV and HBV antibodies was found in Pakistan. Hepatitis C and B virus cause acute and chronic infections.

PPHI Sindh has its major role in prevention of communicable diseases. Hepatitis B and C are also a focused area like all other communicable diseases. In May 2022, PPHI Sindh signed an MoU with Hepa-

titis Control Program Sindh to provide Hepatitis B and C screening, diagnosis, management and vaccination for Hepatitis B prevention. For this purpose, PPHI Sindh has designated all BHU plus health facilities through out the province, to screen general population and provide free of cost vaccination. Soon services for provision of treatment of Hepatitis B and C will also be initiated at all BHU Plus health facilities.

In initial phase, about 58 MOHQs and MNCH Coordinators were given specialized training by Hepatitis Control Program to trickle down the same training in their respective districts. Very soon this training will be provided to In-charge Medical Officers of BHU Plus with provision of antiviral medicines to start providing treatment at PPHI Sindh health facilities.



Capacity Building

PPHI Sindh offers a huge spectrum of primary health services which addresses the needs of maternal and child health, nutrition, family planning, immunization and general diseases. PPHI Sindh has a vision to have a coherent, innovative, sustainable and reliable cost-effective strategy i.e., capacity building of health care providers which ensures the delivery of quality health services at all levels.

coordinates with Health Department, and for baby friendly hospital initiative it collaborates with UNICEF, WHO, Accelerated Action Plan (AAP) and Pakistan Pediatrician Association (PPA).



CHECK FOR GENERAL DANGER SIGNS

ASK: Does the child vomit everything?

- Vomiting everything is when a child is not able to hold anything down at all
- If you are not sure of the mother's answer, ask her to offer the child a drink and see if the child vomits everything



Capacity building has significant contribution in terms of delivering preventive, curative and rehabilitative services to the poor communities through competitive health care providers. There are a number of topics which are included as part of PPHI Sindh's training and development strategy like MNCH, FP, IMNCI, Communicable and Non-Communicable disease, Community Mobilization, Nutrition, Immunization and General Diseases.

Most of the trainings are conducted by PPHI Sindh itself. However, PPHI Sindh has also collaborated with other stakeholders for the provision of trainings such as for family planning, it coordinates with Population Welfare Department, for DHIS it



One of the essential pledges taken by PPHI Sindh is to reduce maternal and child health morbidity and mortality so that no family suffers loss of a mother or a child due to any preventable cause. With this notion, PPHI Sindh's aim is to improve the health facility infrastructure and also to ensure to have well equipped facilities with competent health care providers.

The training framework aims to improve the accessibility of high quality and effective MNCH services for all, particularly the poor and the disadvantaged, through development and implementation of sustainable provincial, regional and district technical teams in place which ensures to maintain standard of the organization. These teams conduct quality monitoring visits, identify goals, work on policies and strategies and ensure implementation based on protocols. To motivate the employees, PPHI Sindh has also initiated pay

for performance (P4P) mechanism which includes technical assessment of knowledge and demonstration.



There are different types of trainings conducted by PPHI Sindh which includes workshop trainings, pre induction trainings, on the job trainings and refresher trainings. The basic purpose of these trainings is to ensure implementation of evidence-based practices to improve accessibility, delivery of primary health care services.

Pre Induction Training

This is basically the orientation for newly joined staff to provide them insight about overall PPHI Sindh's mechanism and their role. During the reporting period, PPHI Sindh arranged two 5-day orientation trainings of newly joined district managers.



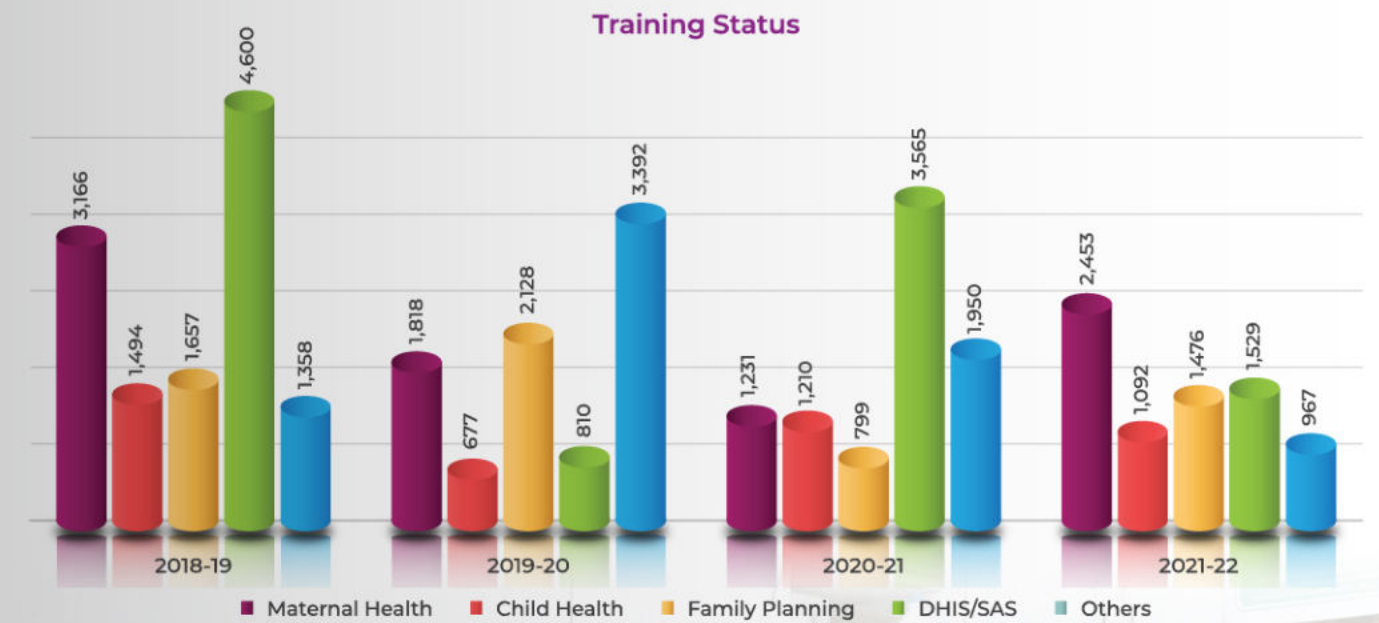
On-The-Job Trainings

There are different modules of different trainings which require continuous four to five days for completion. Sometimes it is difficult to spare health care providers for so many days. Hence, PPHI Sindh has introduced on-the-job training for its frontline healthcare workers. MNCH Coordinators in each district plan and conduct training of these employees at their own health facilities by making small groups. In this way, they don't have to leave their duty stations and are trained also.

Refresher Training

The technical modalities in various guidelines are updated with passage of time which is why there arose a need of providing refresher training to its healthcare providers. Therefore, PPHI Sindh understands that one time training for health care provider is not sufficient, hence, it organises refresher trainings on various modules and guidelines after a year of initial training. MNCH Coordinators are accountable to assess the need of training on particular topic. These needs are evaluated by them through on-job-coaching which they do on regular basis. This helps health care provider not only to have technical support but also to improve their attitude towards quality care.

Below mentioned is the training status of PPHI Sindh employees in different broad spectrum of categories.



Workshop Training

Workshop training includes different methodologies including lecture, seminar and clinical attachment. Since past few years, PPHI Sindh has taken an initiative to train community girls as midwives at Koochi Goth, Karachi which help them to gain knowledge in basic management of maternal and child health. After theory classes, they are attached to PPHI Sindh health facilities under In charge FMO for clinical practice.





PPHI Sindh's Program for Training Midwives

Maternal health is a major concern of health care systems globally. Maternal, neonatal and child health care (MNCH) services have become more effective by the midwifery cadre of the health care system. Nurses and midwives play a critical role in health promotion, disease prevention and delivering care at PHC and community level.

PPHI Sindh has a special focus on MNCH services throughout the province. A total of 317 health facilities are upgraded as BHU Plus for the purpose of extended services provided to the community pertaining to maternal health care. These health facilities have female staff round-the clock available for conducting deliveries and providing maternal care.

Earlier, PPHI Sindh faced challenges in the provision of female staff in far-flung areas because of the unavailability of well-trained midwives and nurses. Later on, PPHI Sindh developed a Training Strategy in which matriculated girls are selected from the community of relevant health facilities where a midwife was needed. Selected candidates are provided free midwifery training (Diploma in Midwifery) at the recognized institutes for 02 years along with free food and hostel accommodation. Moreover, trainees are also given a stipend of Rs.10,000 per month for their personal expenses. PPHI Sindh had an agreement with Ziauddin Midwifery School Karachi to train midwives that was later moved to Abu Zafar Institute of Midwifery, Karachi.

After two years of training including six months of house job they are appointed as midwives at the health facility for which they were selected. So far, six batches of 297 candidates have completed the course while one batch comprising of 18 candidates is currently under training in the institute. Year wise number of candidates is as under:

Year wise number of Midwives Trained by PPHI Sindh

Batch	Year Wise Batches	Number
1	2014-2016	69
2	2015-2017	47
3	2016-2018	45
4	2017-2019	43
5	2018-2020	49
6	2019-2021	44
7	2021-2023 (In Progress)	18
Total		315

PPHI Sindh Pay for Performance Strategy

PPHI Sindh through its journey has been achieving more than the given targets and goals of Primary Health Care (PHC). From the infrastructure up to the availability of services, multiple interventions have been initiated to optimize the functionality and utilization of PHC health facilities including the up-gradation of health facilities from 6-hour working facilities to 24/7 facilities (BHU Plus), provision of drugs, the inclusion of Ultrasound and Laboratory services, the deputation of female medical officers, availability of ambulances at PHC level which is beyond its mandate. All these interventions have shown remarkable effects in improving the service delivery at health facilities, but still, there is a long way to go beyond achieving the targets.

Regarding the quality of care at health facilities, it cannot be achieved only through providing structural inputs without the personal interest and ownership of the health care provider (HCP). Pay for performance for Quality Improvement (P4P) is one of the proven interventions / strategy to develop the interest, ownership and will to work more efficiently and effectively for the employees. Employees more readily agree to develop job skills with full dedication because of pay and perform better on their job to achieve the desired outputs.

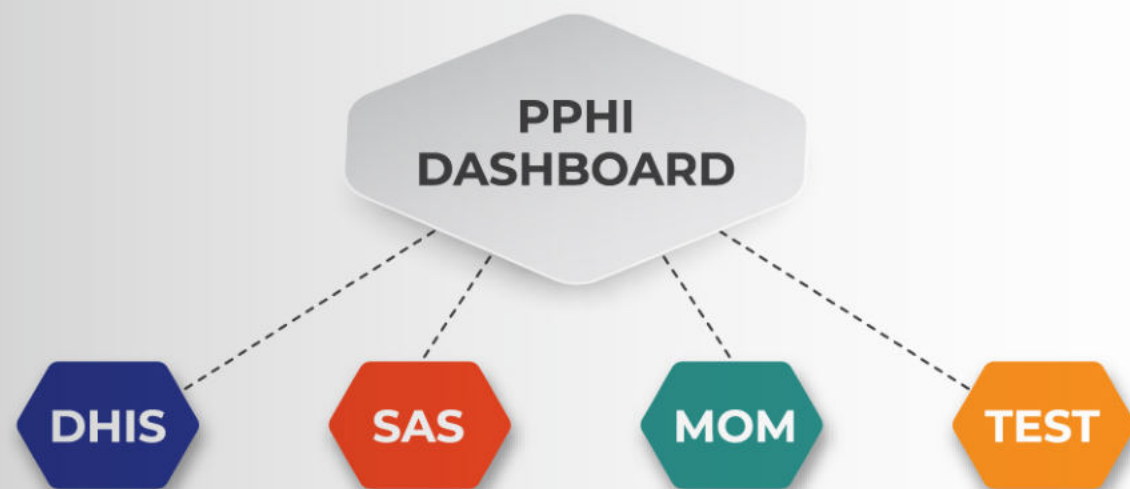


Purpose of Pay for Performance

- 1 To improve the Quality of Service delivery up to optimal level.
- 2 To create the interest and ownership in the Healthcare Providers.
- 3 To engage the employees in Organization's success.
- 4 To reward the hard working HCPs on their contributions in success of PPHI for more success.
- 5 To retain the highest quality employees / Healthcare providers.

PPHI Strategy for Pay for Performance

PPHI Sindh has been practising the strategy of P4P since July 2017. As per the strategy, Financial Incentives (FI) in form of Pay for Performance/performance allowance are given to medics (Both Government and PPHI Employees) working at health facilities under the management of PPHI Sindh. This activity is conducted on a quarterly basis after the continuous assessment of the performance of these employees on the basis of four domains.



Each Domain has a 25% weightage based on different indicators. The participating employees have to obtain a cumulative 60% score to qualify for the allowance. Assessment is done on a quarterly basis and 45,000/- rupees are given to qualifying employees. Indicators and their cut-off/scoring values are revised from time to time to keep the assessment tool up-to-date and motivating.

Third Quarter of FY: 2020-21 (January to March 2021) Summary

S.No	Designation	Total	Qualified	Not Qualified	% Qualified
1	Medical Officer	895	442	453	49.4
2	Female Medical Officer	422	306	116	72.5
3	Medical Superintendent	7	1	6	14.3
4	Women Medical Officer	115	66	49	57.4
5	Female Medical Officer Sonology	25	25	0	100.0
6	Sonologist	2	2	0	100.0
7	Medical Officer Senior	10	4	6	40.0
8	Women Medical Officer Senior	3	1	2	33.3
9	Medical Superintendent Additional	0	0	0	0.0
		1,479	847	632	57.3

Fourth Quarter of FY: 2020-21 (April to June 2021) Summary

S.No	Designation	Total	Qualified	Not Qualified	% Qualified
1	Medical Officer	882	461	421	52.3
2	Female Medical Officer	422	320	102	75.8
3	Medical Superintendent	7	1	6	14.3
4	Women Medical Officer	105	67	38	63.8
5	Female Medical Officer Sonology	24	24	0	100.0
6	Sonologist	2	2	0	100.0
7	Medical Officer Senior	9	4	5	44.4
8	Women Medical Officer Senior	3	1	2	33.3
9	Medical Superintendent Additional	0	0	0	0.0
		1,454	880	574	60.5

In the year 2021-22, only one quarter of P4P was done due to involvement of staff in Covid Vaccination in at the HFs and field.

Summary of assessment for FY: 2021-22 is given below

S.No	Designation	Total	Qualified	Not Qualified	% Qualified
1	Medical Officer	933	639	294	68
2	Female Medical Officer	455	390	65	86
3	Medical Superintendent	12	5	7	42
4	Women Medical Officer	110	78	32	71
5	Female Medical Officer Sonology	24	20	4	83
6	Sonologist	1	1	0	100
7	Medical Officer Senior	8	4	4	50
8	Women Medical Officer Senior	5	2	3	40
		1,548	1,139	409	74



PPHI Sindh's response to COVID-19

Introduction

It was early 2020, when coronavirus pandemic (COVID-19) hit Pakistan and the whole world. The pandemics are a big challenge that leave a huge impact on health systems and the economy of countries around the world. The whole world was impacted by the devastation caused by covid-19 pandemic and responded to it on emergency basis.

Pakistan also responded to COVID-19 by taking immediate measures in form of medical services by scaling up the funds and services. Initially, screening sites, quarantine and isolation centers were established followed by COVID-19 vaccine centers.

Sindh was the first province to develop an emergency plan for detection, and preventive procedures. The Government of Sindh responded immediately by provision of special services and implementing lockdown SOPs in the province to stop spread and manage the cases.

PPHI Sindh also stood on frontline with Health Department to deal with this pandemic. In March,

when the pandemic started PPHI Sindh circulated specialized guidelines regarding the pandemic and ensured maximum efforts taken to prevent the disease. A well-organized mechanism was established to disseminate information about the disease to the community.

In late March 2020, Government of Sindh announced lockdown of the province including OPDs in tertiary hospitals all over the province. However, the OPDs of PPHI Sindh's health facilities were open. Though health indicators were globally and nation wise effected, but PPHI Sindh, continuously, kept the routine services unaffected.

However, PPHI Sindh's management declared emergency at all the health facilities and the service provision and operations of health facilities continued with safety measures. Health facilities were sanitized on regular basis and social distancing measures were carried out.

The district and regional teams ensured timely procurement of Personal Protective Equipment (PPE) for the frontline health workers for smooth provision of quality health services to the most deserving communities.

COVID-19 Vaccine Centers

In June 2021, Sindh government started vaccination of the COVID-19. The vaccine process is being carried out throughout the province with full dedication. Our teams provide covid-19 vaccination services at the health facility level and at community level through outreach activities. From June 2021, the number of CVCs established was **574**. These CVCs are operating in all the districts of the province. So far, about **8,168,927** vaccine doses were given, that includes **4,942,366** first dose and **3,226,561** second doses. The process of vaccination is being carried out as a routine activity at all the centers. In the health facilities where the number of people is very less for covid-19 vaccine, PPHI Sindh teams are deployed to outreach for the vaccination.

PPHI CVCs Summary in June 2021

S.No	Region	District	Total CVCs	1 st Dose	2 nd Dose	Total Dose
1	1	Hyderabad	12	137,194	85,307	222,501
2	1	Jamshoro	13	130,435	85,369	215,804
3	1	Matiari	35	118,357	89,878	208,235
4	1	Sujawal	24	162,476	86,014	248,490
5	1	Tando Allahyar	23	150,032	99,097	249,129
6	1	Tando Muhammad Khan	10	134,375	80,281	214,656
7	1	Thatta	10	138,124	90,329	228,453
8	2	Badin-A	54	201,859	153,280	355,139
9	2	Badin-B	49	190,264	141,690	331,954
10	2	Mirpurkhas-A	12	117,960	86,376	204,336
11	2	Mirpurkhas-B	10	107,761	79,849	187,610
12	2	Tharparkar	35	218,417	156,030	374,447
13	2	Umerkot	14	191,597	134,366	325,963
14	3	Dadu	13	232,788	139,959	372,747
15	3	Jacobabad	12	133,385	90,659	224,044
16	3	Kamber	19	222,074	139,846	361,920
17	3	Kashmore	11	253,394	159,167	412,561
18	3	Larkana	13	188,029	125,899	313,928
19	3	Shikarpur	10	127,695	85,997	213,692
20	4	Ghotki	16	313,527	204,308	517,835
21	4	Kausar	1	154	120	274
22	4	Khairpur-A	59	268,811	172,783	441,594
23	4	Khairpur-B	15	253,876	140,115	393,991
24	4	Sukkur	10	196,693	115,242	311,935
25	5	Naushero Feroze	15	187,879	110,726	298,605
26	5	Sanghar-A	37	215,340	150,749	366,089
27	5	Sanghar-B	29	176,042	108,795	284,837
28	5	Shaheed Benazir Abad	12	173,828	114,330	288,158
Grand Total			574	4,942,366	3,226,561	8,168,927

Community Participation

According to WHO, community participation is one of the basic principles of Primary Health Care and it is a key strategy for increasing demand for use of health services and identify the needs of community. Active participation of community results in good service delivery and equity in service delivery. Active community participation can help providers raise awareness on both, health issues at the community level and social and cultural factor that affect the health. It improves the understanding of community members on the methods or services being offered and discuss their needs. Specific barriers to service access and use can be addressed and service utilization can be increased. Community participation is the only way to disperse health care services and drawing their attention to health care and resolve the issues and barriers in the service delivery.

PPHI Sindh, has its special focus on community participation for which community support groups (CSG) are established at each health facility under its management. Each CSG consists of notables / influential persons from the catchment area population of the Health Facility.

Health Facility Incharge arranges meetings with CSG members on monthly basis to discuss the

health related issues and health education messages are also conveyed to them. This has proved to be a successful mode of integration of health care related activities and their awareness. Community support group members are made aware about any outbreak or seasonal variations in diseases' trends.

Each male medical officer and female medical officer of every HF is responsible to deliver health care sessions in the schools and community and CSG members are key facilitators in these activities. These health sessions are the effective source of disseminating health care information to the population.

PPHI Sindh arranged 15,060 community support meetings during 2020-21 and 15,460 community support meetings during 2021-22 at its HFS that were participated by 164,264 male and 45,704 female, and 169,155 male and 40,821 female participants in two reporting years, respectively. Similarly, 37,796 community health sessions participated by 437,508 male and 453,847 female participants, in year 2021, whereas, 41,132 community health sessions were arranged that were participated by 505,234 male and 500,480 female participants, in FY 2021-22.

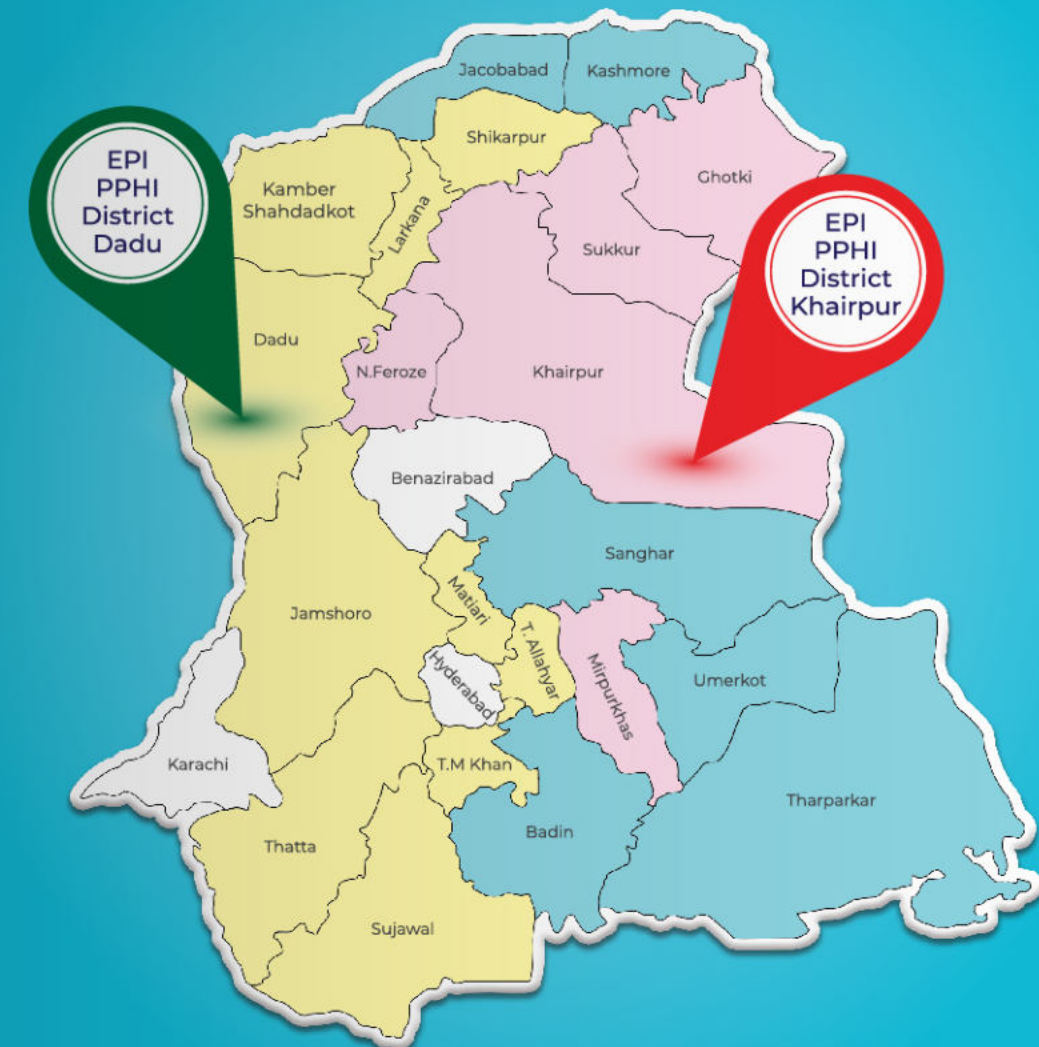




PPHI Sindh EPI Report

Immunization has remained as the foremost priority of PPHI SINDH in the whole province since beginning. Two districts, Khairpur and Dadu, are being successfully operated by PPHI Sindh since 2017. As EPI being the integral component of PPHI Sindh primary and preventive healthcare services, the organization is committed to contribute its role to achieve sustainable development goals. District Khairpur is divided into two parts named Khairpur A and Khairpur B because of its large demographical area along with hard to reach areas.

PPHI Sindh Managed EPI Districts



Expanded Program on Immunization (EPI), PPHI Sindh has following objectives

- To increase equitable coverage of immunization services against vaccine preventable disease (VPD).
- To decrease VPD associated morbidity and mortality.
- To improve immunization services through expansion of service delivery and cold chain.

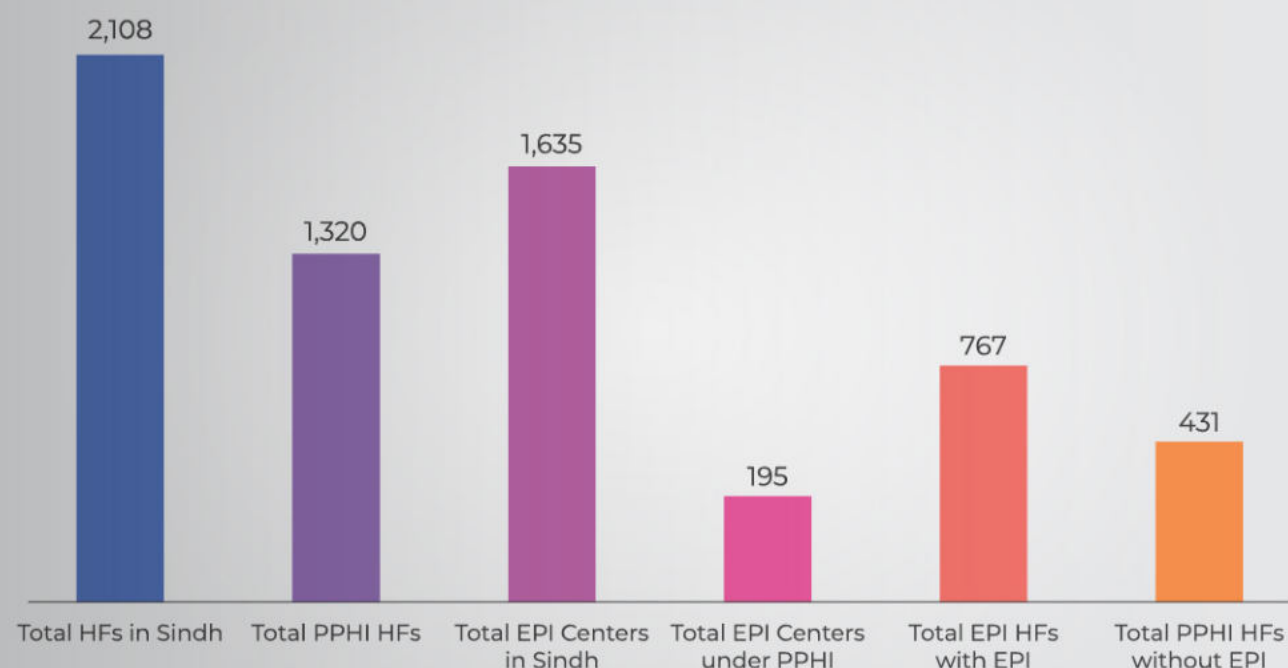


In order to improve Expanded Program of Immunization (EPI), PPHI Sindh has initiated following strategies:

- Mid Level Management Training for all the district head staff of PPHI Sindh.
- Distribution of new mobile phones to the vaccinators of district Khairpur with support of IRD.
- 4 BY 4 Vehicle for Nara Taluka of District Khairpur.
- Allocation of pay for performance for the vaccinators, TSVs and DSVs.
- Household cluster survey to assess the Immunization coverage as per WHO protocol.
- New bikes for vaccinators.
- Recruitment and replacement of supervisory and vaccinating staff.
- Regular updates of EPI Softwares (VLMIS & ZMP).
- Zindagi Mehfooz Program has been launched in districts Dadu and Khairpur with coordination of IRD.
- OPV zero dose is being administered at all PPHI Sindh HFs with deliveries.
- PPHI Sindh will monitor the outreach vaccination of all vaccinators duly endorsed by PPHI Sindh HF in-charges.

EPI under PPHI Management

Expanded Program on Immunization (EPI) in all PPHI Health Facilities



District Profiles

	DADU	KHAIRPUR-A	KHAIRPUR-B
■ Total Population	1,738,200	1,464,196	1,262,611
■ Target Population 0-11M (BCG & OPV0) (3.5%)	56,335	47,454	40,921
■ Target Population 0-11M (Penta1 to Measles1) (92.30% of 3.5%)	56,335	47,454	39,807
■ Target Population 12-23M (3.21%)	56,839	47,001	40,530
■ Target Population PWs (3.57%)	62,054	52,271	45,075
■ Target Population CBAs (18.43%)	320,350	267,947	232,699

District EPI Structure

	DADU	KHAIRPUR-A	KHAIRPUR-B
■ Number of Talukas	4	4	4
■ Number of UCs	52	41	35
■ Number of EPI Centers	81	67	54
■ Number of Out Reach Teams	87	86	67
■ Number of Vaccinators	175	154	124
■ Number of LHWs	1,092	775	725

District EPI Logistics

	DADU	KHAIRPUR-A	KHAIRPUR-B
■ Number of ILR (Solarized)	20	39	40
■ Number of ILR (Electric)	108	53	66
■ Number of EPI Refrigerators/Freezers	32	4	4
■ Number of Cold Boxes	60	57	54
■ Number of Standard Vaccine Carriers	182	116	112
■ Number of Motor Bikes for Vaccinators	74	70	60



Year Wise EPI Coverage

District Khairpur

Antigen	2016	2017	2018	2019	2020	2021
BCG	105%	114%	85%	89%	88%	88%
OPV-0	42%	68%	76%	85%	87%	87%
OPV-1	53%	95%	95%	93%	91%	84%
OPV-2	49%	88%	91%	91%	89%	83%
OPV-3	46%	92%	92%	90%	88%	81%
IPV	56%	78%	81%	91%	87%	91%
PENTA-1	93%	108%	96%	95%	92%	92%
PENTA-2	88%	101%	92%	93%	90%	90%
PENTA-3	84%	106%	93%	92%	89%	89%
ROTA-1	-	-	64%	97%	87%	91%
ROTA-2	-	-	50%	94%	85%	88%
PCV-1	93%	108%	96%	95%	92%	92%
PCV-2	88%	100%	91%	93%	90%	90%
PCV-3	84%	105%	92%	92%	89%	89%
TCV	-	-	-	-	73%	81%
Measles-1	85%	108%	89%	94%	91%	88%
Measles-2	68%	65%	72%	87%	88%	91%
TT-1	66%	64%	73%	81%	82%	81%
TT-2	63%	60%	55%	72%	75%	78%

EPI Performance Financial Year 2021-22

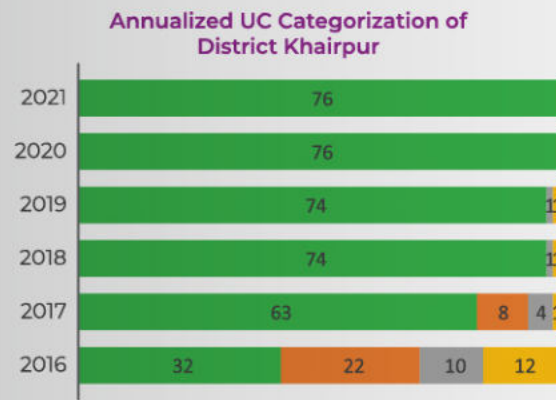
District Khairpur

Antigen	2021						2022						Total FY 2021-2022
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	
BCG	89%	88%	93%	97%	95%	95%	93%	89%	85%	81%	80%	80%	89%
OPV-0	89%	88%	93%	98%	95%	93%	93%	90%	86%	80%	80%	80%	89%
OPV-1	91%	93%	89%	97%	96%	98%	94%	96%	94%	87%	95%	95%	94%
OPV-2	91%	93%	89%	97%	96%	98%	94%	96%	94%	87%	95%	95%	94%
OPV-3	91%	93%	89%	97%	96%	98%	94%	96%	94%	87%	95%	95%	94%
IPV	91%	93%	89%	97%	96%	98%	94%	96%	94%	87%	95%	95%	94%
PENTA-1	90%	91%	88%	95%	95%	97%	92%	93%	91%	84%	93%	94%	92%
PENTA-2	90%	91%	88%	95%	95%	97%	92%	93%	91%	84%	93%	94%	92%
PENTA-3	90%	91%	88%	95%	95%	97%	92%	93%	91%	84%	93%	94%	92%
ROTA-1	90%	91%	88%	95%	95%	97%	92%	93%	91%	84%	93%	94%	92%
ROTA-2	88%	90%	87%	93%	94%	93%	91%	92%	89%	81%	90%	92%	90%
PCV-1	88%	90%	87%	93%	94%	93%	91%	92%	89%	81%	90%	92%	90%
PCV-2	88%	90%	87%	93%	94%	93%	91%	92%	89%	81%	90%	92%	90%
PCV-3	88%	90%	87%	93%	94%	93%	91%	92%	89%	82%	89%	88%	91%
TCV	85%	85%	85%	86%	86%	88%	85%	86%	85%	85%	81%	85%	85%
Measles-1	85%	85%	85%	86%	86%	95%	92%	91%	92%	90%	87%	87%	89%
Measles-2	82%	81%	85%	81%	81%	92%	90%	83%	86%	86%	86%	86%	85%
TT-1	81%	80%	81%	75%	78%	78%	78%	78%	81%	81%	81%	76%	79%
TT-2	75%	78%	76%	71%	71%	71%	73%	75%	76%	75%	78%	75%	75%

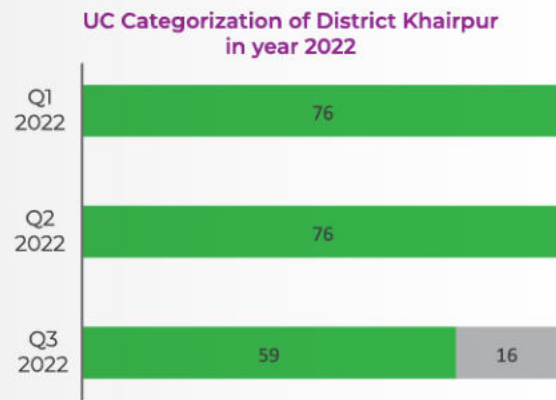
District Dadu

Antigen	2021						2022						Total FY 2021-2022
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	
BCG	91%	93%	94%	96%	95%	99%	105%	97%	91%	86%	81%	30%	88%
OPV-0	89%	91%	93%	97%	93%	95%	100%	89%	84%	81%	79%	79%	89%
OPV-1	94%	94%	95%	100%	97%	103%	112%	105%	105%	95%	94%	95%	99%
OPV-2	92%	92%	93%	97%	93%	100%	107%	105%	102%	93%	92%	93%	97%
OPV-3	91%	91%	92%	97%	92%	100%	106%	100%	100%	93%	92%	97%	96%
IPV	91%	91%	92%	97%	92%	100%	106%	100%	100%	93%	92%	97%	96%
PENTA-1	94%	94%	95%	100%	97%	103%	112%	105%	105%	95%	94%	95%	99%
PENTA-2	92%	92%	93%	97%	93%	100%	107%	105%	102%	93%	92%	93%	97%
PENTA-3	91%	91%	92%	97%	92%	100%	106%	100%	100%	93%	92%	97%	96%
ROTA-1	94%	94%	95%	100%	97%	103%	112%	105%	105%	95%	94%	95%	99%
ROTA-2	92%	92%	93%	97%	93%	100%	107%	105%	102%	93%	92%	93%	97%
PCV-1	94%	94%	95%	100%	97%	103%	112%	105%	105%	95%	94%	95%	99%
PCV-2	92%	92%	93%	97%	93%	100%	107%	105%	102%	93%	92%	93%	97%
PCV-3	91%	91%	92%	97%	92%	100%	106%	100%	100%	93%	92%	97%	96%
TCV	91%	92%	93%	97%	92%	99%	106%	97%	102%	89%	91%	97%	96%
Measles-1	91%	92%	93%	97%	92%	99%	106%	97%	102%	89%	91%	97%	96%
Measles-2	88%	89%	90%	92%	89%	98%	112%	103%	107%	89%	91%	96%	95%
TT-1	79%	79%	80%	79%	78%	81%	80%	90%	79%	77%	81%	83%	81%
TT-2	75%	75%	75%	75%	73%	78%	73%	72%	72%	71%	74%	75%	74%

UC Categorization in PPHI Managed EPI Districts

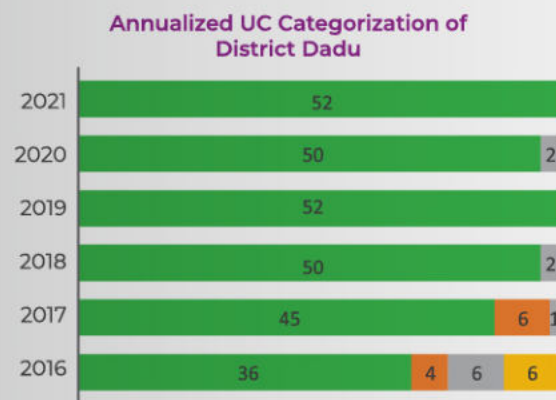


	2016	2017	2018	2019	2020	2021
Category-1	32	63	74	74	76	76
Category-2	22	8	0	0	0	0
Category-3	10	4	1	1	0	0
Category-4	12	1	1	1	0	0

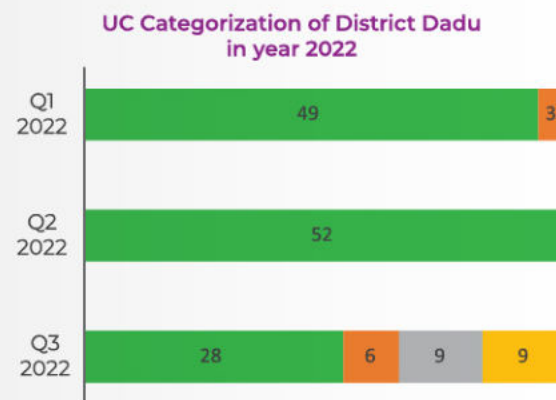


	Q1-22	Q2-22	Q3-22
Category 1	76	76	59
Category 2	0	0	0
Category 3	0	0	16
Category 4	0	0	1

Source (VLMIS)



	2016	2017	2018	2019	2020	2021
Category-1	36	45	50	52	50	52
Category-2	4	6	0	0	0	0
Category-3	6	1	2	0	2	0
Category-4	6	0	0	0	0	0



	Q1-22	Q2-22	Q3-22
Category 1	49	52	28
Category 2	3	0	6
Category 3	0	0	9
Category 4	0	0	9

Source (VLMIS)

Total Union Councils = 52



Zindagi Mehfooz (ZM) Application Training of Vaccinators at Dadu

1st to 11th July 2020

Training on Environmental & Social Management Plan at Khairpur

4th to 7th January 2021

Tarining of newly appointed vaccinators at Khairpur

7th to 8th January 2021

Training on MIS & NIMS of EPI Staff at Dadu

11th January 2021

Training of newly appointed Government vaccinators

16th to 18th January 2021

Training of NTS passed vaccinators on ZMP android mobile software

11th February 2021

Training Zindagi Mehfooz (ZM) Application at Dadu

11th February 2021

EPI Review Meeting at Khairpur

22nd April 2021

TSVs Performance Review Meeting at Khairpur

21st May 2021

Training of vaccinators on Cold Chain Equipment at Khairpur

25th May to 3rd June 2021

Training on MIS & NIMS of EPI Staff at Dadu

7th June 2021



PINS Annual Updates

July 2020 – June 2021

Main activities carried out at Outreach, OTP & NSCs are as under:

Outreach



- Screening of Children under 5 years of age to identify Severe Acute Malnutrition (SAM) through MUAC Tape and Referrals of identified cases.
- Screening of Pregnant and Lactating Women and Provision of Iron Folic Acid to Pregnant and Lactating Women to meet their Iron needs.
- Provision of Multi Micro Nutrient Sachets to Children of age (6-23 months).
- Health Education Sessions on different topics, IYCF, Hygiene, Nutrition and Diet patterns.
- Formation and conduct sessions with Mother-to-Mother and Father to Father Support Groups.
- Tracking and resuming services of Absent and Defaulter Children.
- Contribution of PINS CHWs in non-Nutrition Services (FP, Immunization).

- Treatment of Acute Malnutrition through specialized nutritious food.
- Regular follow ups and brief examination of enrolled malnourished children for progress monitoring.
- Identification and referral of complicate malnourished children to Nutrition Stabilization Center for further management of their critical phase of complications.
- Health facility-based health awareness sessions with particular attention to malnutrition, its consequences and preventive measures and IYCF.

