



ANNUAL REPORT

JULY 2022 - DECEMBER 2023





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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 December 2023. Nevertheless, PPHI Sindh cannot accept responsibility of the consequences of its use for other purposes.

PPHI SINDH ANNUAL REPORT 2022-23





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

ACRONYMS

AFB	Acid Fast Bacilli	ECR	Electronic Client Record
ANC	Antenatal Care	EPI	Expanded Program on Immunization
BEmONC	Basic Emergency Obstetric and Newborn Care	FC	Facilitation Centre
BHU	Basic Health Unit	FMO	Female Medical Officer
BIDE	Baqai Institute of Diabetology & Endocrinology	FP	Family Planning
BMUs	Basic Management Units	GBV	Gender Based Violence
BoD	Board of Directors	GD	Government Dispensary
BISP	Benazir Income Support Program	GOS	Government of Sindh
BHFA	Building Healthy Family Activity	GDM	General Disease Module
CCT	Conditional Cash Transfer	HBB	Helping Babies Breathe
CCI	Council of Common Interests	HBV	Hepatitis B Virus
CEmONC	Comprehensive Emergency Obstetric & Newborn Care	HCP	Health Care Provider
CEO	Chief Executive Officer	HCV	Hepatitis C Virus
CHWs	Community Health Workers	HF	Health Facilities
CHX	Chlorhexidine	HPCP	Hepatitis Prevention & Control Program
CIP	Costed Implemented Plan	HIV	Human Immunodeficiency Virus
CK	Clinical Knowledge	IDF	International Diabetes Federation
cLMIS	Contraceptive Logistic Management Information System	ILR	Ice Lined Refrigerator
CMS	Complaint Management System	IMNCI	Integrated Management of Newborn and Childhood Illnesses
CMAM	Community-based Management of Acute Malnutrition	IRC	International Rescue Committee
CNIC	Computerized National Identity Card	IUCD	Intrauterine Contraceptive Device
CP	Collection Points	IYCF	Infant, Young Child Feeding
COO	Chief Operating Officer	JPMC	Jinnah Postgraduate Medical Centre
CPR	Contraceptive Prevalence Rate	KMC	Kangaroo Mother Care
CSG	Community Support Group	KPIs	Key Performance Indicators
CYP	Couple Year Protection	LARC	Long Acting Reversible Contraceptives
DHO	District Health Officer	LBW	Low Birth Weight
DHQ	District Headquarter Hospital	LHVs	Lady Health Visitors
DHIS	District Health Information System	LHW	Lady Health Worker
DMR	Daily Monitoring Report	LIS	Lab Information System
DO	District Office	LQAS	Lot Quality Assurance Sampling
DoH	Department of Health	LUMHS	Liaquat University of Medical & Health Sciences
DR	Drug Resistant	M&E	Monitoring & Evaluation
DSV	District Supervisor of Vaccinators	MCHC	Mother and Child Healthcare Centre
ECPF	Employees Contributory Provident Fund	MCPC	Management of Complications of Pregnancy and Childbirth
		MDA	Maternal Death Audit
		MDM	Master Data Management

ACRONYMS

MDR	Multi Drug Resistant	PNC	Postnatal Care
MEC	Medical Eligibility Criteria	PCB	Prevention & Control of Blindness
MIS	Management Information System	PSBI	Possible Serious Bacterial Infection
MMR	Maternal Mortality Rate	PTP	Provincial Tuberculosis Control Program
MMU	Minister's Monitoring Unit	PTS	PPHI Testing System
MN	Malnutrition	RDT	Rapid Diagnostic Tests
MNCH	Maternal, Neonatal and Child Health	RHC	Rural Health Centre
MoM	Monitoring of Monitors	RO	Regional Office
MO	Medical Officers	RUTF	Ready to Use Therapeutic Food
MOU	Memorandum of Understanding	SAM	Severe Acute Malnutrition
MPDSR	Maternal & Perinatal Death Surveillance & Response	SAS	Summary of Additional Services
MSPH	Master of Science in Public Health	SBA	Shaheed Benazirabad
MUAC	Mid Upper Arm Circumference	SBTA	Sindh Blood Transfusion Authority
MWRA	Married Women of Reproductive Age	SERRSP	Sindh Enhancing Response to Reduce Stunting and Malnutrition
NDSP	National Diabetes Survey of Pakistan	SIOVS	Sindh Institute of Ophthalmology and Visual Sciences
NICVD	National Institute of Cardio Vascular Disease	SMW	Single Midwife
NICU	Neonatal Intensive Care Units	SOPs	Standard Operating Procedure's
NIH	National Institute of Health	SPU	Social Protection Unit
NSC	Nutrition Stabilization Center	SRH	Sexual & Reproductive Health
NTP	National TB Control Program	SRSO	Sindh Rural Support Organization
NSER	National Socio-economic	SWD	Social Welfare Department
OJC	On-the-Job Coaching	TB	Tuberculosis
OPD	Out-Patient Department	TAY	Tando Allahyar
OPV	Oral Polio Vaccine	TCV	Typhoid Conjugated Vaccine
OT	Operation Theatre	THQ	Taluka Headquarter Hospital
OTP	Out-patient Therapeutic Program	TMK	Tando Mohammad Khan
P4P	Pay for Performance	TSV	Tehsil Supervisor of Vaccinators
PCPNC	Pregnancy, Childbirth, Postpartum and Newborn Care	TT	Tetanus Toxoid
PCP	Pakistan Centre of Philanthropy	UC	Union Councils
PDHS	Pakistan Demographic & Health Survey	UNFPA	United Nations Population Fund
PHC	Primary Health Care	UNICEF	United Nations International Children's Emergency Fund
PHRC	Pakistan Health Research Council	VLMIS	Vaccine Logistics Management Information System
PIFP	Provider Initiated Family Planning	VPD	Vaccine Preventable Disease
PLW	Pregnant and Lactating Woman	WFP	World Food Program
PPFP	Postpartum Family Planning	WHO	World Health Organization
PAFP	Post Abortion Family Planning		
PPH	Postpartum Hemorrhage		

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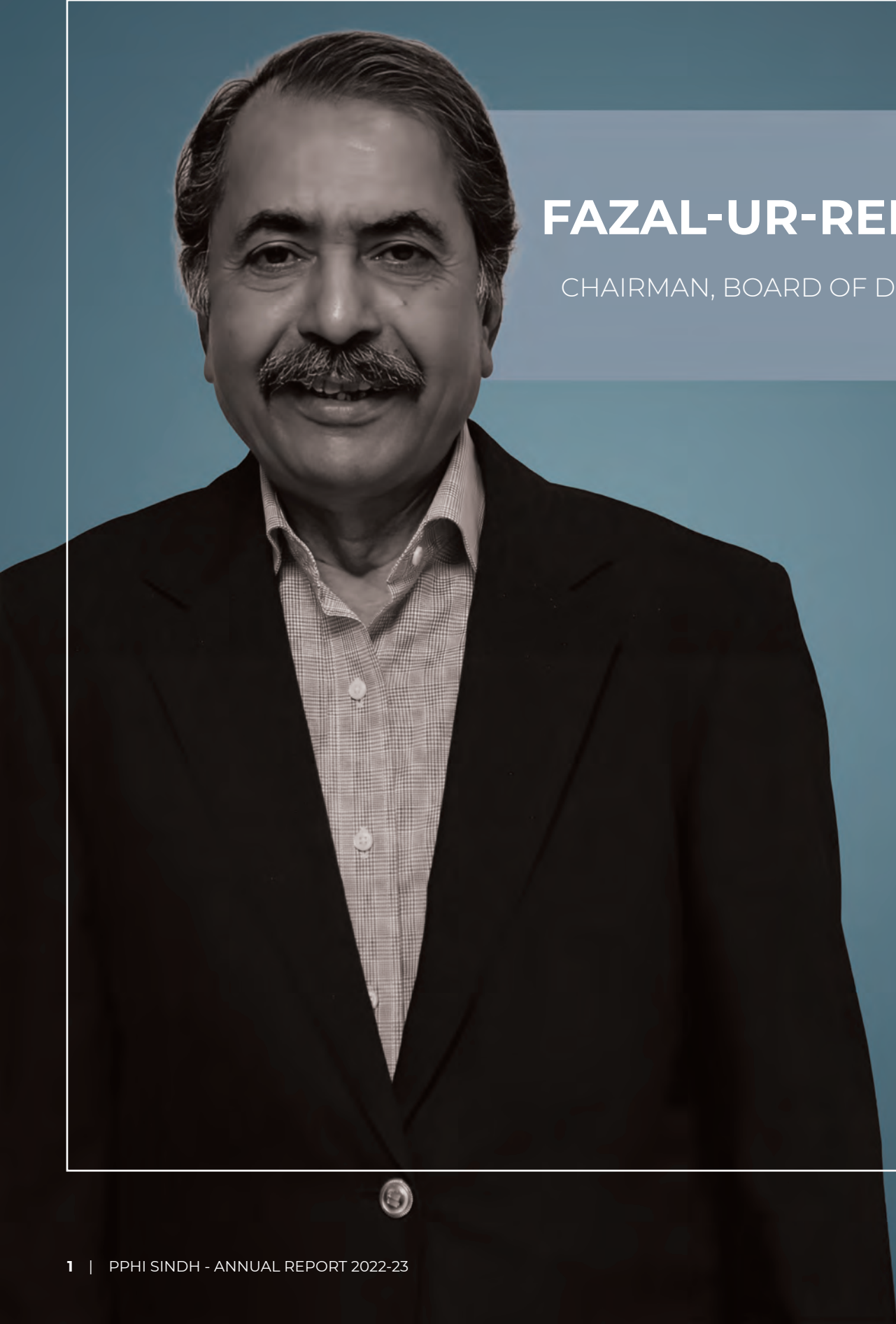
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FAZAL-UR-REHMAN

CHAIRMAN, BOARD OF DIRECTORS

MESSAGE FROM CHAIRMAN'S DESK

It is with great pride and a profound sense of responsibility that I present to you the annual report of PPHI Sindh. This document not only encapsulates the achievements and challenges of the past year but also underscores our unwavering commitment to transforming the healthcare landscape of Sindh.