Outpatient Therapeutic feeding Program (OTP)



- Assessment for Acute Malnutrition of Children, 6 to 59 months of age.

Nutrition Stabilization Center (NSC)



- Treatment of Severe Acute Malnutrition with other medical complications.
- Coordination with OTP for proper follow up of discharge and new cases.
- Regular follow ups and detailed examination of admitted malnourished children for progress checkup and timely refer to higher level hospital if required.

Target Vs Achievement of KPIs

Overall Targets have been achieved except pregnant and lactating women screening and IFA distribution as it was lately supplied by donor. Below table shows overall Targets and Achievement till June 2021.

Sn	Indicators	Total Target	Achieved	% Achieved
1	Number of children dewormed in coordination with Health (12-59 months) (10 % of total U5 population)	125,722	116,465	92.6%
2	Number of Nutrition, Health & Hygiene and IYCF sessions	84,672	278,567	329%
3	Number of OTP sites established and active in the area	263	263	100%
4	Number of Severe Acute Malnourished (6-59 months children) 90% of SAM for OTP	121,638	151,821	125%
5	Number of training events for HF-based Trainers conducted on IYCF & CMAM at District Level	16	16	100%
6	Community wide sessions at community level by CHW	1,014	520	51%
7	Father-to-Father support group (FTFSG) Formation	205	205	100%
8	FTFSG awareness sessions	3,075	6,180	88%
9	Mother-to-Mother support group (MTMSG) Formation	2,028	2,028	100%
10	MTMSG awareness sessions	30,420	47,206	155%
11	Number of children 6-59 months of age screened (12.1% of total population)	167,156	202,847	121%
12	Number of children 6-23 months without SAM received MNP	55,789	47,108	84%
13	Number of children 6-59 months of age referred to OTP from outreach/communities	27,541	20,597	75%
14	Number of Community Health Supervisor (CHS) active in the area	12	10	83%
15	Number of Community Health Workers (CHWs) active in the area	507	475	94%
16	Number of cooking demonstration Session	105	105	100%
17	Number of pregnant and lactating women (PLW) received IFA tablets	103,338	56,625	55%
18	Number of pregnant and lactating women (PLW) screened	108,760	71,330	66%
19	Number of Training events (Trickle Down Training for LHW & CHW) Conducted on IYCF & CMAM at HFs Level	90	70	77.7%
20	One-on-one session with mothers	-	176,609	-
21	Proportion of referrals to other health services cross referral to (EPI-PHC-MNCH)	165,550	12,093	7%
22	Proportion of children 6-59 months of age with Diarrhoea episode referred for treatment with zinc and ORSs	100,294	4,493	4%

Table 1: table showing overall targets of OTP and Outreach and achievement till June 2021

All targets have been achieved except PLWs screening and Iron Folic Acid (IFA) tablet distribution. Reasons behind these remaining targets, as ACF provided IFA lately in January 2020 and there was no recording tool for cross referrals till December 2020. ACF provided revised and updated tool in January 2021. Targets for LHW covered areas have also been included, therefore, there are some referral targets remaining.

Outreach

Thatta and Tando Muhammad Khan are PPHI Sindh PINS Outreach districts. Annual updates are as under:

Screening, referral and Multi Micro-nutrient Supplementation

The CHWs have been performing screening of U5 children and pregnant and lactating women. They refer the cases for SAM treatment upon identification and provide MNP (Multi micronutrient powder) to children 6-23 months and Iron Folic Acid to PLWs at community level. The details are given in below table;

Indicators	Thatta 2019-2020	Thatta 2020-2021	TMK 2019-2020	TMK 2020-2021	Total 2020-2021
Screening of Children 6-59 months (New)	110,199	34,895	34,895	13,186	48,081
Screening of Children 6-59 months (Re)	21,989	393,320	393,320	125,794	519,114
Screening of Children 6-59 months (Total)	132,188	428,215	428,215	138,980	567,195
SAM referral to OTPs by CHWs	7,335	7,731	7,731	3,244	10,975
Children 6-23 months received MNP	13,945	18,056	18,056	6,127	24,183
PLW Screening (New)	27,256	27,928	27,928	7,464	35,392
PLW Screening (Re)	24,088	87,631	87,631	37,870	125,501
PLW Screening (Total)	51,344	115,559	115,559	45,334	160,893
PLW received IFA	27,494	29,631	29,631	6,782	36,413

Health, Nutrition, IYCF and Practical Cooking Demonstration Sessions

The table presents number of sessions delivered in community outreach and the participants during reported period.

Sessions	Jul 2019 to Jun 2020		Jul 2020 to Jun 2021	
	No. of Sessions	No. of Participants	No. of Sessions	No. of Participants
Identification, prevention and treatment of malnutrition	62,697	193,623	8,855	99,092
Diet and healthcare of mothers during pregnancy and lactation	NA	NA	9,178	94,904
Mother and child care after delivery	49,154	103,236	9,077	63,979
Children's diet	NA	NA	8,264	61,457
Personal and environmental hygiene	NA	NA	7,466	56,431
Others (COVID-19, IPC Etc.)	-	-	291	910
Cooking Demonstration Counselling Sessions	4	67	1,205	1,205

Community Support Groups

In PINS project, community support groups such as Mother to Mother and Father to Father are formed within targeted communities based on the criteria developed by the donor organization. These groups are trained and then are mobilized to contribute their services in active case finding, patient referral and health/nutrition awareness within their community. The number of groups formed in reporting period is given below;

Group Name	Jul 2020 to Jun 2021
Mother to Mother Support Group	24
Father to Father Support Group	179

Contribution of PINS-CHWs in Non-Nutrition and Nutrition Sensitive Services

Beside Nutrition services Community Health Workers have also utilized for referring for family planning, MCH services, Children with Diarrhea episodes, Immunization and other services from community to respective hospitals and camps.

Indicators	No. of Clients
Immunization	5,588
Diarrhea	3,328
MNCH	9,571



OTP Site Structure

The 262 out of 263 targeted OTP sites have been functional during the reported period. One OTP site named 'Garhi Tego' in district Shikarpur is not established due to security issues in the area. Alternate site for that is identified, which will be established soon. The 184 OTP sites are in PPHI managed health facilities, while 36 in DoH, 35 in various NGOs and 8 in different community setups are functional.



SAM Treatment and Performance Indicators

The SAM treatment services integrated with other healthcare components are provided to the targeted population through 262 OTP sites, where Nutrition Assistant treats undernourished children from 6-59 months as per national CMAM guidelines. The 74,531 SAM children have been admitted through the period with 92.3% cure rate. The below table presents details;

Indicators	Jul 2019 to Jun 2020		Jul 2020 to Jun 2021	
	Number	Percentage	Number	Percentage
OTP Admissions				
MUAC based	66,223	-	71,165	-
Oedema based	182	-	185	-
Return after default	886	-	647	-
Transfer from NSC	713	-	1,588	-
Other	2,144	-	465	-
Relapse	529	-	481	-
Total Admissions	70,677	-	74,531	-
OTP Exits				
Cured	55,987	89%	63,713	90.4%
Death	168	0.3%	114	0.2%
Default	4,178	6.6%	3,116	4.4%
Non-Respondent	536	0.9%	702	1.0%
Medical Transfer	988	1.6%	800	1.1%
Transfer to NSC	1,126	1.8%	2,000	2.8%
Others	2,133	-	944	-
Total Exits	65,116	-	71,387	-

Children Deworming

The table presents the data of children received deworming tablets during reported period.

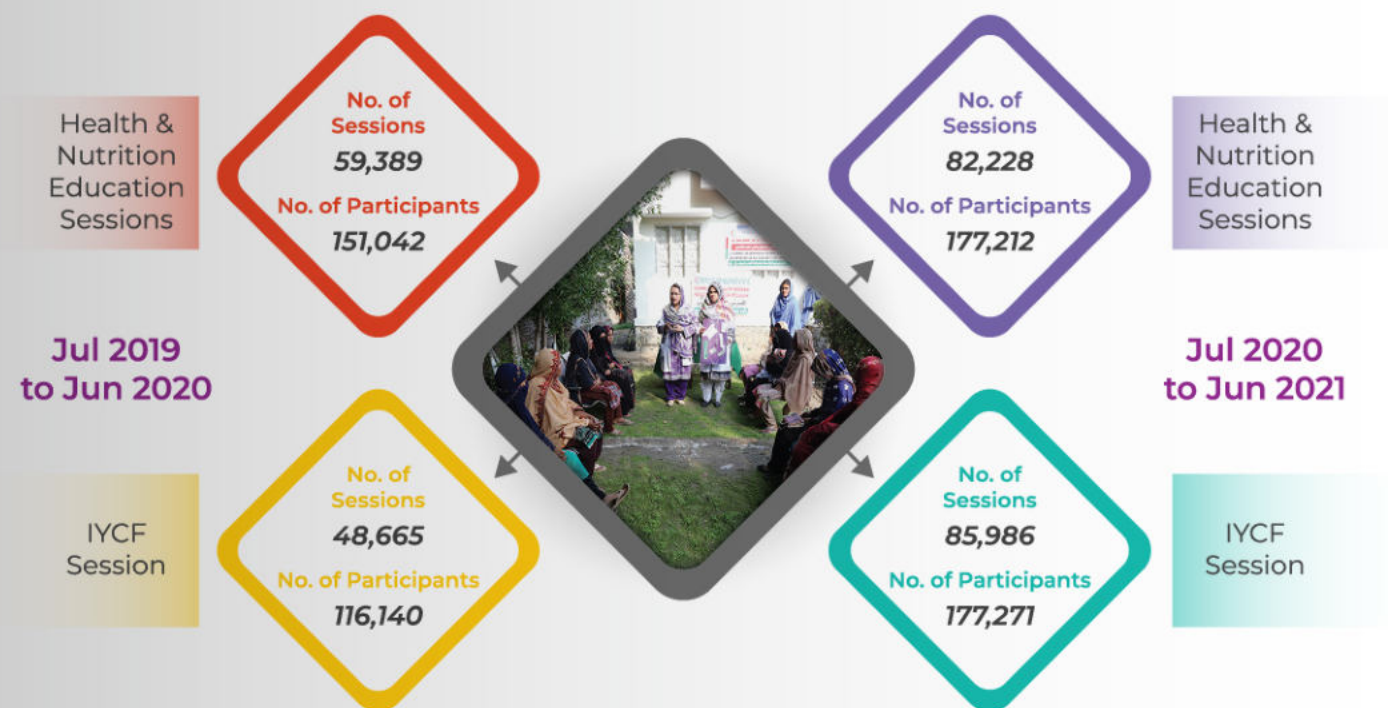


Jul 2019 to Jun 2020	
SAM Children	35,709
Non-SAM Children	31,615

Jul 2020 to Jun 2021	
SAM Children	37,226
Non-SAM Children	10,575

Health, Nutrition & IYCF Session

In order to raise awareness related health, nutrition and IYCF good practices, sessions are delivered to the patients/caretakers visiting OTP/HF. The number of sessions along with participation conducted over the reporting quarter is given below;

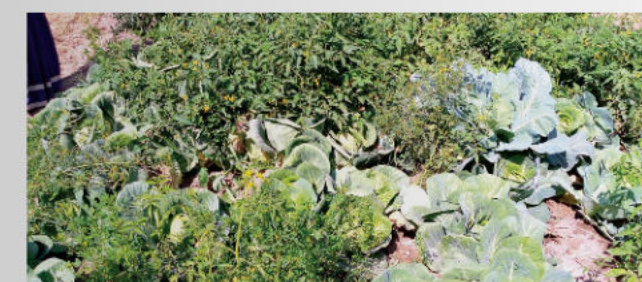


Kitchen gardening methods have resulted in numerous social benefits, including improved health and nutrition, greater income, employment, home food security, and community social life. Vacant land is exploited by households and small communities. It contributes not only to their own family's food requirements, but also to the needs of the city in which they live. PPHI Sindh has established kitchen gardens at various OTP Sites on its internal budget of core program. These kitchen gardens serve as an advocacy for the community members and an inspiration to incorporate kitchen gardens at household level. These kitchen gardens are established at the OTP Sites under PPHI administration, where a gardener is deployed to look after the gardens. The gardeners are equipped with the training, tools and seeds of seasonal vegetables.

Various vegetable items have been grown at PPHI health facility BHU Plus Rustam of District Shikarpur with help of Sindh Rural Support Organization (SRSO) such as coriander leaf, cucumber, green chili, ladyfinger, bitter gourd and ridged gourd. SRSO shared that the production has been sold out among community at cheap rates and sum amount of PKR 22,000/ generated. Around 6-to-7-kilogram production of each item per week was reported. SRSO with the help of PPHI Sindh is planning to replicate this on other health facilities too.

Other PINS districts also carried out Kitchen Garden practice at their health facilities, below table shows the active sites number.

Name of District	Shikarpur	TAY	Kamber	TMK	Thatta	Sujawal	Matiari	Larkana
Number of Active KC	2	2	2	3	2	1	0	0



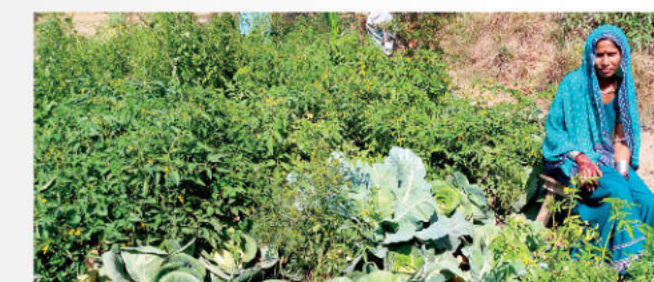
Shikarpur-BHU Plus Rustam



Kamber BHU Arzi Bhutto



TMK: CHWs encouraging and helping community in cultivating kitchen gardening beside house.



Congenital Hypothyroidism Screening

Aug 2020 to July 2023

About the Project

The National Institute of Child Health has coordinated with PPHI Sindh to execute the congenital hypothyroidism development scheme. The purpose of this intervention was to initiate neonatal screening for congenital hypothyroidism and treat neonates with a confirmed diagnosis. According to this scheme, it was decided that NICH will provide all required material for performing these screening test, train PPHI Sindh's designated staff to support them in blood sample collection on special filter paper, arrange transport to collect samples through TCS from health facilities to Karachi for further laboratory evaluation and communicate PPHI Sindh about positive cases for their further treatment. This intervention was initiated in August 2020 in 11 districts of PPHI Sindh, whereby a screening test was performed at high case load delivery sites of PPHI Sindh.

Objective of Project

The objective of the project is to initiate neonatal screening for congenital hypothyroidism and treat neonates with a confirmed diagnosis.

Key Activities

- Training of concerned staff by NICH
- Establishment of the Screening desk at each targeted health facility PPHI Sindh

- Supply of Testing Kits & IM Tools by NICH
- Screening of Neonate through h collection of blood samples PPHI Sindh
- Sample collection and shipping to lab through courier

Number of Health Facilities Covered

District	No Health Facilities with Screening Point
Badin	5
Dadu	3
Ghotki	4
Hyderabad	3
Kambar Shahdadkot	5
Khairpur	6
Mirpurkhas	6
Naushehro Feroz	4
Sanghar	8
Tando Muhammad Khan	2
Tharparkar	3
Umerkot	6
Total	55

Sample collection and screening report

PPHI All District Hospitals Collection from August 2020 to June 2022

S#	District	Taluka	PPHI Centers	Recall	Negative	Rejection	Total	District Total	Pending
1	Badin	Badin	MCH Center Badin	5	156	20	181	376	136
2		Mali	GD Dumbalo	0	0	0	0		0
3		Matli	BHU Nabi Bux Kamboh	0	123	72	195		0
4		Golarchi	BHU Khorwah	0	0	0	0		96
5		Talhar	BHU Ghulam Shah Mori	0	0	0	0		66
1	Dadu	Mehar	BHU + Thariri Mohabat	0	0	0	0	170	0
2		Mehar	BHU + Kolachi	1	18	53	72		0
3		K.N.Shah	BHU + Khan Pur	1	82	15	98		0
1	Ghotki	Ghotki	BHU Umer Deho	6	695	1	702	2579	1033
2		Ghotki	RHC Adilpur	4	769	9	782		617
3		Daharki	BHU Dad Leghari	5	712	29	746		872
4		Mirpur Mathelo	MCH Centre Mirpur Mathelo	1	348	0	349		133
1	Hyderabad	Qasimabad	GD Plus Marvi Garden	8	318	90	416	1003	490
2		Hyd Rural	RHC Tando Jam	4	230	36	270		239
3		Hyd Rural	RHC Hoosri	5	243	69	317		0
1	Kamber S.Kot	KAMBER	GD Plus Chhajra	1	169	8	178	1457	0
2		Nasirabad	MCHC Nasirabad	2	81	12	95		48
3		S.kot	MCHC Shahdadkot	9	106	61	176		0
4		Miro Khan	BHU Plus Behram	13	698	7	718		11
5		Sujawal	BHU Pus Arzi Bhutto	8	281	1	290		0
1	Khairpur	Khairpur	SMBB Poli Clinic	0	251	114	365	1504	513
2		Kingri	BHU Plus Piryalo	20	271	0	291		287
3		Kingri	MCHC Pir Jo Goth	1	90	3	94		189
4		Kotdeji	MCH Kotdeji	0	235	52	287		229
5		Gambat	BHU Plus Khora	11	217	35	263		353
6		Nara	MCHC Nara Medical Complex	3	197	4	204		277
1	Mirpurkhas	Shujabad	MCH Mirwah	17	535	50	602	2168	497
2		Shujabad	BHU+ Makhan Samoon	14	466	2	482		537
3		Sindhri	MCH Hingorno	0	10	0	10		162
4		Sindhri	MCH Khan Sahab Din M. Junejo	0	58	0	58		93
5		Hussain Bux Mari	MCH Mirpur Old	16	346	71	433		534
6		Jhudo	MCH Jhudo	8	518	57	583		397
1	N. Feroz	N'Feroze	BHU Phull	2	454	3	459	1950	141
2		Mehrab Pur	BHU Kotri Kabir	2	283	6	291		190
3		Bhiria	BHU Bhiria Road	2	487	11	500		73
4		Bhiria	BHU Kundha Khahi	5	695	0	700		237

S#	District	Taluka	PPHI Centers	Recall	Negative	Rejection	Total	District Total	Pending
1	Sanghar	Sanghar	BHU PLUS Peru Mal	15	465	9	489	2935	315
2		Sanghar	BHU PLUS Tando Mitha Khan	7	313	2	322		348
3		Sinjhero	MCH Rukan Burirra	1	227	12	240		170
4		Sinjhero	BHU PLUS Khadro	8	198	1	207		109
5		Shahdadpur	BHU Jiando Rind	9	469	23	501		92
6		Tando Adam	BHU Malook Junejo	3	188	13	204		68
7		Tando Adam	BHU Piru Faqir Shoro	8	378	4	390		337
8		Khipro	BHU PLUS Hathungo	30	551	1	582		424
1	T.M. Khan	T. M. Khan	BHU Plus Shaikh bhirkio	2	436	15	453	852	915
2		Bulri Shah Karim	BHU Plus Saeed Khan Lund	1	388	10	399		919
1	Therparkar	Mithi	BHU Malanhor Veena	2	267	9	278	454	487
2		Chachro	BHU Mubark Rind	0	0	0	0		0
3		Diplo	BHU Kot Arbab Mir Mohd	0	162	14	176		342
1	Umerkot	Umerkot	BHU Haji Fateh M. Rajar	1	159	73	233	2286	373
2		Umerkot	BHU Kharoro Syed	2	257	34	293		310
3		Umerkot	MCH Center Shewani Mohallah	1	422	33	456		332
4		Kunri	BHU Kunri Memon	2	799	11	812		324
5		Pithoro	BHU Shadi Palli	8	263	21	292		221
6		Pithoro	BHU Ghulam Nabi Shah	4	116	80	200		49
Overall Total				278	16200	1256	17734	17734	14585

Observation and Challenges

- Client compliance for the test, not willing to test
- Sometimes multiple picks due to scanty blood from heal prick to perform test
- Stock out of sampling kits at HFs
- Difficult to trace clients for the second test due to migration, invalid contact details.
- Delay in sample collection by TCS
- More than 3-month-old samples received at Karachi should be not older than 15 days.
- Sample rejection due to improper sample collection
- Due to workload difficult for staff to collect the blood sample
- At a few HF, NICH Lab technicians did not visit health facilities regularly to provide sampling kits or review the skills of staff where rejection cases are due to faulty techniques.

ECHO-8, COVID-19 Project

Sep 2020 – Apr 2021

SUPPORT GOVERNMENT OF SINDH TO PREPARE FOR AND RESPOND TO COVID-19 PANDEMIC

About the Project:

PPHI in collaboration with ACF implemented ECHO-8 project. The action aimed to support Government of Sindh in preparing for and respond to COVID-19 pandemic in target districts of Sindh province. The provision of PPEs for all healthcare and janitorial staff, implementation of IPC measures and establishment of a hand wash station at entry point of each targeted health facility. The COVID-19 awareness sessions for people visiting health facilities were also the part of project action. The principal objective of this Action is to support the Government of Sindh in preparing for and responding to the COVID-19 pandemic in target districts of Sindh, Pakistan. The project supports two (02) pillars of the WHO Strategic Preparedness and Response Plan for COVID:



The proposed action has been implemented at 140 PPHI managed primary healthcare facilities in four districts of Sindh province. The project action covered the period of eight months i.e., from September 2020 to April 2021. As per project modalities, the hand wash stations have been constructed at 139-targeted health facilities, whereas 1 scheme was cancelled based on duplication with another project at BHU Lashari in district Larkana. All hand wash stations have been made functional and the people visiting health facilities are taking benefit of the service. Around 224,100 people had accessed the service by closing of the project tenure. In addition, the 1,628 healthcare and support staff serving at targeted health facilities has been provided PPE material as per agreed guidelines and its supply was ensured for the period of six months starting from November 2020. Besides this, the IPC measures to contain COVID-19 as per WHO guidelines have been ensured at the targeted health facilities, where staff followed case triage, referral system and waste management mechanism properly. In this context, the Safety Officer was nominated at each health facility, whose responsibility was to ensure and supervise the IPC measures being implemented. The awareness sessions related importance of hand-hygiene in current COVID-19 situation for people visiting health facilities were also ensured with maintenance of social distancing during the reported period.

Main activities carried out at TSFP Sites are as under:

Following main activities were carried out in order to reduce the human-to-human transmission of COVID-19 in health and public facilities and to improve COVID-19 mitigation measures in the population to continue the health and nutrition interventions in 04 target districts of Sindh, Pakistan.

- Provision of Personal Protective Equipment (PPEs) to concerned Staff
- Staff Orientation
- Establishment of hand-washing stations
- Ensure accessibility & coverage at targeted areas
- Ensure the Infection Prevention Control (IPC) with WHO guidelines
- Community Awareness Sessions.

PPE Item Description	LRK	SHK	TAY	THA	Total
Alcohol Swabs (Box of 200 Pcs)	1,560	600	960	790	3,910
Chlorine Tabs (500gm Bottle)	555	320	550	255	1,680
Exam. Gloves (Pair)	95,000	79,000	91,300	57,800	323,100
Goggles Re-usable (Pcs)	2,200	1,330	2,100	1,000	6,630
Gowns Re-usable (Pcs)	2,200	665	2,100	715	5,680
Hand Sanitizers (150ml Bottle)	5,838	4,140	5,440	3,390	18,808
Heavy duty Gloves (Pair)	286	164	280	134	864
N-95 Masks (Pcs)	3,640	2,175	2,935	2,288	11,038
Surgical Mask (Pcs)	106,400	63,700	86,120	66,880	323,100

Table 1: PPEs received from ACF with Item description

In response to COVID-19 pandemic, PPHI had already procured the PPEs, whose supply was continued to the targeted health facilities during project tenure. Hence, the PPEs received from ACF are under-consumed.

Target Vs Achievement of KPIs

PPE Item Description	Target	Achieved				Total achieved	% Achieved
		THA	TAY	LRK	SHK		
Number of months for which PPEs provided to 2869 Healthcare staff of 4 target districts	3	6				6	200%
Male Healthcare staff	0	1,422	1,698	2,202	1,290	6,612	
Female Healthcare staff	0	600	906	1,014	630	3,150	
Orientation of Project Staff on Project implementation Methodology	0	5	5	5	5	20	
Implementation of optimum IPC measures such as triage, isolation of suspected case, waste management and referral pathway at Primary and Secondary Healthcare facilities as per WHO IPC guidelines	140	126	270	282	162	840	600%
Number of people enabled to access WASH and hand washing facilities in health and public facilities provided by the Action	0	47,448	79,168	78,836	18,648	224,100	
Establishment of hand-washing stations at the entry points of primary healthcare facilities	140	21	45	46	27	139	99%

Table 2: table showing overall targets of ECHO-COVID-19 Project and achievement till Project closure in April 2021

UNWFP-TSFP Project

July 2020 - December 2021

About the Project:

PPHI Sindh has been implementing the "Targeted Supplementary Program (TSFP)" for the treatment of Moderate Acute Malnourished (MAM) Children (06-59 months) in Umerkot in partnership with WFP/NSP since 2016. The document subsumes the progress made by WFP during the period of July 2020 to December 2021. The project was implemented at 29 Targeted Supplementary Feeding Sites (TSFS) with a total budgetary allocation of Rs 28,848,704. The project aims to treat Moderate acute malnourished children and women by providing supplementary food (999.496 MT 440.502 RUSF & 558.994 LNS). The total target of PLW is 18,834 and Children 34,889 under the TSFP program from July 2020 to December 2021. PPHI Sindh has successfully achieved the target to distribute 999.496 MT.

A summary of the project's progress from April 2020 to December 2021 is given below;

Indicators	Targets	Achievements	Achievements %
Number of TSFP Sites Established	29	29	100%
Distribution OF Supplementary Nutritional Food SNF (Metric Ton)	999.496	999.496	100%
Number of MAM Children Cured	34,889	38,537	110%
Number of MAM PLW Treated	18,834	21,915	116%
Cured Rate	>75%	91.7%	-
Defaulter Rate	<15%	2%	-
Death Rate	<3%	0.1%	-
Not Respondent (NR) Rate	-	0.2%	-
Moved Out (Due to the closure of the project)	-	6%	-

Table 1: PPEs received from ACF with Item description

Main activities carried out at UNWFP-TSFP:

- Assessment for Acute Malnutrition of Children, 6 to 59 months of age.
- Treatment of Acute Malnutrition through specialized nutritious food
- Regular follow-ups & brief examinations of enrolled malnourished children for progress monitoring.
- Identification & referral of complicated malnourished children to the Nutrition Stabilization Center for further management of their critical phase of complications
- Health facility-based health awareness sessions with particular attention to malnutrition, its consequences, and preventive measures and IYCF.

Target Vs Achievement of KPIs

Sn	Indicators	Total Target	Achieved	% Achieved
1	Distribution of 385 MT food (RUSF & LNS) among the Moderate acute malnourished child and women	630	676	107%
2	Number of Moderate Acute Malnourished (6-59 months children) 90% of MAM for TSFP	34,889	37,788	108%
3	Number of PLW Moderate Acute Malnourished	18,834	23,226	123%

Table 1: table showing overall targets of UN-WFP TSFP Project and achievement till Decemeber 2021

PPHI Sindh has successfully achieved the target to distribute 676 MT, 40 MT extra from the previous balance by the end of July 2021, based on the actual caseload of 23,226 Acute Malnourished pregnant and lactating women and 37,788 Acute Malnourished MAM.

TSFP Site Structure

PPHI Sindh is implementing the Target Supplementary Feeding Programme (TSFP) in PPHI-managed health facilities and non-PPHI health facilities. Under the proposed action, a total of 29 TSFP sites has been established, one TSFP Assistant is hired for each Site, and one district monitoring officer and NIS Assistant at the district level.



Trainings

Till the reporting period, two monthly review meetings were conducted at the district level in order to enhance the capacity of project Staff, Below tables show MRM details conducted during the reported period.

District	Venue	Date	Participant	No. of Participant
Umerkot	PPHI District Office Umerkot	9 th July 2021	N. As, and NIS Assistants	30
		26 th Oct 2021	N. As, CSF and NIS Assistants	28

MRM conducted at District Office

Community Outreach Activities under EU-PINS July 2020 – June 2021

Introduction

Community Outreach is the key component of Community based acute malnutrition program. Community outreach aimed at the identification, care, referral, and follow-up of children with acute malnutrition and severely malnourished PLWs. It establishes a connection between prevention and treatment. It is run by volunteers and community health workers (CHWs).

The CHWs have been deployed at uncovered areas, where no lady health worker has been deployed so far. CHWs is also engaged in prevention as part of a wider Social Behavior Change Communication strategy. CHWs and LHWs are engaged in community level SBCC. This annual report highlights all outreach activities in district Thatta and TMK. PPHI is implementing outreach activities as part of PINS ER 2 activities in two districts, where as in remaining eight districts different partners are undertaking same activities. Due to outbreak of COVID-19 all interventions have been affected so outreach activities are customized with COVID-19 by abiding all its SOPs.

Outreach Partners with Number of CHWs in PINS Districts

		CHWs	CHS
SRSO	Kamber	604	14
	Larkana	395	9
	Shikarpur	324	8
TRDP	Dadu	396	9
	Jamshoro	509	12
	T.Allahyar	239	6
PPHI	Thatta	390	9
	TMK	117	3
PNFWH	Sujawal	440	10
Shifa Foundation	Matitari	249	6



Figure 1: PINS Outreach Partners with number of CHWs and CHSs

Target Vs Achievement of KPIs

Overall targets have been achieved except pregnant and lactating women screening and IFA distribution as their supply was delayed. Below table shows overall Targets of both districts, TMK and Thatta and achievements till June 2021.

Sn	Indicators	Total Target	Achieved	% Achieved
1	Community wide sessions at community level by CHW	1,014	520	51%
2	Father-to-Father support group (FTFSG) Formation	205	205	100%
3	FTFSG awareness sessions	3,075	6,180	88%
4	Mother-to-Mother support group (MTMSG) Formation	2,028	2,028	100%
5	MTMSG awareness sessions	30,420	47,206	155%
6	Number of children 6-59 months of age screened (12.1% of total population)	167,156	202,847	121%
7	Number of children 6-23 months without SAM received MNP	55,789	47,108	84%
8	Number of children 6-59 months of age referred to OTP from outreach/communities	27,541	20,597	75%
9	Number of Community Health Supervisor (CHS) active in the area	12	10	83%
10	Number of Community Health Workers (CHWs) active in the area	507	475	94%
11	Number of cooking demonstration Session	105	105	100%
12	Number of pregnant and lactating women (PLW) received IFA tablets	103,338	56,625	55%
13	Number of pregnant and lactating women (PLW) screened	108,760	71,330	66%
14	Number of Training events (Trickle Down Training for LHW & CHW) Conducted on IYCF & CMAM at HF's Level	90	70	77.7%
15	One-on-one session with mothers	-	176,609	
16	Proportion of referrals to other health services cross referral to (EPI-PHC-MNCH)	165,550	12,093	7%
17	Proportion of children 6-59 months of age with Diarrhoea episode referred for treatment with zinc and ORSs	100,294	4,493	4%

Table 1: table showing overall targets and achievement till June 2021

Children 6-59 Months Screening, Referrals and Admissions (SUMMARY)

Name of District	Child Screening	Referrals	Assessed	Admission	% of enrolled
Thatta	34,895	7,731	7,050	6,808	94.1%
TMK	13,186	3,244	2,905	2,806	96.6%
Total	48,081	10,964	10,150	9,626	94.84%

Children 6-59 Months Screening, Referrals and Admissions Financial Year 2020-21

Sn.	Name of Health Facility	District	Screening	Referrals	Assessed	Admission	% of enrolled
1	1 st QTR Jul 20-Sep 20	Thatta	5,013	1,355	1,186	1,119	83.95%
		TMK	4,131	1,042	919	883	96.08%
2	2 nd QTR Oct 20-Dec 20	Thatta	5,638	1,616	1,202	1,084	87.13%
		TMK	3,908	648	539	479	88.87%
3	3 rd QTR Jan 21-Mar 21	Thatta	13,012	2,997	2,879	2,832	98.64%
		TMK	3,580	694	602	599	99.50%
4	4 th QTR Apr 21-Jun 21	Thatta	11,232	1,763	1,783	1,773	99.44%
		TMK	1,567	860	845	845	100.00%
	Total	Thatta	34,895	7,731	7,246	6,821	94.13%
		TMK	13,186	3,244	2,904	2,805	96.59%
Grand Total			48,081	10,964	10,150	9,626	94.84%

MM Supplementation IFA to PLWs and MNP to Children (6-23m)

MNP and IFA was supposed to be supplied at the initial phase of project but were delayed. Distribution protocols were also shared with both districts of outreach. There would be 270 tablets of IFA for one PLW, total 9 months will be covered. Following is the breakdown.

Pregnant

- 180 tabs during pregnancy covering 02 trimesters
- Daily one tablet



Lactating

- 90 tabs in postpartum for 6 to 12 weeks
- Daily one or two tablets depending on condition of mother

For the children of age 6 to 23 months, MNP will be provided 90 sachets for each child for the period of six months to use as 15 sachet per month. One (1) sachet for each alternative day. 15X6=90. Due to the current pandemic situation of COVID-19, the provision of multi-micro nutrient supplementation for children have been revised as per WHO protocols, so now MNP is being provided to 6-59 months children instead of 6-23 months only.

Children who got MM Supplementation, MNP

Sn.	Name of District	Gender	Children who got MNP Sachets (6-23)				Total
			Q1Y3 Jul-Sep	Q2Y3 Oct-Dec	Q3Y3 Jan-Mar	Q4Y3 Apr-Jun	
1	Thatta	Girls	1,818	1,822	3,394	0	8,051
		Boys	2,132	1,944	3,653	0	8,747
2	TMK	Girls	891	884	1,028	0	3,264
		Boys	972	983	1,040	0	3,531
Total			5,813	5,633	12,147	0	23,593

Sn.	Name of District	Gender	Children who got MNP Sachets (24-59)				Total
			Q1Y3 Jul-Sep	Q2Y3 Oct-Dec	Q3Y3 Jan-Mar	Q4Y3 Apr-Jun	
1	Thatta	Girls	0	0	16,861	1,356	18,2176
		Boys	0	0	16,198	1,327	17,525
2	TMK	Girls	0	0	3,423	521	3,944
		Boys	0	0	3,615	607	4,222
Total			0	0	40,097	3,811	43,908

Total children received MNP Sachets (6-59) | 67,299

PLWs Screening and Supplementation

Sn.	Name of District	Women	PLWs Screening New				Total
			Q1Y3 Jul-Sep	Q2Y3 Oct-Dec	Q3Y3 Jan-Mar	Q4Y3 Apr-Jun	
1	Thatta	Pregnant	2,173	2,729	6,488	6,703	18,093
		Lactating	1,079	1,438	2,740	4,578	9,835
2	TMK	Pregnant	1,199	1,101	757	967	4,024
		Lactating	802	1,029	1,258	350	3,439
Total			5,352	6,673	5,253	6,297	11,243

Number of New PLWs who got IFA Tablets

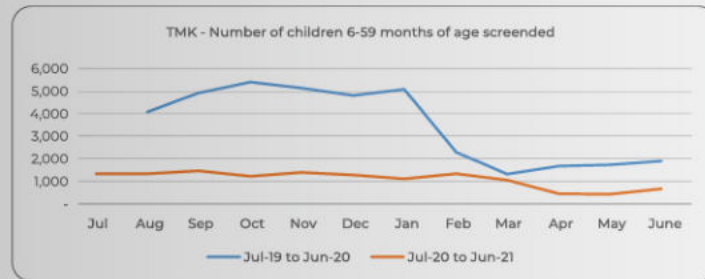
Sn.	Name of District	Women	PLWs who got IFA Tablets				Total
			Q1Y3 Jul-Sep	Q2Y3 Oct-Dec	Q3Y3 Jan-Mar	Q4Y3 Apr-Jun	
1	Thatta	Pregnant	3,292	2,729	6,488	6,651	19,160
		Lactating	1,737	1,438	2,740	4,556	10,469
2	TMK	Pregnant	1,170	1,095	1,053	965	4,283
		Lactating	744	772	653	329	2,498
Total			6,941	6,034	10,934	12,501	36,410

Indicators Annual Comparison of both Districts

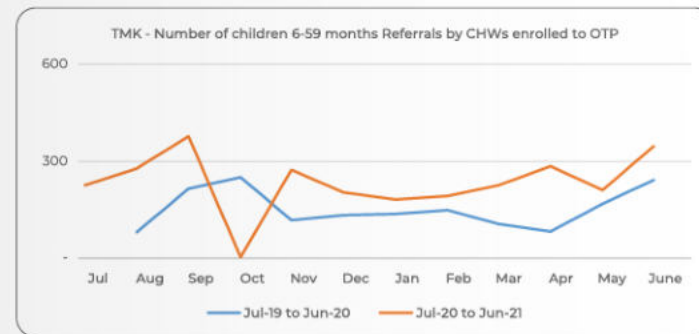
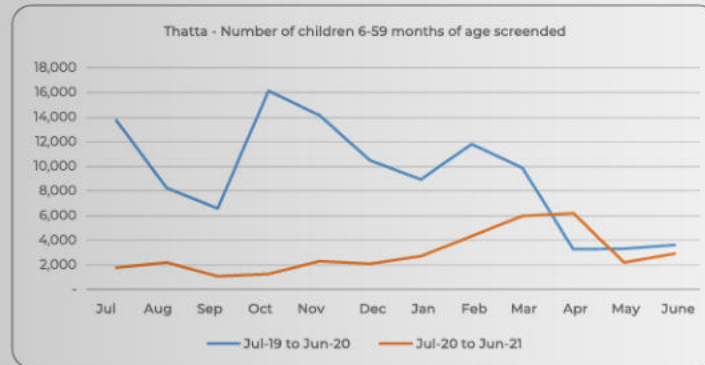
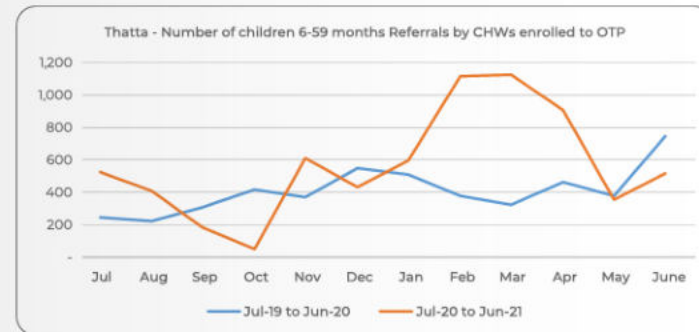
Sn.	Indicators	THATTA		TMK	
		Total-Y2 Jul19-Jun20	Total-Y3 Jul20-Jun21	Total-Y2 Jul19-Jun20	Total-Y3 Jul20-Jun21
1	Number of children 6-59 months of age screened (New)	110,199	34,895	38,317	13,186
2	Number of pregnant and lactating women (PLW) screened	19,445	27,928	16,444	7,464
3	Number of children 6-59 months of age REFERRED to OTP from outreach by CHW	7,349	7,720	1,999	3,244
4	Number of children 6-59 months of age Referrals Reached to OTP from outreach by CHW	5,571	7,246	1,704	2,904
5	Number of children 6-59 months of age Referrals Enrolled to OTP from outreach by CHW	4,912	6,821	1,600	2,805
6	Number of pregnant women received IFA tablets	16,086	19,160	2,888	4,283
7	Number of lactating women received IFA tablets	11,408	10,389	1,711	2,498
8	Number of Pregnant & lactating women (PLWs) received IFA tablets	NA	82	0	1
9	Number of Boys Children 6-23 months without SAM received MNP (1 st Time)	8,406	9,465	3,240	3,184
10	Number of Girls Children 6-23 months without SAM received MNP (1 st time)	8,055	8,637	3,178	2,943
11	Number of Boys Children 24-59 months without SAM received MNP (1 st Time)	NA	17,525	NA	4,222
12	Number of Girls Children 24-59 months without SAM received MNP (1 st time)	NA	18,217	NA	3,944
13	Number of Visits paid to CHWs by CHS	-	5,174	-	1,242
14	Number of Visits paid to CHWs by DMOs	-	1,185	-	0
15	Number of Visits paid to CHWs by CMOs	-	902	-	383
16	Number of Visits paid to CHWs by DNC	-	592	-	192

Indicators trendlines both years comparison

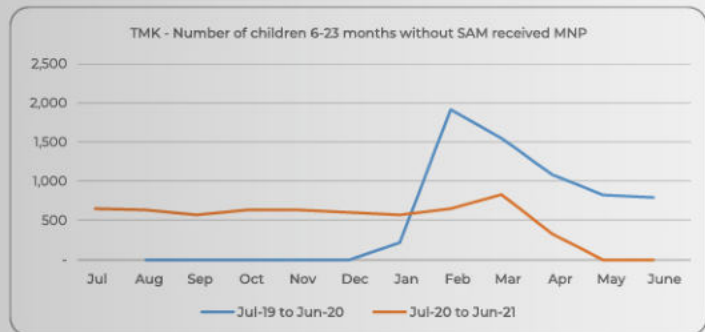
Children New Screening



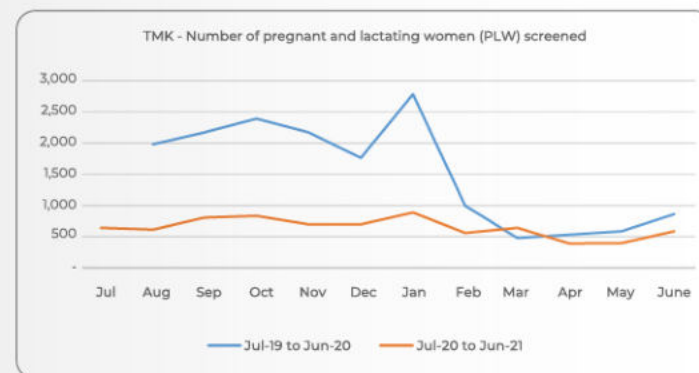
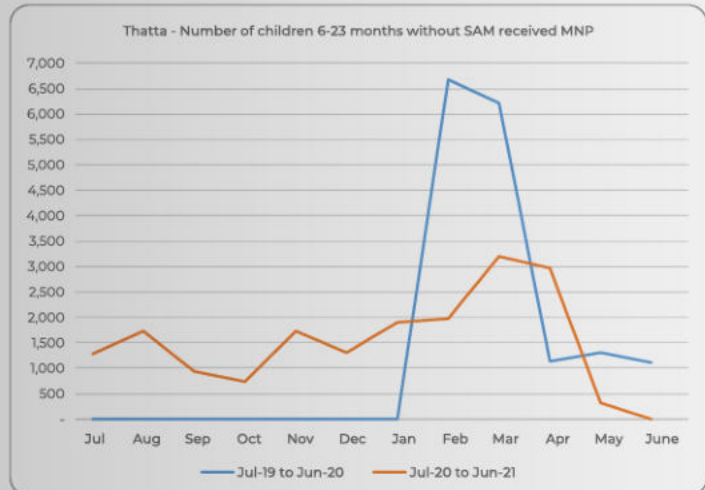
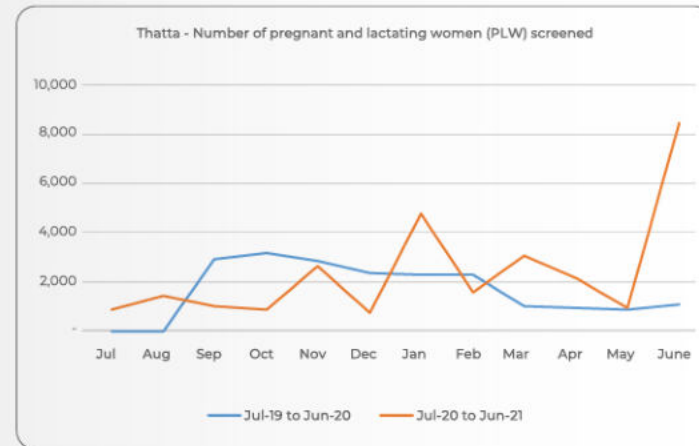
Successful Referrals



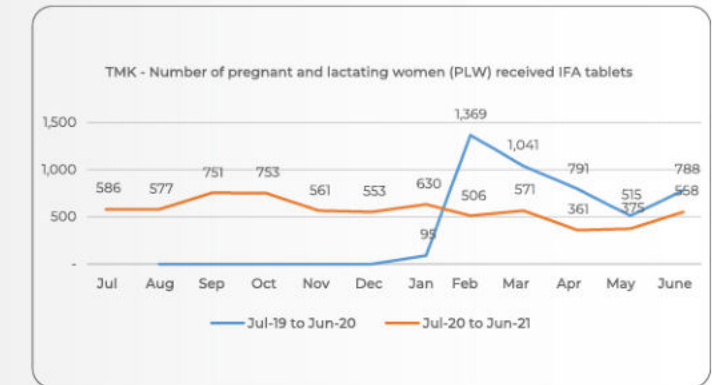
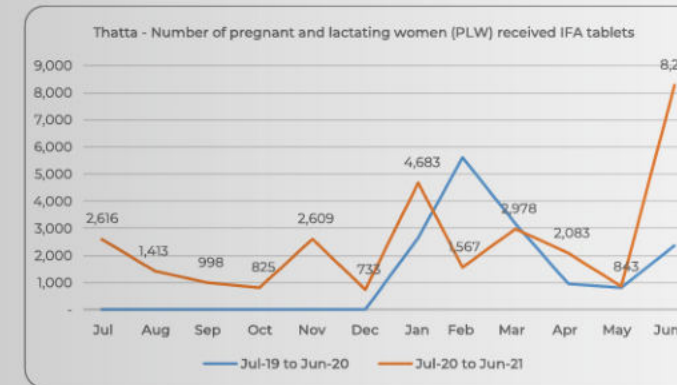
Children MM Supplementation MNP



PLWs Screening



PLWs MM Supplementation IFA



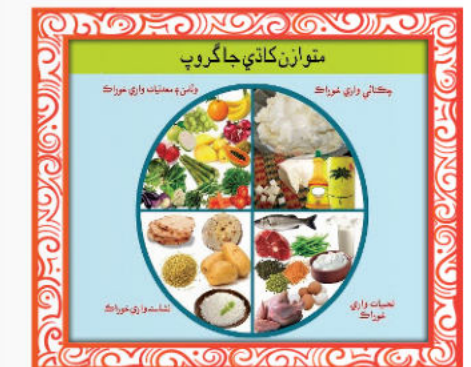
To address the nutrition specific causes of malnutrition, a tool of Social Behavior Change Communication Program, Cooking Demonstration sessions at communities' level in both districts of Sindh were conducted. Cooking demonstration sessions are a valuable tool to show quick and easy to make healthy recipes in a safe and hygienic manner to the participants to orient the communities on importance of food diversity and balanced diet. Around 24 sessions at TMK and 81 sessions at Thatta were planned to carry out and all demonstrations were successfully conducted.



MTMSG member describes food groups



CD Recipe prepared and ready to eat by children and PLW



Food Groups

Utilization of CHWs in Other Activities in TMK and Thatta

■ Polio Campaign

In order to contribute in national cause of polio in TMK, 79 CHWs out of 117 are engaged in polio campaign during routine as well as in NIDs (National Immunization Days). Department of Health sought help from PPHI field health workers in especially far flung and hard to reach areas both in TMK and in Thatta.

■ Integration with ER-3 Activities

Integration with PINS ER-3 is essence to reduce malnutrition among children and PLWs, so our 67 CHWs take efforts to integrate PINS 2 beneficiaries with PINS-3 activities. CHWs requested to PINS-2 officials to entertain malnourished PLW and children through different grants i.e., fish ponds, IGG CIF, CPI, goats, small format support seed and fertilizer, CPI, fish ponds, poultry inputs, kitchen garden, moringa and fruit trees. CHWs are in close coordination with PINS-3 team to help needy PLWs. More than 100 families of CHWs filed have entertained and benefited through PINS-3 activities.

■ Participation in Family Planning Camps

Due to low uptake of Family planning methods, population is increasing day by and morbidity and risk of mortality rate among children and PLWs is increasing. CHWs are playing vital role during family planning camps arranged by PPHI in different villages under adjacent areas of CHWs. From July 2020 to June 2021 total 15 family planning camps were arranged by PPHI in entire district at various places. CHWs supported in term of client registration, community mobilization and counselling. All onboard CHWs paid due support to family planning camps. A total of 387 clients were referred by CHWs in these 15 camps. All 387 clients received different F.P method. Moreover, CHWs are referring client for family planning on daily basis to PPHI health facilities.

■ Supported in Education Enrollment campaign

National Commission for Human Development (NCHD) started enrollment campaign at village level to enroll out of school children. Local CHWs sensitized and encouraged communities to enroll children in schools. With the support of CHWs, approximately 223 out of school children got admitted in primary schools.

■ Supported in COVID-19 Vaccination

COVID-19 pandemic created a panic among all people and destroyed daily routine lives. Different assumptions were roaming that COVID vaccination is not good for health and very harmful the human life, so majority of people were not willing to vaccine. Our CHWs held session in their respective areas to aware masses that COVID vaccine is not harmful for human health, though it is very beneficial to prevent COVID-19. Further, they sensitized communities and requested to arrange vaccination camps in their respective areas. Around 26 vaccination camps were arranged by PPHI in CHWs areas in which 1,968 clients were vaccinated. Further, CHWs are mobilising people to vaccine against COVID-19 in all CHW areas. Further, CHWs are paying support and clients are being referred to CVC HFs on regular basis.

■ Supported to EPI Vaccination

CHWs are paying full support to vaccinators who are coming for routine vaccine into their assigned villages. CHWs are paying support in refusal cases and identification of partially vaccinated cases. CHW's support in routine vaccination increased number of vaccinated children.

■ Support in Referring NVDs Cases

PPHI Sindh TMK is running 10 BHU+ in entire district, that provide 24/7 care to pregnant women.

Our CHWs are playing a vital role to motivated pregnant mothers to utilise PPHI HFs for delivery. CHWs are counseling pregnant women to deliver at PPHI's health facilities. Oxygen is available at all BHU+ and helping baby breath corners are established in all-Labor rooms which is benefitting newborn babies. From the period of July 2020 to June 2021 total 7,685 NVDs were conducted, out of total 2937 NVDs were referred by CHWs.

■ Tree Plantation

CHWs paid support to NRSP (PINS-3) during plantation campaign at village level. More than 560 plant were planted through CHWs at different places of the district.



■ Celebration of Global Breastfeeding week

CHWs arranged session on the importance of breastfeeding entire week last year in favor of global breastfeeding week. Total 123 session were held during the week, in which 609 participants participated. Participation remained very low due to COVID-19 situation.

■ Kitchen Gardening Activity at Community level

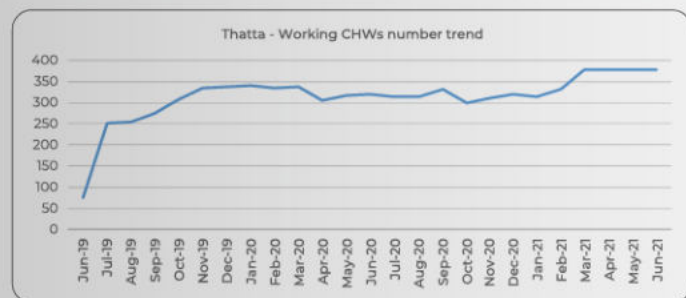
Kitchen gardening methods have resulted in numerous social benefits, including improved health and nutrition, greater income, employment, home food security, and community social life. Vacant land is exploited by households and small communities. It contributes not only to their own family's food requirements, but also to the needs of the city in which they live. PPHI Sindh has established kitchen gardens at various OTP Sites on its internal budget of core program. These kitchen gardens serve as an advocacy for the community members and an inspiration to incorporate kitchen gardens at household level. CHWs get inspiration and motivation from OTP sites where Kitchen gardens are established under PPHI administration. Community Health Workers were sensitized on keeping this activity at their own houses and encourage Mother to Mother support group members and other community to under take this activity at house level.



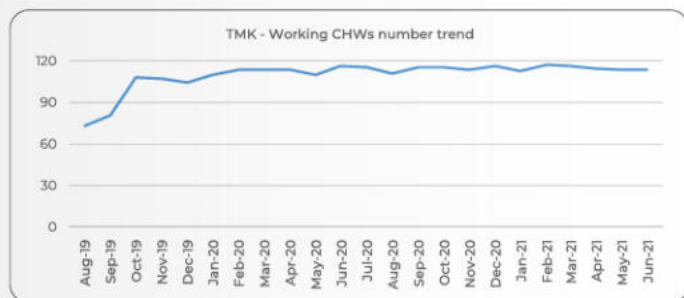
CHWs encouraging and helping community in cultivating kitchen gardening beside house

Honorarium Distribution

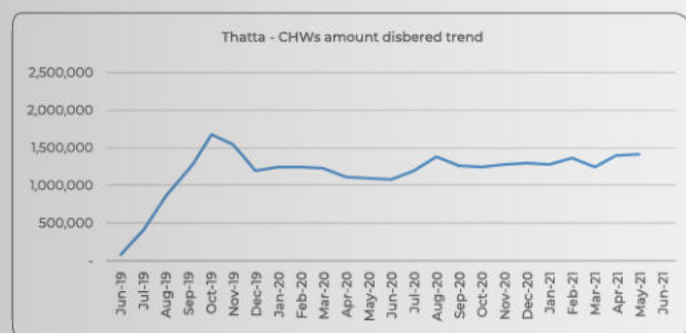
Thatta - Number of CHWs who worked and submitted their respective monthly reports



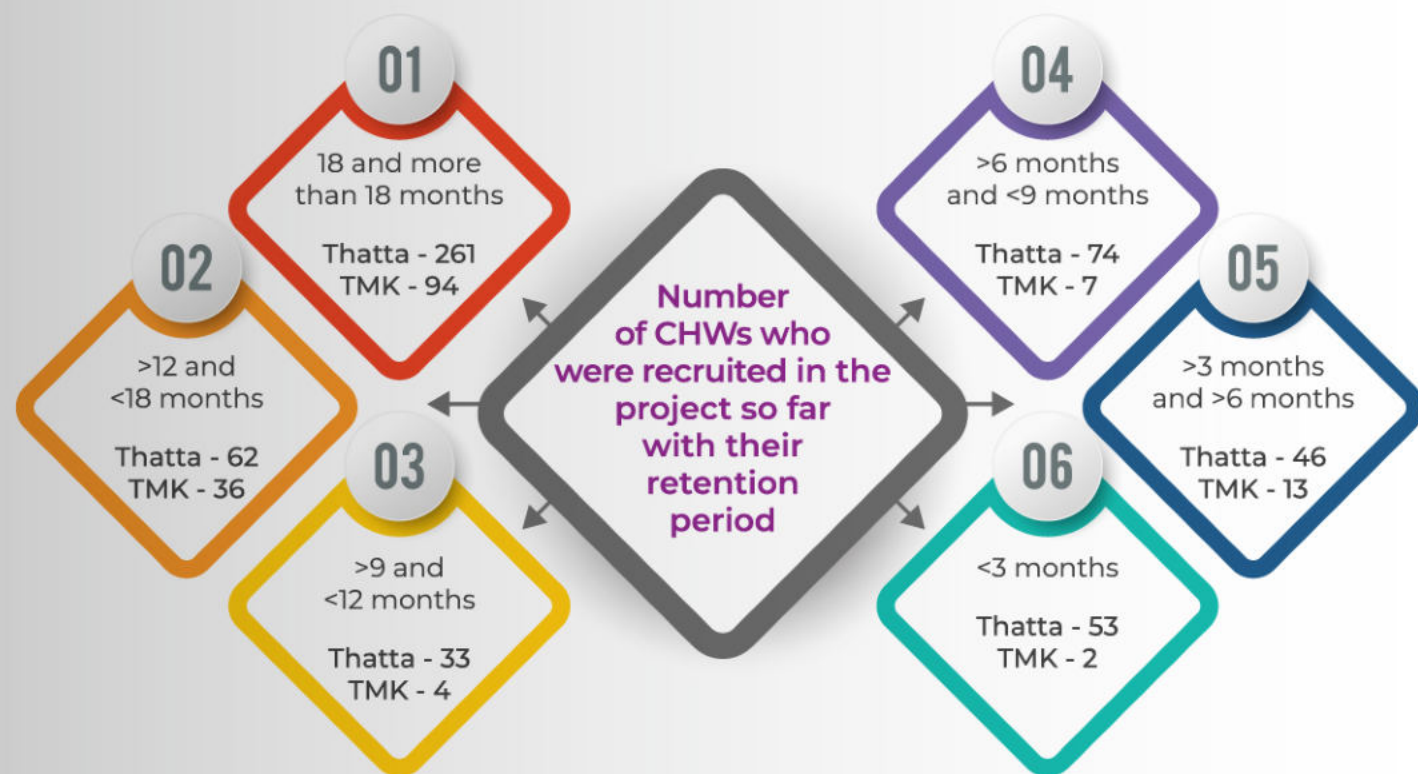
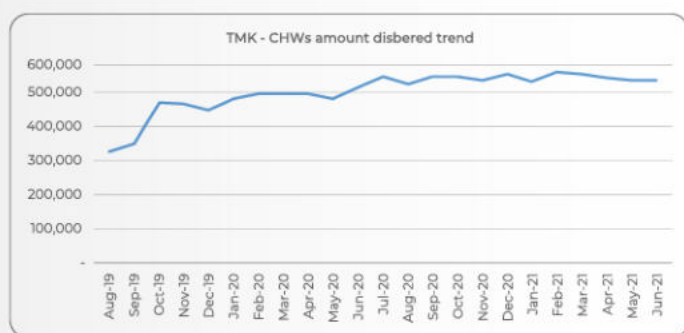
TMK - Number of CHWs who worked and submitted their respective monthly reports



Thatta - Number of CHWs who received their monthly payments



TMK - Monthly trend of number of CHWs who received honorarium



Training for LHWs and CHWs

In primary health care settings, frontline health workers play a vital role in addressing the disease burden in Sindh. The number of trained frontline health workers has always been low. In order to achieve SDGs, strengthen primary health care system and achieve Universal Health Coverage, LHWs play a key role. LHWs are expected to be agents of change within their covered areas by providing integrated preventative and curative health services to their community. So, it was necessary to capacitate LHWs on Nutrition Intervention, in order to detect early cases of severe acute malnourished children at community level to refer them at concerned OTP (Out Therapeutic Patient) site immediately and to aware communities about under lying causes of malnutrition and its prevention. Under PINS Project, PPHI Sindh, district Thatta and TMK has been striving to build capacity of LHWs and CHWs on routine basis, both classroom trainings, on-the-job coaching and day to day mentoring has been carried out.

In the reported period, district Tando Muhammad Khan conducted range of training events at various locations for Lady Health Workers and Lady Health Supervisors of district TMK on Nutrition, CMAM & IYCF. PPHI Sindh, District Tando Muhammad Khan is implementing Nutrition Project with Title of "Program for Improved Nutrition in Sindh (PINS) through CMAM and IYCF approach with funding of European Union.

According to findings of censuses 2017, the total population of the district is 677,228, out of total population 62% is covered by LHWs while remaining 38% is uncovered. These facts and figures are endorsed by DoH officials at district level.

Total 377 LHWs out of 390 successfully participated in the training, similarly, 9 LHSs out of 10 successfully participated in the training.



LHWs Training at TMK



LHWs Training

Educational status of CHWs

More than 70% women in rural Sindh are not literate, among various contributing reasons poverty is on top and cultural barriers on second. It has been a big challenge for PINS to find suitable literate

women in the community for health worker position. Females are reluctant to work. Below table reflects the education qualification of PINS CHWs in both districts of PPHI Outreach.

District	Total Active CHWs	Graduate	Inter	Matric	Middle	Primary	No formal education
Thatta	341	12	35	96	83	98	17
TMK	117	7	20	35	34	21	0
Total	458	19	55	131	117	119	17



Impact of Covid on Outreach Activities

The new coronavirus disease (nCOVID-19) is attacking societies at their core, claiming lives and people's livelihoods globally. Pakistan is also hit by the global pandemic of COVID-19. Routine health care services and some special programs such as Nutrition services for children was also disturbed by this outbreak. However, it should also be considered that malnourished children are already in an immune compromised state and if denied from malnutrition treatment, they may develop severe life threatening condition. So, in line with national

guidelines and provincial situation, PPHI Sindh Nutrition interventions have been continued but with strict compliance of SOPs. Therefore, there was no decline in our indicators but they were improved even in such situation that shows the commitment of community health workers and PPHI's vision to eradicate the disease burden on Sindh. PINS Lead Partner, ACF, also provided Infection Prevention Control kits and all other COVID-19 preventive material, Face Masks, Hand Sanitizers and others.

Integration of Diabetic Retinopathy Care into Comprehensive Diabetes Services

Dec 2021 – Nov 2024

About the Project

Develop effective linkages for strengthening the screening & management services of diabetic and early referrals for diabetic retinopathy screening and to expand relationships for the benefit of the underprivileged community District Noshehroferoz.

Objective of Project

- To Positively influence the health-seeking behavior of people with diabetes (known and newly identified) for improving early detection and compliance to long-term diabetic Mellitus and diabetic retinopathy care.
- To establish referral pathways from the primary level to appropriate level care for screening and management of diabetic Mellitus and diabetic retinopathy.
- To equip secondary hospitals in the project district to provide diabetic retinopathy screening and treatment services.
- To Advocate Sindh Government to enhance its commitment to implement diabetic Mellitus and diabetic retinopathy strategies.

Main activities carried out at BHU, RHC and the level are as under:

The following main activities were carried out in order to Integration of Diabetic Retinopathy Care into Comprehensive Diabetes Services.

- Conducted Awareness sessions by LHW, MO at the BHU level and community to create awareness in Risk groups
- Diabetic Mellitus screening, management, and referral for diabetic retinopathy screening to RHC
- General Eye screening and Diabetic Retinopathy screening, Refer diabetic retinopathy cases to the treatment center
- Grading and decision for treatment through laser/IV and refer to Karachi

Training of HR

- Training of LHS and LHW for early referrals for retinal screening
- Medical Officers and Medical Technicians of PPHIs were trained
- 66 LHSs Trained
- 994 LHWs trained
- 62 MOs trained
- 04 Medical Technicians were trained till the reporting period of project

Retinal Screening Centers

- 12 RHC in District Noshehroferoz
- 01 THQ Hospital in Moro
- 01 DHQ Hospital in Noshehroferoz
- 01 Al Ibrahim eye hospital kandiaro

Retinal screening services have been established at all the health facilities of districts.

The treatment centers were established at DHQ hospital and Al Ibrahim eye hospital kandiaro. At the screening and treatment services are provided free of cost to people with diabetes.

Screening of DM & Referral to RHC November 2021 to June 2022		
Category	Count	%
No. of people screened for DM at BHU	4,422	-
No. of DM patients Referred from BHUs	923	20%
No. of DM patients Referred from BHUs reached RHCs	157	17%

S#	Reporting month	Reports received	% age (Total 47 BHUs)	Patients screened for DM at BHU	Patients referred for DR screening	Referred patients reached at RHC
1	Feb-22	25	53.1%	1046	66	28
2	Mar-22	22	46.8%	564	81	18
3	Apr-22	32	68.0%	1020	90	30
4	May-22	31	65.9%	731	253	08
5	June-22	22	46.8%	529	271	28
6	July-22	18	38.2%	532	162	05
7	August-22	17	36.1%	247	74	02
8	September-22	22	46.8%	643	202	02
9	October-22	28	60%	734	387	4
10	November-22	40	85.10%	983	255	2
Total				7029	1841	127

Observation and Challenges

- Referral of Diabetic Mellitus Patients is very low
- Referral slips are not correctly filled
- MOs and FMOs do not correctly guide people with diabetes before sending for DR screening at RHC
- Monthly reports are not received from all centers
- Received referrals is zero at some centers
- Monthly reports are not received on any fixed date; we face problems further reporting to the donor

Standardization of Diabetic Care In All Health Care Facilities Nov 20 to Nov 24

About the Project

PPHI Sindh in partnership with Baqai Institute of Dialectology and Endocrinology (BIDE) implementing evidence based Standardized Diabetic care along with medical research and warrants that it possess the necessary experience, expertise, professional skills required to ensure standardized Diabetic care through capacity building of HCPs, edification of structured clinical examination of patient, promoting required laboratory, investigations, facilitating availability of essential medicines and conducting health research to attract regulatory bodies and policy makers. PPHI Sindh is willing to adapt the standardized Diabetic care in terms of essential primary health care package at health care facilities under its operational management, and nominate it HCPs for on site training, support the selected online clinics to be run by BIDE.

The main activities carried out at as per project implementation model are as under:

- Training and sensitization of HCPs of PPHI Sindh health facilities by BIDE.
- Develop reporting tools entailing the structured clinical examination of the diagnosed cases by BIDE.
- Assist in raising funds to make available medicine, insulin and lab investigations which are outside of PPHI policy and mandate by BIDE.

- Facilitate to BIDE for conducting training online or on site
- Share the statistics of patient flow, working protocols with BIDE.
- Coordinate with BIDE and facilitate in registering the people with diabetes

Achievements

- As per project implementation model. PPHI Sindh has established the 04 screening points in hospitals of district Noshehro Feroz and Karachi respectively, where normal population > 40 years of age is screened using the RAPID Score Questionnaires.
- Trained about 44 Master trainer Medic staff along with MOHQs.

Challenges

- Poor coordination from the leading partner BIDE.
- OPD and regular activates were interrupt in training days.
- Poor Reporting and ownership in the field staff due no cost intervention.

Program for Improved Nutrition in Sindh

Background of the Action

The Program for Improved Nutrition in Sindh (PINS) was a four-year European Union funded program implemented in 10 districts across the Sindh province. The PINS was aligned with Government of Sindh's six years (2016-2021) Sindh Accelerated Action Plan for Reduction of Stunting & Malnutrition (AAP) with the objective to sustainably improve the nutritional status of U5 children and of pregnant and lactating women (PLW) in Sindh corresponding to the second target indicator of the Sustainable Development Goals.

The PINS project is based on three expected results:

Expected Result 1:

It focused to improve capacity of GoS and other stakeholders regarding nutrition-related policy/strategy development, coordination, implementation, adaptive research, data collection/analysis and communication.

Expected Result 2:

It focused on treatment of malnutrition in health facilities supported by an outreach program to screen children, a referral system for their follow-up and a behaviour change communication program for improved childcare, sanitation and feeding practices.

Expected Result 3:

It focused on improved community-level WASH and nutrition sensitive food production systems adapted to climate change in rural areas.

Under PINS project, PPHI was part of ER2 nutrition

specific intervention. This action consisted two components; Outpatient Therapeutic Program (OTP) operated through health facilities in eight districts and Community Outreach through CHWs in LHW uncovered areas of two districts of the Sindh province.

Geographic Coverage

As per project design, the PINS ER2 intervention geographically covered 10 districts of Sindh province; Dadu, Jamshoro, Larkana, Matiari, Kambar Shahdadkot, Tando Allahyar, Tando Mohammad Khan, Shikarpur, Sujawal and Thatta. The districts: Dadu and Jamshoro were later excluded from the coverage area due to NOC issues with Action Against Hunger and a separate agreement was signed with RSPN for implementation there.

Region / State	Sindh
No. of Districts with OTP/ NSCs	08
No. of Districts with Outreach	02
Total Population of 8 districts (Census 2017)	10,335,475
Population Covered @100%	10,335,475
Children < 5years @15%	1,550,321
Children 6-59m @12.1%	1,250,592
No. of OTPs	263
No. of NSCs	08

Timeline of Major Activities



Project Initiation and Closure

During initial three months, after the contract signing in December 2018, PPHI established the OTP and warehouse setup in five districts (Matiari, Tando Allahyar, Shikarpur, Sujawal and Thatta). Project staff was also hired and trained in this period. The OTP operations were started in May 2019.

Later in July 2019, project operations were further expanded to three districts of Nutrition Support Program (Larkana, Kambar Shahdadkot & Tando Mohammad Khan) in accordance with the project plan. The OTP setup was already functional there under NSP and the project team just had to transfer the ongoing cases into PINS.

The outreach intervention was started in district Thatta by June 2019, whereas in district Tando Muhammad Khan by July 2019.

In compliance to the project closure plan, the PINS field operations were closed by December 2021 and the overall project was ended on February 20th 2022. The OTP ongoing cases were moved out and their data was shared with the Accelerated Action Plan (AAP) for continuation of the treatment in future. Subsequent to the PINS sustainability plan, AAP took over the OTP operations in eight districts of intervention in April 2022. Hence, there was a gap of three months in SAM treatment for the targeted population.

Summary of Key Achievements

The PPHI has implemented the PINS ER2 nutrition

specific component for the period 2018-2021. The project interventions were operated through 262 OTP sites in 08 districts and 507 CHWs in two districts of Sindh province. The site establishment target of the project was 100% achieved except a single OTP named Garhi Tego of district Shikarpur. This site could not be established due to security issues in the area.

In OTP, 188,850 SAM children covering 155% of the set target were treated with 89% recovery rate. It was ensured that the OTP beneficiaries receive integrated treatment services as per standard protocols and the project plan. The 143,208 children were dewormed achieving 114% of the set target. The 322,339 health and nutrition education sessions were conducted at OTP level in the project in which 796,106 beneficiaries participated.

In outreach part, the 247,784 children (6-59m) were screened by CHWs covering 148% of the set target, out of which 25,186 SAM identified cases were referred to OTP for treatment. In addition, the 137,464 PLW were screened covering 126% of the set target. Moreover, 68,753 children (6-23m) received Multi Micronutrient Supplementation, which stands 123% of the set target and 111,538 PLW received IFA tablets, which stands 107% of the set target.

The coordination with PINS implementation partners and relevant stakeholders was maintained at district and provincial level. PPHI staff participated in DCCN, DLG and other coordination meetings on regular basis, where progress was reviewed and implementation matters were discussed with

coordinative approach. The PPHI also operated free of cost ambulance service for NSC referrals and initiated the kitchen gardening activity at OTP level for the advocacy purpose during the project tenure. The details of each sector are given in respective sections below.

Key Interventions

Outpatient Therapeutic Program (OTP)

According to the project design, PPHI implemented the Outpatient Therapeutic Program (OTP) through health facilities in eight-targeted districts of the Sindh province.

OTP Sites operationalized for management of SAM

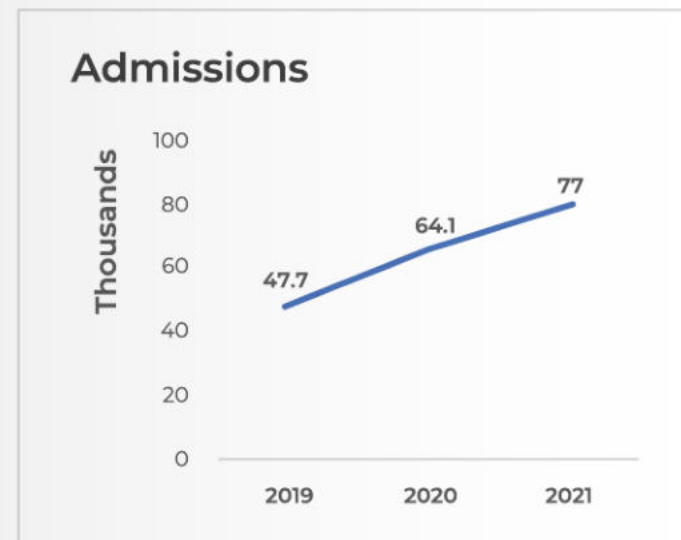
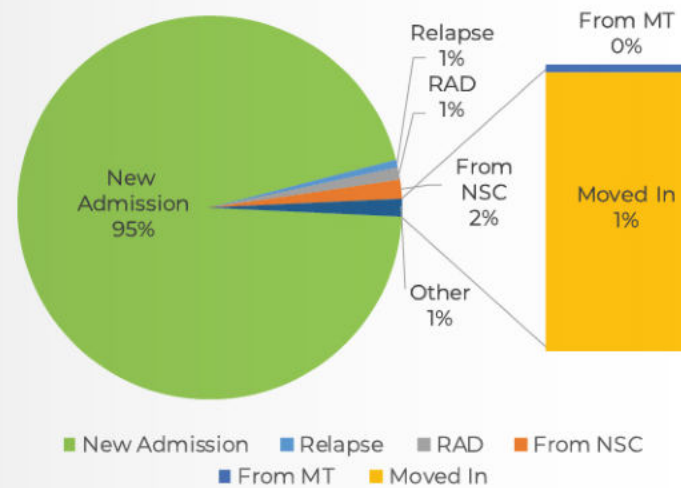
The 262 out of 263 targeted OTP sites in eight-targeted districts remained operational during the reported period. One OTP site Garhi Tego in district Shikarpur could not be established due to security issues in the area.

Target	Established	Operational
263	262	262

OTP Admissions

The total 188,850 SAM children were admitted in the project. The chart presents analysis as 95% of the admissions consisted new cases along with 2% from NSC and other categories such as relapse, return after default, medical transfer and moved in stood with 1%. Almost 155% of the overall target is achieved. The trend line shows increased admissions as the project progressed in year 1, 2 and 3.

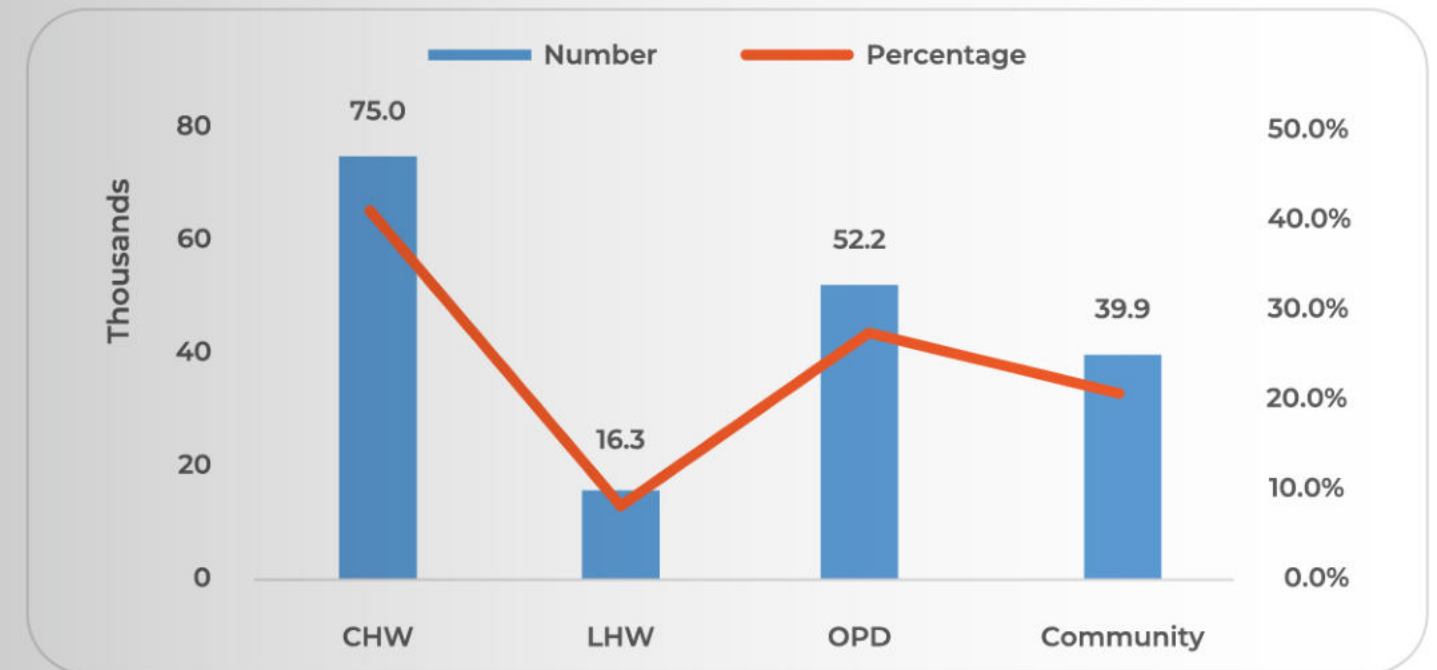
Jul 2021-Jun 2022	Total Admissions
37,029	188,850



SAM Referrals

The table presents number of successful SAM referrals from some key contributors during the reported period.

Period	CHW	LHW	OPD	Community
Jul 2021-Jun 2022	19,008	3,836	8,711	4,413
Total Referrals	74,997	16,280	52,219	38,483



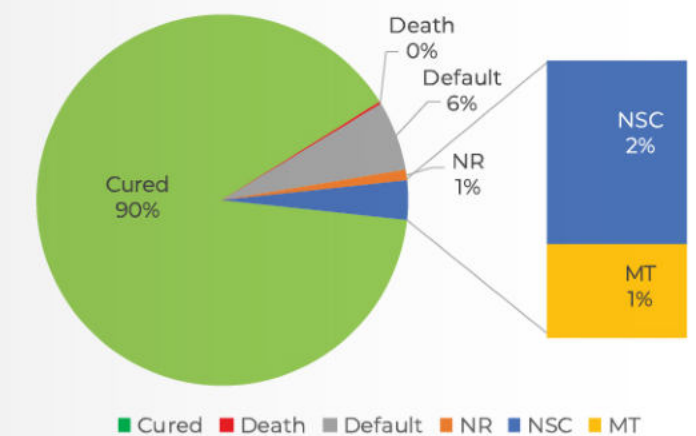
The chart analysis shows that the 41% of the admitted referrals were from CHWs, 28% from OPD, 9% from LHWs and 22% from Self/community sources. This analysis is based on the total number of referrals by above groups.

Key Performance Indicators

The table presents number of Exit cases during the reported period.

Period	Cured	Death	Defaulter	Non Respondent	NSC	Medical Transfer
Jul 2021 - Jun 2022	38,356	53	3,351	388	765	258
Total Exits	158,056	338	10,743	1,626	3,934	2,052

The chart presents analysis as 90% of the admitted cases recovered during in the program. Whereas, death rate stands at 0.2%, default rate 6.1% and NR rate stands 1% cumulatively.



Children Deworming (SAM and Non SAM)

The SAM treatment was integrated with deworming activity as per project plan. The table presents the number of SAM and Non SAM children dewormed during the reported period. 114% of the overall target is achieved.

Jul 2021 - Jun 2022	Total
26,743	143,208

Health, Nutrition and IYCF Sessions

The table presents number of sessions delivered at OTPs during the reported period. 380% of the overall target is achieved.

Jul 2021 - Jun 2022	Total
43,772	322,339

Community Outreach

PPHI Sindh executed outreach services under PINS ER2 in two districts; Thatta and Tando Mohammad Khan, where CHWs performed screening of children 6-59 months and PLW along with SAM referral upon identification of the cases. In addition, MM supplementation for children 6-23 months and Iron Folic Acid for PLW activities were also ensured throughout the reported period. The SBCC activities that include community awareness sessions, one-to-one PLW counselling and formation of MTMSG and FTFSGs were also ensured.

Screening of Children 6-59 months

The table presents number of children 6-59 months newly screened during the reported period. 148% of the overall target is achieved.

Jul 2021 - Jun 2022	Total
44,833	247,784

SAM Referrals by CHWs

The table presents number of SAM referrals by CHWs during the reported period. 120% of the overall target is achieved.

Jul 2021 - Jun 2022	Total
4,589	25,186

Multi Micro-nutrient Supplementation (MMS) of Children 6-23 months

The table presents number of children 6-23 months received MNP (first dose) during the reported period. 123% of the overall target is achieved.

Jul 2021 - Jun 2022	Total
24,207	68,753

PLW Screening

The table presents number of PLW newly screened during the reported period. 126% of the overall target is achieved.

Jul 2021 - Jun 2022	Total
56,454	137,464

PLW Received IFA Tablets

The table presents number of PLW received IFA tablets (first dose) during the reported period. 108% of the overall target is achieved.

Jul 2021 - Jun 2022	Total
56,355	111,538

Health, Nutrition and IYCF Sessions delivered in Outreach

The table presents number of sessions delivered in outreach during reported period.

Jul 2021 - Jun 2022	Total
63,668	316,809

Formation of Mother to Mother and Father to Father Support Groups

The table presents number of MTMSG and FTFSGs formed in the project. These groups were formed based on the ToRs shared by donor and remained active in the field to support nutrition outreach activities throughout the project tenure. 100% of the overall target is achieved in both categories.

Group	Jul 2021 - Jun 2022	Total
MTMSGs	-	2,174
FTFSGs	-	464

Cooking Demonstration Sessions

The table presents number of cooking demonstration sessions delivered and the participants in project. These sessions were delivered to MTMSG members by CHS first and later trickle down to mothers in the targeted communities. The set target is 100% achieved.

Jul 2021 - Jun 2022	Total
-	105

Free of Cost Ambulance Service for SAM patients referred to NSC

For the treatment of SAM with complications, the OTP is linked with NSC through patient referral/transfer mechanism. In order to strengthen that linkage between two components of CMAM as well as easing the accessibility of poor people: a free of cost ambulance service was initiated and continued through the project tenure for SAM patients referred/transferred to NSC. This service was charged from PPHI internal budget. The below table presents district wise number of SAM children received service and kilometres covered.