The year under review has been one of both consolidation and innovation, as we continued to navigate the complexities of healthcare delivery in underserved regions. Our mission to provide equitable access to quality healthcare services has remained at the forefront of our endeavors, guiding our strategies and actions.

We began this journey with a clear vision: to ensure that no individual in Sindh, regardless of their geographical location or economic status, is deprived of basic healthcare services. This vision fuels our efforts and inspires our teams to work tirelessly towards making healthcare accessible to all.

Our primary healthcare programs, the bedrock of PPHI Sindh, have expanded significantly, reaching the farthest corners of the province. Our network of health facilities, including Basic Health Units (BHUs) and dispensaries, has grown, thanks to the Government of Sindh for their unwavering trust in PPHI Sindh's capabilities. Through these facilities, we have delivered preventive, curative, and promotive healthcare services, impacting the lives of millions.

Our MNCH programs have signifi-

cantly reduced mortality rates, especially through 24/7 midwife-led birthing centers. Additionally, our family planning and nutrition initiatives empower individuals and combat malnutrition effectively.

Our infectious disease control efforts target hepatitis and tuberculosis through comprehensive screening, and referrals. By implementing robust public health strategies and collaborating with local communities, we aim to reduce the incidence and improve the management of these diseases.

The past year saw the expansion of our secondary care services, with the introduction of new services and the enhancement of existing ones. The addition of Comprehensive Emergency Obstetric and Neonatal Care (CEmONC) services, Eye Operating Theater (OT) services, diagnostic services, and advanced treatments expansion have all contributed to the betterment of healthcare in Sindh.

Our performance metrics speak volumes about the impact of our work. The sheer number of individuals who have accessed our services, the children who have been made healthier through our nutrition program, and the lives saved through our maternal mortality interventions are testaments to the dedication and expertise of our teams.

Our approach to healthcare delivery is holistic, integrating services across the spectrum of primary, and secondary care. We recognize that the health of individuals and

communities is influenced by a wide range of factors, including social determinants of health, environmental conditions, and economic stability. Therefore, our programs are designed to address these factors, ensuring that our interventions are sustainable and have a meaningful impact.

As the Chairman of the Board of Directors of PPHI Sindh, I am honored to lead an organization that is at the forefront of healthcare transformation in Sindh. Our work is made possible by the dedication of our staff, the support of our partners, and the trust of the communities we serve.

Looking ahead, PPHI Sindh remains committed to its vision of a healthier and prosperous Sindh. We will continue to explore new avenues for innovation, collaboration, and expansion to further enhance the reach and impact of our services. With the support of our shareholders, stakeholders, and the government, I am confident that PPHI Sindh will continue to play a transformative role in the healthcare landscape of Sindh.

In closing, I extend my deepest gratitude to all those who have contributed to our success. As we look to the future, let us redouble our efforts, innovate, and collaborate to build a healthier, more prosperous Sindh for all.

Together, we can achieve our vision of a Sindh where every individual has access to quality healthcare services, and no one is left behind.



JAVED ALI JAGIRANI

CHIEF EXECUTIVE OFFICER

LETTER FROM OUR CEO

As we reflect on the achievements and challenges of the past year, I am deeply humbled and honored to lead PPHI Sindh, an organization that stands as a beacon of hope and resilience in the healthcare landscape of rural Sindh.

Over the years, PPHI Sindh has made significant strides in its mission to provide equitable access to quality healthcare services to the disadvantaged communities in the province. Despite facing unprecedented challenges, including the global COVID-19 pandemic and massive flood in 2022, our organization has remained steadfast in its commitment to delivering essential healthcare services to those in need.

Our efforts are evidenced by the significant progress we have made in key areas such as MNCH, nutrition, immunization, and family planning. Through innovative programs and strategic partnerships, we have been able to address critical healthcare needs and improve health outcomes for vulnerable populations. Statistically speaking, in 2023 alone, PPHI Sindh recorded 40.8 million OPD visits, including 26.5 million new cases and 14.3 million follow-up cases. Additionally, we provided essential healthcare to 6 million children under the age of five, treating 2.3 million cases of malnutrition, 456,839

cases of pneumonia, and more than 1 million cases of diarrhea. Furthermore, our preventive interventions resulted in 731,591 children receiving their third Penta vaccine, 717,460 children receiving their first measles vaccine, and 608,801 pregnant women receiving their TT2 vaccine.

Our commitment to family planning and maternal health was evident in the coverage of services, with more than 1 million individuals benefiting from family planning services, 715,815 receiving their first antenatal care visit, and 410,496 receiving their first postnatal care visit. We also facilitated a total of 345,018 deliveries, resulting in 339,005 live births.

Continuing with our green approach, 675 facilities are now equipped with solar systems, celebrating a capacity of 2.66 Megawatts, contributing to sustainable and uninterrupted service delivery. Furthermore, provision of 267 ambulances - strategically located in clustered patterns across healthcare facilities - ensures prompt and free-of-cost transportation for MNCH clients, Road Traffic Accident (RTA) victims, and Nutrition Stabilisation Center (NSC) beneficiaries.

In addition to infrastructure enhancements, we have signifi-

cantly expanded our healthcare reach and services. Notably, our Sindh Government Hospital Murad Memon and Sindh Government Hospital Ibrahim Hyderi have facilitated around 300 C-Sections from the inception of service in September, 2023, reducing costs for the underprivileged.

As we look towards the future, I am confident that PPHI Sindh will continue to build on its successes and overcome the challenges that lie ahead. Building on the gains made so far, I am excited to see the impact that we will continue to make in the years to come.

I extend my deepest gratitude to all those who have played a part in our journey to success. This unwavering dedication, expertise, and passion have been indispensable in propelling our mission forward. I express heartfelt thanks to the Chairman of the Board of Directors, the esteemed Board members, the Heads of Wings, our dedicated team members, the Department of Health, Government of Sindh, and our valued local and international partners. Together, we remain committed to realizing our vision of a healthier, more prosperous Sindh for every individual. Thank you for your invaluable contributions.

Thank you for your continued support and partnership.

ABOUT US

Introduction

PPHI Sindh stands as a beacon of hope and a catalyst for positive change in the healthcare landscape of Sindh, Pakistan. Since its inception in 2007, our nonprofit organization has been dedicated to saving lives, improving health outcomes, and empowering communities across the province. With a presence in 27 districts, PPHI Sindh has tirelessly served women, newborns, children, and families, prioritizing equitable access to quality healthcare services and making a tangible difference in the lives of countless individuals.

Our History

PPHI Sindh's journey began with humble roots in District Kashmir in 2007. At its inception, the organization was entrusted with the responsibility of revitalizing healthcare services in rural areas, operating under a Memorandum of Understanding (MoU) with the Sindh Rural Support Organization (SRSO) and the Government of Sindh (GoS). Over the years, PPHI Sindh expanded its footprint, gradually covering 27 districts across the province.

In 2013, a significant milestone was achieved as PPHI Sindh transitioned into an independent nonprofit entity. This transition marked a pivotal moment in the organization's history, solidifying its commitment to sustainable healthcare initiatives. Registered under section 42 of The Companies Act 2017, PPHI Sindh became recognized by the Pakistan Centre of Philanthropy (PCP), further validating its nonprofit status.

The governance structure of PPHI Sindh is guided by a diverse and experienced Board of Directors (BoD) comprising Ex-officios with experience in various government departments, including health, finance, planning & development, and population welfare. This board oversees the strategic direction of the organization, ensuring alignment with its mission and objectives.

What We Do

PPHI Sindh operates with a holistic approach to healthcare delivery, encompassing a wide range of services aimed at addressing the diverse health needs of rural communities. Our programs have evolved over time, guided by evidence-based practices and informed by the real challenges faced by our beneficiaries.



Primary Healthcare

At the core of our operations is the delivery of primary healthcare services. PPHI Sindh manages a network of health facilities, including Basic Health Units (BHUs) and dispensaries, strategically positioned to provide essential medical care to underserved populations. Through these facilities, we offer preventive, curative, and promotive healthcare services, ensuring that individuals have access to basic healthcare close to their homes.



Maternal and Child Health

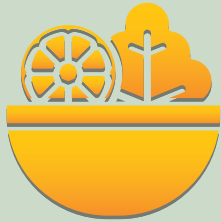
PPHI Sindh places a strong emphasis on maternal and child health, recognizing the critical role it plays in community well-being. Our initiatives in this area include the provision of round-the-clock basic obstetric care, the establishment of maternity centers, and specialized programs targeting neonatal health. Through these interventions, we aim to reduce maternal and infant mortality rates, improve birth outcomes, and enhance the overall health of mothers and children.



Family Planning

Family planning services are integral to our efforts in promoting reproductive health and empowering individuals to make informed choices about their family size and spacing. PPHI Sindh operates dedicated family planning centres equipped with trained healthcare providers who offer a range of contraceptive methods and counselling services. Additionally, we conduct public awareness campaigns and health education sessions to raise awareness about family planning and reproductive health.

TRANSFORMING HEALTHCARE IN RURAL SINDH



Nutrition Initiatives

Malnutrition remains a significant challenge in rural Sindh, particularly among vulnerable populations such as pregnant women, lactating mothers, and young children. PPHI Sindh addresses this issue through targeted nutrition interventions, including education, supplementation, and the provision of fortified foods. By integrating nutrition services into our healthcare framework, we aim to improve nutritional status and overall health outcomes for individuals and families.



Secondary Healthcare

In addition to primary healthcare services, PPHI Sindh operates secondary healthcare facilities that provide specialized medical services, diagnostic capabilities, and advanced treatments. These facilities serve as vital hubs for comprehensive healthcare delivery, offering a continuum of care that complements our primary healthcare infrastructure.



Infectious Disease Control

PPHI Sindh is actively involved in combating infectious diseases such as hepatitis and tuberculosis (TB) through comprehensive screening, diagnosis, treatment, and prevention programs. By leveraging our extensive healthcare network and collaborating with governmental and non-governmental partners, we aim to reduce the burden of these diseases and prevent their transmission within communities.



Conditional Cash Transfer Initiatives

To address socioeconomic determinants of health and improve healthcare access for marginalized populations, PPHI Sindh implements conditional cash transfer initiatives. These programs provide financial incentives to individuals and families who meet specific health-related criteria, such as attending prenatal care visits, completing vaccination schedules, or participating in health education sessions. By incentivizing positive

health behaviors, we promote preventive healthcare practices and empower individuals to take control of their health and well-being.

Where We Work

PPHI Sindh's presence spans across 27 districts of Sindh, encompassing both rural and urban areas. Our organization is deeply committed to reaching the most vulnerable and underprivileged populations, ensuring that essential healthcare services are accessible to all. With a focus on community engagement and empowerment, PPHI Sindh operates field-driven programs that are tailored to the unique needs of each locality.

Over the years, our programs have expanded and evolved in response to changing demographics, epidemiological trends, and community feedback. Through strategic partnerships with local stakeholders, government agencies, and international organizations, PPHI Sindh continues to refine its approaches and enhance its impact on the ground.

As we look towards the future, PPHI Sindh remains dedicated to its mission of transforming healthcare in rural Sindh. By embracing innovation, collaboration, and evidence-based practices, we strive to improve health outcomes, promote equity, and create a healthier, more prosperous future for all residents of Sindh.

WHERE WE WORK



Region I (Hyderabad)

- Hyderabad
- Jamshoro
- Matiari
- Tando Allahyar
- Tando Muhammad Khan

Region II (Mirpurkhas)

- Badin
- Mirpurkhas
- Tharparkar
- Umerkot

Region III (Larkano)

- Dadu
- Jacobabad
- Kamber
- Kashmore
- Larkano
- Shikarpur

Region IV (Sukkur)

- Ghotki
- Khairpur
- Sukkur

Region V (Shaheed Benazirabad)

- Naushahro Feroz
- Sanghar
- Shaheed Benazirabad

Region VI (Karachi)

- Karachi (East)
- Karachi (West)
- Keamari
- Malir
- Sujawal
- Thatta



ORGANISATIONAL

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
- Mr. Shafiq Ahmed Khoso

HEAD OF ORGANISATION (HO)

- **Chief Executive Officer**
Mr. Javed Ali Jagirani

OPERATIONAL TEAM

- **Chief Operating Officer**
Mr. Riaz Ahmed Rahoojo
- **Company Secretary**
Mr. Zeeshan Sattar
- **Principal Officer**
Dr. Kishwer Ali
- **Legal Advisor**
Mr. Parvaiz Ahmed Memon
- **Regional Director, RO1, Hyderabad**
Mr. Maula Bakhsh Solangi

- **Regional Director, RO2, Mirpurkhas**
Mr. Mazhar Ali Veesar
- **Regional Director, RO3, Larkano**
Mr. Ghulam Mustafa Soomro
- **Regional Director, RO4, Sukkur**
Lt. Col. (R) Sirajuddin Channa
- **Regional Director, RO5, Shaheed Benazirabad**
Dr. Zuhaib Islam Abbasi
- **Regional Director, RO6, Karachi**
Mr. Abdul Raheem

FINANCE WING (HO)

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- **Deputy Chief Finance**
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HUMAN RESOURCE WING (HO)

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- Ms. Ayesha
- Mr. Amar Mustafa
- Ms. Tayabba Awan

- **Manager Medical Claims**
Dr. Huma Fahad

ADMINISTRATION WING (HO)

- **Director Administration**
Mr. Shoukat Ali Lakho
- **Senior Manager Administration**
Mr. Imran Chandio
- **Senior Manager Solarization**
Mr. Syed Zeeshan Ali
- **Manager MIS**
Mr. Ayaz Ahmed Memon

PROCUREMENT WING (HO)

- **Director Procurement & Supplies**
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- **Deputy Director Procurement**
Dr. Bushra Arsh
- **Manager Procurement**
Mr. Zia Jalbani
- **Manager Procurement & Supplies**
Mr. Muhammad Shoaib Sami

AUDIT WING (HO)

- **Chief Audit Executive**
Vacant

INFORMATION

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Dr. Zakir Punar
- **Deputy Director MNCH / FP**
Dr. Rabia Ahmed
- **Deputy Director Health Services**
Dr. Irfan Kakezai
- **Deputy Director Secondary Care**
Dr. Falak Naz
- **Deputy Director Training & Capacity Building**
Dr. Ghulam Parwar
- **Manager Disease Prevention & Control**
Dr. Samiullah Odho
- **Manager Training**
Dr. Beenish Atif
- **Manager EPI**
Dr. Syed Nizamuddin
- **Manager Data Management**
Mr. Ghulam Akbar
- **Manager IT**
Mr. Abdul Salam
- **Engineer Biomedical**
Mr. Sanjay Kumar

NUTRITION WING (HO)

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- **Project Director**
Ms. Saqiba Mannan
- **Senior Manager MIS**
Akhtar Ali
- **Manager Finance**
Mohsin Hussain
- **Manager Program**
Sajid Ali Mangi

LAB & PATHOLOGY WING (HO)

- **Chief Pathologist**
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- **Senior Manager**
Mr. Asif Iqbal Channa

REPAIR AND RENOVATION WING (HO)

- **Provincial Engineer**
Mr. Asadullah Dahri

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- **Manager Monitoring**
Ms. Nida Imtiaz
- **Manager Monitoring & Immunization**
Mr. Alamgeer Khan

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Dr. Nelofar Baig

IT WING (HO)

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Mr. Farrukh Mashhood
- **Senior Manager IT**
 - Mr. Noman Ahmed Soomro
 - Mr. Atif Khan
- **Senior Manager Networks**
Mr. Yasir Saleem
- **Manager IT**
 - Mr. Aijaz Gul
 - Mr. Ali Muhammad
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Mr. Moeid Hamid Ansari

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- **Graphic Designer**
Mr. Ali Murtazat

BOARD OF DIRECTORS



Mr. Muhammad Nazar Memon
(BoD Member)



Dr. Muhammad Suleman Shaikh
(BoD Member)



Mr. Mushtaq Ahmed Shah
(BoD Member)



Mr. Fazal-ur-Rehman
(Chairman)



Dr. Nighat Shah
(BoD Member)



Ms. Nargis Ali Akbar Ghaloo
(BoD Member)