	Jul 2021 - Jun 2022	Total
Beneficiaries Received Service	450	1,123
KMs Covered	16,500	46,066

Kitchen Gardening Activity at Health Facility level

The PPHI established kitchen gardens at various health facilities under PPHI administration, which served as an advocacy for the community members to incorporate kitchen gardens at household level. PPHI equipped gardeners with the training, tools and seeds of seasonal vegetables. The below table presents district wise number of health facilities in each PINS district, where kitchen gardens were established.

Districts								Total
Ksk	Lrk	Mat	Shp	Suj	Tay	Tha	Tmk	
8	5	5	5	5	5	5	7	45

Challenges

Sector	Challenges
HR	<ul style="list-style-type: none"> Challenging to find potential CHW/CHS staff as per designed recruitment criteria in district Thatta and Tando Muhammad Khan. Delayed recruitments and HR turnover affected the project operations.
Program	<ul style="list-style-type: none"> It was difficult to provide SAM treatment services integrated with other healthcare components such as EPI and MCH at the OTPs established in non-PPHI setup. This was because unavailability of those services or less cooperative staff. It was difficult to implement the IYCF activities at the OTPs with male staff. COVID-19 impact on OTP operations. The number of absent/ default cases was increased due to caretakers' fear of visiting the hospitals. Patient accommodation issues at NSCs affected the integrated SAM treatment services. Parents refused to go there with this reason. Less involvement of LHWs in screening and referral activities at almost all of the PINS districts. Teams faced challenges in absent/default tracing in LHW covered areas. Capacity issues in CHW staff such as errors in documentation and reporting activities. Absent/default tracing in the areas, where no LHW/CHW was appointed. Security issues to establish OTP site Garhi Tego in district Shikarpur. DCCN meetings were not arranged as expected schedule. Mapping data of LHW covered and uncovered areas had variance with the situation on ground.
Admin	<ul style="list-style-type: none"> RUTF supply-break on periodic basis. Sometimes it was supplied in small portions that not met the requirements. Patients coming for follow-up visits suffered a lot in this situation. Frequent non-functionality of SECA weight scales and their delayed repairing by ACF. It affected the SAM treatment activities.



EU PINS: Dadu & Jamshoro

Outpatient Therapeutic Program (OTP)

According to the project design, PPHI Sindh implemented the Outpatient Therapeutic Program (OTP) through health facilities in two-targeted districts of Sindh.

OTP Sites operationalized for management of SAM

The 93 out of 93 targeted OTP sites in two-targeted districts remained operational during the reported period.

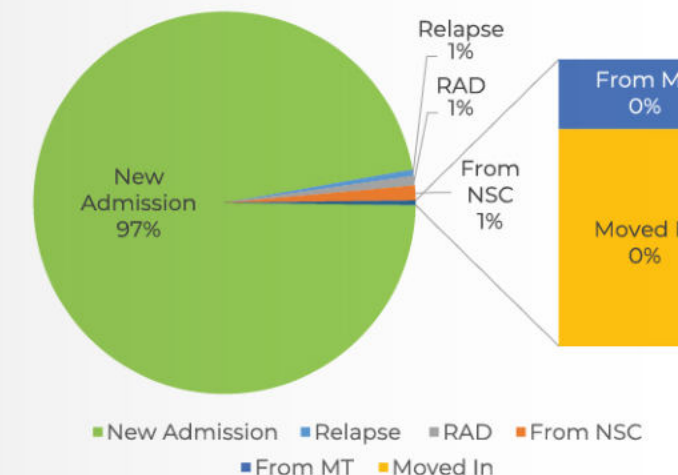
Target	Established	Operational
93	93	93

OTP Admissions

The table presents number of OTP admissions during the reported period.

July 2021 - Jun 2022	Total Admissions
23,817	30,113

The chart presents analysis as 96% of the admissions consisted new cases along with 2% from NSC, whereas other categories such as relapse and return after default stood at 1%. This analysis is of the 23,817 cases admitted during the reported period.

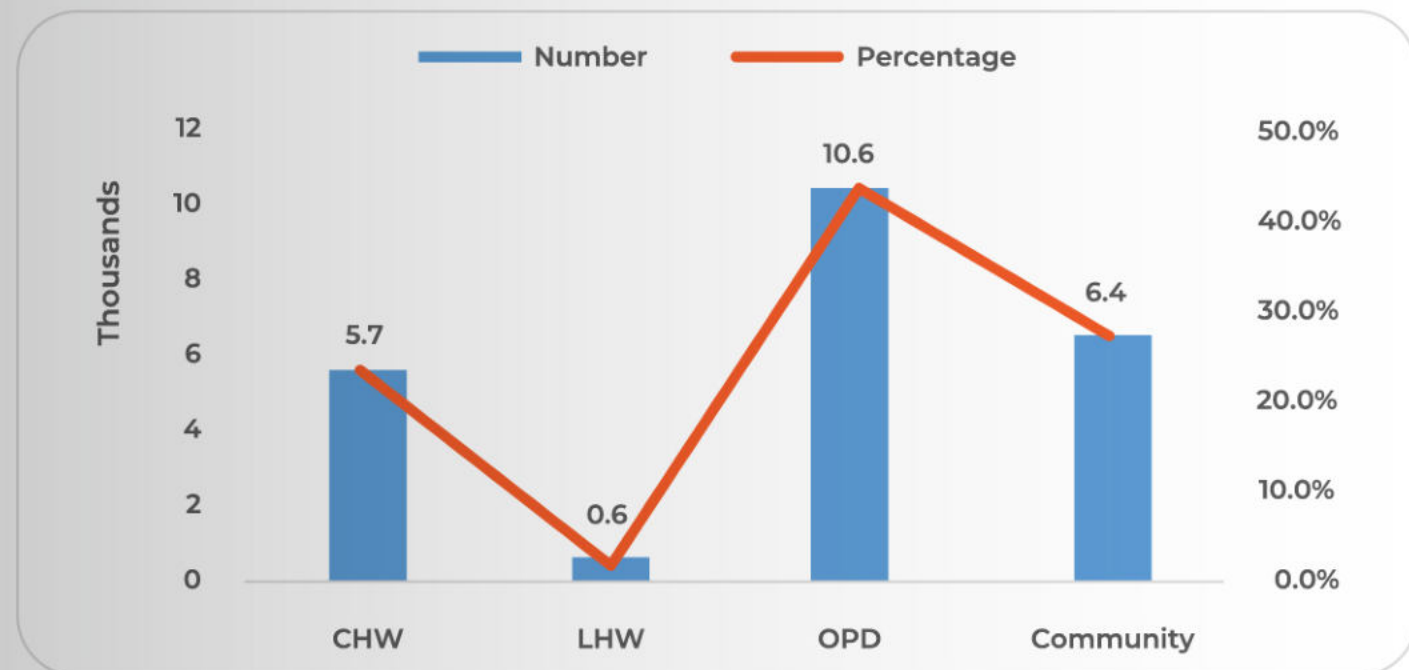


SAM Referrals

The table presents a number of successful SAM referrals from some key contributors during the reported period.

Period	CHW	LHW	OPD	Community
Jul 2021-Jun 2022	5,706	626	10,558	6,442
Total Referrals	6,898	759	13,204	8,697

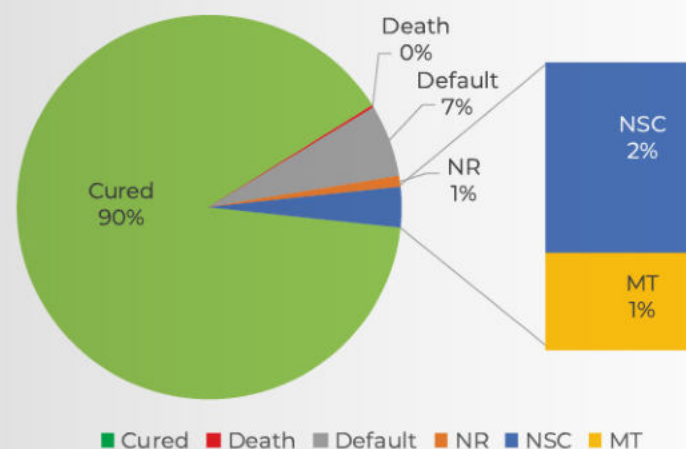
The chart analysis shows that the 24% of the successful SAM referrals were from CHWs, 3% from LHWs, 45% from OPD and 28% from Self/community sources.



Key Performance Indicators

The table presents number of Exit cases during the reported period.

Period	Cured	Death	Defaulter	Non Respondent	NSC	Medical Transfer
Jul 2021 - Jun 2022	17,811	14	1,478	167	460	132
Total Exits	21,555	25	1,776	198	151	492



The chart presents analysis as 90% of the admitted cases recovered during the reported period. Whereas, defaulter rate stands at 7% and non-respondent at 1% cumulatively.

Children Deworming (SAM and Non SAM)

The SAM treatment was integrated with deworming activity as per project plan. The table presents the number of SAM and Non SAM children dewormed during the reported period.

Jul 2021 - Jun 2022	Total
12,108	15,077

Health, Nutrition and IYCF Sessions

The table presents number of sessions delivered at OTPs during the reported period.

Jul 2021 - Jun 2022	Total
76,071	81,319

Free of Cost Ambulance Service for SAM patients referred to NSC

For the treatment of SAM with complications, the OTP is linked with NSC through patient referral/transfer mechanism. In order to strengthen that linkage between two components of CMAM

as well as easing the accessibility of poor people: a free of cost ambulance service was initiated and continued through the project tenure for SAM patients referred/transferred to NSC. This service was charged from PPHI's internal budget. The below table presents the district-wise number of SAM children who received service and the kilometers covered.

	Jul 2021 - Jun 2022	Total
Beneficiaries Received Service	150	161
KMs Covered	20,806	22,446

Challenges

Sector	Challenges
HR	Staff deployment in far-flung areas of district Jamshoro.
Program	Low referrals from outreach partners: CHWs and LHWs.
Admin	RUTF supply break on a periodic basis.





Accelerated Action Plan (AAP) for Reduction of Stunting and Malnutrition in Sindh

Malnutrition Status in Sindh

The National Nutrition Survey (NNS) of 2018, revealed the alarming state of children under five years of age in Sindh. Generally, 23.3% of the children under five years were found severely malnourished in its acute form, while 45.5% children of same age group were chronically malnourished. Mentioned indicators of Acute & Chronic Malnutrition cross the thresholds of critical level as defined by the WHO. Moreover, the survey has also given extensive details of deficiencies of food elements on micro level in the regular meal of the majority population.

PPHI Sindh and AAP Collaboration

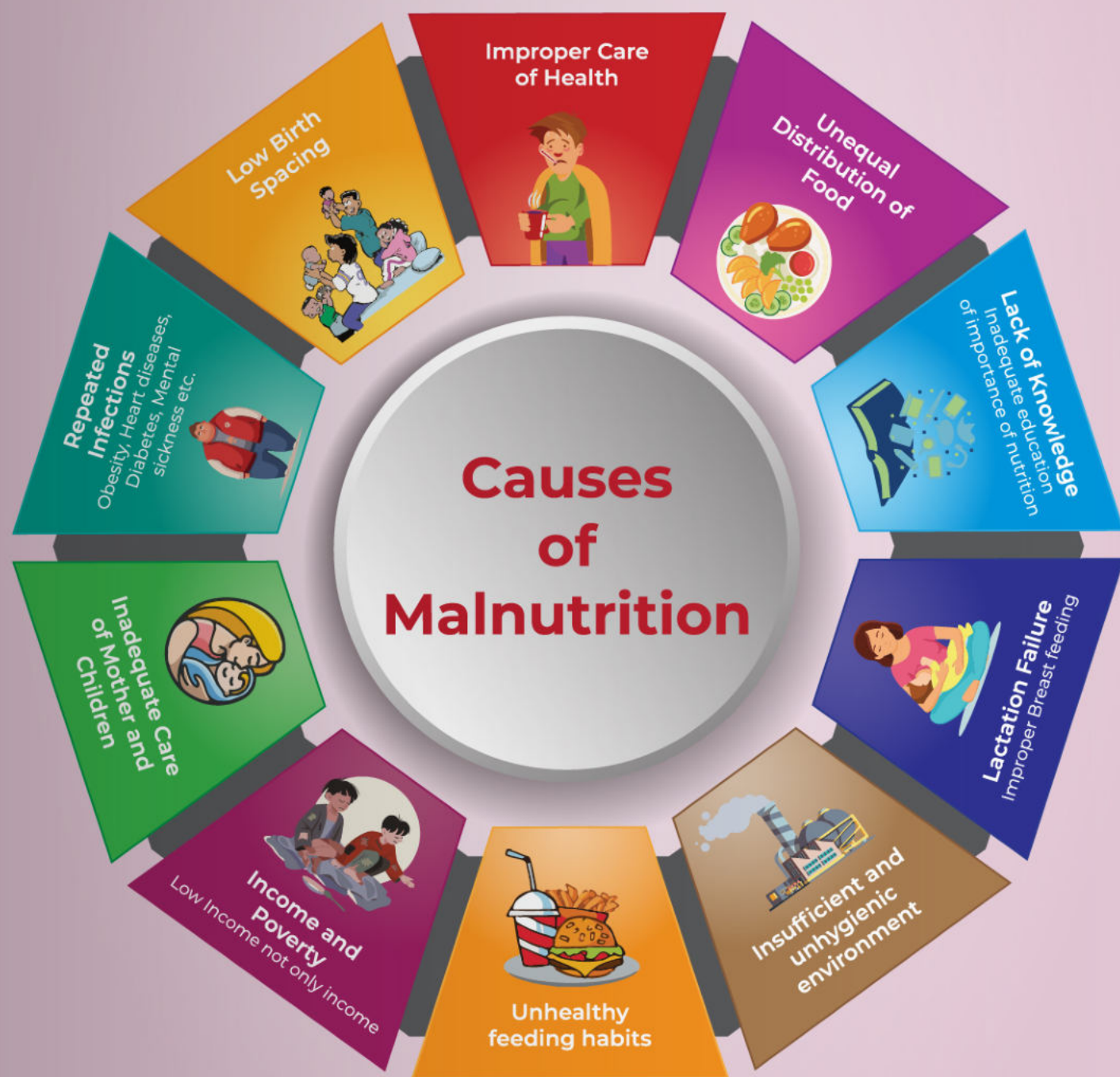
PPHI Sindh is engaged in implementing the nutrition specific interventions, with support of the Government of Sindh, in the identified vulnerable districts of the programme. It's a multi-sector programme, where the Department of Health (DoH), local government, Agriculture, and Livestock Departments, Fisheries, Education, Social Welfare and Population Welfare departments are the partners to implement activities of nutrition sensitive domain of the programme.

PPHI Sindh has been working to decrease the burden of malnutrition from Sindh, through CMAM (Community-Based Management of Acute Malnutrition) approach by establishing the network of 896 OTPs providing full programmatic coverage of respective district. OTP sites is the Nutrition Clinic where U5 children are assessed for the Acute Malnutrition and identified Severe Acute Malnutrition (SAM) are enrolled and managed with weekly or biweekly follow-up through RUTF and other medications.



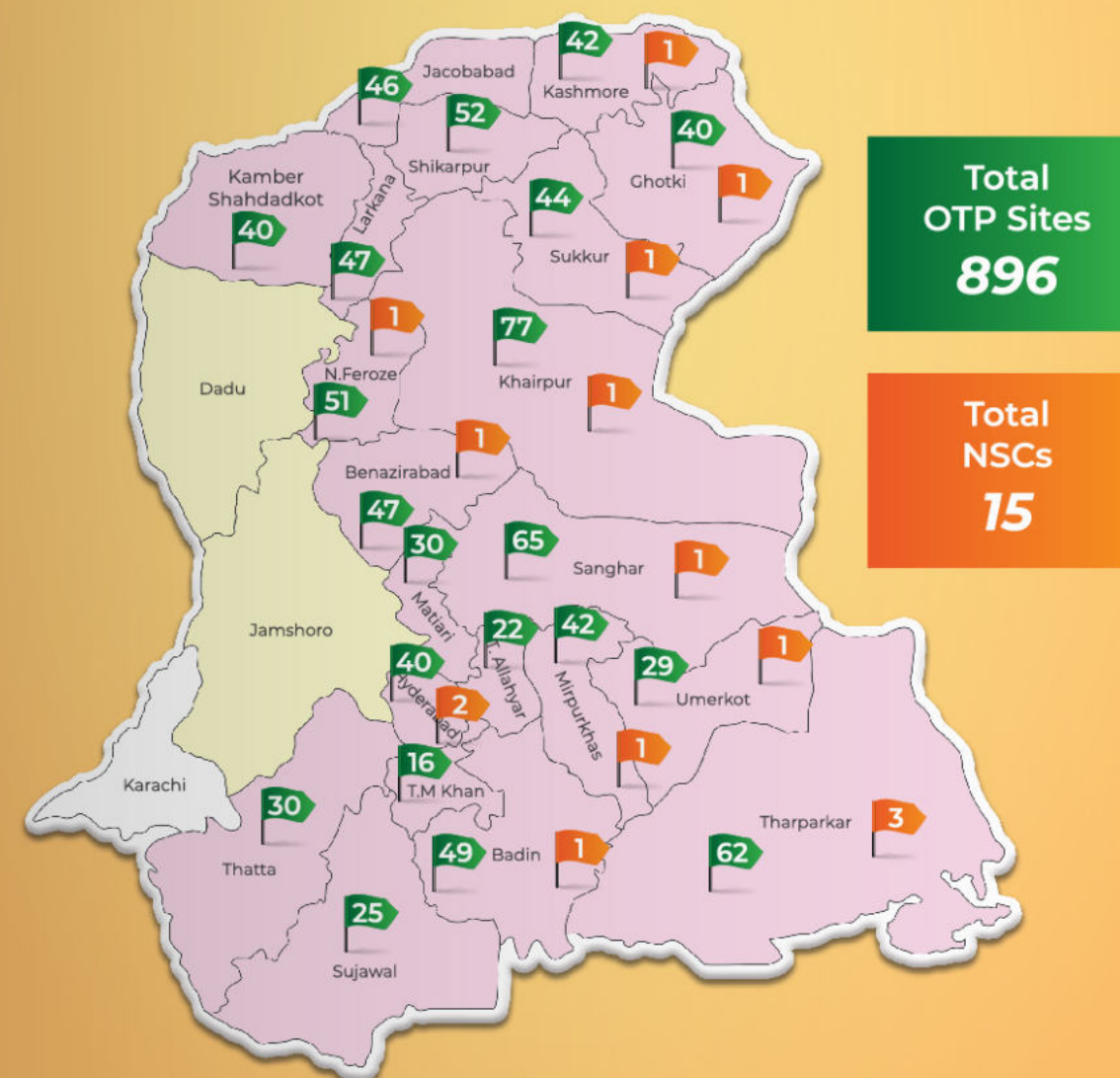
Malnutrition

Nutrition is essential for growth and development, health and wellbeing. Eating a healthy diet contributes to preventing future illness and improving quality and length of life. Your nutritional status is the state of your health is determined by what you eat.



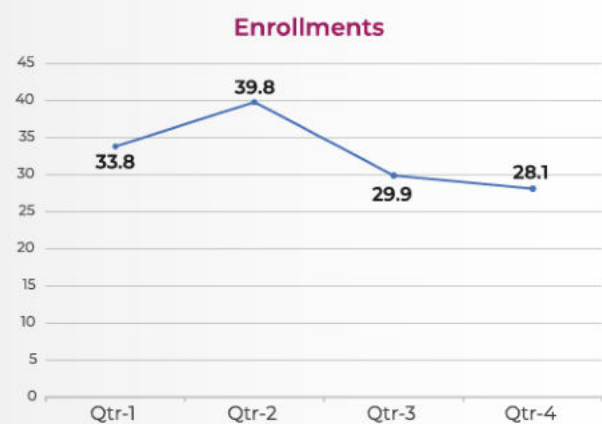
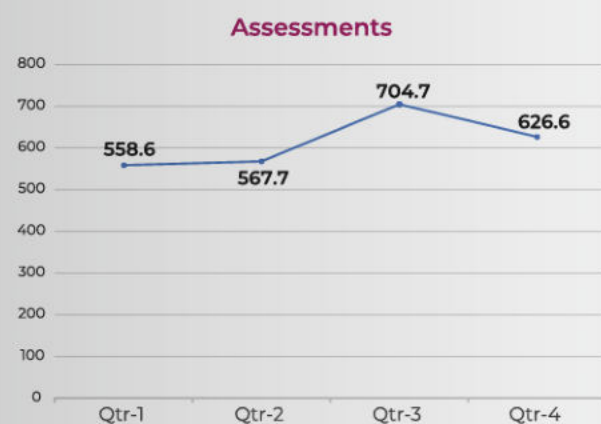
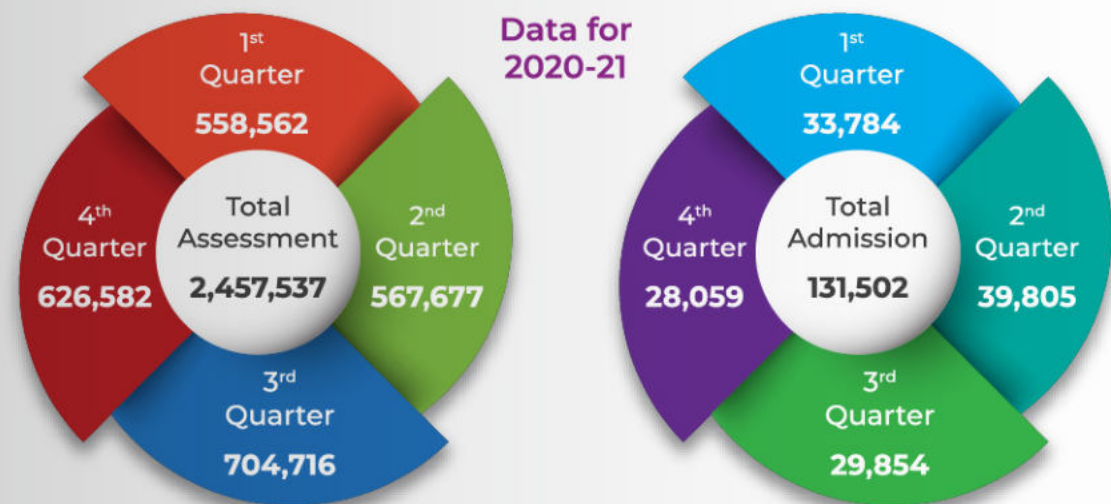
AAP Program Coverage in Sindh

S.No.	District	UCs	OTP Sites	S.No.	District	UCs	OTP Sites
1	Badin - A & B	45	49	12	Tharparkar	51	72
2	Ghotki	34	40	13	Umerkot	26	29
3	Hyderabad	30	40	14	Larkana	47	47
4	Jacobabad	38	46	15	Qamber Shahdadkot	40	40
5	Kashmore	35	42	16	Shikarpur	52	52
6	Khairpur - A & B	76	105	17	Tando Allahyar	18	22
7	Mirpurkhas - A & B	37	61	18	TMK	15	16
8	Nowsheroferoze	49	61	19	Matiari	30	30
9	SBA	46	48	20	Sujawal	25	25
10	Sanghar - A & B	48	70	21	Thatta	30	30
11	Sukkur	46	69	Total		818	896



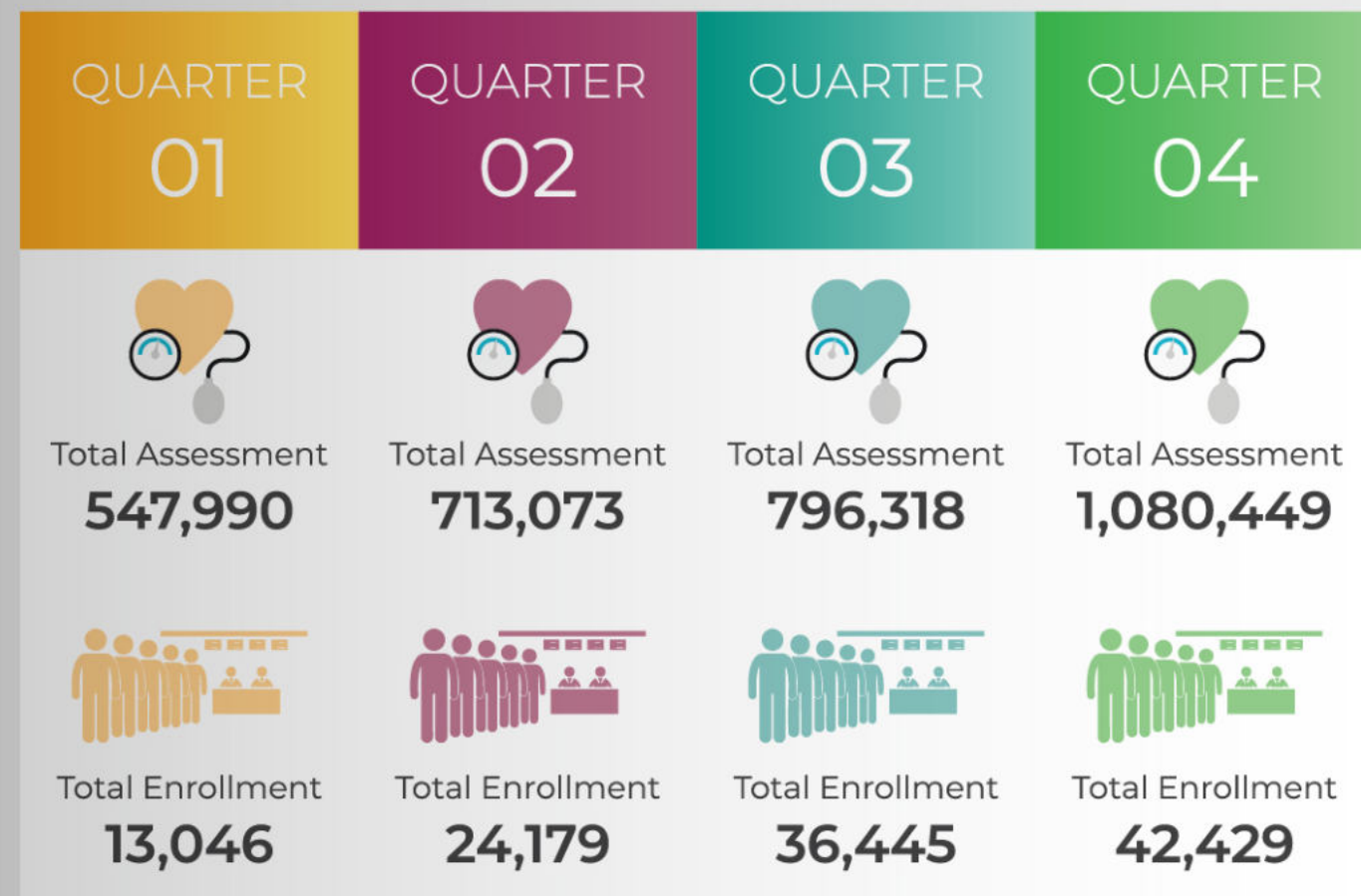
Assessment and Enrolment of U5 Children

Usually all the children, under five years of age, who use to attend health facilities for their clinical problems, are assessed for their nutritional status at the OTP sites. Apart from that, other U5 children who come at health facilities along with their parents or siblings are also assessed for the Acute Malnutrition. During 2020-21, more than 2.4 million children were assessed and more than 131,000 were identified as Severely Acute Malnutrition (SAM) and same were enrolled in Outpatient Therapeutic Programme (OTPs) for their management. During the reported tenure from July 2021 to June 2022, total 3,137,830 children under 5 years of age have been assessed out of which 116,089 were identified as severely acute malnourished and enrolled to program for further management.

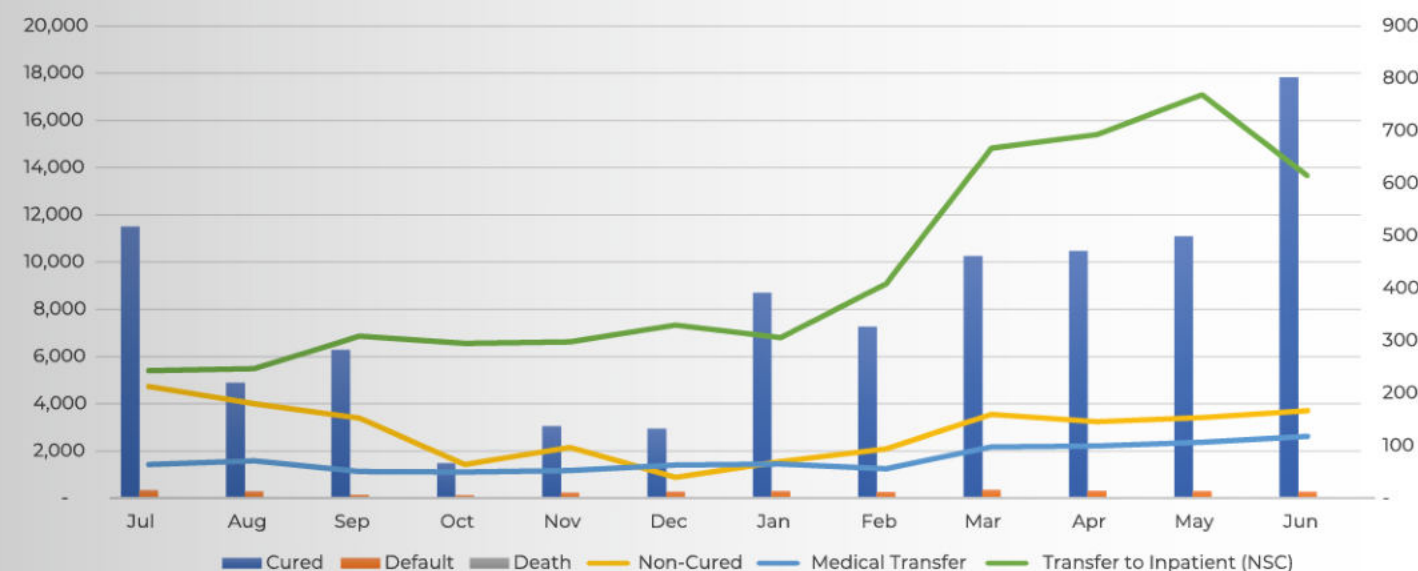


July 2020 to June 2021	Cured	Default	Death	Non-Cured	Medical Transfer	Transfer to NSC
1st Quarter	27,578	1352	24	349	224	630
2nd Quarter	31,733	2163	75	460	259	712
3rd Quarter	30,953	1398	57	577	275	934
4th Quarter	30,241	1351	40	464	281	950
Total	120,505	6,264	196	1,850	1,039	3,226

AAP PERFORMANCE DURING QUARTERS



FROM JULY 2021 TO JUNE 2022



Nutrition Stabilization Centers

Children with Severe acute malnutrition along with medical complications are treated in the Nutrition Stabilization center. NSC, an Intervention which has directly saved the lives of thousands of most vulnerable U5 children suffering from the malnutrition and other diseases. NSC provides the 24 hours in-patient care with around average 07 days stay. The children enrolled in NSCs are medically managed, rehabilitates and stabilizes with specialized nutritious commodities. The management of nutrition is provided as per WHO standards with F-75 and F-100 Milk and with Ready to Use Therapeutic Food (RUTF). PPHI Sindh with support of AAP-Health, Health Department, GoS established and functionalized fifteen, state of the art, Nutrition Stabilization Centers (NSCs) in DHQs, THQs and tertiary care hospitals in twelve AAP districts.

These NSCs are established in the Government's Civil Hospitals and DHQs. The NSCs being the place for the management of U5 children, they are furnished in such a way that they provide friendly

environment to children. Each NSCs has its dedicated play area which is equipped with lots of toys. Play area provide healthy and comfortable environment along with physical and mental engagement and make parents stay easy. As per requirement of NSC, each NSC is equipped with kitchen and dedicated area for breastfeeding with privacy. The management comprised in two phases i.e. Stabilization (administers the F-75) with the medication and Rehabilitation phase (administers the F-100). After completing the treatment in the NSC the SAM children continue their management at the OTP sites.

The enrolled children are referred to the OTP sites, directly from community or are enrolled from the OPDs of the respective health facilities where NSCs are established. After the management of medical complications and resumption and maintenance of good appetite, children are discharged from the NSC and referred to their nearest OTP site for outdoor nutrition management.



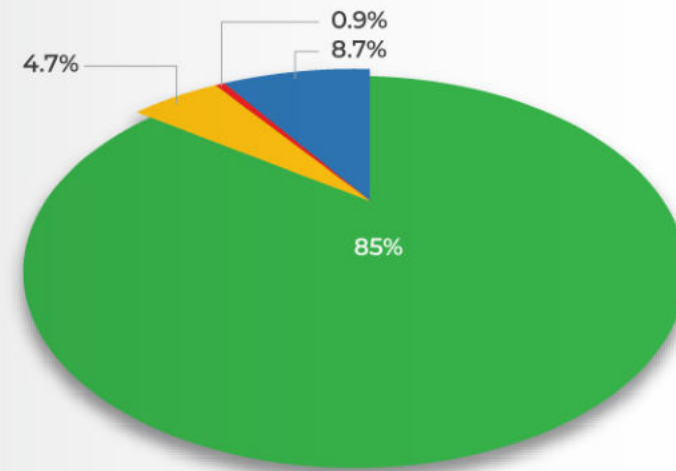
Mechanism of the OTP Site

Children under 5 years of age are assessed for their nutritional status at the OTP Site. In every OTP site, one nutrition assistant is appointed for the screening of the children who require treatment of malnutrition as well as the normal children, who also undergo the same process of assessment. During the reporting years, around 9,000 children were enrolled in NSCs and more than 85% children were successfully managed in 2020-21 whereas in 2021-22, total 3,137,830 under 5 years of age children were assessed; out of which 116,089 were identified as severely acute malnourished and enrolled to program for further management.

Framework of OTP




Enrolment of SAM Children with Medical Complication	9,483
Cured	8,088
LAMA (Default)	442
Death	90
Transfer Out	817
Total No. of Exit	9,382




Health & IYCF sessions

The health awareness sessions were organized at the OTPs, NSCs and also in the communities. These sessions were delivered as one to one or in group sessions. Main topics of the discussion were infant and young child feeding (IYCF) practices, care of mother & child during pregnancy and after delivery and Tetanus Toxoid vaccination of mother. The awareness about basic knowledge of these topics influences the daily life practices. There were 638,107 health sessions, including Health & Education Sessions, IYCF Sessions and ANC/PNC/TT Counselling Sessions, reported in 2020-21 and 1,079,202 participants attended those sessions. Similarly, in 2021-22, a total of 561,727 health sessions were organized which were attended by 847,456 participants.


July 2021 to June 2022



Health Education Session
280,736
Participants
515,463



IYCF Session
173,866
Participants
315,579



**ANC, PNC & TT Vacc:
Counselling Sessions**
107,125
Participants
16,414

July 2020 to June 2021



Health Education Session
354,552
Participants
595,499



IYCF Session
185,919
Participants
331,736



ANC/PNC TT Counselling
97,636
Participants
151,967

Coordination / Linkages

There is an established coordination mechanism between PPHI Sindh, Health Department and other stakeholders of the Programme at the district level including, District Health Officer (DHO), partner organizations engaged in outreach nutrition activities and district administration. The periodic meetings, Monthly Review Meeting (MRM), organized at health facilities and district level to discuss progress, issues and challenges of the Programme followed by agreed strategies to overcome the gaps and improve the performance.



Capacity Building of the Staff

To improve the skills of the staff, PPHI Sindh district offices organize training sessions to boost the practice of their staff.

Capacity Building of Nutrition Staff from July 2020 to June 2022



CMAM & IYCF Training
39
Participants
1,288



Malnourished under 5 years Children with Medical Complication Training
3
Participants
55

ACTIVITIES UNDER AAP



Inauguration of NSC Mithi@ Tharparkar by MNA Mr. Mahesh Kumar Malani on February 27, 2021



Inauguration of NSC Sanghar-A by MPA Mr. Mujeeb Dero on March 16, 2021



Inauguration of NSC Shaheed Benazirabad by MPA Sayeda Marvi Fasih on April 3, 2021



ACTIVITIES UNDER AAP



Every year, 1-7 August is celebrated as World Breastfeeding week. In this regard IYCF Counsellors conducting sessions in rural areas of all districts of AAP on early initiation and exclusive breastfeeding to promote breastfeeding. In the whole session, the emphasis was Advantages of Breastfeeding, Exclusive Breastfeeding, Breastfeeding frequency day and night, continue breastfeeding for 2 years of age or more, no use of bottle feeding was delivered



Chief Minister, Sindh, Syed Murad Ali Shah visited NSC Mithi along with MNA Dr. Mahesh Malan and DC Tharparkar. He appreciated PPHI and AAP NSC services



ACTIVITIES UNDER AAP



Mr. Javed Jagirani CEO, PPHI Sindh along with Regional Director Mirpurkhas and District Manager Tharparkar visited NSC Mithi. He appreciated the work and infrastructure, also inquired from patients regarding service delivery at Tharparkar



Secretary Health Zulfiqar Ali Shah visited Civil Hospital, Hyderabad where he also visited the NSC ward managed by PPHI Sindh. The Secretary Sindh was briefed by District Manager Hyderabad regarding the services and facilities of ward. He applauded the services provided by PPHI Sindh and appreciated DM and her team



AAP's Outreach Partner Community Uplift Pakistan (CUP) Chief Executive Officer, Mr. Iftikhar Rehman visited NSC Sukkur, he was very impressed by the services provided by the PPHI Sindh.

ACTIVITIES UNDER AAP



Nutrition Stabilization Center (NSC) Islamkot started in District Tharparkar for the vulnerable people of Tharparkar. NSC Islamkot was started on 08 January 2022. The main purpose of NSC is to treat the children suffering from SAM with any medical disease



The delegation of World Bank visited BHU plus Gujjo of District Thatta on 13th May 2022. The delegation of World Bank included Miss Kanako Yamashita-Allen (Senior Health Specialist and Task Team Leader), Dr. Jahanzaib Sohail (Health Economist) and Dr. Sajid Shafique (PC Nutrition PPHI Sindh). The delegation checked all the services delivery and medicine protocols at BHU plus Gujjo



A Health Mela was organized in Naushero Feroze on 19th January 2022 to cater to the vulnerable people of the district. The main purpose of this health mela was to raise awareness in the community regarding Breastfeeding and key principles of health. The children of the community were also assessed for SAM during the Mela

Success Story of DHQ Mithi

Tharparkar, desert area in Sindh, is one of the most peaceful places in the country. It is also known for its centuries-old interfaith harmony, but unfortunately, malnutrition is the biggest nemesis of Tharparkar.

This is a story of an 8 months old toddler, Rajesh, who lives in the village Kharo Bajeer, U/C Malanhore Veena. Rajesh has 4 siblings; 3 brothers and one sister. Rajesh's father is a labourer and his mother is a housewife. His father earns only Rs.15,000 per month. The small house with only two rooms where Rajesh lives is made of red bricks and does not have proper ventilation.

There is no concept of personal and proper hygiene in his family nor of healthy or nutritional foods. Rajesh and his siblings are mostly seen eating junk food such as chips from a nearby bakery chips. This is their routine even though the family cannot afford such luxuries.

She has been breastfeeding Rajesh once in two days' time after he turned five months old and tried to feed him regular food including the junk. Rajesh's health started falling day by day as he didn't eat well and ignored the food.

His failing health resulted in serious illness. After which he was taken to Nutrition Stabilisation Centre, Mithi. Rajesh was examined at the NSC and was diagnosed with severe acute malnutrition (SAM). He was immediately given IV fluid with the formula milk F-75 and was also started on medication. His fever broke three long days after he was admitted to the NSC. Rajesh was then referred to OTP DHQ Mithi for further treatment of SAM.

Rajesh's MUAC was 8.7 cm and his weight 3.8 kg at the time of admission. At the OTP, he was started on RUTF. The Nutrition Assistant provided counseling on proper and nutritious diet to his mother and explained to feed him semi-solid diet like fruits, cooked and mashed vegetable, porridge, custard, yoghurt, etc. She was also demonstrated proper handwashing process.

The mother responded well to the counselling and visited regularly for Rajesh's follow ups. Rajesh's health improved drastically in two months. Now his MUAC reads 12.4 cm and his weight is 6 kg. His mother is extremely happy with the PPHI DHQ Mithi staff and she also prays for PPHI Sindh.