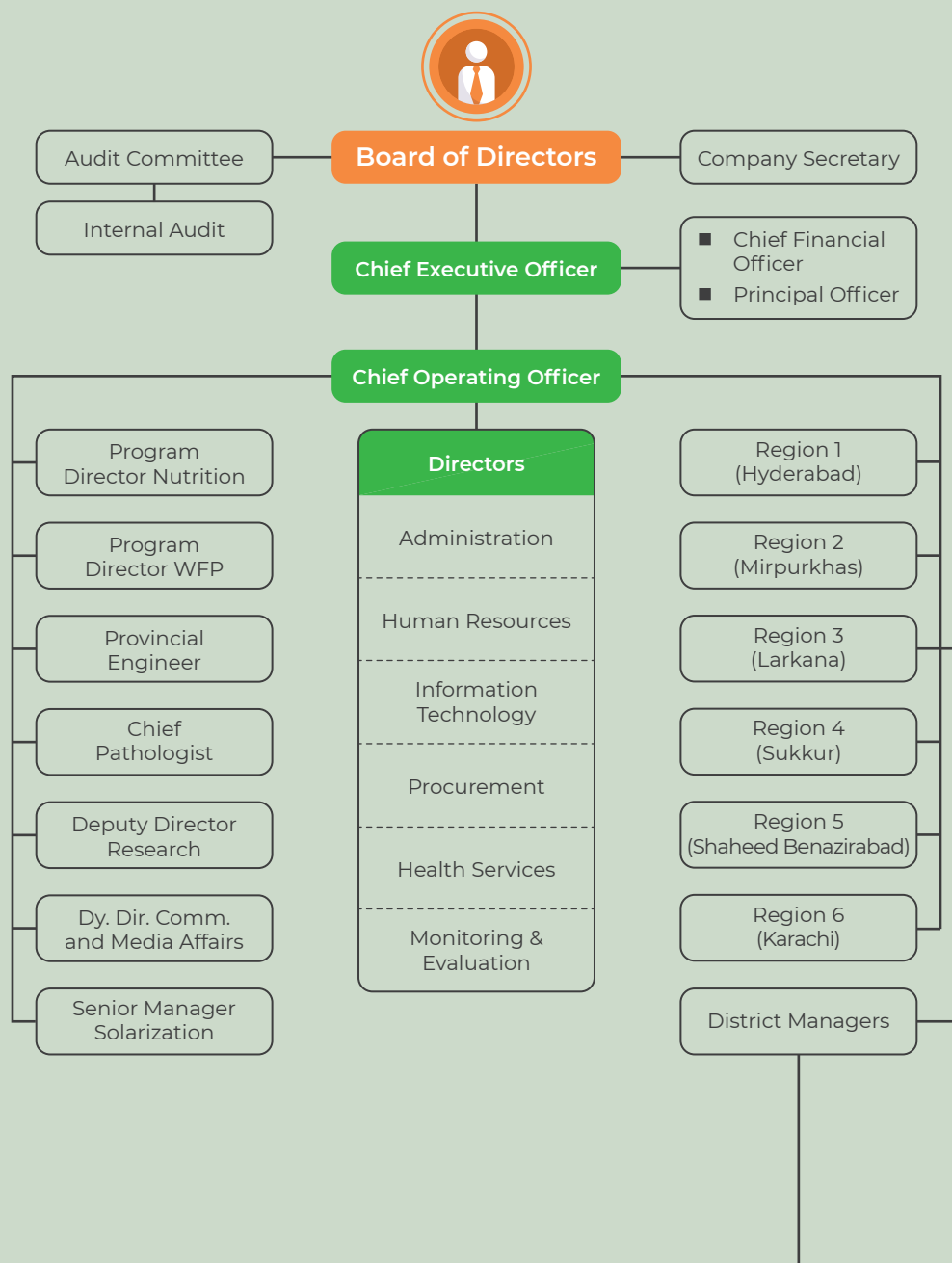


Dr. Mohammad Saeed Qureshi
(BoD Member)



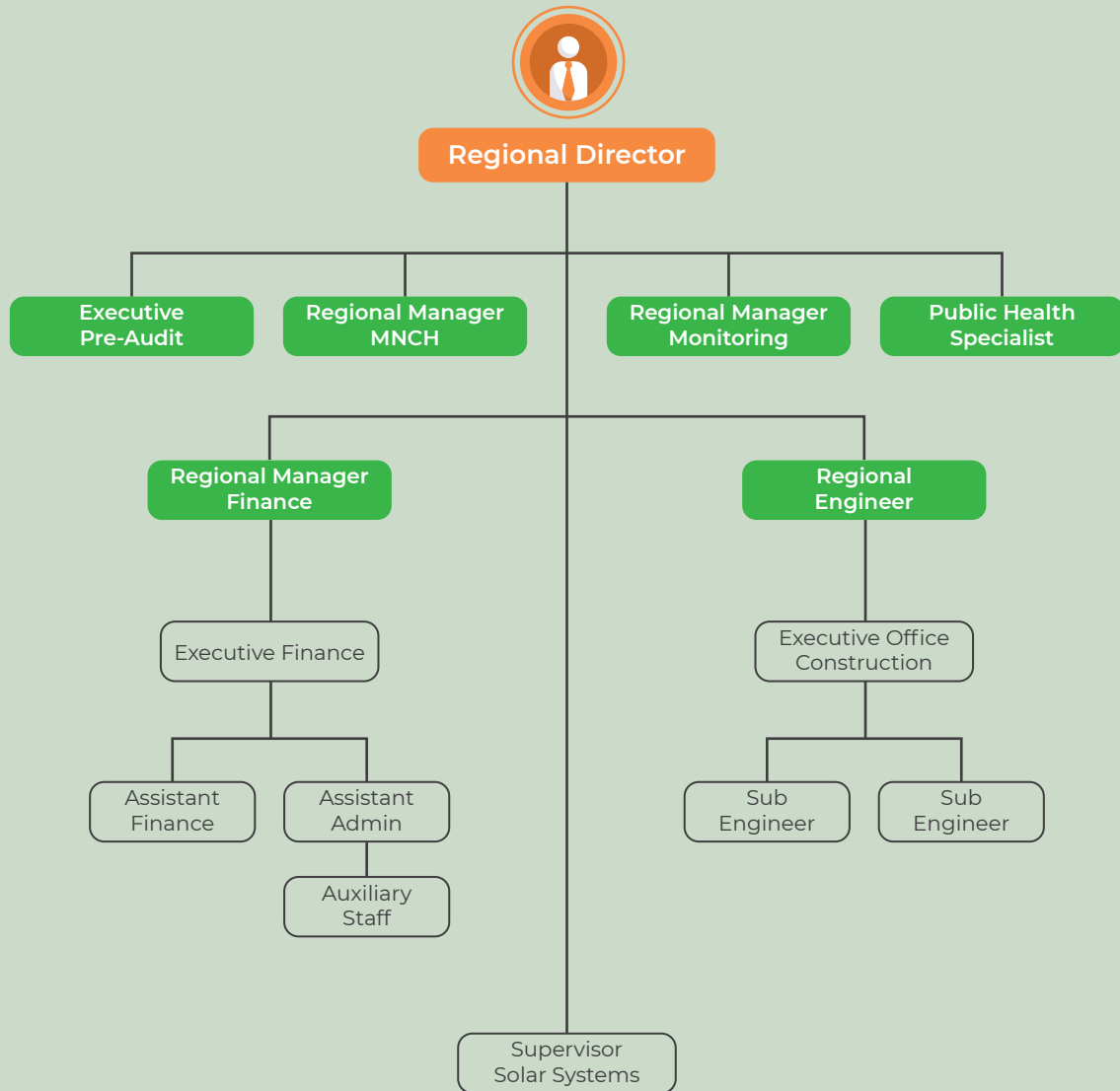
Mr. Shafiq Ahmed Khoso
(BoD Member)

PPHI SINDH HEAD OFFICE ORGANOGRAM

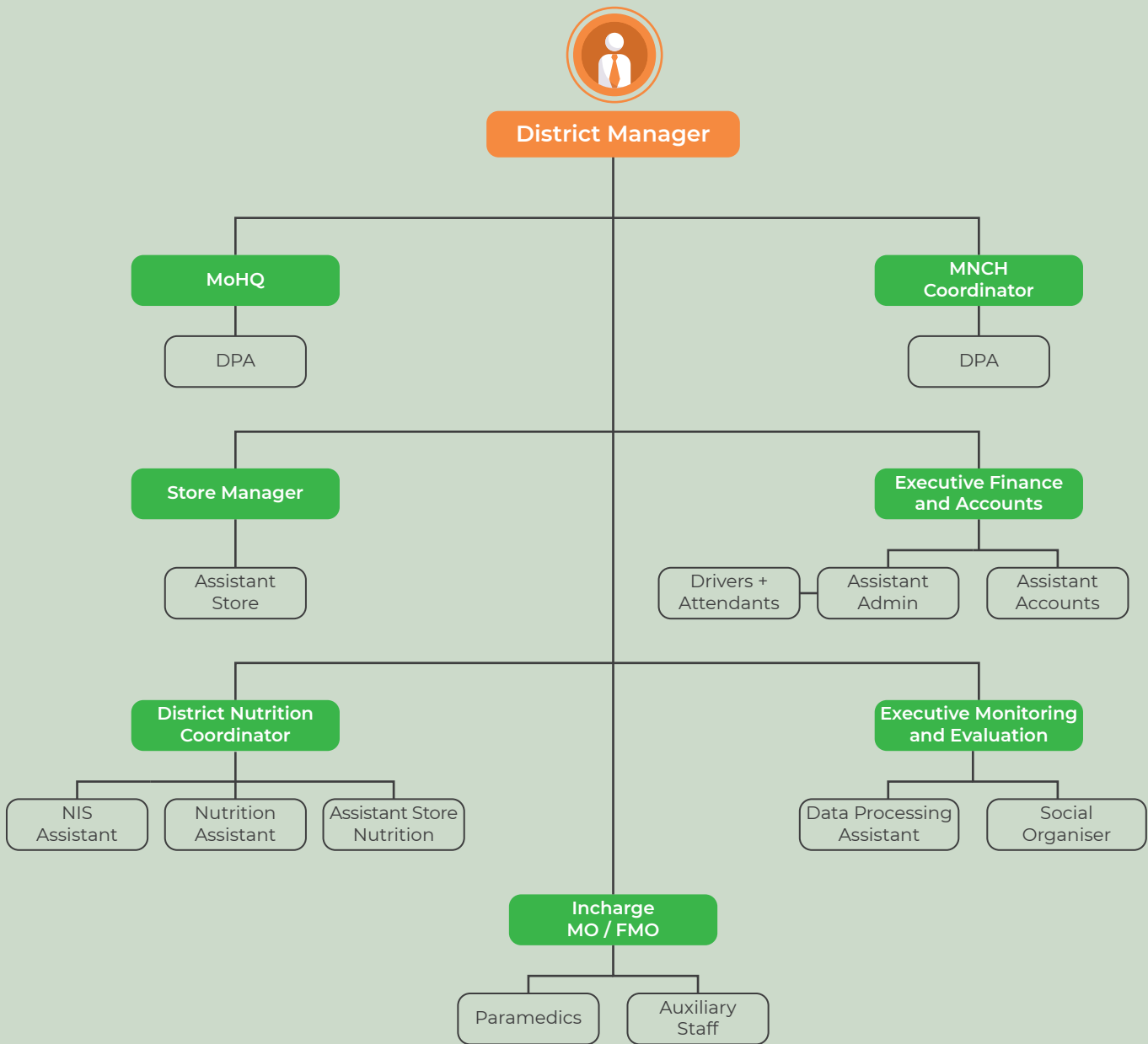


Region I (Hyderabad)	Region II (Mirpurkhas)	Region III (Larkano)	Region IV (Sukkur)	Region V (Shaheed Benazirabad)	Region VI (Karachi)
<ul style="list-style-type: none"> ■ Hyderabad ■ Jamshoro ■ Matiari ■ Tando Allahyar ■ Tando Muhammad Khan 	<ul style="list-style-type: none"> ■ Badin ■ Mirpurkhas ■ Tharparkar ■ Umerkot 	<ul style="list-style-type: none"> ■ Dadu ■ Jacobabad ■ Kamber ■ Kashmore ■ Larkano ■ Shikarpur 	<ul style="list-style-type: none"> ■ Ghotki ■ Khairpur ■ Sukkur 	<ul style="list-style-type: none"> ■ Naushahro Feroz ■ Sanghar ■ Shaheed Benazirabad 	<ul style="list-style-type: none"> ■ Karachi (East) ■ Karachi (West) ■ Keamari ■ Malir ■ Sujawal ■ Thatta

PPHI SINDH REGIONAL OFFICE ORGANOGRAM

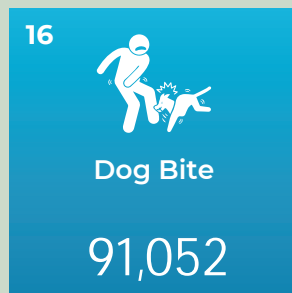
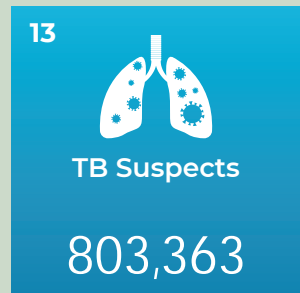
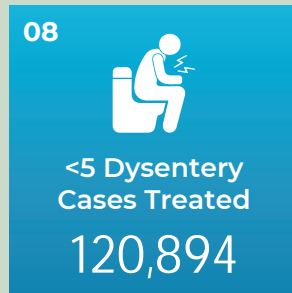
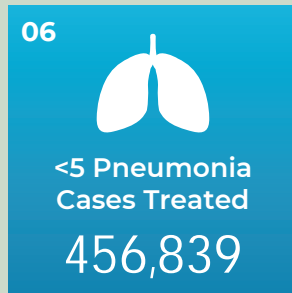
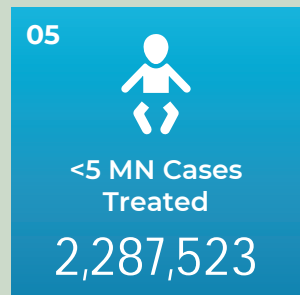
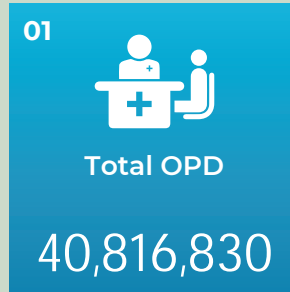


PPHI SINDH DISTRICT OFFICE ORGANOGRAM



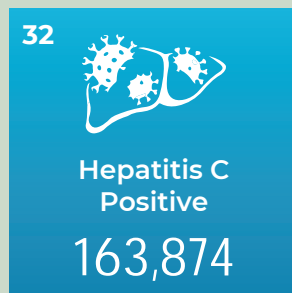
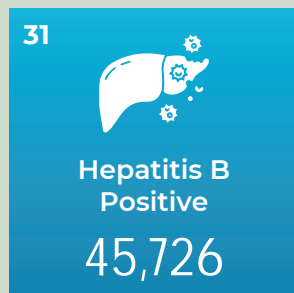
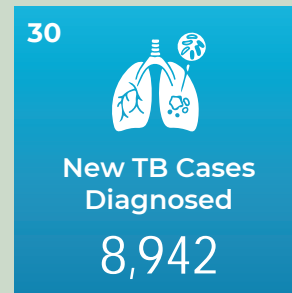
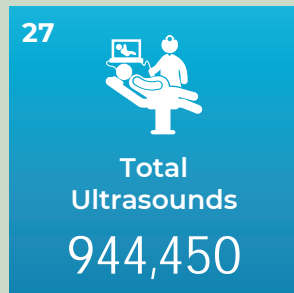
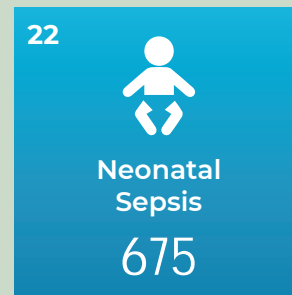
OUR IMPACT IN 2023

PPHI Sindh with support of Departments of Health, Finance and Population Welfare, Government of Sindh, peak of those services provided in one



OUR IMPACT IN 2023

continued to provide quality health services to the most deserving communities in Sindh. Below is a sneak year from January - December 2023.





PPHI SINDH'S FLOOD EMERGENCY RESPONSE



Introduction

The Sindh government declared 23 districts as calamity-hit due to extraordinary monsoon rains and subsequent devastating floods. Starting on August 17, the unrelenting monsoon flooded large parts of Sindh, taking hundreds of lives and injuring many more. The torrential rains and floods also left millions homeless. In response, PPHI Sindh, along with the

Health Department, Government of Sindh, took prompt actions to tackle the situation. PPHI Sindh directed all Regional Directors (RDs) and District Managers (DMs) to be sensitized and make extra efforts to address this challenge. Health facilities under PPHI Sindh's control were instructed to ensure the availability of staff, medicines, and treatment for incoming patients, and to report any outbreaks or eme-

gencies. Field medical camps were established in all flood-hit areas, especially targeting villages disconnected from regular communications. This activity was coordinated with District Administration and District Health Management to achieve maximum results in managing the disastrous situation in Sindh.

Emergency Medical Camps and Healthcare Services

PPHI Sindh swiftly established numerous medical camps across flood-hit areas, delivering critical healthcare services to thousands of displaced individuals. These camps offered a range of medical interventions, including treatment for waterborne diseases, maternal and child healthcare, and emergency medical care. Essential medicines were widely distributed to prevent disease outbreaks and manage health crises effectively. PPHI Sindh also organized special camps to manage Diarrheal out-break areas and availability of IV therapy at community level.