Success Story of NSC Sukkur

Eight months-old, Irfan Ali lives in Village Juneja Muhalla, District Sukkur. His family belongs to middle class. His father is a Taxi Driver and his mother a housewife. Irfan is the only son of his parents. He has two older sisters; both are under 10 years of age. His father earns a minimal amount of Rs. 15,000/- per month after driving the taxi for full day. The amount he earns is hardly enough to meet the expenses of his family.

Due to the limited income of their father, none of the kids get the proper nutritious food they require in growing age. The family lives in a rented mud house with two rooms and one toilet. The literacy status of the family is of secondary level. The hygiene of the family is satisfactory, the family uses toilet for defecation and washes their hand with soap.

Irfan's mother feeds him buffalo milk in a bottle and regular food that is cooked in the house.

One day, Irfan suddenly got drowsy and lethargic, his mother called his father and he was rushed to the NSC ward at GMMMC Civil Hospital, Sukkur. There, Irfan was diagnosed with medical complications of respiratory distress, fever and scaly patches on both his feet. According to his mother, the scaly patches get worse at night. The doctor informed his family that his abdomen was soft and his MUAC was 8.4 cm and weight was 4.0 kg at the time of admission.

The pediatrician immediately admitted Irfan in NSC Sukkur. Irfan was given therapy of F-75 milk and was put on antibiotics. He remained admitted in NSC for two weeks. During his stay at NSC, his mother was provided counselling by the NSC staff on proper hygiene, IYCF practices, complimentary feeding and practical demonstration of handwashing. As a result, his mother continued breastfeeding him which she had stopped when he turned four months old.

At the time of his discharge from NSC after two weeks, his MUAC measured 8.7 cm and his weight was 4.7 kg. He was referred to the Government Dispensary, Baghar Ji for the further treatment of malnutrition.





Tuberculosis

Tuberculosis (TB) is primarily the infectious diseases of respiratory system but it can affect any organ or system in the body. Pakistan ranks 5th in the global TB burden (WHO). While the total incidence of tuberculosis in Sindh during year 2020 was 259/100,000 population.

Drug resistant TB is the type of TB that is more dangerous and harder to treat. About 4.2% are new cases and 7.3% are previously treated cases that develop drug resistant TB. Treatment success rate was found 90% in year 2020 and mortality is 2.6

PPHI Sindh has been taking extended measures regarding treatment of TB and to have best outcomes to reduce its transmission and hence the prevalence. Increasing number of tuberculosis cases is due to lack of awareness, poor diagnostic and treatment services in the remote areas.

PPHI Sindh is contributing its maximum input to support National Tuberculosis Program (NTP) through collaboration with Provincial Tuberculosis Control Program (PTP) to have control over TB.

Keeping in view the unavailability of services in remote areas, about 109 Basic Management Units (BMUs) for the diagnosis and treatment of TB have been established by PPHI Sindh in remote / rural areas across Sindh. At BMUs all the basic diagnostic and management services for tuberculosis are made available along with free HIV testing, for all TB positive cases.

PPHI Sindh is also providing Gene Xpert services at its five laboratories that diagnose Drug Resistant (DR) and Multidrug resistant (MDR) TB cases.

PPHI Sindh with support of PTP, arranges trainings of doctors and para medics. About 256 doctors and 230 paramedics have been trained for TB case management. PPHI Sindh also arranges TB Camps periodically at the vulnerable areas and health facilities where diagnostic services are not available, to achieve maximum case detection.

About 40 laboratory technicians were recently trained on TB diagnostic protocols with support of PTP.

Number of suspected TB cases, Tests performed and Treatment provided during past three years

Year	TB Suspects	Slides examined for AFB	AFB +ve slides	Started treatment for TB
2019- 2020	297,522	64,405	2,677	2,404
2020-2021	358,317	68,152	3,581	2,992
2021-2022	421,283	78,897	3,767	3,742
Total	1,077,122	211,454	10,025	9,138

* Patients were defaulted, ** Clinical Diagnosis also included.

Solarization of Health Facilities

Following the Global Sustainable Development Goal 7: Affordable and Clean Energy, the Government of Pakistan has formally approved the 2019 policy for Alternative and Renewable Energy in August 2020. The key objective of the policy is to ensure and increase the generation of electricity from the renewable sources from 5 percent at present to 20 percent by the year 2025 and 30 percent by 2030, respectively.

The demand for energy in Pakistan is unstoppable, the supply of electricity is unable to meet the demand since the last two decades. The existing gap of electricity in the country is approximately 5000-8000 MW with an increase of 6-8 percent per year. The main reason is use of imported and expensive oil for generating energy in Pakistan. The remote areas of Pakistan are always facing chronic power shortages because the national electricity grid is unable to reach these areas. Under such a situation, renewable and sustainable energy resources are imperative to overcome the electricity problems.

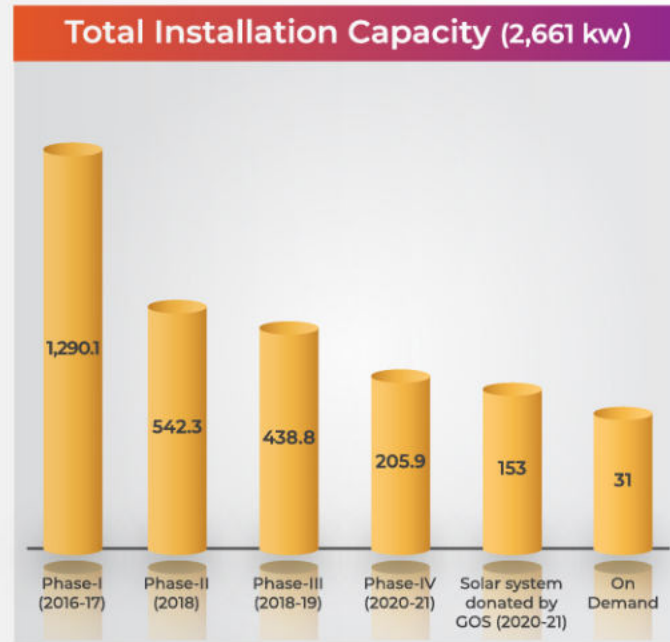
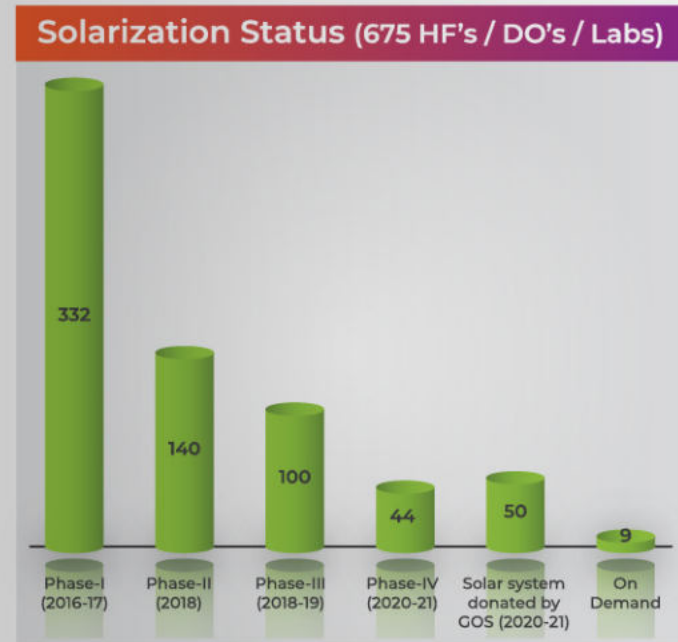
Initially, the HFs managed by PPHI Sindh located in such areas faced the issue of electricity being supplied was either unstable or nonexistent. Due to this reason, the supply of quality health services to people in such unfavorable environment became impossible or were severely disrupted as the basic amenities of life such as electricity was missing. Also, the provision of health services severely disrupted as the electricity is significant for proper maintenance of health facilities.

To overcome this, PPHI Sindh switched to other renewable and sustainable green energy options such as local fossil-based solutions that are feasible and inexpensive. PPHI Sindh's solarization initiative started in 2017 in which the organization started solarizing its HFs in phase-wise plan. A total of 332 HFs were solarized in Phase I. Similarly, 140 HFs were solarized in Phase II, and 100 in Phase III bringing the total number of HFs to 572 in 2018.

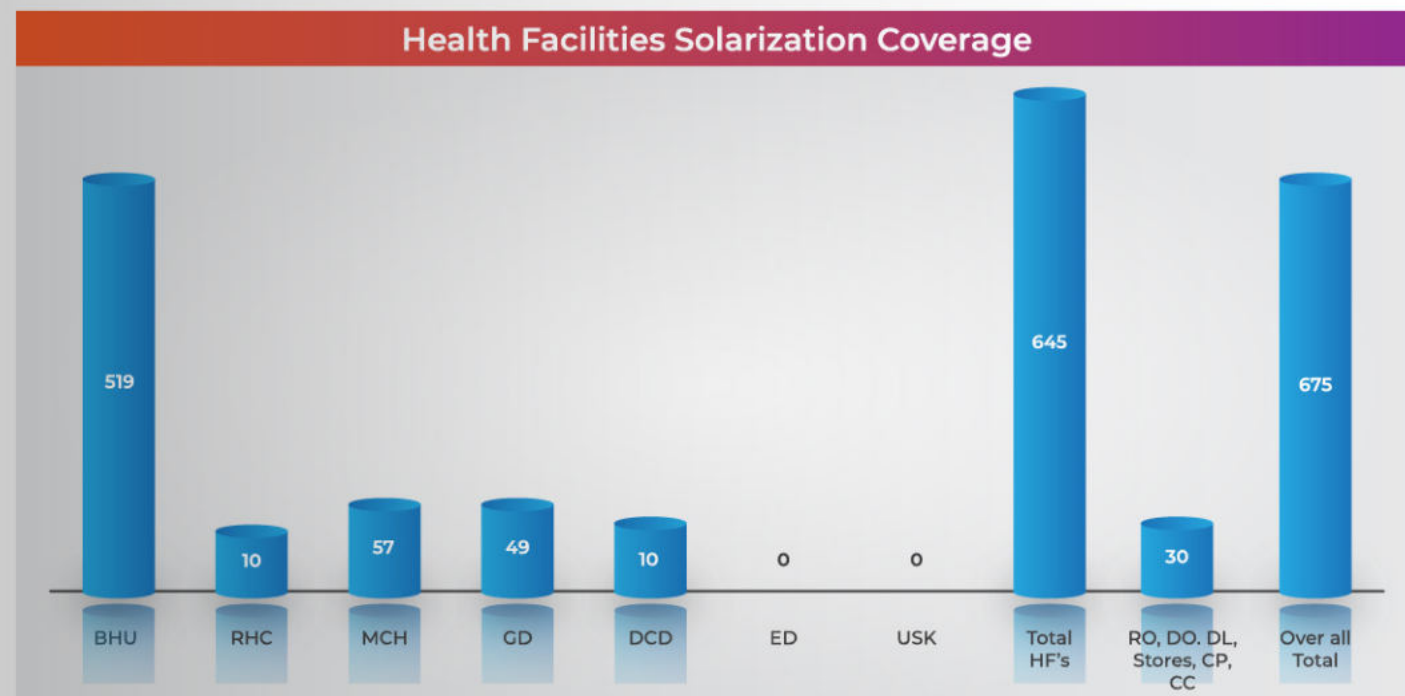
This initiative helped immensely to meet the requirement of power for electrical appliances for carrying out smooth operations at HFs. It was substantial to maintain uninterrupted electricity supply and provide a conducive environment to its staff and quality health services to communities at large. The solarizing of HFs turned out as a successful endeavor and it also helped to keep the important equipment like ice-lined refrigerators (ILRs), sterilizing machines, chemistry analyzer, ultrasound, centrifuge machines and hematology etc. well maintained and properly functioning. It also eased the pressure of electricity supply and the frequent outages.

The Phase IV of the initiative was planned for solarizing 51 HFs during the first quarter of 2021 but only 44 HFs/DOs were solarised. On seeing the impact solarization had on the quality and quantity of services provided by PPHI Sindh, the District Health Office in Shaheed Benazirabad, GoS also provided an additional 50 solar energy systems to PPHI Sindh and an additional 9 solar systems have been provided to few health facilities due to increase demand of electricity, which make the total of 675 HFs/DOs/Labs in all over Sindh.





Health Facilities are further categorized as Category-A, Category-C, Category-D and Category-A+, respectively. Each phase of Solarization is carried out mainly by installing different categories of solar energy systems in order to design and meet the power requirement of electrical equipment and operational hours of each HF's. In view of the demand, PPHI Sindh has worked out to categorize different systems on the basis of 24/7, 6/6 and 6/6 EPI working hours in general.



Load Details of Basic Health Units

S. No.	Appliances	Category - A (24/7) 5 kW Solar System			
		Day		Night	
		Qty	Hrs	Qty	Hrs
1	Fan	8	8	6	8
2	LED Bulb	20	8	9	8
3	Nebulizer	1	8	0	0
4	Icelined Refrigerator	1	8	1	8
5	Microscope	1	8	0	0
6	Chemistry Analyzer	1	8	0	0
7	Hematology	1	8	0	0
8	Centrifuge Machine	1	8	0	0
9	Ultrasound Machine	1	8	1	1

S. No.	Appliances	Category - A + 6 kW			
		Day		Night	
		Qty	Hrs	Qty	Hrs
1	Fan	10	8	6	8
2	LED Bulb	24	8	9	8
3	Nebulizer	2	8	0	0
4	Icelined Refrigerator	1	8	1	8
5	Microscope	1	8	0	0
6	Chemistry Analyzer	1	8	0	0
7	Hematology	1	8	0	0
8	Centrifuge Machine	1	8	0	0
9	Ultrasound Machine	1	8	1	1

S. No.	Appliances	Category - D 3 kW (6/6) EPI			
		Day		Night	
		Qty	Hrs	Qty	Hrs
1	Fan	4	6	1	4
2	LED Bulb	4	6	2	4
3	Fridge	2	10	2	12

S. No.	Appliances	Category - C 3 kW Solar System (6/6)			
		Day		Night	
		Qty	Hrs	Qty	Hrs
1	Fan	8	8	1	8
2	LED Bulb	12	8	4	8
3	Nebulizer	1	8	0	2
4	Icelined Refrigerator	1	8	1	8

Operation and Maintenance of Solar Systems

During the financial year 2021-2022, a total of 5,750 batteries for operation and maintenance were distributed to all districts to replace out-of-order batteries. More than 200 battery banks of RHCs, MCHCs and BHUs were replaced during this exercise.

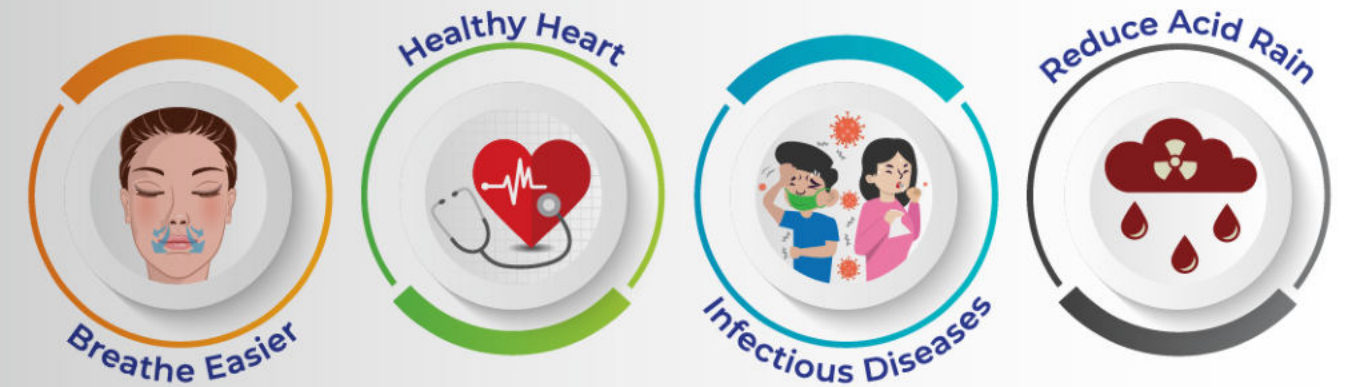


Health Facility Wise Details Of Batteries Installed in All Regions For Operation and Maintenance							
Sr. No.	Items	Hyderabad	Mirpurkhas	Larkana	Sukkur	Shaheed Benazirabad	Total
1	Number of Batteries Delivered	1,416	1,512	1,152	960	710	5750
2	Number of Batteries Installed	1,248	1,296	1,152	888	648	5232
3	Balance Number of Batteries (For Future O&M)	168	216	0	72	62	518
4	Number of Health Facilities Where Batteries have been Installed	46	52	43	33	27	201



Going Green Concept (Carbon Foot Prints)

Besides all the benefits of utilizing solar energy system, it also has some hidden benefits. Much of our energy comes from fossil fuels that can cause several problems beyond global warming. When we reduce our energy use or use alternative energy, there are some tangible health benefits that come along with it.



After solarization of **675**, the system is capable of self-generating electricity and the total installed system capacity is **2.66 Megawatts** which produces approximately **4 Gigawatts hour/year** which is completely pollution free.



Current installed capacity will approximately produce 4 Giga watts hours of Green Energy Per Year



Which saves almost 4,166 Tons of Carbon Dioxide Emission every Year



Which also means we are giving back- up of 43,170 Trees every Year saving Earth from CO₂

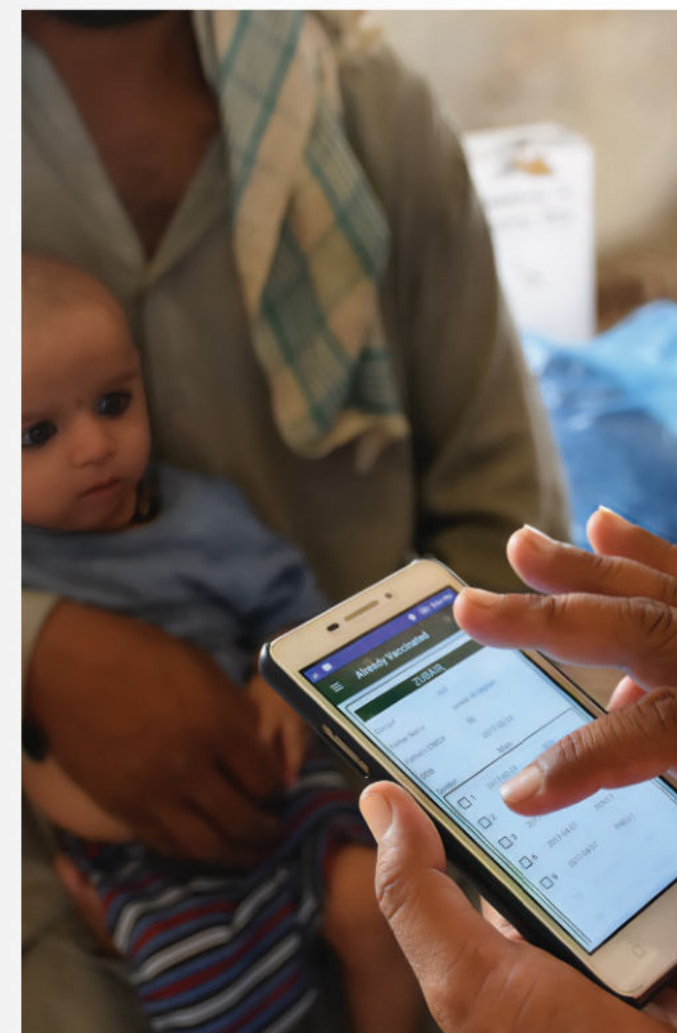


Keeping things transparent and on track: M&E Wing

PPHI Sindh has established a Monitoring & Evaluation Wing to ensure the quality and accountability of primary healthcare services under the management of PPHI Sindh. The M&E Wing started its operations during the year 2019-20. The professional team of the monitoring wing is responsible for collecting information to identify gaps and measure performance over a certain period of time. The wing also provides feedback on the progress of the activities.

Objectives of M&E Wing

- To oversee if PPHI Sindh's objectives are achieved and to monitor as to whether the planned activities are implemented accordingly.
- To devise a strategy to overcome the hurdles encountered in implementing certain activities and recommend top management for future course of action.



Using Smartphone Technology for monitoring and reporting

PPHI Sindh uses smartphone system for regular monitoring at its health facilities. An android mobile application has also been designed with several monitoring checklists. All monitors use the application during their monitoring visits and submit their response according to the monitoring checklists.



Monitoring Type

Two types of monitoring are being implemented in PPHI Sindh, Monitoring of Monitors (MoM) and Monitoring of Health Facility (MoHF). The monitoring of monitors involves checking daily activities of field team and achievement of their visit targets, whereas monitoring of health facilities checks the performance of the health facilities.

Monitoring of Monitors



Monitoring of Health Facilities



Process Monitoring

- OPD
- NVD
- Ultrasound
- Health Education
- T.B
- KMC
- Ambulance
- Family Planning
- ANC
- Laboratory
- Malnutrition
- Immunization



MOM Dashboard

To review the feedback of monitoring, an online dashboard has been created. It is a real time data dashboard that provides all the updated information on monitoring visits.

It is an information management tool used to track, analyze and display the key performance indicators.



Availability of Medics, Paramedics and Auxiliary Staff



Supplies of Medicine, Medical Equipment and Tools

Monitoring Visits

For proper provision of quality health services, monitoring visits are conducted regularly to identify gaps in staff performance, infrastructure, supplies and service delivery at health facility. According to the MoM data, overall 109,125 monitoring visits were conducted in 2020-21 and 2021-22. From the total monitoring visits, 86% are detailed visits. Detailed monitoring visits focus on overall monitoring aspects at a health facility, that is, availability of HR, infrastructure, supplies and service delivery. Whereas, the brief monitoring visits only check the availability of medics and paramedics at any health facility.

The total number of monitoring visits are given in the table below:

Total number of visits conducted by monitoring staff in 2020-21 & 2021-22

District / Region Staff	Monitors Category	Total Monitors	Monitoring Visits Conducted in 2020- 21	Monitoring Visits Conducted in 2021- 22	Total Visits
Monitoring Visits Conducted by District Staff	Social Organizer	110	31,736	26,696	58,432
	Executive Monitoring & Evaluation	29	9,411	4,618	10,840
	District Manager	25	6,222	8,234	17,645
	MOHQ	26	4,764	4,375	9,139
	MNCH Coordinator	23	3,803	4,551	8,354
Monitoring Visits Conducted by Regional Staff	Regional Manager Monitoring & Evaluation	6	1,354	1,748	3,102
	Regional Director	5	828	351	1,179
	Public Health Specialist	3	68	205	273
	Master Trainer	2	19	142	161
Grand Total		229	58,205	50,920	109,125

The role of the Social Organizer (SO) is vital in the identification of day-to-day problems and their solutions with the help of district management. Of the total monitoring visits, 54% of visits have been conducted by SOs. In addition to this, they act as a bridge between community and Health Facility. The SOs provide health awareness to their catchment population by organizing regular meetings with members of community support group.

Executive Monitoring & Evaluation are responsible for conducting regular monitoring visits with an objective of identifying gaps and preparing strategies to overcome the issues related to staff performance, supplies of medicines and medical equipment, service delivery protocols and infrastructure at HFs.

Whereas, Regional Manager Monitoring & Evaluation (RMME) supervises the program activities and implementation. RMMEs also conduct different program level assessments for measuring the results and share analytical point of view against the hurdles encountered in implementation of program activities.

Inter District Monitoring (IDM)

In January 2021, PPHI Sindh conducted Inter District Monitoring (IDM) in 10 Districts. The objective of IDM is to ensure quality of services being delivered in PPHI Sindh managed Health Facilities.



The procedure of monitoring was that of physical verification of the infrastructure, delivery of services, availability of stock, supplies and maintenance of the record at the health facility.



Overall, 80 Health Facilities were monitored, an equal number of 16 HFs from each district. Of the total HFs, 40 were 24/7 (BHU PLUS) and, 40 were 6/6 (BHUs & GDs). Total 41 monitors were selected from the districts lead by 6 senior staff from HO.



Three types of tools/ checklists were developed and used in IDM. The first was about general monitoring including the questions related to infrastructure, service delivery (General) and supplies of medicines and medical equipment. The second checklist was for technical monitoring focused on the capacity and capability of the staff. Whereas, the third checklist was about LQAS (Lot quality assurance sample). LQAS involves DHIS and medicines' record verification with registers and its physical quantity.

The data was compiled and analyzed for improvement in health care services by the PPHI Sindh in future.

Three Day Orientation Training on PPHI Monitoring & Evaluation Framework

Under the M&E Wing, PPHI Sindh organized "Three day Orientation Training on Monitoring & Evaluation Framework" in March 2022, at Marvi Garden, Hyderabad. Forty professional monitors from all the districts of Sindh participated in the session.

The participants were briefed on salient features of smartphone application, its usage and monitoring checklists to be used during monitoring visit at health facility.



Details of Field Monitoring Staff

District Office	Number
■ District Manager	25
■ Executive Monitoring & Evaluation	29
■ In-charge Medical Headquarter (MOHQ)	26
■ MNCH Coordinator	23
■ Executive M&E (Junior)	1
■ Medical Superintendent	1
■ Social Organizer	110
District Total	215

Region Office	Number
■ Regional Manager Monitoring & Evaluation	6
■ Regional Director	5
■ Public Health Specialist	3
■ Master Trainer	2
District Total	16
Grand Total	231

Designation	Monthly Monitoring Visit Targets
■ Regional Director	12
■ District Manager	17
■ Regional Manager Monitoring	30
■ Executive M&E	30
■ Public Health Specialist	20
■ MOHQ/MNCH Coordinators	20
■ Social Organizer	30

Future Activities of



Monitoring & Evaluation Wing

- 01 Monthly Consolidated Monitoring Visits Report
- 02 Supplies Status Report of Tracer Drug and Clinical Examination Tools
- 03 Daily Review of MOM Reports
- 04 Inter District Monitoring Visits
- 05 Training of Monitors on Revised IPC Guidelines and DHIS
- 06 Assessment of Health Facilities on scoring basis
- 07 Tracking and Tracing of PPHI vehicles
- 08 Biometric Authentication of field staff



Repair and Renovation

At the time of PPHI Sindh's takeover of the management of Health Facilities (HFs), only 65% of these HFs were operational while the remaining HFs had no service delivery. The remaining HFs also required major repairs in order to continue service provision.

Updating and renovating the health facilities became the major task for PPHI Sindh because maintaining the quality and provision of primary health facilities to the community was mandatory and the only objective in sight.

PPHI Sindh has continued the repair and renovation of the HFs and it allocates a dedicated budget every year which is utilized in upgrading the existing facilities and renovating the newly taken over ones.

Under R&R, PPHI Sindh mainly focuses on the physical restoration of health facility buildings. PPHI Sindh's R&R process involves altering the functionality of health facility buildings, installing new appliances and fixtures, and transforming the space. The main objective of repairing and renovating the HFs is to provide an improved and conducive environment quality health services' provision by uplifting the buildings and adding many functional elements to them.

The process mainly involves roof replacement of buildings, creation of additional rooms, new construction, and infrastructure and utilities for health facility buildings, laboratories, warehouses and office buildings.

Achievements

PPHI Sindh initially, with the support of Department of Planning & Development - Sindh Government, started R&R work of such redundant HFs through two PC-I: Repair & Renovation of District 10 and District 13 with costs of Rs. 264.234 million and Rs. 271.173 million, respectively.

PPHI Sindh has spent a total of Rs. 2,120.813 million on Repair & Renovation so far. Of this total, the funds received amount to Rs. 1,395.537 million as of 2021-2022.

In addition to the R&R works, PPHI Sindh has constructed six state-of-the-art medicine warehouses in Badin, Khairpur, Thatta, Larkana, Sukkur and Hyderabad.

Annual Report R&R schemes 2020-22

Year	Ongoing Schemes	New Schemes	Schemes Completed	Progress	Receipts	Expenditure
2020-21	16	70	54	32	Rs. 224.830	Rs. 192.580
2021-22	32	122	97	48	Rs.631.827	Rs.431.690



Inauguration of BHU Noor Nawaz Zardari by Mr. Sayed Mohsin Ali Shah, Commissioner SBA



Inauguration of GD Jhoro Shar by Mr. Ibrar Ahmed Jafer, Deputy Commissioner, SBA



Inauguration of BHU Tunya Baka Shah by Mr. Sayyed Abrar Ali Shah, MNA Pakistan



Inauguration of BHU Muhabat Dero by Mr. Sayed Mohsin Ali Shah, Commissioner SBA



Inauguration of GD Kot Bhutto, District Larkano by Mr. Abdul Wahab Soomro, Former CEO, PPHI Sindh



MCHC Ahmed Mian Soomro, District Jacobabad by Mr. Muhammad Mian Soomro, Federal Minister



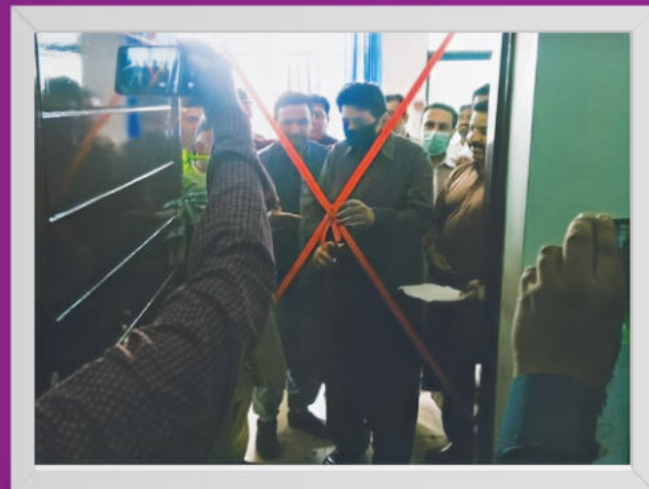
Inauguration of BHU Plus Jeando Rind by Muhammad Nazar Memon, Member BoD PPHI Sindh



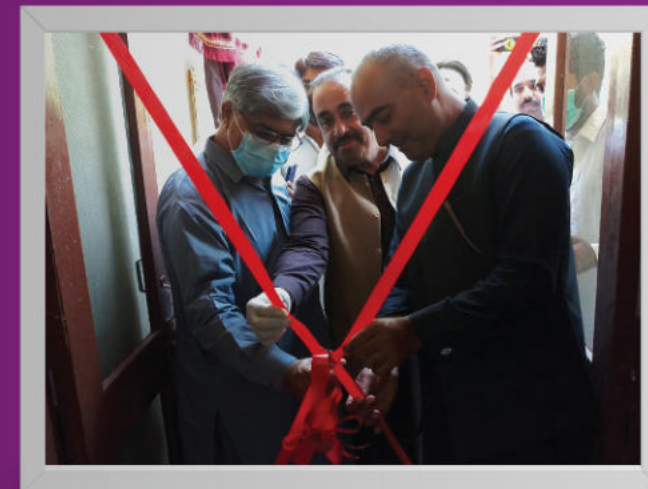
Inauguration of BHU Plus Khadro by Dr. Imran Ul Hassan Khowaja, Dpt. Com., Sanghar-A



GD Allah Rakhio Jalbani, District Kamber by Mr. Javed Nabi Khoso, Deputy Commissioner Kamber



NSC Ward Kandh Kot, District Kashmore by Mr. Munawar Ali Mithani, Deputy Commissioner Kashmore



Inauguration of BHU Dino Shah by Mr. Ghulam Qadir Chandio, MPA Sindh



Inauguration of BHU Hamal Faqeer by Mr. Aamir Hussain Panhwar, Deputy Commissioner, SBA



Inauguration of MO Banglow BHU Jokhio Village District Thatta by Mr. Sadique Ali Memon (Special Assistant to CM)



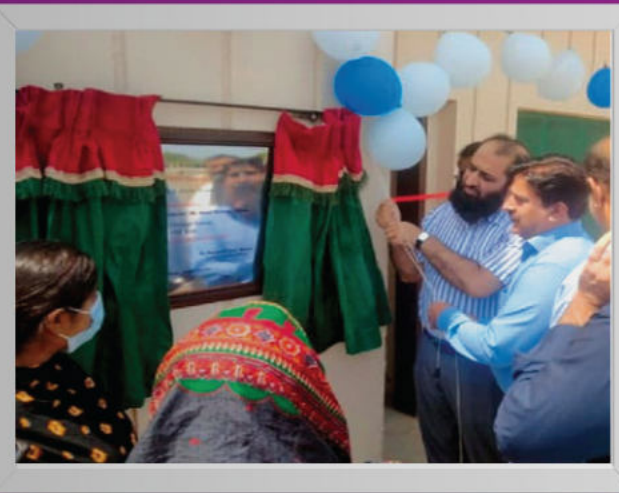
Inauguration of GD Khuda Ki Basti, District Karachi by Dr. Muhammad Suleman Member, BOD PPHI Sindh



Inauguration of BHU Mossa Khatian, District Hyderabad by Mr. Muhammad Nazar Memon Member, BOD PPHI Sindh



Inauguration of MO Banglow BHU Plus Gujjo District Thatta by Mr. Sadique Ali Memon (Special assistant to CM)



Inauguration of LHV Quarter BHU Plus Jhok Sharif, District Sujawal by Regional Director RO Hyderabad



Inauguration of BHU Plus Bannu, District Sujawal by Syed Ayaz Ali Shah Sheerazi Member of National Assembly



Inauguration of BHU Plus Bannu District Sujawal by Mr. Syed Aijaz Ali Shah Sheerazi (MNA)



Inauguration of BHU Plus Toban wari, District Umerkot by Mr. Qazi Muhammad Sadiq Member District Council Umerkot



Inauguration of MCHC Seri District Hyderabad by Mr. Muhammad Nazar Memon, Member BoD PPHI Sindh on Monday 21st March, 2022

Research Activities

During 2020 - 2021

A cornerstone of PPHI Sindh operations is evidence-based findings and recommendations.

PPHI Sindh's (RW) Research wing has provided a comprehensive analysis through its internal research project and liaison with key players in the market to collaborate and partner in mutually agreed project on women's reproductive health.

Some of these activities are as follows:

Internal Research on Low performing BHU Plus health facilities

The purpose of study on low performing BHU Plus health facilities was to identify the factors affecting the performance of BHU Plus health facilities in PPHI Sindh. A detailed assessment study was designed, proposed and implemented in both low and high performing BHU Plus health facilities for a comprehensive analysis of the study outcomes.

Grants Search

RW was involved in drafting grant write ups to get external research funding. RW has submitted

grant proposal to UNICEF, TB Reach Wave 9 of USAID and finally successful in acquiring AKU - WHO multicounty grant on "Impact of sexual and reproductive health in COVID-19 affected areas" as sub grantee.

Collaborative / partnership meetings

Multiple collaborative meetings with various department/ organization were conducted during the above-mentioned fiscal year to showcase PPHI Sindh's Research Wing at different levels. This includes meetings with EPI program team, PILLS Team for mental health project, Tech4Life team for hemoglobin device study, WHO Geneva team for Pneumonia Study, Aga Khan University, Community Health Sciences Department and Orthopedic Department of AKU.

Publication Write-ups

Research Team was involved in manuscript write-ups and successfully published an article in the international journal, whereas, two more publications are under peer review which will be published during next fiscal year.



Internal Research Projects

“Assessment of low performing BHU Plus level health facilities to identify contributing factors for low performing especially in MNCH areas”

Objectives

The overall objective of the study was to provide an insight about challenges and systemic bottlenecks affecting the coverage of institutional delivery targets particularly in low performing BHU Plus health facilities in selected districts of Sindh. The evidence generated from this study was felt essential in improving the internal mechanism of PPHI Sindh’s operations and its service delivery system.

The specific objectives explored through this study are as follows:

- To determine the level of utilization of health services package and structural factors affecting the quality-of-care services in low performing BHU Plus health facilities
- To assess providers’ knowledge, skills, practices and experiences on provision of quality of MNCH services
- To recognize/identify determinants of HCPs low performance on maternal health services, their motivation level and challenges during service delivery
- To explore the knowledge, practices and experiences of married women of reproductive age (15-49) on MNCH services and determinants of underutilization of services at PPHI BHU Plus health facilities

Methodology

PPHI Sindh’s RW adopted three-Pronged Approach to find out the factors for low performing HF and to know the community’s reasons for not seeking care from PPHI Sindh HFs in comparison to good performing PPHI Sindh health facilities;

- Health Facility Assessments (Both good performing and poor performing HFs)
- Knowledge & Skills Assessment of Health Care Providers (Both good performing and poor performing HFs)
- Cross-sectional survey was conducted at community level in the catchment population of low performing health facilities to identify the community reasons/perception for not seeking care from PPHI Sindh HF in their catchment population (Interviews were conducted with MWRA during Community Survey. Total 411 WRA (15-49 years) interviewed who delivered at Non-PPHI Sindh HF during last 6-12 months)



Selection Criteria

The health facilities were selected based on their monthly Normal Vaginal Deliveries (NVDs). The monthly NVDs data from all the BHU Plus health facilities were extracted from DHIS. The facilities showing less than 60 NVDs per months were categorized as low performing. A total of 45 BHU Plus health facilities out of 315 were identified as low performing facilities. However, considering the diversified geographical locations, operational feasibility and time constraints, 10 low performing facilities were selected for data collection. Similarly, 5 high performing (based on high NVDs) were selected from the same geographic vicinity for comparison.

Overall Findings

1. Component A: Health Facility Assessment

Table 1 shows summary of core areas on which the selected health facilities were assessed. According to the data, the availability of MNCH guidelines, diagnostic facilities, providers trainings on IMNCI, PSBI and BEmONC needs improvements. Lack of diagnostic and laboratory services may have contributed in low turnover for low performing HFs, so these services may be provided to improve the overall HFs performance and its functionality.

Core Areas	Good Performing HF (n=5)	Low Performing HF (n=10)
Infrastructure	Adequate and equal in both facilities	
Filtered drinking water	100% available	80% available
HR	Equal and adequate in both facilities	
Basic medical equipment	Equal and adequate in both facilities	
Drugs and commodities	Equal and adequate in both facilities	
Diagnostic facilities	Adequate	Unavailability of ultrasound machines and lack of laboratory technician in few facilities
Availability of different MNCH guidelines	100% available	30-70% available
Trainings on different areas for HCPs	Adequate 80-100%	Inadequate 20-80%
Ambulance availability	100% available	40% available

Table 1: Summary of core areas of health facility assessment

2. Component B: Providers Knowledge Assessment

The healthcare providers knowledge was assessed on the provision of antenatal care, delivery care, postnatal care and newborn care. Most of the questions were based on multiple choice answers where the data collectors read the responses and providers had to answer the correct response, whereas few were spontaneous questions. Based on the standard scoring mechanism, providers scored 80% or above were at exceptional level, 60-70% were on intermediate level and less than 60% were considered as inadequate/unsatisfactory level.

Table 2 shows the mean percent score of both high and low performing providers at BHU Plus health facilities. According to the data, there is no significant difference in overall knowledge of healthcare providers in antenatal, delivery, postnatal care and immediate newborn care. It was noticeable that the level of knowledge among high performing providers was found unsatisfactory (55%) as per the standard benchmark, compared to low performing providers 62% which falls under intermediate level.

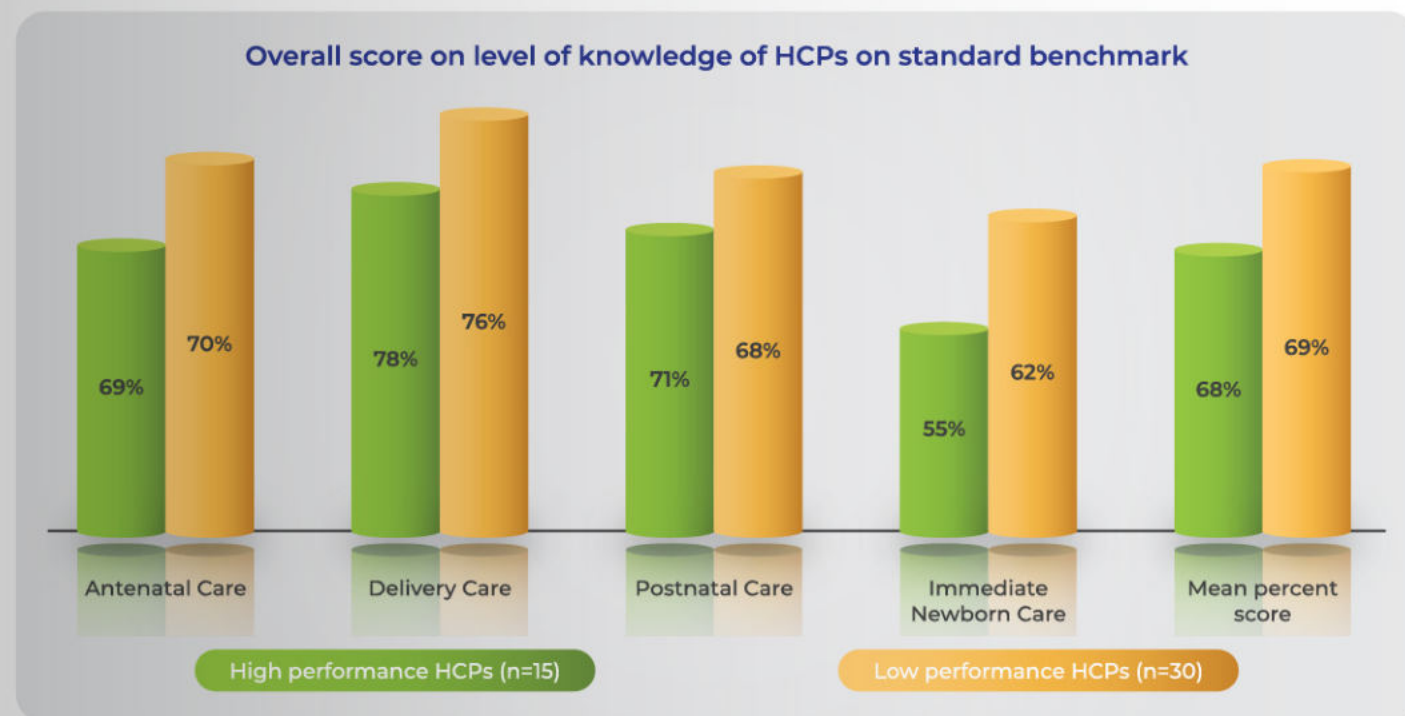


Table 2: Overall Level of Knowledge of both High and Low performing HCPs in BHU Plus health facilities.

Table 3 shows the providers' perception on reasons for low utilization of NVD services at BHU Plus health facilities. The findings suggest that long distance from home to the health facility was one of the main hinderances to avail services at the facilities. Providers revealed that clients visit the health facility to avail antenatal care, however, they trust more on TBA/Dai for deliveries due to their own preferences or family pressure.

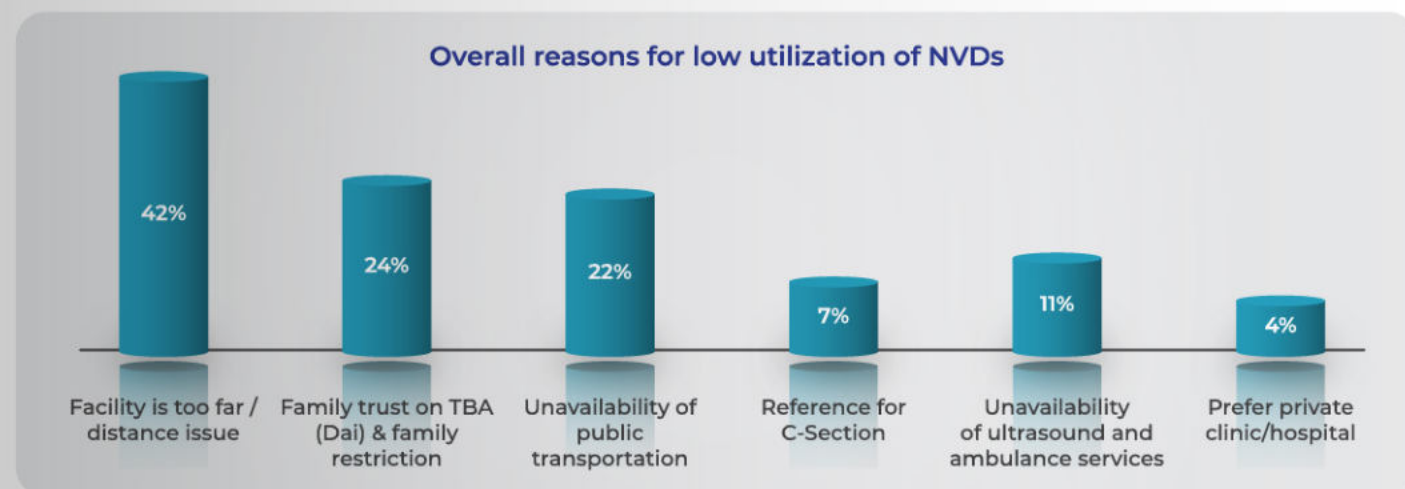
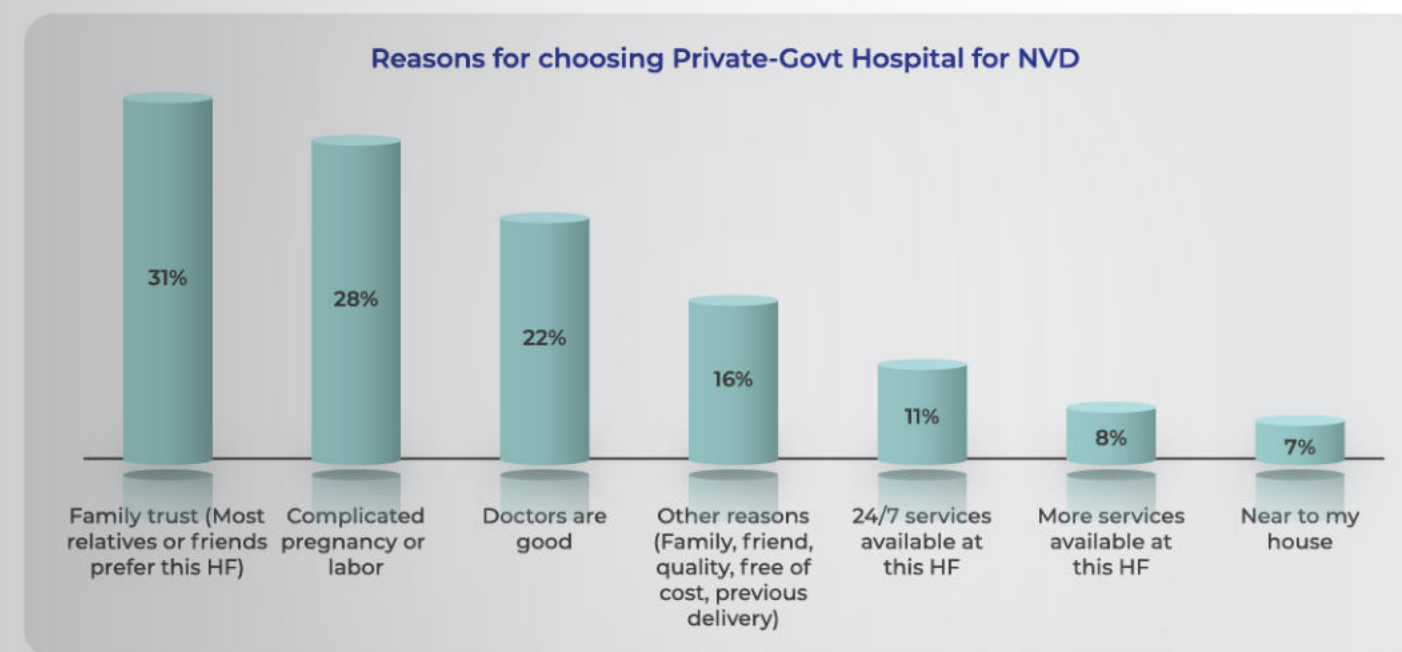


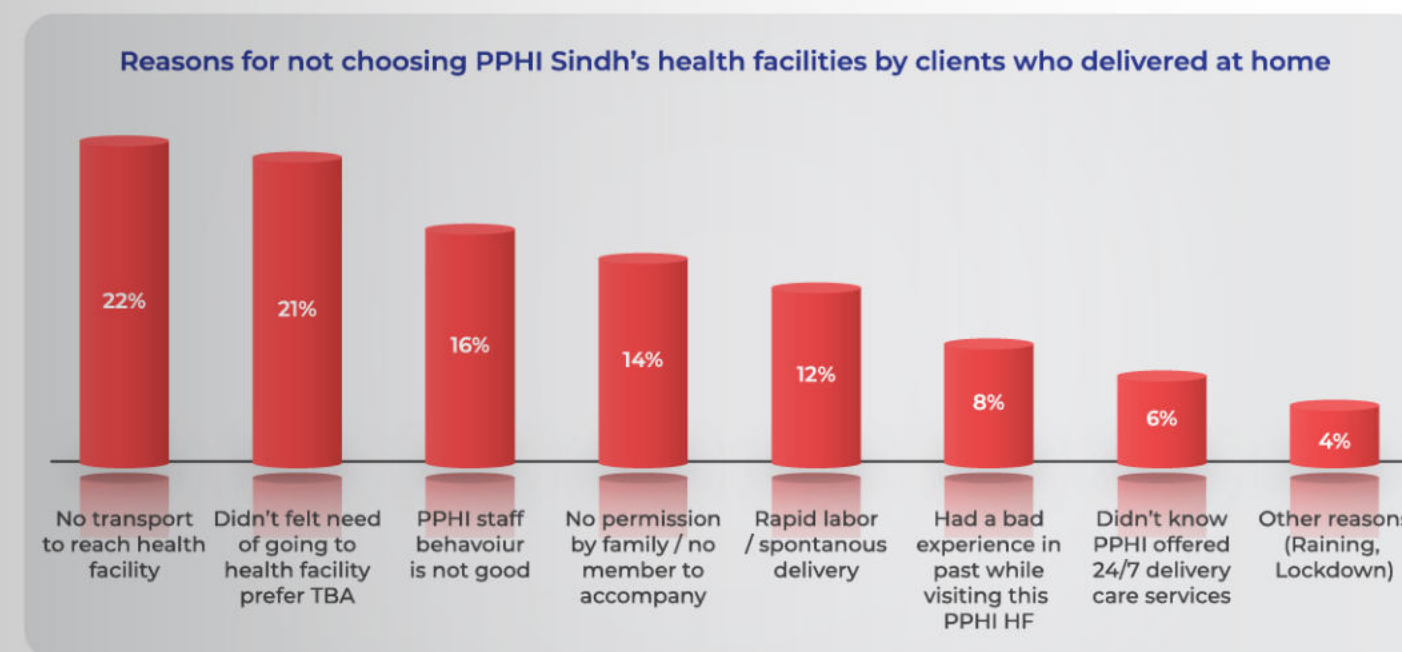
Table 3: Providers perception on reasons for low utilization of NVD services

3. Component C: Household Survey

Most of the participants revealed that they preferred to avail delivery care from private and government hospitals due to the family trust and preference followed by those who had complications during previous pregnancy or labor at PPHI health facilities and were referred to these facilities. Moreover, few participants (11%) were unaware about the operational timings of PPHI Sindh BHU Plus health facility which is 24/7.



Among all surveyed participants who delivered at home, majority (22%) revealed that distance from home to the health facility was major reason for not availing delivery services from PPHI health facilities. Whereas, 20% preferred to take services at home by TBA.

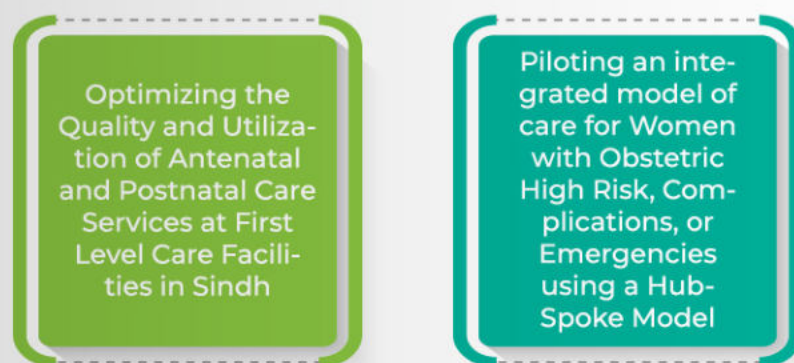


Grants Opportunities

PPHI Sindh's Research Wing was successfully granted fund for a collaborative research study with Aga Khan School of Nursing and Midwifery (AKUSONAM) and PPHI Sindh. MoU has been signed to in June 2020 to initiate the study on "Health systems analysis, Women's Reproductive Health and barriers to availability, utilization and readiness of sexual and reproductive health services in COVID-19 affected areas".

Collaboration and Partnership Initiatives

The RW collaborated with Community Health Science Department of AKU and developed following concept note for future building partnership between CHS-AKU and PPHI Sindh:



PPHI Sindh in consortium with University of Manchester, PILL, PPHI Sindh, King Edward University, Ziauddin University applied the grant to National Institute of Health Research (NIHR) UK, titled "Preventing burn injuries, strengthening burn referral and rehabilitation of burn patients". The first stage of application was submitted and approved, currently, the proposal development for second round is ongoing.

Publications

The RW successfully published an article titled "Impact on the Utilization of Reproductive, Maternal, Newborn and Child Health Care Services at Primary Health Care Level During First Wave of COVID-19 Outbreak in Pakistan" in Cureus Journal of Medical Sciences, 2021.

<https://www.cureus.com/articles/68133-impact-on-the-utilization-of-reproductive-maternal-newborn-and-child-health-care-services-at-primary-health-carelevel-during-first-wave-of-covid-19-outbreak-in-pakistan>

Upcoming Publications:

"Burden and predictors of undernourishment among married women of reproductive age: a cross-sectional study in Dadu and Jacobabad districts of the Province Sindh, Pakistan"

"Impact on family planning services in primary healthcare facilities in rural Sindh - secondary data analysis of pre and on-going COVID-19 crisis period"

Research Activities

During 2021 - 2022

During the last fiscal year of July 2021 – June 2022, PPHI Sindh's Research Wing has performed multiple tasks.

Summary of these tasks are as follows:

External funded Research Study

A multicountry study titled "Health systems analysis, Women's Reproductive Health and barriers to availability, utilization and readiness of sexual and reproductive health services in COVID-19 affected areas" funded by World Health Organization to Aga Khan School of Nursing and Midwifery (AKUSONAM). PPHI Sindh was a sub grantee in this study to execute the research in selected health facilities of Hyderabad and Karachi. The study was implemented in total nine (9) health facilities including primary (n=3), secondary (n=4) and tertiary (n=2) care facilities in Karachi and Hyderabad sites.

The following deliverables were assigned to Research Wing, which was successfully completed within the given timeline.

- Revision and finalization of tools for data collection and its translation in local language (Urdu and Sindh both)
- Hiring and training of data collection team including data collectors and research coordinators for both sites, respectively.
- A comprehensive data collection activity on both quantitative and qualitative assessment tools were conducted through health facility survey, client survey, focus group discussions (FGDs) and In-depth Interviews.

- The quantitative data of health facilities and client survey forms were entered using SPSS software. The qualitative data of 21 FGDs, including female (n=9), male (n=9) and community (n=3) groups, and 145 in-depth interviews with pregnant, non-pregnant women and male members was also conducted. All the qualitative data were transcribed using voice recordings and notes taken during the discussions and interviews. The complete datasets of both quantitative and qualitative were shared with AKUSONAM for analysis.

Grant Search

Research Wing was extensively involved in developing technical as well as financial proposals, IRB applications and timely submission of documents for external research funding.

"Validation of Non-Invasive Hemoglobin Device" PPHI Sindh RW in collaboration with Tech4Life Enterprises reviewed and finalized the study proposal and questionnaire, submitted IRB application form and took ethical approval of study and submitted the proposed budget to Tech4Life.

"Understanding the current childhood pneumonia management practices in a few selected low and middle-income countries" PPHI Sindh RW in collaboration with WHO Geneva team was selected to conduct a multi-country study in Pakistan. Research team submitted the study protocol application form, developed implementation strategy document and IRB application form for approval and proposed budget for the study.

A request for proposal was issued by Nutrition International "NI" (formerly known as the Micronu-

trient Initiative) on “Supporting Contract for Implementation of Maternal and Newborn Health and Nutrition Services”. PPHI Sindh RW developed a technical as well as a financial proposal and submitted to Nutrition International.

Internal Assignments by the Management

3.1: Re-Assessment of Warehouse Survey

- The purpose of the survey is to re-asses all the warehouses of PPHI Sindh for its effective commodity supplies and proper management of inventory /logistic system. The observations identified from first round of warehouse assessment survey were shared with each district to ensure compliance before re-assessment of warehouses.
- Data on compliance status from each district were collected, analyzed and shared with the management.
- Re-Assessment survey has been planned in the upcoming fiscal year.

3.2: Bempu Thermal Wrist Band for prevention of Hypothermia in neonates

A field observation visit was conducted to understand the utilization of Bempu Wrist Bands and its effectiveness in detecting / alerting hypothermia in neonates.

- Research Wing has conducted field observation visit in selected health facilities of District Larkana.
- A detailed presentation on field observations and available data interpretation on utilization and effectiveness of the device and its operational management was shared internally.

3.3: Develop Concept brief for Nutrition Wing

A concept brief on “Determinants of relapse and default amid 6-59 months children with severe acute malnutrition treated in the selected intervention districts of Sindh – Pakistan” was developed and shared with Nutrition Wing, PPHI Sindh.

3.4: SWOT Survey of PPHI Sindh

A SWOT Analysis was done to assess the overall performance of PPHI Sindh

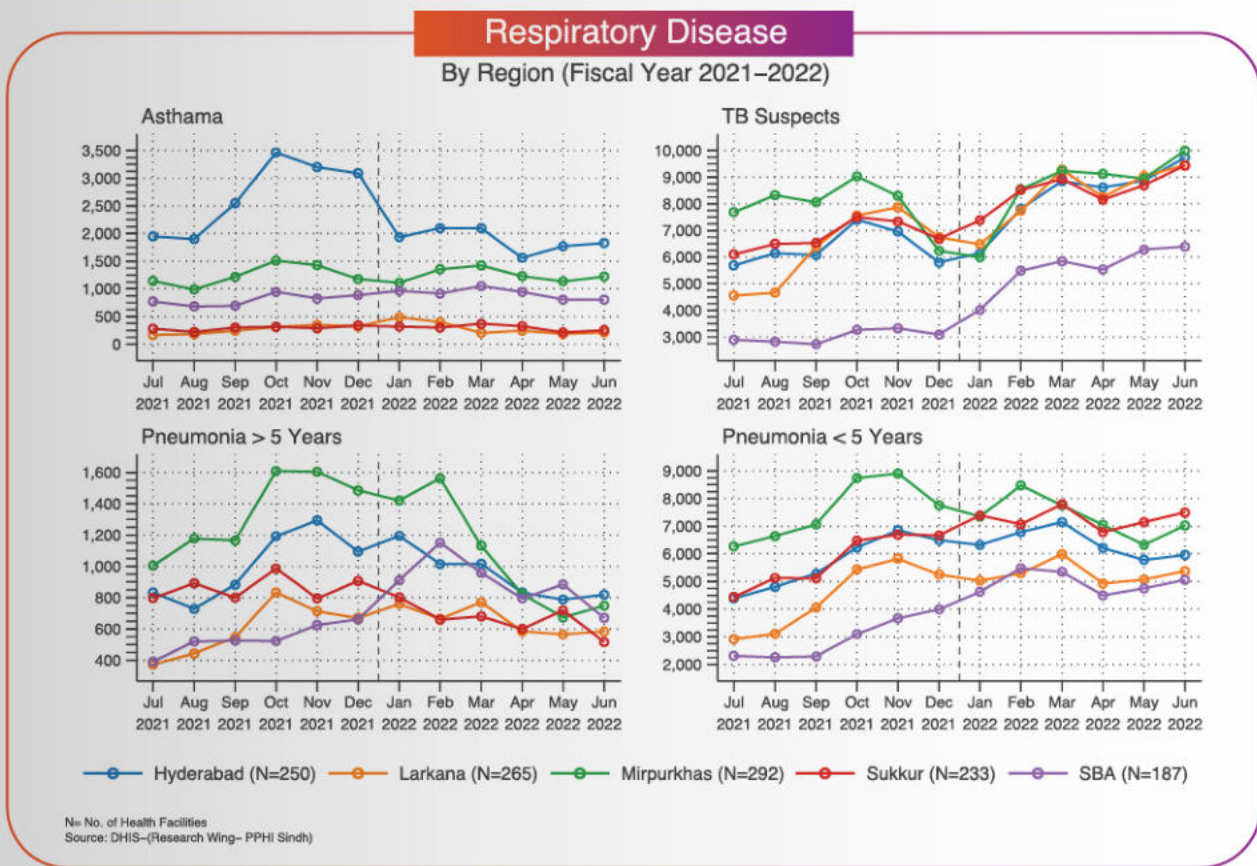
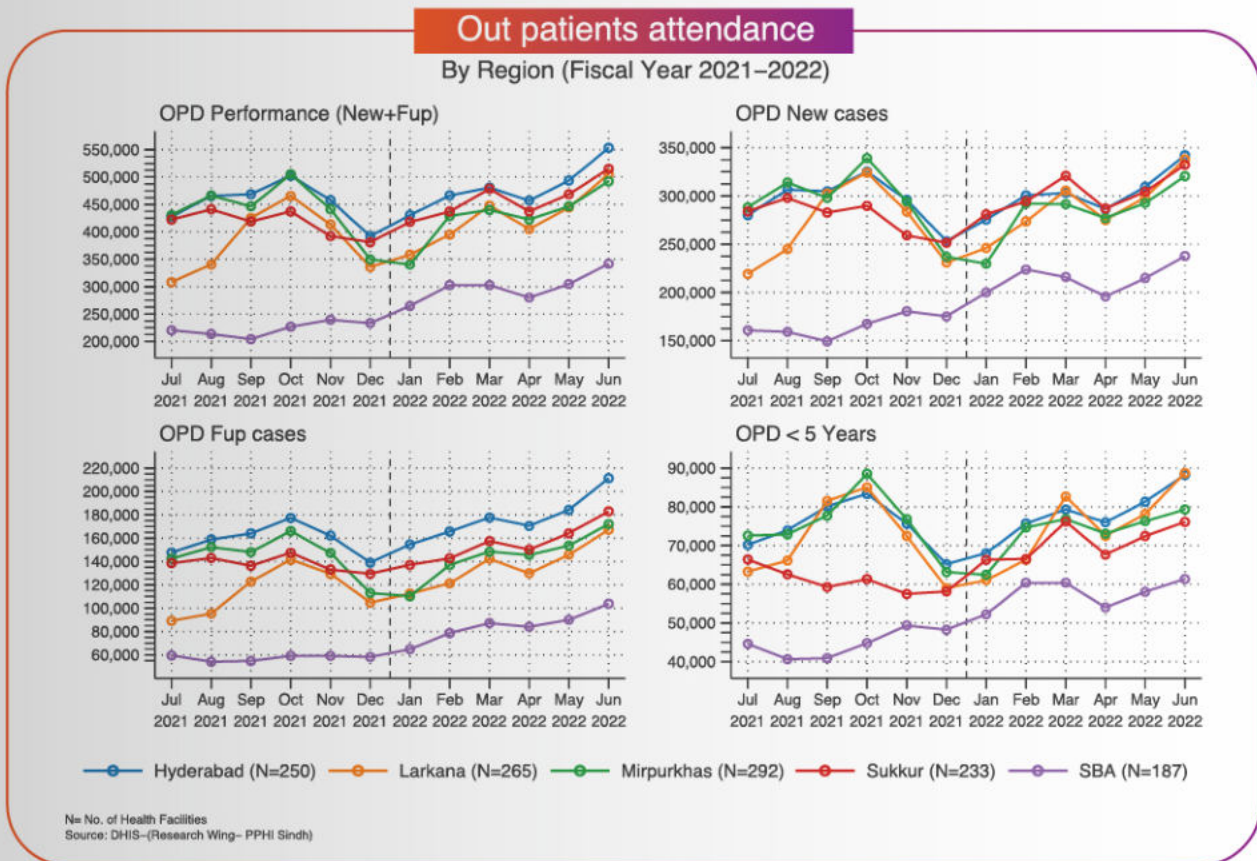
- Developed Concept Brief and Questionnaire
- Implemented Data collection at Head Office Level
- Data Analysis and Presentation is underway

3.5: DHIS Trend analysis

- Routinely collected data on health indicators has been extracted from DHIS for the period of 2021-2022
- Region and district wise data has been analyzed to measure the monthly performance of services provided at all the health facilities of PPHI Sindh

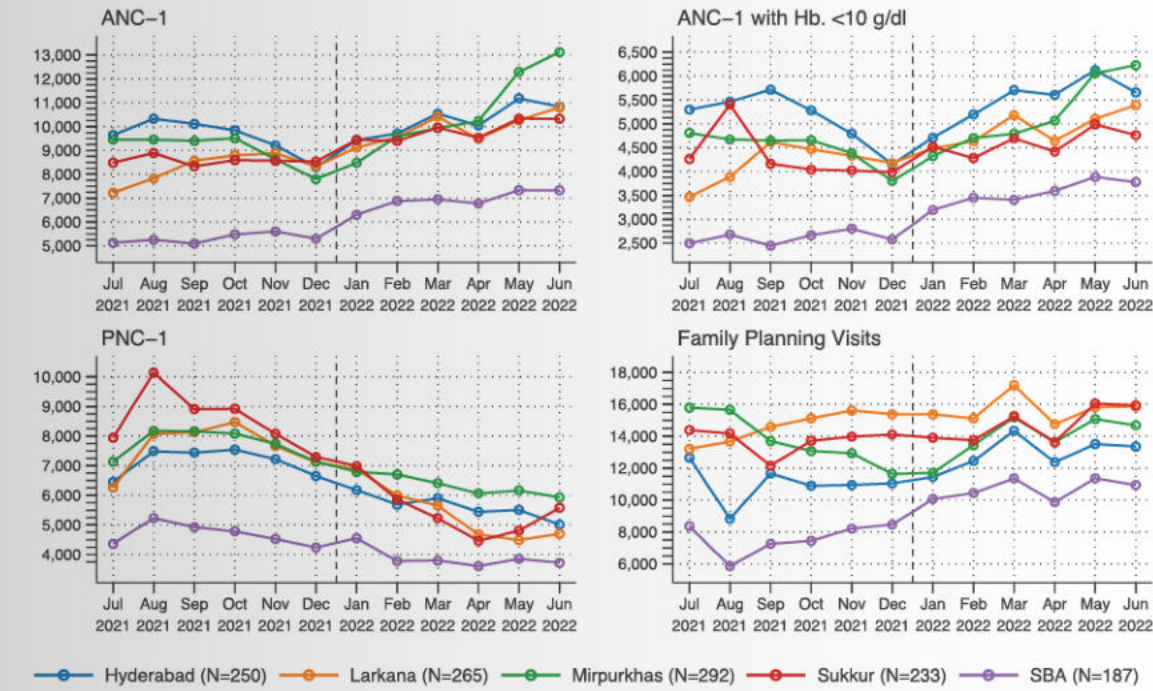


Region wise analysis on routinely collected data on few health indicators are given as below



Maternal and Obstetric Health

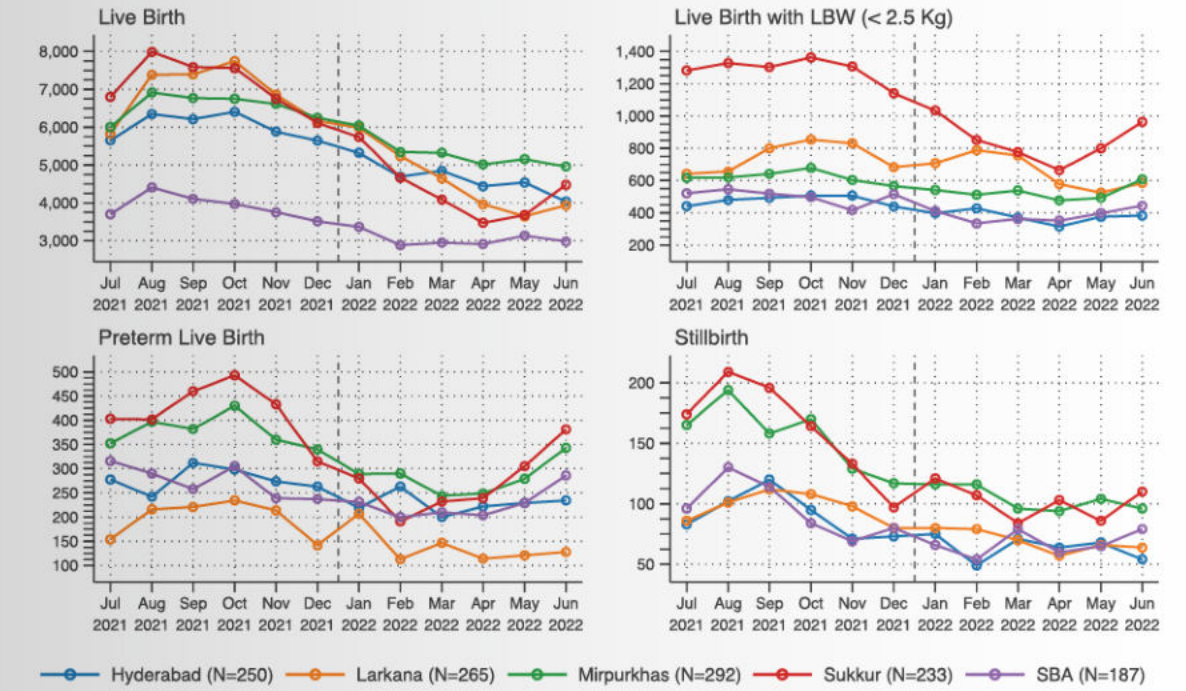
By Region (Fiscal Year 2021-2022)



N= No. of Health Facilities
Source: DHIS-(Research Wing- PPHI Sindh)

Delivery outcome

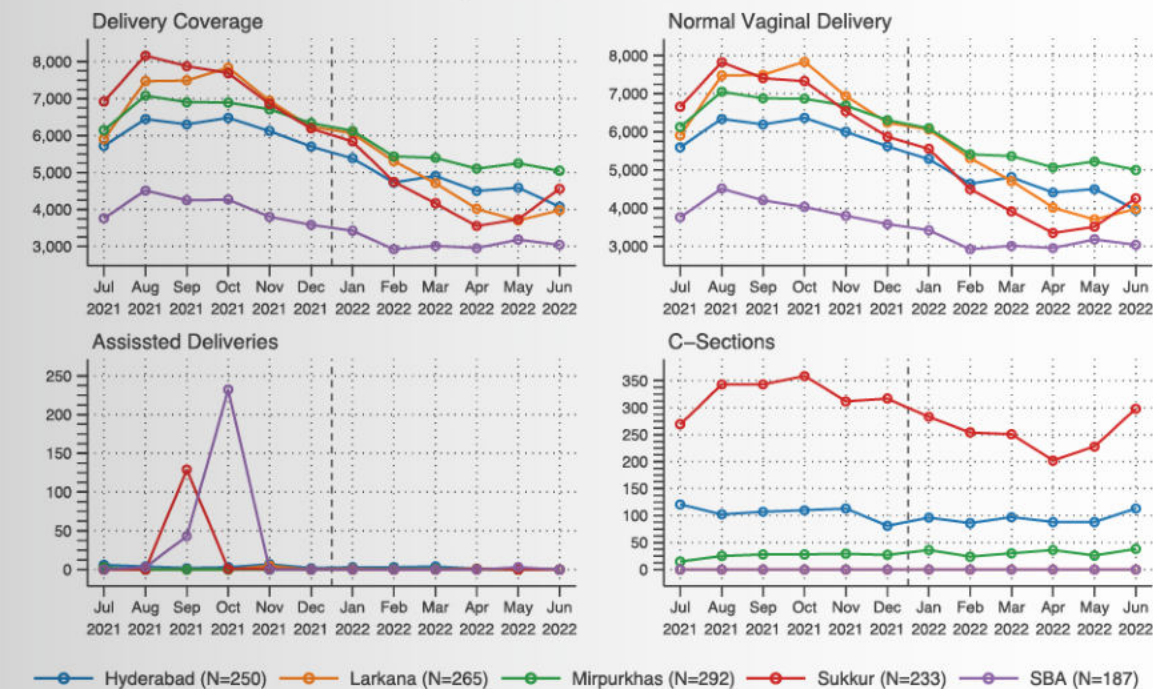
By Region (Fiscal Year 2021-2022)



N= No. of Health Facilities
Source: DHIS-(Research Wing- PPHI Sindh)

Delivery methods

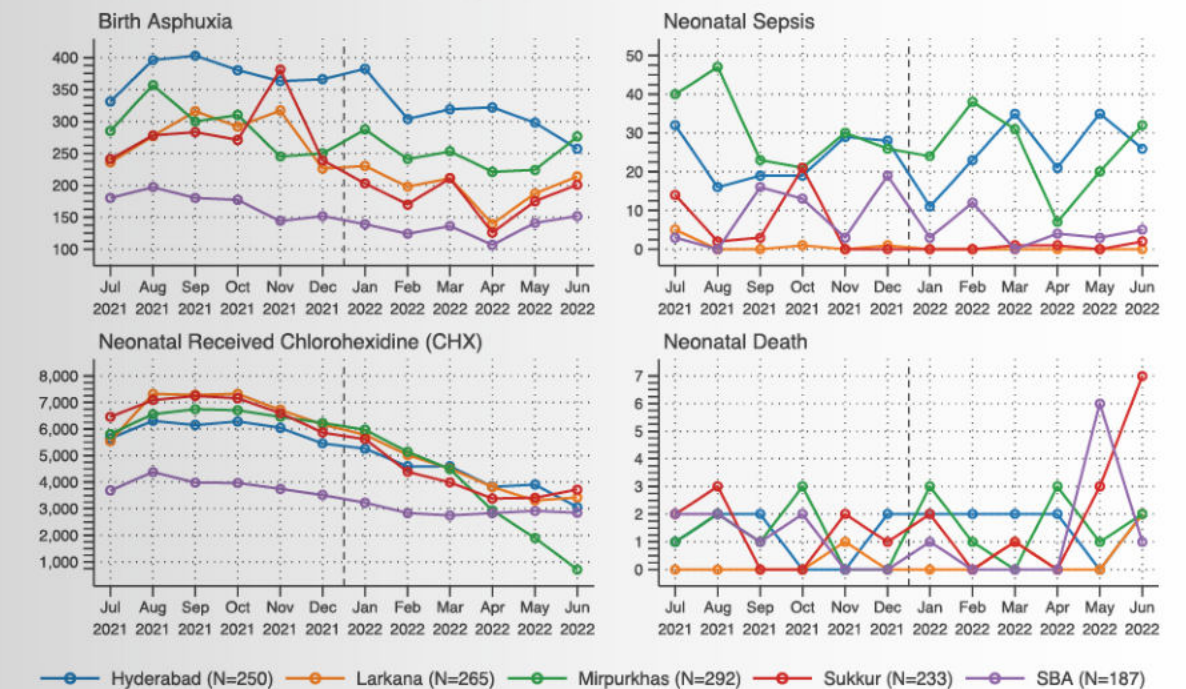
By Region (Fiscal Year 2021-2022)



N= No. of Health Facilities
Source: DHIS-(Research Wing- PPHI Sindh)

Neonatal Health

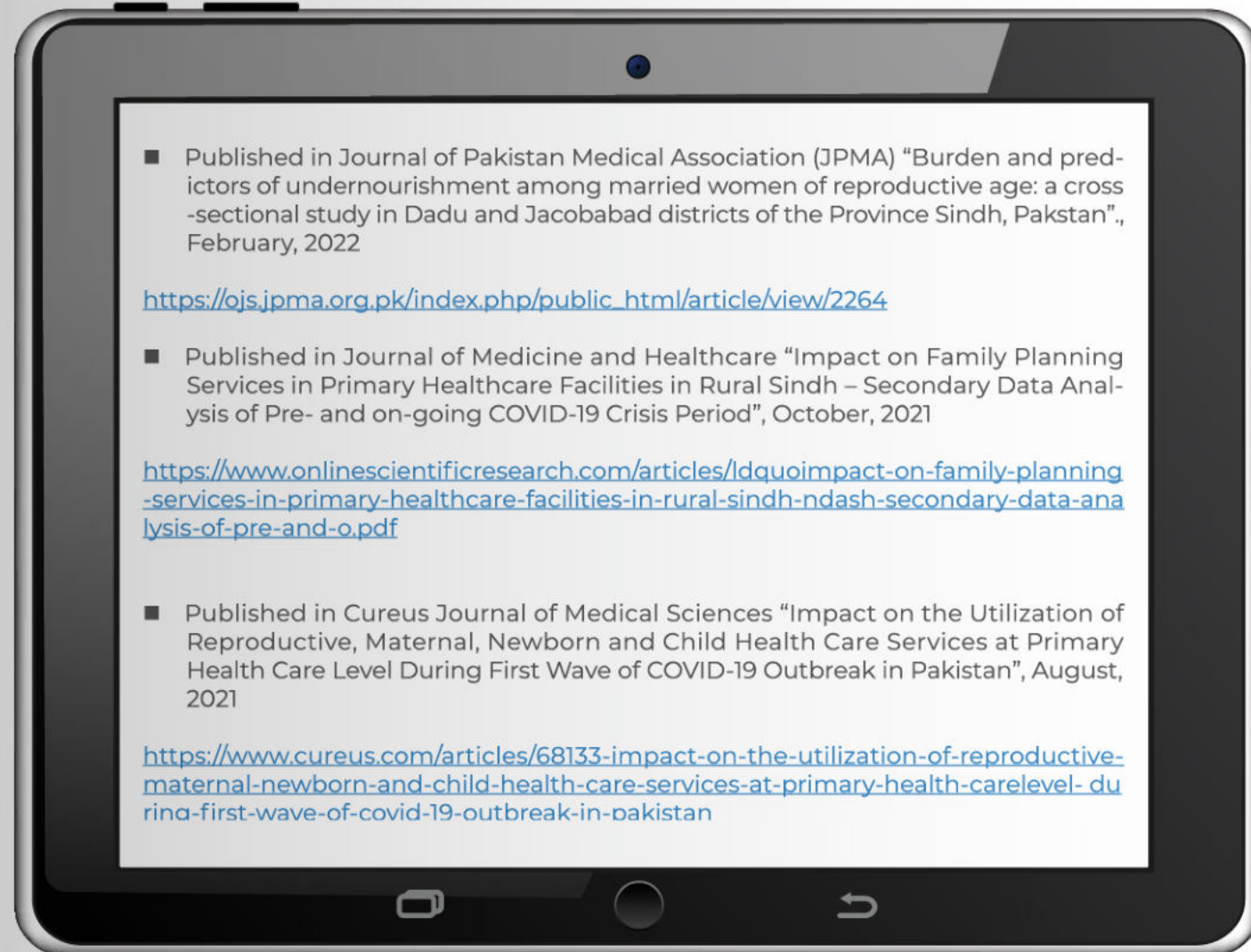
By Region (Fiscal Year 2021-2022)



N= No. of Health Facilities
Source: DHIS-(Research Wing- PPHI Sindh)

Publications

PPHI Sindh RW successfully published three articles, one in local and two in international journals, whereas, one more publication is under preparation which will be published during next fiscal year.



Upcoming publication

PPHI Sindh has one Research article titled "Evaluation of health providers competency in provision of MNCH services at primary care level facilities of Sindh, Pakistan" under preparation which is expected to be published in next fiscal year.



In-house Medical Reimbursement Cell of PPHI, Sindh

PPHI Sindh after the establishment of the company has been trying to provide comprehensive and cost-effective health insurance facilities to all employees. PPHI Sindh introduced the provision of reimbursement of Medical Expenses of employees and their spouses in 2015-16 in which medical coverage including hospitalization and maternity is provided to all its employees, regardless of their level, tenure, or position. Medical coverage includes all surgical procedures, specialized investigations, daycare surgeries and normal/complicated deliveries.

Initially, the policy included reimbursement of the amount for hospitalization of employees and maternity of their spouses, against a small amount of contribution recovered on monthly basis from the salaries of employees. In 2016-17, the hospitalization of spouses and children along with neonatal stays was also covered in two phases. In Financial Year 2017-19, PPHI Sindh decided to discontinue the deduction of premiums from the salaries of the employees and pay category-wise premium amounts for all its employees. In the current year,

the policy has now been extended to cover the hospitalization of the parents of PPHI Sindh's employees.

To facilitate the employees, PPHI Sindh is considering further proposals for additional disease coverage and enhanced hospitalization and maternity limits through a health insurance card.

It would be a cashless way of treatment for employees and their enrolled dependents in a variety of tertiary care and major hospitals all over Sindh, without any delay. PPHI SINDH would be providing health facilities to their employee in a very efficient way through health cards.

The amount of reimbursement jumped from Rs.5 million to Rs.34 million, within a span of seven years starting from 157 cases in 2015-16 to 638 cases in 2021-22.

The following table depicts the details of category-wise yearly reimbursement expenditures and the number of cases reimbursed in 2020-21.