Hygiene Awareness and Disease Prevention

Recognizing the heightened risk of disease in flood-affected areas, PPHI Sindh conducted extensive hygiene awareness sessions under its Health Education Initiatives. These sessions aimed to educate the affected populations on maintaining hygiene under challenging conditions, thereby reducing the incidence of waterborne and communicable diseases.

Coordination and Resource Allocation

PPHI Sindh worked closely with Health Department, Government of Sindh, and local and international organizations to ensure efficient resource allocation and support. This coordination was crucial in mobilizing resources, distributing relief materials, and providing sustained support to the affected regions.

Initiatives with Partners

In collaboration with various partners, PPHI Sindh launched several initiatives to address the challenges posed by the floods:

■ **UNFPA:** Provided post-flood relief in restoring services in 10 health facilities across Dadu and Kamber districts by providing female HR and strengthening the health facilities by providing solarization and medical equipment.

■ **UNICEF:** Supplied in-kind support, including Ready to Use Therapeutic Food (RUTF) during and after the flood emergency, and supported nutrition programs in Dadu and Jamshoro.

■ **Concern Worldwide (CWW):** Supported logistics for mobile teams, provided medicines, equipment, HR support, and R&R work in flood-affected districts, and partnered on the CMAM Surge Project in Umerkot and Mithi Taluka.

■ **Pathfinder** with the support of USAID donated 32,000 cartons of RUTF for managing Severe Acute Malnutrition (SAM) in children during the post-flood rehabilitation phase.

■ **Save the Children** for support of Medicines and Equipment in three districts of Sindh (Dadu, Khairpur & Sanghar) during the flood.

Visits by Dignitaries

The response effort saw visits from several high-profile dignitaries, underscoring the significance





nce of the crisis and the relief efforts. Prime Minister of Pakistan, Mr. Shehbaz Sharif, and Chief Minister of Sindh, Mr. Syed Murad Ali Shah, and other high officials of Pakistan Army, Pakistan Navy and Government Official visited the flood-affected areas to oversee the relief operations and express solidarity with the victims. Their visits were instrumental in mobilizing national and international support and highlighting the urgent need for comprehensive disaster management strategies.

In addition, PPP's Chairman, Mr. Bilawal Bhutto, Ms. Asifa Bhutto, MPA Mr. Zia Lanjhar, and Mr. Javed Laghari, Special Assistant to the CM Sindh also visited the flood-affected areas.

The Chairman of the Senate of the Islamic Republic of Pakistan, Mr. Sadiq Sanjrani, along with Senator Mushahid Hussain Sayed and Senator Ghafoor Haideri, conducted an extensive tour across the province to assess the situation firsthand.

Several international partners visited the affected areas to offer their support. The delegations included Ms. Baramgul Garabayeva and Mr. Eijaz from UNFPA, the British High Commissioner to Pakistan, Mr. Christian Turner, Mr. Abdullah A. Fadil, UNICEF Pakistan Country Representative, and Prem Bahadur Chund, Chief of UNICEF Sindh.

Dr. Nighat Shah Member BoD PPHI Sindh, MPA Suhail Anwar Siyal, and Minister Sardar Nasir Hussain Shah also visited the flood-affected areas.

Impact and Outcomes

The proactive measures taken by PPHI Sindh significantly alleviated the impact of the floods on vulnerable communities. The swift medical response, combined with extensive awareness campaigns and coordinated efforts with various stakeholders, helped manage the crisis effectively and provided a blueprint for future emergency responses.

Conclusion

PPHI Sindh's response to the 2022 floods exemplifies its commitment to serving the communities of Sindh in times of crisis. The efforts not only provided immediate relief but also laid the groundwork for long-term recovery and resilience building in the affected regions.

PPHI Sindh's staff demonstrated remarkable bravery and dedication during the flood crisis. They ensured the delivery of essential medicines to areas inaccessible by land and worked extended hours to serve the affected communities. Despite many health facilities being submerged, district and regional offices quickly established makeshift health centers to maintain continuous quality healthcare services. This unwavering commitment ensured that the distressed population received the medical care they urgently needed during the emergency.



Total number of free mobile medical camps arranged

01

7,555

1,344,363

02

Total OPD

Total number of <5 OPD

03

335,429

1,008,954

04

Total number of >5 OPD

Total number of ARI

05

290,172

120,792

06

Total number of <5 yrs diarrhea/cholera/dysentery

Total number of >5 yrs diarrhea/cholera/dysentery

07

113,503

144,966

08

Total number of suspected malaria

Total number of patients with skin diseases

09

314,968

359,855

10

Total number of patients with other diseases





TRUST
DISPOSABLE SYRINGES
IN SAFE PACKING

ٹرسٹ

Pantidin
50 mg
10 TABLETS

unicef
FAHIA & ASSOCIATES LTD

24/7 SINGLE MIDWIFE-LED BIRTHING CENTRE

Introduction

In the pursuit of safer childbirth, particularly in resource-constrained regions, facility-based delivery has become pivotal. Maternal and neonatal mortality and morbidity rates are high during childbirth, highlighting the need for improved intrapartum care. Despite advancements, insufficiently staffed and equipped primary health facilities, alongside dysfunctional referral systems, pose challenges to achieving better maternal and newborn health outcomes.

Studies show that Midwives play a central role in childbirth care, with midwifery services predominantly focused on the normality of the birthing process across many nations. Midwife-led continuous care, particularly for low-risk pregnancies, is not only recommended but also proven to be cost-effective and clinically efficient in-service delivery.

Background

In its dedication to enhance maternal and newborn health, PPHI Sindh has implemented effective strategies, including the deployment of midwives at primary healthcare levels. While access to basic emergency services has improved, challenges persist due to limited resources and the remoteness of certain health facilities. Traditional deployment models with three shifts for midwives strain already scarce human resources, especially in hard-to-reach areas.

PPHI Sindh has proactively addressed these challenges by introducing innovative initiatives, such as establishing 24/7 midwife-led birthing centers in health facilities equipped with basic infrastructure. This initiative aims to optimize resource utilization while ensuring safe and protocol-led birthing practices under the supervision of trained midwives, ultimately leading to improved maternal and neonatal health outcomes.

Single Midwifery Led Birthing Station Model Intervention

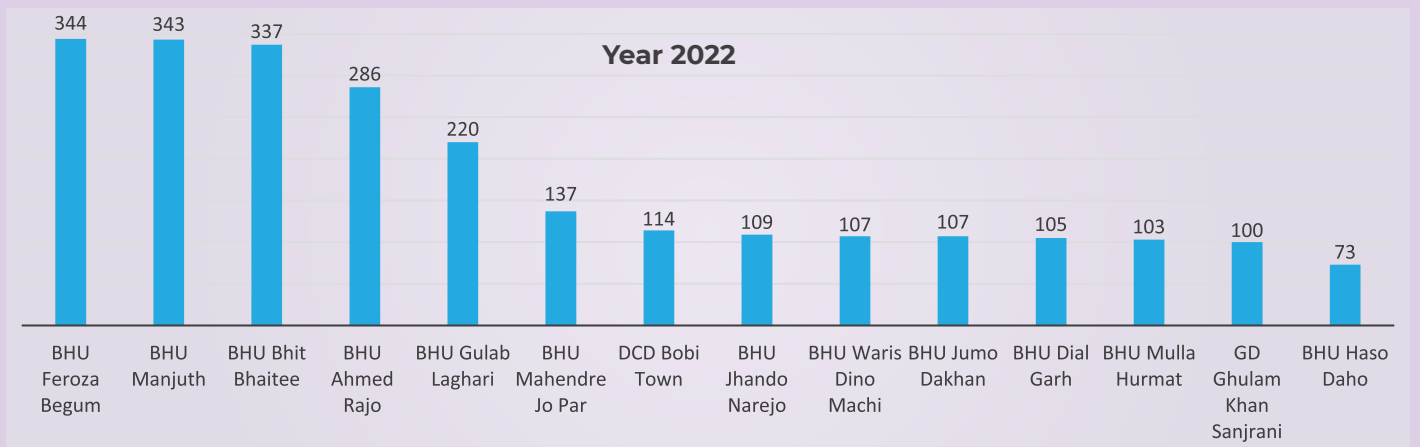
A pilot intervention has been initiated to transform 40 health facilities into 24/7 midwife-led birthing stations since May 2021, and currently, PPHI Sindh has successfully established 35 SMW-led birthing stations. The objective is to evaluate the impact of this model on maternal and newborn health outcomes compared to traditional three-shift facilities. Under this model, each midwife will undertake regular morning duties and remain on call for evening and night shifts. Midwives achieving specific delivery targets will be eligible for incentives. An assessment will also be conducted to gauge maternal and midwife satisfaction with the care provided and to evaluate the cost-effectiveness of the model.