Year	MRC DATA						
	No. of Cases				Amount		
	Maternity Employee/ Spouse	Hospitalization			Maternity	Hospitalization	Total
	Employee/ Spouse	Children	Parents				
2015-16	122	35	-	-	3,480,306	1,608,557	5,088,863
2016-17	257	78	-	-	6,992,258	3,321,745	10,314,003
2017-18	313	90	-	-	8,673,621	3,439,686	12,113,307
2018-19	322	75	17	-	8,583,708	4,584,568	13,168,276
2019-20	380	122	37	-	12,317,709	10,057,092	22,374,801
2020-21	358	131	39	12	14,810,827	9,232,419	24,043,246
2021-22	373	143	63	59	14,661,437	17,720,478	32,381,915
Total	2,125	674	156	71	69,519,866	49,964,545	119,484,411



Progress of PPHI Sindh Employees Contributory Provident Fund (ECPF)

PPHI Sindh Employees Contributory Provident Fund (ECPF), introduced in Financial Year 2017, serves the purpose to provide employees with lump sum payment at the time of exit from the organization. It is a direct additional benefit to employees, and is funded by both employees and the employer.

PPHI Sindh ECPF is registered with the Sindh Board of Revenue and governed by the registered rules. During the reporting period, the number of currently registered members is 5,923 and the fund size is Rs. 682.62 million. Additionally, an amount of Rs. 92.64 million had been paid to 908 employees on leaving their positions with the organization during the last six Financial Years.

Since the introduction of the trust, PPHI Sindh has

contributed Rs. 275.57 million and 6,831 including current and outgoing employees have benefited from it.

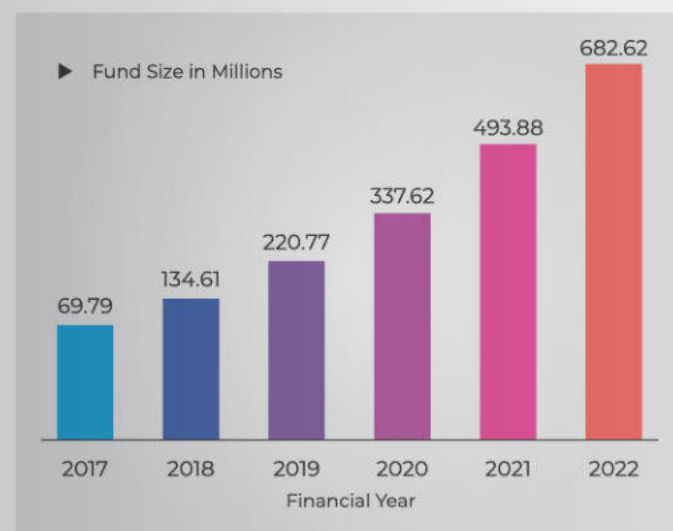
As of 30 June 2021, there were 5,158 members contributing to the ECPF and eligible to receive benefits, compared to 4,417 on 30 June 2020. Similarly paid employees were 774 on June 30, 2021, whereas paid employees were 611 on June 30, 2020.

At the end of the financial period on 30 June 2020, the ECPF's total net assets were valued at Rs. 337.62 million in comparison to Rs. 493.88 million at the end of the financial year ending on 30 June 21. Likewise, at the end of financial year on 30 June 2022, the value of total net assets of ECPF was Rs. 682.62 million with a 38% increase.

Movement	Financial year	Employees Contribution	PPHI Sindh Contribution	Profit Earned	Total
Contribution/ Receipt	2017	34,661,277	34,661,485	489,997	69,812,759
	2018	36,914,241	36,914,241	4,109,297	77,937,779
	2019	41,519,281	41,519,281	12,412,780	95,451,342
	2020	60,398,504	60,398,504	30,184,825	150,981,833
	2021	68,807,539	68,807,539	37,654,269	175,269,347
	2022	75,864,281	75,864,281	54,086,681	205,815,243
	Total	318,165,123	318,165,331	138,937,849	775,268,303
Payment	2017	9,792	9,792	-	19,584
	2018	6,509,743	6,509,747	102,299	13,121,789
	2019	4,443,806	4,443,819	400,698	9,288,323
	2020	15,446,188	15,446,195	3,239,527	34,131,910
	2021	8,116,776	8,116,779	2,782,667	19,016,222
	2022	8,159,501	8,159,501	746,685	17,065,687
	Total	42,594,853	42,594,895	7,271,876	92,643,515
Net Balance	275,570,269	275,570,437	131,665,973	682,624,788	

Table 1 Financial Year wise breakup of Receipt and Payment

Financial Position up to Financial Year 2022



Graph 1 shows the cumulative financial progress of the PPHI Sindh ECPF in millions.

Active Registered Members up to Financial Year 2022



Graph 2 shows the strength of registered members during the past six years.



Embracing Information Technology

PPHI Sindh like other tech-savvy organizations has invested in IT over past 2 years for initiatives in order to improve organization's IT infrastructure and business processes for effective healthcare operations.



PPHI Sindh Data Centre

For implementation of Healthcare Information Management System (HIMS) / Telemedicine; IT infrastructure works for the PPHI Sindh Data Centre have been completed. However, PPHI Sindh Data Centre will be providing services to the users from November 2022.



Data Connectivity for Health Facilities

A GSM-based data connectivity solution has been provided in District Tando Allahyar for real-time attendance management. Success of this connectivity solution will pave the way for PPHI Sindh to extend the solution across all health facilities of PPHI Sindh and HIMS. The solution is being implemented in the HFs of District Tando Allahyar.



Asset Management

For management of entire life cycle of PPHI Assets, an Asset Management Application has been provided to users. This application facilitates different stakeholders of PPHI Sindh in assets tracking, transfer, maintenance and their final disposal.



Dashboards for Senior Management / Directors

To facilitate decision making by the senior management, monitor KPIs and improve operational efficiency of the organization BI / dashboards have been provided.



ITSS and PPHI Sindh Complaint Management System

To manage end-to-end IT service delivery and core services / healthcare services delivery, ITSS and Complaint Management System has been implemented wherein PPHI clientele can register complaints through WhatsApp, portal, telephone and emails.



Healthcare Information Management System (HIMS)

Patient Registration Module of HIMS has been completed. Patients attending OPD in different health facilities can be registered in this module and on implementation will replace OPD Register.



COVID-19 Application

COVID-19 Application was provided to users to register cases during the COVID period. This application supported the decision making processes for the management with respect to availability of vaccines, protective gear, etc.



Daily Monitoring Report (DMR)

DMR Application for Android devices have been developed for collecting data from the field with respect to HFs profiles, services, equipment, i.e. electro medical and other and daily case reports, etc. In future, this single application would suffice collection of any type of data as per forms pushed to the users. The input from the field will be presented to Control Room at PPHI Sindh Head Office as well as it's consumer departments / wing.



Enhancements / improvements in different user applications

Following Applications have been enhanced / improved in terms of functionality with the changes in the policies:-

- Leave carried forward in HR module in the light of new policy.
- New recruitment portal for streamlining recruitment and candidate shortlisting processes.
- Reporting of Monitoring of Monitors (MoM) Application.



Lab & Pathology Wing

During 2020 - 2021

Establishment of Stat Labs

To provide better diagnostic services to the people of Sindh, the development team agreed to merge some potential CPs to establish a conceptually new dedicated stat lab which will provide services of essential tests like CBC, Blood group, Malaria, Dengue, Hepatitis B & C, to aid the treating physician in early diagnosis and treatment.

In this regard, the following CPs were successfully converted into stat labs during the period 2020-2021:

- CP Sujawal
- CP Hala
- CP Shadadkot
- CP Thul
- CP Mirpur Mathelo



Successful upgradation of Mini lab at MCHC Mirpur Mathelo

CBC machine was installed at MCHC Mirpur Mathelo to provide prompt and accurate results of hemoglobin and platelets free of cost; thus, saving the life of many pregnant women.

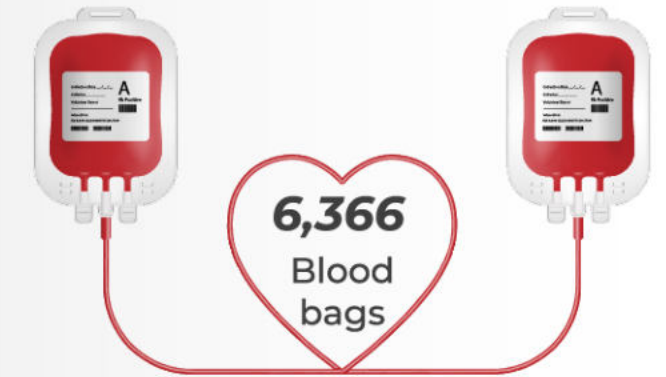
Registration of District labs and Collection points (CP) from Sindh Health Care Commission and Sindh Blood Transfusion Authority (SBTA)

District Lab Khairpur has acquired registration of newly established blood bank from Sindh Blood Transfusion Authority (SBTA) and collection points (CPs) from Sindh Health Care Commission (SHCC) for main lab and all its CPs.



Blood Bank Data of Kausar Hospital

Blood Bank at Kausar Hospital is providing excellent services around the clock (24/7) to fulfill the need of the hospital and its surrounding area. Following is the data of blood and blood products provided by Kausar hospital in 2020 – 2021.



Blood Bank Data District Lab Kausar	
Description	Year 2020-21
	No. of Products
Packed cell arranged	6,366
FFp arranged	1,078
Platelets arranged	270
Total	7,714

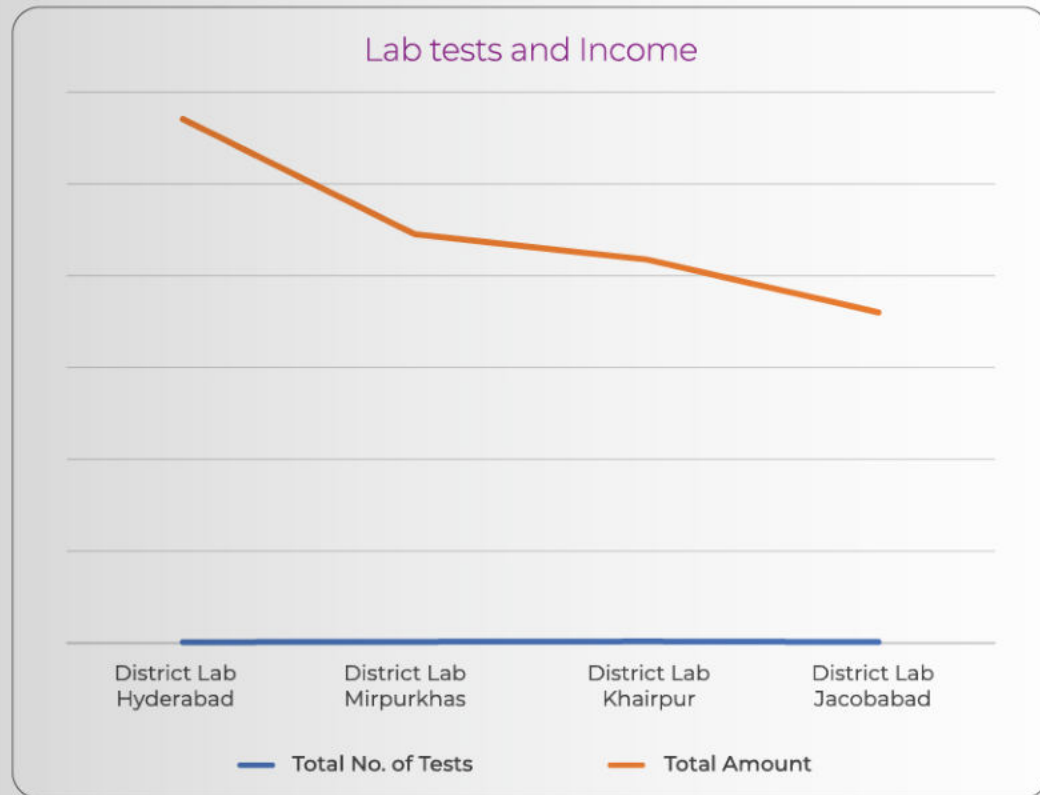


COVID-19 Tests agreement

PPHI Sindh's Pathology wing renewed an agreement for COVID-19 PCR testing with M/s Engro Power Gene Ltd for further period w.e.f January, 2022 to 30th June, 2022

Training Program

DL Kausar launched a training program to educate the personnel regarding laboratory sciences. Internees from different universities participated enthusiastically in the program to develop their technical skills. Around 20 students have completed their lab internship during the period 2020-2021.



Year 2020 - 2021

District Lab Hyderabad		District Lab Mirpurkhas		District Lab Khairpur		District Lab Jacobabad	
Total No. of Tests	Total Amount	Total No. of Tests	Total Amount	Total No. of Tests	Total Amount	Total No. of Tests	Total Amount
67,959	57,063,446	120,997	44,507,785	171,497	41,756,756	96,052	36,007,188

Lab & Pathology Wing

During 2021 - 2022

Induction of new tests in Stat Lab

Two new tests have been started at the stat lab in addition to routine tests.



Trop-I is a life-saving test for the diagnosis of heart attacks. Until now, around 600 Trop-I tests have been performed in the stat lab which is a commendable milestone in providing quality health-care services to the under privileged population of Sindh, and saving the lives of numerous cardiac patients.

Establishment of Stat Labs

Two more CPs have been successfully converted into stat labs i-e CP Ranipur & CP Shikarpur bringing the total count of stat labs to 8.

ISO Certification

- Two remaining District labs i-e Hyderabad and Jacobabad are also certified ISO 9001:2015.
- Renewal of ISO 9001:2015 certification of District lab Mirpurkhas.
- Now, all the District labs of PPHI Sindh Pathology wing are certified with ISO 9001:2015.



Registration of District labs and Collection points (CP) from Sindh Health care Commission

District Lab Hyderabad and Jacobabad along with its CPs have acquired registration from Sindh Health Care Commission.



Blood Bank Data District Lab Kausar	
Description	Year 2021-22
	No. of Products
Packed cell arranged	8,023
FFp arranged	558
Platelets arranged	140
Total	8,721

Relocation/Shifting of CPs

The following CPs were relocated/shifted at suitable place for easy access for customers/patients.

- CP Chandia Morr
- CP Digri

Training Program

- DL Kausar is providing training regarding laboratory sciences to internees of different universities to develop their technical skills. A total of 24 students have completed their lab internship in the first half of 2022.
- Successfully conducted the training of new blood bank technicians of secondary care of Larkana.



Establishment of Blood Bank at MCHC Mirpur Mathelo, RHC Tandojam and GH Naudero

Three new blood banks have been established apart from Blood Bank at Kausar hospital at:

- RHC Tandojam
- MCHC Mirpur Mathelo
- GH Naudero

These blood banks are providing excellent services around the clock (24/7) to fulfill the requirements of the hospitals and their surrounding areas. Following is the data of blood and blood products provided by Kausar hospital and other blood Bank during the first half of 2022.

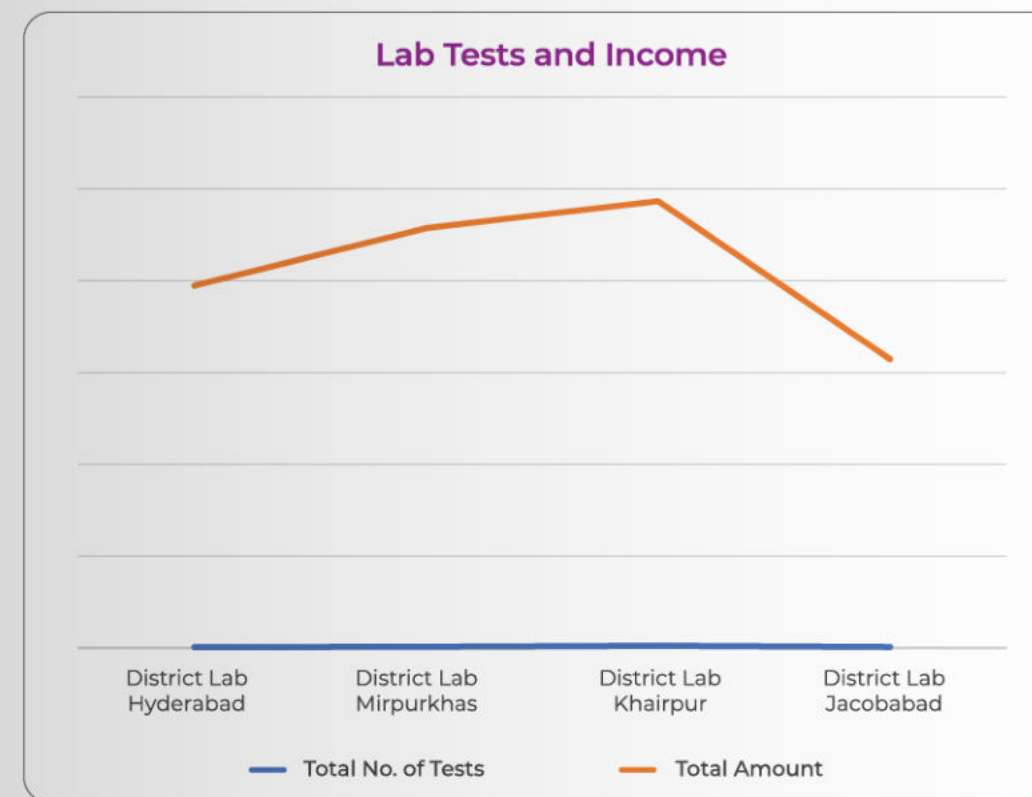
Online training session

Successfully conducted online training session of lab staff on the following topics:

- PCR sample collection and transportation among all the Lab Techs of all CPs/DLs.
- Infection control and best hygiene practices in laboratories.
- Quality assurance on laboratory protocols.

Free camps at prominent places/potential CPs for advertisement of our lab services and quality based reporting and staff

- Free camp on screening of Hepatitis B & C and H. Pylori were conducted at Khairpur Mir's by DL Kausar in February, 2022
- Free camp at CP Sujawal on screening on Hepatitis B & C was conducted in February, 2022.

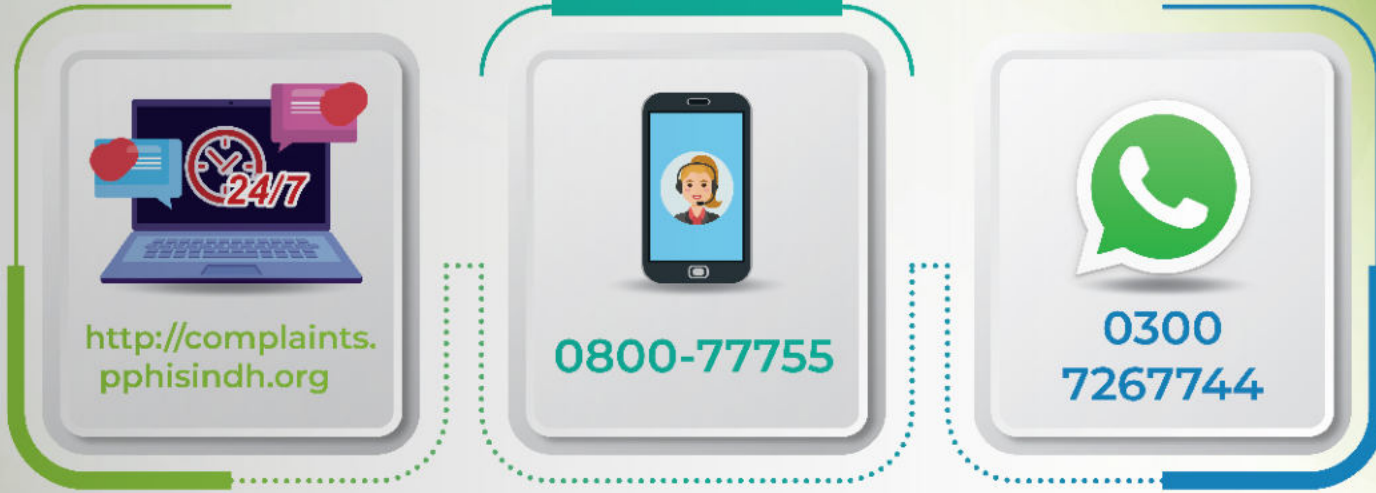


Year 2020 - 2021

District Lab Hyderabad		District Lab Mirpurkhas		District Lab Khairpur		District Lab Jacobabad	
Total No. of Tests	Total Amount	Total No. of Tests	Total Amount	Total No. of Tests	Total Amount	Total No. of Tests	Total Amount
71,330	39,454,030	129,137	45,722,834	240,276	48,659,289	91,260	31,460,300



شکایت / تجویز کیلئے



<http://complaints.pphisindh.org>

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7267744

پی پی ایچ آئی کی جانب سے مہیا کی جانے والی خدمات کے متعلق رہنمائی یا شکایت کی صورت میں مندرجہ بالا ہیلپ لائن پر مفت کال کریں یا مندرجہ ذیل ای میل، ویب سائٹ یا واٹس ایپ پر رابطہ کریں۔



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helpline@pphisindh.org

PPHI Sindh Head Office, Bunglow C27/1, Block-2, Clifton, Karachi.

Tel: +92 21 35872214, +92 21 35364045 | www.pphisindh.org

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Complaint Management System

In order to give the organisation a useful tool to pinpoint and address issue areas, track complaints handling effectiveness, and make system changes and improvements PPHI Sindh introduced the newly built in-house PPHI Sindh Complaint Management System (CMS) in 2021-2022.

Due to the extensive scope of primary health services provided by PPHI Sindh, there was an indiscriminate inflow of complaints from a variety of sources, including landline, social media, website, Pakistan Citizen's Portal (PMDU), written applications/complaints, and individuals visiting our health facilities. The fragmented grievance redress system led to a slow and ineffective resolution of complaints.

The PPHI Sindh CMS is equipped with the right mechanism for forwarding the complaints to relevant team members, tracking, categorizing, recording responses and evidences, and monitoring as well. The objectives of launching the CMS are to have better service delivery, to have continuous check upon performance of staff, to make complaints easier to coordinate, monitor, track and resolve, and to provide the organization with an effective tool to identify and target problem areas, monitor complaints handling performance and make improvements in the system.

With an effective monitoring mechanism, the PPHI Sindh CMS has the feature to escalate the complaint if it is not resolved in a given resolution timeframe. When a complaint is not resolved in due time, there is also a super escalation feature that brings up the complaint directly to the Chief

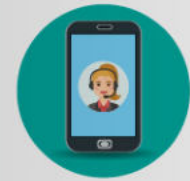
Executive Officer (CEO) PPHI Sindh. Once a complaint is launched by anyone, it is assigned a unique tracking number generated through the system. Additionally, keeping the nature of some of the complaints confidential, the accessibility to the information is given tier-wised.

The newly launched Complaint Management System is user friendly and can be accessed through any device. Now our clients can register complaints anytime through number of channels about quality of our services. The dedicated complaint portal can be accessed at

<http://complaints.pphisindh.org>



Other than the dashboard, clients can register their complaints through other channels as well, such as:



0800-77755



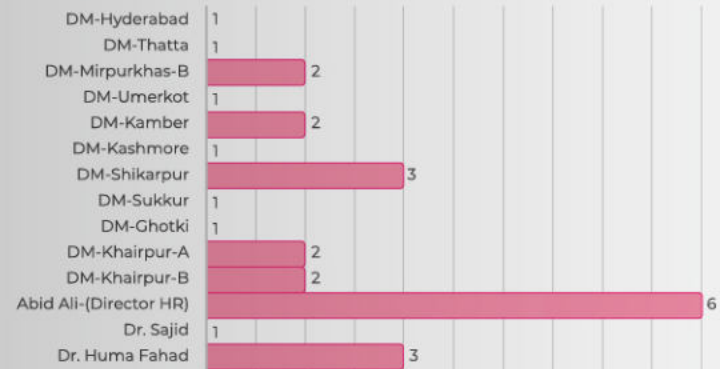
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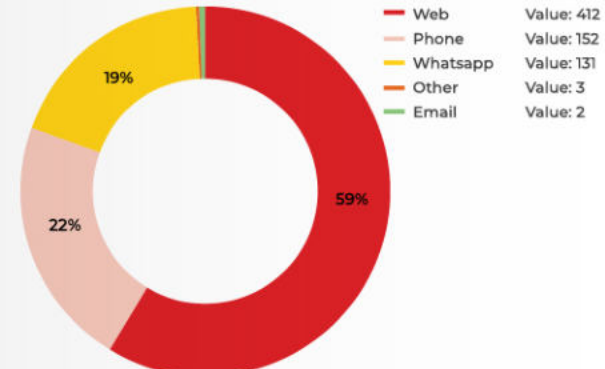
helpline
@pphisindh.org

In FY21-22, the CMS received 135 complaints, 83 of which were successfully resolved and closed. The remainder of complaints were still being resolved or required a thorough investigation concerning issues highlighted in the complaints. The CMS has seen a significant increase in the number of resolved cases, rising from 9 cases in third quarter to 83 cases in the last quarter of the FY21-22. This trend is likely to continue with the display of PPHI Sindh's Complaint Management System' poster containing information on all the ways to launch a complaint. In addition, the CMS also serves as a centralized unit for tracking complaints forwarded to it by its own staff.

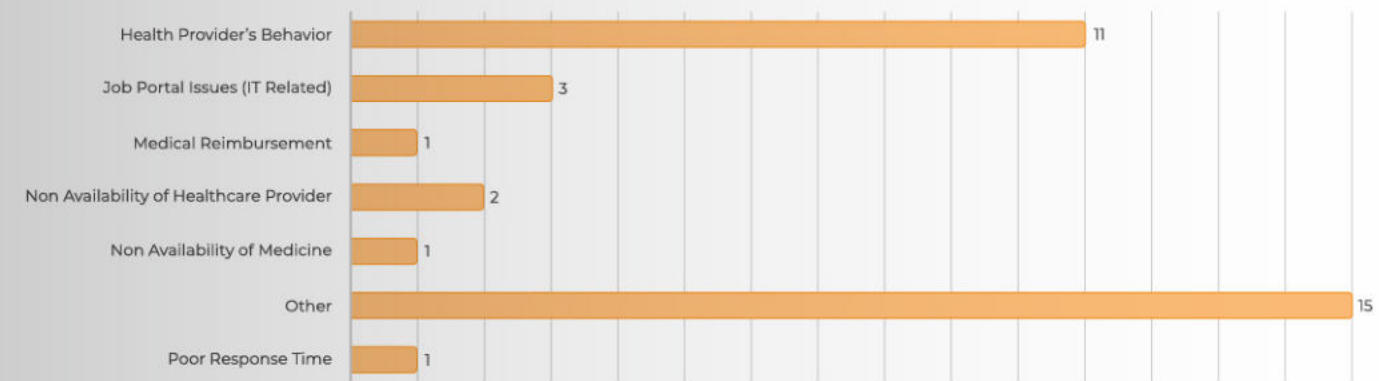
The management of the organisation continually reviews the trend of complaints launched in CMS to improve the services it provides to communities. CMS' outreach is being strengthened so that the communities are increasingly aware of their ability to access the CMS.



Department Wise Number of Complaints received



Sources of Complaints



Topic Wise Number of Complaints received



Employee of the Month

Employees' motivation and satisfaction at the workplace happens to be the key element for maximizing efficiency, competitiveness and job retention. For achieving this, periodical appreciation of good performance is immensely important in any organization. Though PPHI Sindh always promotes such a competitive environment through multiple policies such as the annual award ceremony and Pay for Performance (P4P), yet in order to strengthen further the incumbent, CEO, PPHI Sindh introduced 'The Employee(s) of the Month' award. Generally, those employees get such reward who make a remarkable performance during that particular month, a performance which manifests on the surface of overall organizational efficiency for that particular month.

The outstanding performers are celebrated by announcing the award through various channels of internal communication including quarterly report, Whatsapp groups, and website and social media for external communication. The EOMs are also given a certificate to mark their achievements.

Following is the month wise EOMs from January to June 2022.

EMPLOYEE/S OF THE MONTH
JANUARY 2022

Mr. Abid Ali Shaikh
Director HR
For making extra ordinary efforts to complete administrative activities of HR selection.
For giving 100% with more than 1000 staff positions within shortest possible time.

Ms. Samina Bakhtawar
Master Trainer / ICD Karachi
For showing highest sense of responsibility in following up assigned task by the management.
For exemplify role in setting principle of effective following for all others.

Dr. Zohaib Islam
District Manager, Tharparkar @ HHCs
For establishing NSC Islamabad within shortest possible time maintaining the high quality standards.
For resulting successful surprise visit of Hon. CM at NSC, MLH with praiseworthy remarks.

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EMPLOYEE/S OF THE MONTH
FEBRUARY 2022

Asadullah Dahri
Principal Engineer, Head Office
For expediting the BIK work on war footing basis.

Misbah Munir
EO Secondary Care, Head Office
For leading the Larkano team at HQ level to undertake the gigantic task of taking over 8 THQs of Larkano.

Omer Bajwa
Regional Director, Larkano and Sahiwal
For leading the Larkano team to undertake the gigantic task of taking over 8 THQs of Larkano.

Rahim Junejo
District Manager, Larkano
For providing unprecedented support to DM Secondary Care and RD Larkano in taking over the affairs of 8 RHCS in Larkano.

Ahmed Shah
District Manager, Secondary Care
For standing up as a front soldier to support his team in taking up the task of 8 RHCS seamlessly in Larkano.

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EMPLOYEE/S OF THE MONTH
MARCH 2022

Mr. Abdul Shakoor Noonani
District Pharmacist, HQ
For streamlining huge pending Procure ment issues by him, and his team and looking shortages of essential supplies across within shortest possible time.

Dr. Najma Khoso
Master Trainer, Hyderabad
For tirelessly dedicated efforts in making technical HR through rigorous and writing training schedules at Hyderabad region.

Dr. Sumana Mumtaz
Master Trainer, Sahiwal
For tirelessly dedicated efforts in making technical HR through rigorous and writing training schedules at Sahiwal region.

Mr. Alamgir Solangi
Manager, Monitoring & Evaluation, HQ
For reassigning monitoring tasks and had more in objective manner for devising and launching much needed training of HRG found in professional manner.

EMPLOYEE/S OF THE MONTH
APRIL 2022

Dr. Baldev
TSCC, Hyderabad
For achieving his COVID-19 vaccination target.

Mr. Muhammad Acher
District Director, Sahiwal
For achieving his COVID-19 vaccination target.

Midwife Miss Naseem
Head Nurse, Karachi
For an active and vital role in making COVID-19 vaccination campaign, and for providing health awareness to the surrounding area.

Dr. Faraz Hanif
District Director, District Sahiwal
For achieving his COVID-19 vaccination target.

Mr. Deewan Ji
District Director, District Sahiwal
For achieving his COVID-19 vaccination target.

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EMPLOYEE/S OF THE MONTH
MAY 2022

COL. KHALID AHMED QURESHI
District Director, HQ
For leading his team in developing and successfully launching Curative Management System of PPHI Sindh.

MR. AFZAL KOLACHI
Regional Director, Larkano and Sahiwal
For leading his Secondary Care team in successfully starting CEMHC Services including C-Section at RHC, Nau Dero.

MS. SHAFIQ FAHAD
District Director, Larkano and Sahiwal
For collaborating within the team and supervising the successful initiation of Complaint Management System of PPHI Sindh.

DR. ZAKIR ALI KHAN
District Director, District Sahiwal
For initiating Hepatitis Program in PPHI Sindh Health Facilities in collaboration with Health Department, and also for organizing training, supplying kits and medicines.

MR. NABI BAKHSH
Assistant District Director, District Sahiwal
For supervising the initiation of C-Sections at RHC, Nau Dero as a frontline officer.

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EMPLOYEE/S OF THE MONTH
JUNE 2022

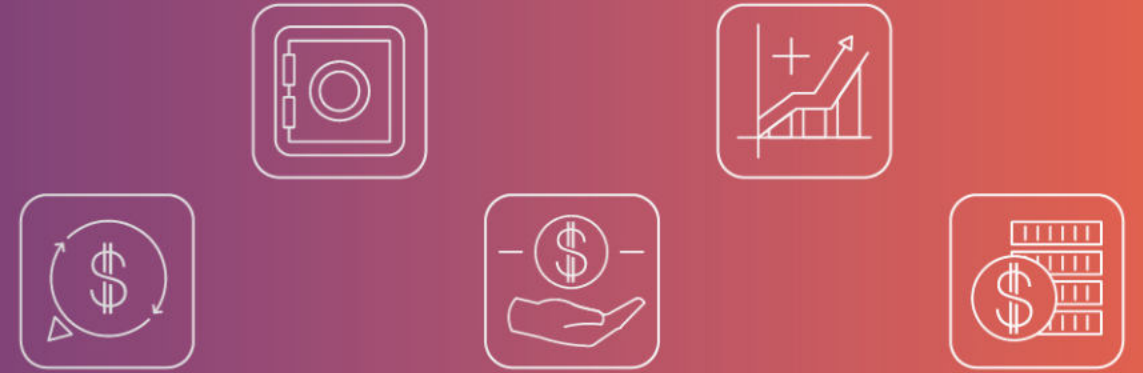
MUHAMMAD YAHYA
Chief Finance Officer, Head Office
For putting continuous and untiring efforts in closing of last year's budget, preparation of new budget and supporting management to arrange 33rd Board meeting in befitting manner.

MAULA BUKHSH SOLANGI
Regional Director, Hyderabad
For leading Hyderabad team to undertake huge task of taking over 23 Health Facilities of Jamshoro on emergent basis.

AYAZ AHMED
Suff. Officer to CEO, Head Office
For exemplary day & night assistance in preparations of 33rd Board Meeting.

SHAFIQ AGRO
District Manager, Jamshoro
For standing up as a front soldier to support his team in the task of taking over 23 health facilities in Jamshoro on emergent basis. Specially successfully establishing sub-office at Sahwan.

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PPHI SINDH
**FINANCIAL
STATEMENT**
2021





EY Ford Rhodes
Chartered Accountants
Progressive Plaza, Beaumont Road
P.O.Box 15541, Karachi 75530
Pakistan

UAN: +9221 111 113 937 (EYFR)
Tel: +9221 3565 0007-11
Fax: +9221 3568 1965
ey.khi@pk.ey.com
ey.com/pk

INDEPENDENT AUDITOR'S REPORT

To the members of PPHI Sindh

Report on the Audit of the Financial Statements

Opinion

We have audited the annexed financial statements of PPHI Sindh (the Company), which comprise the statement of financial position as at **30 June 2021**, and the statement of income and expenditure, the statement of cash flows, the statement of changes in reserves for the year then ended, and notes to the financial statements, including a summary of significant accounting policies and other explanatory information, and we state that we have obtained all the information and explanations which, to the best of our knowledge and belief, were necessary for the purposes of the audit.

In our opinion and to the best of our information and according to the explanations given to us, the statement of financial position, the statement of income and expenditure, the statement of cash flows, the statement of changes in reserves together with the notes forming part thereof conform with the accounting and reporting standards as applicable in Pakistan and give the information required by the Companies Act, 2017 (XIX of 2017), in the manner so required and respectively give a true and fair view of the state of the Company's affairs as at 30 June 2021 and of the surplus, its cash flows and changes in reserves for the year then ended.

Basis for Opinion

We conducted our audit in accordance with International Standards on Auditing (ISAs) as applicable in Pakistan. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are independent of the Company in accordance with the International Ethics Standards Board for Accountants' Code of Ethics for Professional Accountants as adopted by the Institute of Chartered Accountants of Pakistan (the Code) and we have fulfilled our other ethical responsibilities in accordance with the Code. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Responsibilities of Management and Board of Directors for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with the accounting and reporting standards as applicable in Pakistan and the requirements of Companies Act, 2017 (XIX of 2017) and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is responsible for assessing the Company's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the Company or to cease operations, or has no realistic alternative but to do so.

Board of directors are responsible for overseeing the Company's financial reporting process.

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Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs as applicable in Pakistan will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with ISAs as applicable in Pakistan, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Company's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Company's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Company to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with the board of directors regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Report on Other Legal and Regulatory Requirements

Based on our audit, we further report that in our opinion:

- a) proper books of account have been kept by the Company as required by the Companies Act, 2017 (XIX of 2017);
- b) the statement of financial position, the income and expenditure statement, the statement of cash flows, the statement of changes in reserves together with the notes thereon have been drawn up in conformity with the Companies Act, 2017 (XIX of 2017) and are in agreement with the books of account and returns;

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- c) investments made, expenditure incurred and guarantees extended during the year were for the purpose of the Company's business; and
- d) no zakat was deductible at source under the Zakat and Ushr Ordinance, 1980 (XVIII of 1980).

The engagement partner on the audit resulting in this independent auditor's report is **Tariq Feroz Khan**.

EY Feroz Rhodes

Chartered Accountants

Place: Karachi

Date: 30 June 2022

1
PPHI SINDH
STATEMENT OF FINANCIAL POSITION
AS AT JUNE 30, 2021

	Note	2021 (Rupees)	2020 (Rupees)
ASSETS			
NON-CURRENT ASSETS			
Property and equipment	6	2,174,335,956	2,248,558,126
Right-of-use assets	7	114,647,107	123,251,016
Long-term investments	8	5,592,143,902	5,476,491,446
		7,881,126,965	7,848,300,588
CURRENT ASSETS			
Medicine inventory	9	847,827,887	997,853,052
Office supplies and petty articles		21,347,094	4,954,529
Advances, deposits, prepayments and other receivables	10	26,546,199	11,661,647
Accrued mark-up on long-term investments		270,328,493	270,328,493
Short-term investments	11	1,181,460,098	1,142,705,913
Cash and bank balances	12	2,013,858,511	1,333,336,272
		4,361,368,282	3,760,839,906
		12,242,495,247	11,609,140,494
RESERVES AND LIABILITIES			
Reserves		11,550,337,863	10,772,724,462
NON-CURRENT LIABILITIES			
Lease liabilities	13	80,442,676	84,827,254
CURRENT LIABILITIES			
Trade and other payables	14	560,803,956	686,536,529
Current maturity of lease liabilities	13	50,910,752	47,934,689
Provision for super tax		611,714,708	17,117,560
		611,714,708	751,588,778
		12,242,495,247	11,609,140,494
CONTINGENCIES AND COMMITMENTS			
	15		

The annexed notes 1 to 29 form an integral part of these financial statements.

EY

CHIEF EXECUTIVE OFFICER

DIRECTOR

**PPHI SINDH
STATEMENT OF INCOME AND EXPENDITURE
FOR THE YEAR ENDED JUNE 30, 2021**

	Note	2021 (Rupees)	2020 (Rupees)
Income			
Grants	16	7,509,739,547	7,276,535,224
Expenditure - net			
Operational / project expenses	17	(7,151,350,247)	(6,513,624,104)
General and administrative expenses	18	(574,966,427)	(557,938,457)
Finance cost	19	(22,749,443)	(27,728,089)
Other operating income	20	1,012,358,687	1,005,094,935
Other operating expenses - net	21	4,581,284	(20,370,523)
		(6,732,126,146)	(6,114,566,238)
Surplus for the year		777,613,401	1,161,968,986
Taxation - Super tax	22	-	(15,837,858)
Net surplus for the year		777,613,401	1,146,131,128

The annexed notes 1 to 29 form an integral part of these financial statements.

EYK



CHIEF EXECUTIVE OFFICER



DIRECTOR

**PPHI SINDH
STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED JUNE 30, 2021**

	Note	2021 (Rupees)	2020 (Rupees)
CASH FLOWS FROM OPEARATING ACTIVITIES			
Surplus for the year		777,613,401	1,161,968,986
Adjustments for:			
Depreciation related to operating fixed assets	6.2	335,246,972	324,931,469
Depreciation related to right-of-use assets	7.1	45,049,826	42,432,433
Loss / (gain) on disposal of operating fixed assets	20	99,250	(3,540,935)
Mark-up on Pakistan Investment Bonds and Treasury Bills	20	(843,890,123)	(795,080,284)
Mark-up on Term Deposit Receipts	20	-	(12,064,617)
Finance cost	19	22,749,443	27,728,089
Gain on disposal of right-of-use assets	20	(3,795,058)	-
Mark-up on deposit accounts	20	(136,874,101)	(186,542,650)
		(581,413,791)	(602,136,495)
Decrease / (increase) in current assets			
Medicine inventory	9	150,025,165	(353,140,795)
Office supplies and petty articles		(16,392,565)	1,478,881
Advances, deposits, prepayments and other receivables	10	(14,884,552)	3,788,941
		118,748,048	(347,872,973)
(Decrease) / increase in current liabilities			
Trade and other payables	14	(125,732,573)	227,106,544
Cash generated from operations		189,215,085	439,066,062
		(843,890,123)	
Mark-up on Pakistan Investment Bonds received		614,719,000	573,454,000
Mark-up on Term Deposit Receipts received		-	12,907,082
Mark-up on Deposit accounts received		136,875,474	185,338,225
Tax paid - Super tax		(17,117,560)	-
Finance cost paid		(6,698,164)	(10,065,239)
		727,778,750	761,634,068
Net cash generated from operating activities		916,993,835	1,200,700,130
CASH FLOWS FROM INVESTING ACTIVITIES			
Capital expenditure		(261,485,637)	(318,364,913)
Sale proceeds on disposal of operating fixed assets		361,585	4,916,456
Investment made in Pakistan Investment Bonds		-	(871,232,222)
Investment made in Treasury Bills		(1,178,036,892)	(2,114,246,280)
Investment made in Term Deposit Receipts		-	-
Investment redeemed from Treasury Bills		1,252,800,000	1,085,500,000
Investment redeemed from Term Deposit Receipts		-	205,000,000
Net cash used in investing activities		(186,360,944)	(2,008,426,959)
CASH FLOWS FROM FINANCING ACTIVITIES			
Lease payments		(50,110,652)	(43,361,970)
Net increase / (decrease) in cash and cash equivalents during the year		680,522,239	(851,088,799)
Cash and cash equivalents at the beginning of the year	12	1,333,336,272	2,184,425,071
Cash and cash equivalents at the end of the year	12	2,013,858,511	1,333,336,272

The annexed notes 1 to 29 form an integral part of these financial statements.

EYK



CHIEF EXECUTIVE OFFICER



DIRECTOR

PPHI SINDH
STATEMENT OF CHANGES IN RESERVES
FOR THE YEAR ENDED JUNE 30, 2021

	(Rupees)
Balance at June 30, 2019	9,626,593,334
Net surplus for the year	1,146,131,128
Balance at June 30, 2020	10,772,724,462
Net surplus for the year	777,613,401
Balance at June 30, 2021	11,550,337,863

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CHIEF EXECUTIVE OFFICER



DIRECTOR

PPHI SINDH
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED JUNE 30, 2021

1. THE COMPANY AND ITS OPERATIONS

1.1 PPHI Sindh (the Company) was incorporated on October 08, 2013 as a public company limited by guarantee and not having a share capital under section 42 of the repealed Companies Ordinance, 1984 (the Ordinance). The Company is assigned the responsibility to take over primary health care system in the Province of Sindh. The registered office of the Company is situated at C-27/1, Block 2, Clifton, Karachi, Sindh.

1.2 In pursuance of the directives by the Board of Directors (BoD), the Company has bifurcated its operations in five Regions by constituting Regional Offices (ROs) which are further sub divided into twenty three District Offices (DOs). The responsibility of the DOs is to provide healthcare facility to the needy people in their respective districts, by utilizing the funds received from the Provincial Government. The composition of the ROs is as under:

RO 1 (Hyderabad)	RO-2 (Mirpurkhas)	RO-3 (Larkana)	RO-4 (Sukkur)	RO-5 (SBA)
Hyderabad	Mirpurkhas (A & B)	Larkana	Khairpur (A & B)	Shaheed Benazirabad
Matiari	Badin (A & B)	Dadu	Sukkur	Naushehro Feroz
Tando Mohammad Khan	Umerkot	Jacobabad	Ghotki	Sang har (A & B)
Tando Allahyar	Tharparkar	Kamber / Shandadkot		
Jamshoro		Kashmore / Kandhkot		
Thatta		Shikarpur		
Sujawal				

1.3 On January 27, 2014, an agreement was entered into between Sindh Rural Support Organization (SRSO) and the Company, whereby, it was agreed that all assets and liabilities valued as on December 31, 2013 relating to a project named People's Primary Healthcare Initiative - Sindh (PPHI Sindh / the Project) will be transferred from SRSO to the newly formed company under section 42 of the Ordinance, namely, "PPHI Sindh". The value of such assets and liabilities is determined mutually by SRSO and the Company in terms of the said agreement. The decision was made consequent to the agreement dated December 06, 2013, entered into between the Government of Sindh and the Company and resolution made by the Board of Directors of SRSO in their 38th meeting. Accordingly, the project ceased to operate on December 31, 2013, as all the related assets and liabilities were transferred to the Company.

2. BASIS OF PREPARATION

2.1 Statement of compliance

These financial statements have been prepared in accordance with the accounting and reporting standards as applicable in Pakistan. The accounting and reporting standards as applicable in Pakistan comprise of International Financial Reporting Standards (IFRSs), issued by International Accounting Standard Board (IASB) and the Accounting Standard for Not for Profit Organizations (NPOs) issued by Institute of Chartered Accountants of Pakistan (ICAP) as notified under Companies Act, 2017 (the Act) and, provisions of and directives issued under the Act. Where the provisions of and directives issued under the Act differ from the IFRS standards, the provisions of and directives issued under the Act have been followed.

2.2 Accounting convention

These financial statements have been prepared under historical cost convention, unless otherwise specifically stated.

2.3 Functional and presentation currency

These financial statements have been presented in Pakistani Rupees which is the Company's functional and presentation currency.

3. SIGNIFICANT ACCOUNTING ESTIMATES AND JUDGMENTS

The preparation of financial statements in conformity with the approved accounting and reporting standards requires the use of certain critical accounting estimates. It also requires management to exercise its judgment in the process of applying the Company's accounting policies. Estimates and judgments are continually evaluated and are based on the historic experience and other factors, including expectations of future events that are believed to be reasonable under the circumstances. In the process of applying the accounting policies management has made the following estimates and judgments which are significant to the financial statements:

- a) Determining the method of depreciation, useful lives, impairment and residual values of operating fixed assets and right of use assets (note: 6.1 & 7.1);
- b) Allowance for expected credit losses, if any: (note: 5.4.3); and
- c) Leases (5.2 & 5.6). EYB

PPHI SINDH

1. Adoption of standards, amendments and improvements to International Financial Reporting Standards (IFRSs) effective during the year

The Company has adopted the following accounting amendments of IFRSs for financial reporting which became effective for the current year:

Amendments

- IFRS 9 / IAS 39 / IFRS 7 and IFRS 16 - Interest Rate Benchmark Reform Phase 2 (Amendments);
- IFRS 16 - COVID 19 Related Rent Concessions (Amendments) beyond June 30, 2021; and

The adoption of the above amendments of IFRSs for financial reporting did not have any material effect on the Company's financial statements

4.1 Standards, amendments and improvements that are not yet effective

The following standards, amendments of IFRSs and improvements to accounting standards as applicable in Pakistan would be effective from the dates mentioned below against the respective standards, amendments or improvements:

Amendments

Effective date (annual periods beginning on or after)

IFRS 3 - Reference to the Conceptual Framework (Amendments)	01 January 2022
IAS 16 - Property, Plant and Equipment: Proceeds before Intended Use (Amendments)	01 January 2022
IAS 37 - Onerous Contracts — Costs of Fulfilling a Contract (Amendments)	01 January 2022
IAS 1 - Classification of Liabilities as Current or Non - Current (Amendments)	01 January 2023
IAS 1 - Disclosure of Accounting Policies (Amendments)	01 January 2023
IAS 8 - Definition of Accounting Estimates (Amendments)	01 January 2023
IAS 12 - Deferred tax related to Assets and Liabilities arising from a single transaction (Amendments)	01 January 2023
IFRS 10 / IAS 28 - Sale or Contribution of Assets between an Investor and its Associate or Joint Venture (Amendments)	Not yet finalised

The above amendments are not expected to have any material impact on the financial statements, when effective.

Improvement to accounting standards issued by the IASB (2018 — 2020 cycle)

IASB effective date (annual periods beginning on or after)

IFRS 9 - Financial Instruments - Fees in the '10 percent' test for the derecognition of financial liabilities	01 January 2022
IAS 41 - Agriculture - Taxation in fair value measurement	01 January 2022
IFRS 16 - Leases: Lease incentives	01 January 2022

The above amendments and improvements are not expected to have any material impact on the Company's financial statements in the period of initial application.

Further, following new standards have been issued by IASB which are yet to be notified by the Securities and Exchange Commission of Pakistan for the purpose of applicability in Pakistan.

Standard

Effective date (annual periods beginning on or after)

IFRS1 — First time adoption of IFRSs	01 January 2004
IFRS 17 — Insurance Contracts	01 January 2023

Signature

PPHI SINDH

5. SIGNIFICANT ACCOUNTING POLICIES

5.1 Property and equipment

Operating fixed assets

These are stated at cost less accumulated depreciation and impairment, if any. Such costs include the cost of replacing parts of property and equipment when that cost is incurred. Maintenance and normal repairs are charged to income and expenditure statement as and when incurred. Depreciation is charged over the useful life of the asset using the straight line method at the rates specified in note 6.1 to the financial statements.

Operating fixed assets are assessed for impairment whenever there is an indication that the same are impaired. Depreciation is charged from the month in which the asset is available for use and no depreciation is charged in the month of disposal. An item of operating fixed asset is derecognised upon disposal or when no future economic benefits are expected from its use or disposal. Gains and losses on disposals, if any, of operating fixed assets are included in income and expenditure statement in the period in which they arise.

Capital work-in-progress

These are stated at cost less accumulated impairment losses, if any. All expenditure connected with specific assets incurred during installation and construction period, including advances are carried under this head. These are transferred to specific assets as and when these assets are available for use.

5.2 Right-of-use assets

The Company recognises right-of-use assets at the commencement date of the lease (i.e., the date the underlying asset is available for use). Right-of-use assets are measured at cost, less any accumulated depreciation and impairment losses, and adjusted for any remeasurement of lease liabilities. The cost of right-of-use assets includes the amount of lease liabilities recognised, initial direct costs incurred, and lease payments made at or before the commencement date less any lease incentives received as applicable. Unless the Company is reasonably certain to obtain ownership of the leased asset at the end of the lease term, the recognized right-of-use assets are depreciated using straight line method over the lease term. Right-of-use assets are subject to impairment.

5.3 Medicine inventory

Medicine inventory is stated at the amount of consideration paid at the time of purchase. These are charged to operational / project expenses as and when the stock is distributed to the health facility centre.

5.4 Financial instruments

5.4.1 Financial assets

The financial assets of the Company mainly include long-term investments, short-term investments, deposits, other receivables and cash and bank balances.

On initial recognition, a financial asset is classified as measured at: amortised cost; Fair Value through Other Comprehensive Income (FVOCI) — debt investment; FVOCI — equity investment; or Fair Value through Profit or Loss (FVTPL). The classification of financial assets under IFRS 9 is generally based on the business model in which a financial asset is managed and its contractual cash flow characteristics. Based on the business model of the Company, the financial assets of the Company are measured and classified under IFRS-9 as follows:

Long-term investments, short-term investments, deposits and other financial assets are classified as 'amortised cost'. These assets are measured at amortised cost using the effective interest rate method less an allowance for expected credit losses, if any.

5.4.2 Financial liabilities

All financial liabilities are recognized initially at fair value and, in the case of loans and borrowings, net of directly attributable transaction costs. For the purpose of subsequent measurement financial liabilities are either classified at amortized cost or fair value through profit or loss. The Company does not have any financial liability at fair value through profit or loss.

5.4.3 Impairment of financial assets - allowance for expected credit losses

ECLs are based on the difference between the contractual cash flows due in accordance with the contract and all the cash flows that the Company expects to receive. The shortfall is then discounted at an approximation to the asset's original effective interest rate. The expected cash flows will include cash flows from the sale of collateral held or other credit enhancements that are integral to the contractual terms.

A financial asset is written off when there is no reasonable expectation of recovering the contractual cash flows. However, in certain cases, the Company may also consider a financial asset to be in default when internal or external information indicates that the Company is unlikely to receive the outstanding contractual amounts in full before taking into account any credit enhancements held by the Company.

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At each date of statement of financial position, the Company assesses whether financial assets are credit-impaired. A financial asset is 'credit-impaired' when one or more events that have a detrimental impact on the estimated future cash flows of the financial asset have occurred. Loss allowances for financial assets measured at amortised cost are deducted from the gross carrying amount of the respective asset.

The Company uses the standard's simplified approach and calculates ECL based on life time ECL on its financial assets. The Company has established a provision matrix that is based on the Company's historical credit loss experience, adjusted for forward-looking factors specific to the financial assets and the economic environment.

5.4.4 Offsetting of financial instruments

Financial assets and financial liabilities are offset and the net amount is reported in the statement of financial position if there is a currently enforceable legal right to offset the recognised amounts and there is an intention to settle on a net basis, to realise the assets and settle the liabilities simultaneously.

5.5 Impairment of non-financial assets

The carrying value of non-financial assets are assessed at each reporting date to determine whether there is any indication of impairment. If any such indications exist, then the recoverable amount is estimated. An impairment loss is recognised, as an expense in the income and expenditure statement, for the amount by which an asset's carrying amount exceeds its recoverable amount. The recoverable amount is the higher of an asset's fair value less cost to sell and value in use. Value in use is determined through discounting of the estimated future cash flows using a discount rate that reflects current market assessments of the time value of money and risks specific to the assets.

The Company's corporate assets do not generate separate cash inflows. If there is an indication that a corporate asset may be impaired, then the recoverable amount is determined for the CGU to which the corporate asset belongs. An impairment loss is recognised if the carrying amount of an asset or its CGU exceeds its estimated recoverable amount. Impairment losses are recognised in income and expenditure statement.

Impairment losses recognised in prior periods are assessed at each reporting date for any indications that the loss has decreased or no longer exists. An impairment loss is reversed if there has been a change in the estimates used to determine the recoverable amount. An impairment loss is reversed only to the extent that the asset's carrying amount does not exceed the carrying amount that would have been determined, net of depreciation or amortisation, if no impairment loss had been recognised.

5.6 Lease liabilities

The Company assesses at contract inception whether a contract is, or contains, a lease, i.e. if the contract conveys the right to control the use of an identified asset for a period of time in exchange for consideration.

The Company applies a single recognition and measurement approach for all leases, except for short-term leases. The Company recognises lease liabilities to make lease payments and right-of-use assets representing the right to use the underlying assets.

At the commencement date of the lease, the Company recognises lease liabilities measured at the present value of lease payments to be made over the lease term. The lease payments include fixed payments (including in-substance fixed payments) less any lease incentives receivable, variable lease payments that depend on an index or a rate, and amounts expected to be paid under residual value guarantees. The lease payments also include the exercise price of a purchase option reasonably certain to be exercised by the Company and payments of penalties for terminating a lease, if the lease term reflects the Company exercising the option to terminate. The variable lease payments that do not depend on an index or a rate are recognised as expense in the period on which the event or condition that triggers the payment occurs.

In calculating the present value of lease payments, the Company uses the incremental borrowing rate at the commencement date of the lease if the interest rate implicit in the lease is not readily determinable. After the commencement date, the amount of lease liabilities is increased to reflect the accretion of interest and reduced for the lease payments made. In addition, the carrying amount of lease liabilities is remeasured if there is a modification, a change in the lease term, a change in the in-substance fixed lease payments or a change in the assessment to purchase the underlying asset.

5.6.1 Short-term leases

The Company applies the short-term lease recognition exemption to its short-term leases (i.e., those leases that have a lease term of 12 months or less from the commencement date and do not contain a purchase option). Lease payments on such leases are recognised as expense on a straight-line basis over the lease term.

5.6.2 Significant judgement in determining the lease term of contracts with renewal options

The Company determines the lease term as the non-cancellable term of the lease, together with any periods covered by an option to extend the lease if it is reasonably certain to be exercised, or any periods covered by an option to terminate the lease, if it is reasonably certain not to be exercised.

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5.7 Advances, deposits, prepayments and other receivables

These are stated at cost which is the fair value of the consideration and subsequently measured at amortised cost using the effective interest rate method less an allowance for expected credit losses, if any. Allowance for expected credit losses is based on lifetime ECLs that result from all possible default events over the expected life of the financial assets.

5.8 Cash and cash equivalents

For the purpose of the statement of cash flow, cash and cash equivalents comprise of cash in hand and cash at bank balances.

5.9 Trade and other payables

Liabilities for trade and other amounts payable are carried at cost which is the fair value of the consideration to be paid in future for goods and services received, whether or not billed to the Company.

5.10 Taxation

The Company is allowed a tax credit equals to one hundred percent of the tax payable under Section 100C of the Income Tax Ordinance, 2001, and falls under the definition of Section 2(36)(c) of the Income Tax Ordinance, 2001, being a non-profit organization. The Company accounts for super tax under section 4(B) of the Income Tax Ordinance, 2001.

5.11 Reserves

Unutilized funds from ongoing operations, without any restriction on utilization, are classified as reserves. These reserves are at the discretion of Board of Directors of the Company.

5.12 Foreign currency transactions

Transactions in foreign currencies are translated into Pak Rupees (presentation currency) at the rates of exchange prevailing on the date of transactions. Monetary assets and liabilities denominated in foreign currencies are translated into Pak Rupees at the rates ruling at the statement of financial position date. Exchange differences on foreign currency translations are included in the income and expenditure statement

5.13 Income

- Funds received for ongoing operations under different schemes are classified as grants. These grants are recognised as income when received without restriction on utilization. The expenses incurred against such funds are recognised in the income and expenditure statement as and when incurred.
- Income on long-term and short-term investments are recognised using the effective interest rate method.
- Return on deposit accounts is recognised on accrual basis taking into account the effective yield.
- Other income, if any is recognised on accrual basis.

5.14 Provisions

Provisions are recognised when the Company has a present obligation (legal or constructive) as a result of a past event, if it is probable that an outflow of resources embodying economic benefits will be required to settle the obligation and a reliable estimate can be made of the amount of obligation. Provisions are reviewed at each statement of financial position date and adjusted to reflect the current best estimate.

5.15 Staff provident fund - defined contribution plan

The Company operates a recognised provident fund for all eligible employees. Equal monthly contributions are made to the fund at the rate of 8.33% of employees monthly basic salaries both by the Company and the employees in accordance with the rules of the scheme. Investments of provident fund have been made in accordance with the provisions of section 218 of the Companies Act, 2017 and the rules formulated for this purpose. The contributions from the Company are charged to income and expenditure statement for the year.

	Note	2021 (Rupees)	2020 (Rupees)
6. PROPERTY AND EQUIPMENT			
Operating fixed assets	6.1	2,116,234,594	2,176,620,811
Capital work-in-progress	6.3	58,101,362	71,937,315
		2,174,335,956	2,248,558,126

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6.1 Operating fixed assets

	Leasehold land, buildings and improvements*	Furniture and fittings	Vehicles	Equipments	Total
(Rupees)					
Cost					
Balance as at July 01, 2020	1,613,752,474	244,459,092	450,981,414	949,445,386	3,258,638,366
Additions during the year	498,998	23,059,885	7,183,215	29,081,519	59,823,617
Transfers from capital work-in-progress	177,801,138	-	-	37,696,835	215,497,973
Disposals during the year	-	-	(77,050)	(689,247)	(766,297)
As at June 30, 2021	1,792,052,610	267,518,977	458,087,579	1,015,534,493	3,533,193,659
Accumulated depreciation					
Balance as at July 01, 2020	258,842,443	74,776,498	228,194,796	520,203,818	1,082,017,555
Charge for the year (note 6.2)	86,787,668	25,479,864	51,209,943	171,769,497	335,246,972
On disposals	-	-	(12,243)	(293,219)	(305,462)
As at June 30, 2021	345,630,111	100,256,362	279,392,496	691,680,096	1,416,959,065
Written down value					
As at June 30, 2021	1,446,422,499	167,262,615	178,695,083	323,854,397	2,116,234,594
Depreciation rate (%)	0 to 5	10	20	20 - 33	
	Leasehold land, buildings and improvements*	Furniture and fittings	Vehicles	Equipments	Total
(Rupees)					
Cost					
Balance as at July 01, 2019	1,439,002,430	204,250,303	414,191,694	881,088,896	2,938,533,323
Additions during the year	-	37,436,889	16,636,097	67,620,410	121,693,396
Transfers from capital work-in-progress	174,750,044	2,771,900	26,388,670	851,080	204,761,694
Disposals during the year	-	-	(6,235,047)	(115,000)	(6,350,047)
As at June 30, 2020	1,613,752,474	244,459,092	450,981,414	949,445,386	3,258,638,366
Accumulated depreciation					
Balance as at July 01, 2019	182,587,622	52,422,469	175,176,299	351,874,222	762,060,612
Charge for the year (note 6.2)	76,254,821	22,354,029	57,960,455	168,362,164	324,931,469
On disposals	-	-	(4,941,958)	(32,568)	(4,974,526)
As at June 30, 2020	258,842,443	74,776,498	228,194,796	520,203,818	1,082,017,555
Written down value					
As at June 30, 2020	1,354,910,031	169,682,594	222,786,618	429,241,568	2,176,620,811
Depreciation rate (%)	0 to 5	10	20	20 - 33	

*Government of Sindh has transferred management and operations of various government health facilities in various district of Sindh including attached pieces of Land to the Company under Memorandum of Understanding (MoU) signed with the Health Department, Government of Sindh for the period specified in the MoU.

6.2 Depreciation charge for the year has been allocated as follows

	Note	2021 (Rupees)	2020 (Rupees)
Operational / project expenses	17	287,555,471	273,474,981
General and administrative expenses	18	35,672,358	39,476,235
Other operating expenses	21.1	12,019,143	11,980,253
		335,246,972	324,931,469

6.3 Capital work-in-progress

Civil works		48,906,362	34,126,885
Advance against purchase of vehicles and equipment	6.3.1	9,195,000	37,810,430
		58,101,362	71,937,315

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6.3.1 Movement in capital work-in-progress

	Note	2021 (Rupees)	2020 (Rupees)
Balance as at July 01		71,937,315	80,027,492
Additions during the year		201,662,020	196,671,517
Transferred to operating fixed assets	6.2	(215,497,973)	(204,761,694)
Balance as at June 30		58,101,362	71,937,315

7. RIGHT-OF-USE ASSETS

Balance as at July 01		123,251,016	-
Impact of initial application of IFRS 16		-	153,448,840
Remeasurement during the year		(2,739,969)	-
Additions during the year		54,862,016	12,234,609
Disposal during the year		(15,676,130)	-
Depreciation charged during the year	7.1	(45,049,826)	(42,432,433)
Balance as at June 30		114,647,107	123,251,016

7.1 Depreciation charge for the year has been allocated as follows

	Note	2021 (Rupees)	2020 (Rupees)
Operational / project expenses	17	35,173,728	31,689,681
General and administrative expenses	18	4,006,076	3,737,350
Other operating expenses	21.1	5,870,022	7,005,402
		45,049,826	42,432,433

8. LONG-TERM INVESTMENTS

Amortized cost

Pakistan Investment Bonds (PIBs)	8.1	5,592,143,902	5,476,491,446
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8.1 These PI Bs have yield ranging from 11.26% to 13.70% (2020: 11.26% to 13.70%) per annum and having maturit / dates ranging from July 2024 to September 2029.

9. MEDICINE INVENTORY

Medicine, life saving drugs, medical supplies & diagnostic materials		847,827,887	997,853,052
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9.1 Includes medicines and life saving drugs amounting to Rs. 23.90 million (2020: 14.64 million) under lab testing from central drugs laboratory of Pakistan.

10. ADVANCES, DEPOSITS, PREPAYMENTS AND OTHER RECEIVABLES - unsecured and considered good

	Note	2021 (Rupees)	2020 (Rupees)
Advances to suppliers		57,316	164,542
Security deposits		7,601,325	7,984,276
Other receivables		18,887,558	3,512,829
		26,546,199	11,661,647

11. SHORT-TERM INVESTMENTS

Amortized cost

Treasury Bills (T-Bills)	11.1	1,181,460,098	1,142,705,913
		1,181,460,098	1,142,705,913

11.1 These T-Bills have yields ranging from 7.43% to 7.73% (2020: 10.67% to 13.10%) per annum and having maturity up to September 2021. It includes accrued interest as at the year-end amounting to Rs. 29.01 million (2020: Rs. 51.4 million).

12. CASH AND BANK BALANCES

Cash in hand		1,407,749	1,173,600
Cash at banks		25,013,697	17,665,224
Current accounts	12.1	1,987,437,065	1,314,497,448
Deposit accounts		2,012,450,762	1,332,162,672
		2,013,858,511	1,333,336,272

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		2021 (Rupees)	2020 (Rupees)
12.1	These carry profit at 5.50% (2020: 5.25% to 11.50%) per annum.		
13. LEASE LIABILITIES	Note		
Lease liabilities		80,442,676	84,827,254
Current maturity of lease liabilities		50,910,752	47,934,689
	13.1	<u>131,353,428</u>	<u>132,761,943</u>
13.1 Movement of lease liabilities:			
As at July 01		132,761,943	-
Impact of initial application of IFRS 16		-	146,226,454
Remeasurement during the year		(2,739,969)	-
Additions during the year		54,862,016	12,234,609
Finance cost during the year	19	16,051,279	17,662,850
Disposal during the year		(19,471,189)	-
Payments during the year		(50,110,652)	(43,361,970)
As at June 30		131,353,428	132,761,943
Current maturity of lease liabilities		50,910,752	47,934,689
		<u>80,442,676</u>	<u>84,827,254</u>
13.2	The maturity analysis of lease liabilities as at the reporting date is as follows:		
Up to one year		50,910,752	47,934,689
After one year		80,442,676	84,827,254
Total lease liabilities		<u>131,353,428</u>	<u>132,761,943</u>
13.3	Expenses relating to short-term leases amounted to Rs. 4.48 million (2020: Rs. 5.04 million) during the year.		
		2021 (Rupees)	2020 (Rupees)
14 TRADE AND OTHER PAYABLES	Note		
Trade creditors		156,224,170	308,959,277
Accrued and other liabilities		310,965,460	303,197,308
Security deposits taken from contractual employees		60,231,082	60,730,928
Security deposits taken from contractors	14.1	23,929,136	13,152,525
Withholding tax payable		9,454,108	496,491
		<u>560,803,956</u>	<u>686,536,529</u>
14.1	For the tax year 2017, monitoring of withholding order under section 161/205 of the Ordinance was started and show cause notice under section 161(1A) of the Ordinance dated 9 August 2018 was issued along with estimated balance tax payable at Rs. 376.55 million. Subsequent to the year end, Assistant / Deputy Commissioner Inland Revenue passed an order against the Company dated 28 April 2022 and demanded Rs. 8.97 million which has been paid by the Company. The management has recorded the corresponding liability in these financial statements as an adjusting event,		
15 CONTINGENCIES AND COMMITMENTS			
15.1 Contingencies			
For the tax year 2016, monitoring of withholding order under section 161/205/182(1) of the Ordinance for the tax year 2016 has been passed by Assistant Commissioner Inland Revenue as Ex-Parte on 31 October 2019 without providing an opportunity, despite of Company's various submission / justifications and created demand at Rs. 409.74 million. Thereafter, the Company filed an application for rectification of mistakes under section 221 of the Ordinance dated 25 November 2019.			
The Company has submitted required details and documents and submitted that the Company has properly deducted and deposited the applicable tax in the government treasury as required under the applicable laws. The management based on the opinion of their tax advisor is confident that the case will be decided in favour of the Company. Accordingly, no provision has been made in these financial statements in this regard.			
15.2 Commitments	Note	2021 (Rupees)	2020 (Rupees)
Capital commitments - civil works	15.2.1	<u>62,875,418</u>	<u>28,823,442</u>
15.2.1	Civil works contract commitments are subject to change due to change in material prices and variation in future requirements in respect of work carried out at particular health facility		

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		2021 (Rupees)	2020 (Rupees)
16 GRANTS	Note		
Basic Rural Health Facility		4,021,415,848	3,920,879,675
Mother Child Health Center		1,771,125,596	1,726,846,283
Management Cost		550,807,556	537,037,367
Repair and Renovation		125,003,000	121,878,900
Kausar		70,000,000	68,250,000
Nutrition Programs - net	16.1	<u>971,387,547</u>	<u>901,642,999</u>
		<u>7,509,739,547</u>	<u>7,276,535,224</u>
16.1	Grant for nutrition programs is net of Rs. 18,347,819 (2020: Rs. 40,475,787) being Sindh Sales Tax on services which has been deducted at source.		
17 OPERATIONAL / PROJECT EXPENSES	Note	2021 (Rupees)	2020 (Rupees)
Medicine inventory consumed	17.1	1,449,289,500	1,192,860,469
Salaries and other benefits	17.2	4,872,578,025	4,575,673,132
Rent, rates and taxes		4,277,843	5,554,149
Office supplies and petty articles consumed		84,854,339	109,138,368
Uniforms		9,321,815	7,651,660
Utilities		25,941,129	27,770,193
Vehicle running expenses		105,299,987	92,970,823
Repairs and maintenance		61,121,225	56,010,422
Insurance		23,363,414	34,717,231
Telephone, courier and postage		4,039,282	3,846,689
Printing and stationery		30,941,496	17,845,264
Legal and professional		4,609,650	-
Depreciation on operating fixed assets	6.2	287,555,471	273,474,981
Depreciation on right-of-use-assets	7.1	35,173,728	31,689,681
Capacity building / training		16,511,942	20,199,903
Travelling and conveyance		7,496,940	9,993,730
Reception, meetings and functions		4,135,286	3,267,651
Hand wash stations		15,042,078	-
Advertisement, marketing and development		9,739,645	8,476,240
Security guard expenses		29,296,518	20,367,569
Nutrition stabilization centre expenses		17,322,193	2,922,268
Outpatient therapeutic feeding expenses		34,350,003	11,076,196
Other expenses		19,088,738	8,117,485
		<u>7,151,350,247</u>	<u>6,513,624,104</u>
17.1	Medicine inventory consumed is netted of by an amount of Rs. 44,335,912 (2020: Rs. 46,400,633) on account of collections from mini laboratories.		
17.2	Includes Rs. 60,273,799 (2020: Rs. 52,858,143) in respect of staff provident fund.		
18 GENERAL AND ADMINISTRATIVE EXPENSES	Note	2021 (Rupees)	2020 (Rupees)
Salaries and other benefits	18.1	434,332,404	410,586,032
Rates and taxes		203,110	497,475
Office supplies and petty articles consumed		11,995,003	9,420,021
Utilities		7,099,986	6,020,063
Vehicle running expenses		33,667,360	41,242,489
Repairs and maintenance		15,239,733	14,672,976
Insurance		4,684,522	5,144,870
Telephone, courier and postage		6,334,607	7,783,541
Printing and stationery		458,211	323,845
Auditor's remuneration	18.2	2,470,000	2,192,650
Legal and professional		2,387,762	2,686,287
Depreciation on operating fixed assets	6.2	35,672,358	39,476,235
Depreciation on right-of-use assets	7.1	4,006,076	3,737,350
Travelling and conveyance		8,057,176	8,165,414
Reception, meetings and functions		132,610	99,807
Advertisement, marketing and development		4,333,657	2,455,684
Security guard expenses		932,000	904,777
Other expenses		2,959,852	2,528,941
		<u>574,966,427</u>	<u>557,938,457</u>
18.1	Includes Rs. 7,223,439 (2020: Rs. 7,293,562) in respect of staff provident fund.		

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		2021	2020
		(Rupees)	(Rupees)
18.2 Auditor's remuneration			
Audit fee		1,900,000	1,700,000
Out of pocket expenses including services sales tax on audit fee		570,000	492,650
		<u>2,470,000</u>	<u>2,192,650</u>
19 FINANCE COST			
Bank charges		6,698,164	10,065,239
Financial charges on lease	13.1	16,051,279	17,662,850
		<u>22,749,443</u>	<u>27,728,089</u>
20 OTHER OPERATING INCOME			
Income from financial assets			
Mark-up on deposit accounts		136,874,101	186,542,650
Mark-up on Pakistan Investment Bonds (PIBs)		730,372,829	681,120,651
Mark-up on Treasury Bills (T-Bills)		113,517,294	113,959,633
Mark-up on Term Deposit Receipts (TDRs)		-	12,064,617
		<u>980,764,224</u>	<u>993,687,551</u>
Income from non - financial assets			
(Loss) / gain on disposal of operating fixed assets		(99,250)	3,540,935
Ambulance receipts		2,493,999	1,951,878
Employees' security deposit written off		9,445,172	-
Gain on disposal of right-of-use assets		3,795,058	-
Others		15,959,484	5,914,571
		<u>31,594,463</u>	<u>11,407,384</u>
		<u>1,012,358,687</u>	<u>1,005,094,935</u>
OTHER OPERATING EXPENSES - NET			
Net (surplus) / deficit in operations of pathological labs	21.1	(4,581,284)	20,370,523
Break-up of net (surplus) / deficit in operations of pathological labs			
Collections from pathological labs		(166,888,537)	(142,929,768)
Expenses related to pathological labs			
Medicine inventory consumed		68,260,406	68,406,374
Salaries and other benefits	21.1.1	64,706,881	63,750,226
Depreciation on operating fixed assets	6.2	12,019,143	11,980,253
Depreciation on right-of-use assets	7.1	5,870,022	7,005,402
Other expenses		11,450,801	12,158,036
		<u>162,307,253</u>	<u>163,300,291</u>
Net (surplus) / deficit in operations of pathological labs		<u>(4,581,284)</u>	<u>20,370,523</u>
21.1.1			
Includes Rs. 781,285 (2020: Rs. 240,593) in respect of staff provident fund.			
22 TAXATION - SUPER TAX			
- prior year		-	15,837,858
		<u>-</u>	<u>15,837,858</u>
22.1			
Through Finance Act, 2015 new section 4B "Super Tax for Rehabilitation of Temporarily Displaced Persons" was introduced where in the super tax was made applicable. The said tax is to be paid on income equal to or exceeding Rs. 500 million at the rates prescribed in that section.			
23 REMUNERATION OF CHIEF EXECUTIVE OFFICER, DIRECTORS AND EXECUTIVES			
The aggregate amount charged in the financial statements for the year in respect of remuneration to the CEO and executives are as follows:			
		Chief Executive Officer	Executives
		2021	2020
		(Rupees)	(Rupees)
Managerial remuneration		11,370,434	9,728,954
Reimbursement of expenses		348,904	373,256
Staff provident fund - defined contribution plan		-	-
		<u>11,719,338</u>	<u>10,102,210</u>
		<u>137,114,436</u>	<u>142,443,078</u>
		<u>139,834,447</u>	<u>144,842,176</u>
Number		<u>1</u>	<u>1</u>
		<u>71</u>	<u>78</u>

23.1 There are seven directors of the Company as at 30 June 2021, however, no remuneration or benefits are paid to any director of the Company.

		PPHI SINDH	
		2021	2020
		(Rupees)	(Rupees)
24 TRANSACTIONS WITH RELATED PARTIES			
24.1	Related parties comprise of companies with common directorship, directors, key management personnel and staff retirement benefit fund. All the transactions with related parties are entered into at agreed terms in the normal course of business. Details of transactions with related parties during the year, other than those which have been disclosed elsewhere in these financial statements, are as follows:		
	Staff provident fund		
	Defined contribution plan	<u>68,147,537</u>	<u>60,392,298</u>
25 FINANCIAL RISK MANAGEMENT OBJECTIVES AND POLICIES			
	The Company finances its operations through grants received from the Government of Sindh and others. Taken as a whole, the Company may be exposed to market risk (including interest rate risk, currency risk and other price risk), credit risk and liquidity risk. The Company's principal financial liabilities comprise trade and other payables. The Company has various financial assets including long-term investments, short-term investments and cash and bank balances, which are directly related to its operations.		
	The Board of Directors has overall responsibility for the establishment and oversight of Company's risk management framework. The Board is also responsible for developing and monitoring the Company's risk management policies. The Company's overall risk management program focuses to counter financial exposure and seeks to minimize potential adverse effects on the financial performance. No changes were made in the objectives, policies or processes and assumptions during the year ended 30 June 2021 which are summarized below:		
25.1 Market risk	Market risk is the risk that fair value of future cash flows will fluctuate because of changes in market prices. Market risk comprises three types of risk: interest rate risk, currency risk and other price risk, such as equity risk.		
25.1.1 Interest rate risk	Interest rate risk is the risk that the fair value or future cash flows of the financial instruments will fluctuate because of changes in the market interest rates. The Company's exposure to the risk of changes in market interest rates relates primarily to the funds placed in deposit accounts. The Company presently has no borrowings as at June 30, 2021. The Company places most of its funds with commercial bank having good credit rating. The management of the Company estimates that 1% increase in the market interest rate, with all other factors remaining constant, would increase the Company's surplus for the year by Rs. 19.874 million (2020: Rs.13.144 million) and a 1% decrease would result in the decrease in the Company's surplus for the year by the same amount. However, in practice, the actual result may differ from the sensitivity analysis.		
25.1.2 Foreign currency risk	Foreign currency risk is the risk that the fair value or future cash flows of a financial instruments will fluctuate because of the changes in foreign exchange rates. There is no exposure to the risk of changes in foreign exchange rates as there were no transactions in foreign currency during the year.		
25.1.3 Other price risk	Other price risk is the risk that the fair value of future cash flows of the financial instruments will fluctuate because of changes in market prices such as equity price risk. Equity price risk is the risk arising from uncertainties about future values of investments securities. As of the reporting date there is no exposure of other price risk on the financial statements.		
25.2 Credit risk	Credit risk is the risk that one party to a financial instrument will fail to discharge an obligation and cause the other party to incur a financial loss. The Company manages credit risk by limiting significant exposure to any individual parties and consider credit rating, payback history, political and economical factors while making short-term or long-term investments. As of the reporting date, the Company is exposed to credit risk on the following assets:		
		2021	2020
		(Rupees)	(Rupees)
	Long-term investments	5,592,143,902	5,476,491,446
	Accrued mark-up on long-term investments	270,328,493	270,328,493
	Deposits		
	Short-term investments	1,181,460,098	1,142,705,913
	Bank balances	2,012,450,762	1,332,162,672
		<u>9,056,383,255</u>	<u>8,221,688,524</u>
Credit quality of financial assets			
	The table below provides the analysis of credit quality of financial assets on the basis of external credit rating.		
Bank balances		2021	2020
		(Rupees)	(Rupees)
Rating			
A-1+		361,993,966	617,958,560
A-1		1,650,456,796	714,204,112
		<u>2,012,450,762</u>	<u>1,332,162,672</u>

25.3 Liquidity risk

Liquidity risk is the risk that an enterprise may encounter difficulty in raising funds to meet commitments associated with financial instruments. Management closely monitors the Company's liquidity and cash flow position. This includes maintenance of financial position liquidity ratios. The Company applies the prudent risk management policies by maintaining sufficient cash and bank balances. The Company is not materially affected by liquidity risk as grants are awarded by the Provincial Government regularly. Table below summarises the maturity profile of the Company's financial liabilities at the following reporting dates based on contractual undiscounted payments.

	On demand	Less than 12 months	1 to 5 years	Total
	Rupees			
2021				
Trade and other payables	60,231,082	180,153,306	-	240,384,388
Lease liabilities	-	50,910,752	80,442,676	131,353,428
	<u>60,231,082</u>	<u>231,064,058</u>	<u>80,442,676</u>	<u>371,737,816</u>
2020				
Trade and other payables	60,730,928	322,111,802	-	382,842,730
Lease liabilities	-	47,934,689	84,827,254	132,761,943
	<u>60,730,928</u>	<u>370,046,491</u>	<u>84,827,254</u>	<u>515,604,673</u>

26 FAIR VALUE OF FINANCIAL INSTRUMENTS

Fair value is the amount for which an asset could be exchanged, or a liability can be settled, between knowledgeable willing parties in an arm's length transaction. The carrying amounts of all the financial instruments reflected in these financial statements approximate to their fair value.

27 NUMBER OF EMPLOYEES

Total number of persons employed as at the year-end were 9,930 (2020: 9,217) and average number of employees during the year were 9,574 (2020: 9,068).

28 COVID-19 OUTBREAK AND ITS IMPACT ON FINANCIAL STATEMENTS

COVID-19 does not have any financial impact on the carrying amounts of assets and liabilities and on income and expenses of the Company except for increased cost of providing surgical masks and other preventive items to health care providers and employees of the Company while performing their duties. Accordingly, there are no significant financial and accounting implications arising out of the effects of COVID-19 that are required to be disclosed in the financial statements of the Company.

29 GENERAL

29.1 Figures have been rounded off to the nearest rupee, unless stated otherwise.

29.2 These financial statements were authorised for issue on 28 June 22 the Board of Directors of the Company.

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CHIEF EXECUTIVE OFFICER

DIRECTOR



*Redefining
Primary Healthcare*



PPHI Sindh Head Office, Bunglow C27/1, Block-2, Clifton, Karachi



+92 21 35872214, +92 21 35364045



0800 77755



info@pphisindh.org



www.pphisindh.org

A company registered under Section 42 of the companies act 2017