Eligibility Criteria

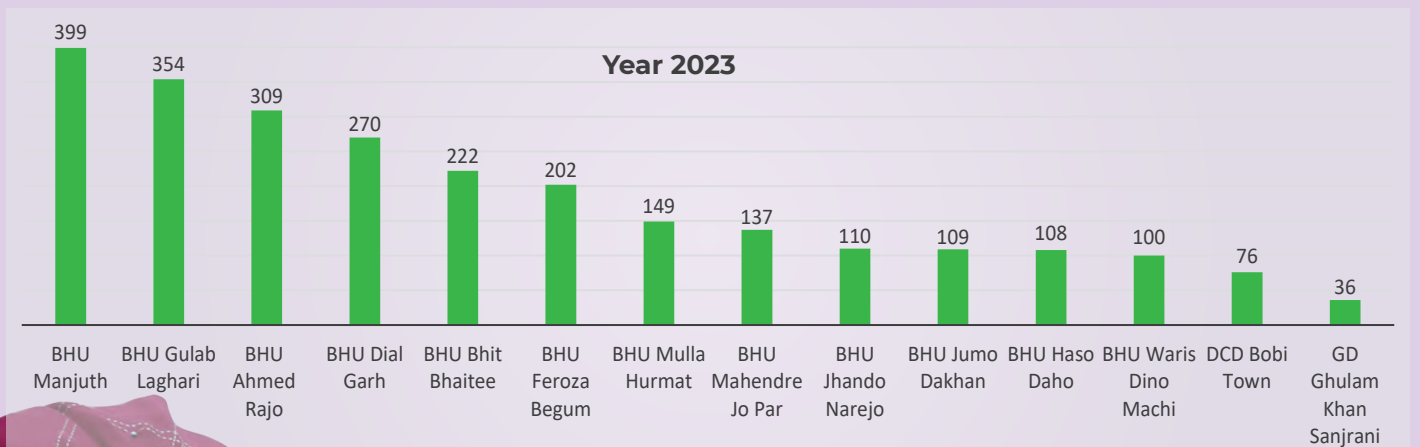


- Daily outpatient department (OPD) attendance should exceed 30.
- The facility must have a labor room.
- Midwives or Lady Health Visitors (LHVs) should be local or willing to reside near the health facility and committed to the 24/7 work model.
- Aya (support staff) should be local and willing to work under the 24/7 model.
- The proposed 24/7 model health facility should be at least 10 kilometers away from the nearest Basic Emergency Obstetric and Newborn Care (BEmONC) health facility (such as Basic Health Unit Plus, Rural Health Center, Tehsil Headquarter Hospital, District Headquarter Hospital).

BEST PERFORMING SMW-LED BIRTHING STATIONS 2022



BEST PERFORMING SMW-LED BIRTHING STATIONS 2023



HELPING BABIES BREATHE REDUCING NEONATAL MORTALITY

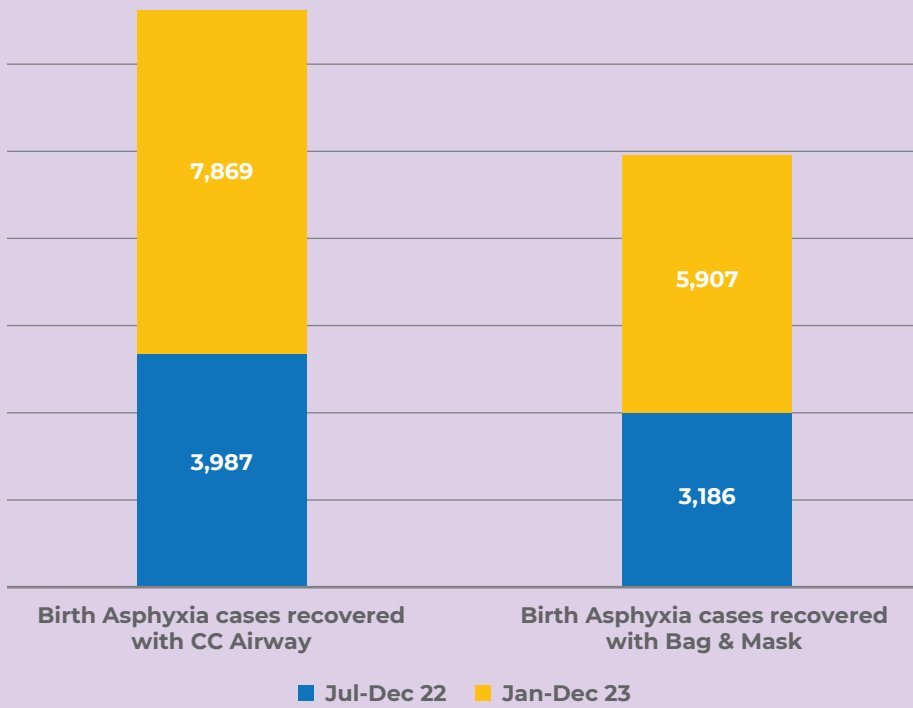
Each year, an alarming 2.5 million newborns succumb within the first 28 days of life, with 47% of under-5 child deaths occurring in this period. More than 2 million newborns are stillborn, half of which transpire during labour. Regrettably, 99% of these tragic deaths transpire in low- and middle-income countries, disproportionately affecting the poorest families. Astonishingly, over one-quarter of these fatalities occur within the first 24 hours post-birth. Neonatal deaths constitute 40% of all under-5 mortality globally, with two-thirds of these fatalities transpiring in just 10 countries, predominantly in Asia. Pakistan, ranking third, reports an estimated 298,000 neonatal deaths annually, with a neonatal mortality rate of 41 per 1000 live births.

The neonatal period, spanning the initial 28 days of life, is pivotal for child survival, yet 2.4 million under-5 deaths occur within this timeframe, predominantly in low- and middle-income countries. Infection, preterm birth, and birth asphyxia collectively account for 87% of neonatal deaths worldwide. Birth asphyxia, characterized by disrupted blood-gas exchange, can lead to hypoxemia and hypercapnia, triggering adverse biochemical changes that often result in neuronal cell death and brain damage.

Resuscitation emerges as a vital intervention capable of saving neonatal lives. The globally recognized Helping Babies Breathe (HBB) curriculum outlines resuscitation steps, significantly reducing mortality when initiated within the critical "golden minute" after birth. Proactively, PPHI Sindh has implemented HBB interventions across its 316 Basic Health Units (BHU Plus), ensuring staff members receive comprehensive training and access to requisite materials. All BHU Plus facilities are now equipped with HBB interventions, with ongoing monitoring by the MNCH team to assess effectiveness through DHIS/SAS data on a monthly basis, supplemented by On-the-Job Coaching (OJC).

Key interventions in essential newborn care include identifying and managing major causes of neonatal deaths, ensuring skilled birth attendance during deliveries, and implementing evidence-based practices such as uterotonic use, partograph utilization, chlorhexidine application, and HBB techniques. PPHI Sindh's efforts have been instrumental in saving neonates affected by birth asphyxia, with 7,869 babies successfully resuscitated through airway clearance and 5,907 receiving resuscitation using bag and mask techniques in the past year alone.





Section 12: Neonatal Resuscitation and other complications record (Obstetric Register)

S. No.	Variable	Jul-Dec 2022	Jan-Dec 2023
1	Birth Asphyxia cases recovered with CC Airway	3,987	7,869
2	Birth Asphyxia cases recovered with Bag & Mask	3,186	5,907
	Total	7,173	13,776



References

- Every Newborn 2025 Coverage Target & Milestones Launch Sep 3 2020 (who.int)
- Predictors and disparities in neonatal and under 5 mortality in rural Pakistan: cross sectional analysis (thelancet.com)
- World health report 2005: Make every mother and child count. Geneva: WHO; 2005.
- Lawn JE, Cousens S, Zupan J. 4 million neonatal deaths: When? Where? Why? Lancet 2005;365:891-900. doi:10.1016/S0140-6736(05)71048-5 PMID:15752534.
- Bhutta ZA, Darmstadt GL, Hasan BS, Haws RA. Community based interventions for improving perinatal and neonatal health outcomes in developing countries: A review of the evidence. PEDIATRICS 2005; 115: 519-617.
- Samad, N., Farooq, S., Hafeez, K., Maryam, M., & Rafi, M. A. (2016). Analysis of consequences of birth asphyxia in infants: a regional study in Southern Punjab, Pakistan. Journal of the College of Physicians and Surgeons Pakistan, 26(12), 950-953.

ENHANCING NEONATAL SURVIVAL THROUGH KANGAROO MOTHER CARE

Kangaroo Mother Care (KMC), involving skin-to-skin contact and exclusive breastfeeding, significantly enhances the survival chances of premature or low birthweight (LBW) infants. Immediate initiation of KMC after birth has the potential to save up to 150,000 more lives annually compared to the current recommendation of commencing it once the baby stabilizes. Mother-Newborn Intensive Care Units (ICUs) play a crucial role in supporting mothers or surrogates to provide this immediate and ongoing skin-to-skin contact from birth.

In 2010, approximately 7.6 million children worldwide died before reaching their fifth birthday, with 40% of these deaths occurring in the neonatal period. Pakistan ranks third globally in neonatal mortality rates. Despite minimal change in Pakistan's neonatal mortality rate since 1991, remaining at 49 per 1000 live births until 2018, there has been a slight decrease to 42 per 1000 live births (Nisar & Dibley, 2014 & PDHS, 2017-18).

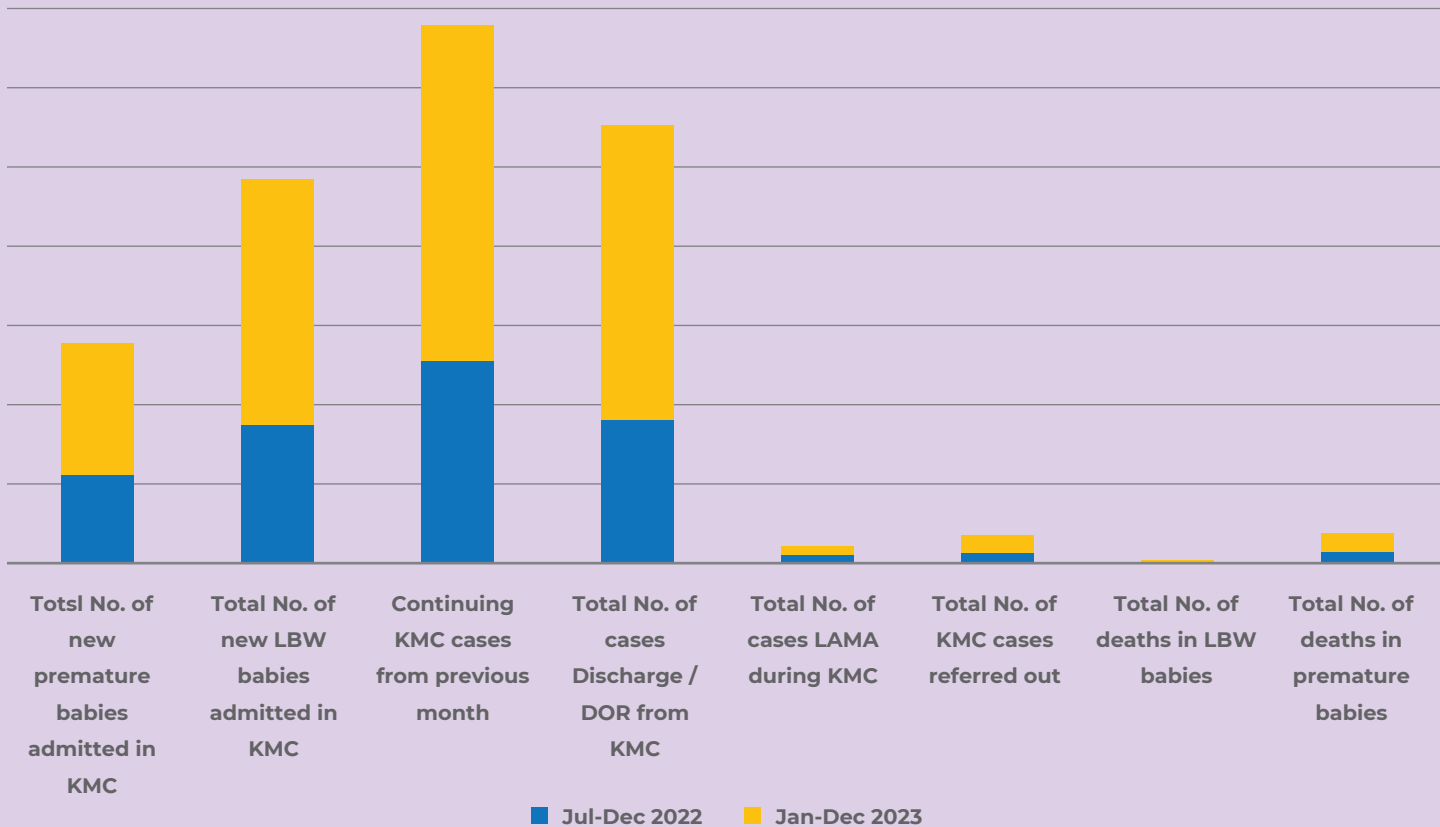
KMC, introduced by PPHI Sindh in 2016, benefits low birth weight and premature babies. Despite space constraints in Basic Health Units (BHUs), efforts are made to provide KMC services, often accommodat-

ing mothers in postpartum wards. Presently, PPHI Sindh has established 300 KMC units, extending services to 389 health facilities across Sindh. During the reporting period, 14,789 low birth weight and premature babies were admitted to these units, with 27,608 successfully discharged.

Ensuring competent quality care for mothers with low birth weight and preterm babies, PPHI Sindh offers counseling, mother training, and emphasizes follow-up visits. To date, 1,570 employees have been trained in KMC, with 260 trained between July-Dec 2022 and Jan-December 2023. Records of KMC admissions are meticulously maintained in a register, documenting the baby's name, mother's name, initial birth weight, and sociodemographic information.

Infants admitted to KMC units may be discharged within hours, but families are counseled for ongoing follow-up to monitor the baby's condition and weight gain. After a minimum of four-eight visits, babies "graduate" from KMC when they achieve appropriate weight. During the reporting period, a total of 37,792 infants continued from the previous month.





Section 14: Kangaroo Mother Care (KMC) Services (KMC Register)

S. No.	Variable	Jul-Dec 2022	Jan-Dec 2023
1	Total No. of new premature babies admitted in KMC	9,792	14,789
2	Total No. of new LBW babies admitted in KMC	15,492	27,608
3	Continuing KMC cases from previous month	22,618	37,792
4	Total No. of cases Discharge / DOR from KMC	15,989	33,098
5	Total No. of cases LAMA during KMC	746	978
6	Total No. of KMC cases referred out	1,043	1,958
7	Total No. of deaths in LBW babies	123	197
8	Total No. of deaths in premature babies	1,175	2,068

References

- Jehan, I., Harris, H., Salat, S., Zeb, A., Mobeen, N., Pasha, O., ... & Goldenberg, R. L. (2009). Neonatal mortality, risk factors and causes: a prospective population-based cohort study in urban Pakistan. *Bulletin of the World Health Organization*, 87, 130-138.
- Nisar, Y. B., & Dibley, M. J. (2014). Determinants of neonatal mortality in Pakistan: secondary analysis of Pakistan Demographic and Health Survey 2006-07. *BMC Public Health*, 14(1), 1-12.
- PDHS (2017) retrieved from <https://dhsprogram.com/pubs/pdf/FR354/FR354.pdf>
- World Health Organization. *Kangaroo Mother Care. A Practical Guide*. Geneva, Switzerland: Department of Reproductive Health and Research, World Health Organization 2003.
- Kangaroo mother care started immediately after birth critical for saving lives, new research shows (who.int)

INTEGRATED MANAGEMENT OF NEWBORN AND CHILD ILLNESS (IMNCI) AND POSSIBLE SERIOUS BACTERIAL INFECTION (PSBI) PROGRAM

At PPHI Sindh, a concerted effort has been made to address maternal, newborn, and child health issues. However, a critical gap in child health care was identified, particularly concerning the assessment and treatment of conditions like pneumonia and diarrhoea in children under 5. Upon monitoring and supervisory visits, it was evident that healthcare providers lacked adequate training in IMNCI, resulting in suboptimal care and potential risks of antimicrobial resistance due to irrational drug use.

To tackle this challenge, PPHI Sindh collaborated with Aga Khan University to conduct a pilot study on PSBI in Thatta district. This initiative aimed to demonstrate the feasibility of delivering simplified antibiotic regimens to young infants with PSBI in settings where referral to higher-level facilities was not feasible. With crucial support from the government, WHO guidelines were adapted to enable the management of PSBI in such contexts. The pilot study yielded promising outcomes, with many young infants receiving timely therapy, consequently saving lives.

Building upon the success of the pilot study, PPHI Sindh is now scaling up this intervention across all primary health facilities it oversees in 30 districts of Sindh. Through collaboration with WHO and the Government of Sindh's MNCH Department, Master Trainers have been trained to educate over 670 health facility staff, leading to enhanced man-

agement of sick children and the rational use of medications.

The IMNCI framework aids in the rapid identification of children displaying danger signs, enabling appropriate action such as home care, urgent referral, or in-patient care, based on the severity of the condition.

The PSBI guideline, developed by a team of global experts and grounded in extensive research, offers recommendations on antibiotic use for newborns and young infants (0–59 days old) with Possible Serious Bacterial Infections (PSBI). Its primary objective is to reduce mortality rates among young infants, particularly in resource-constrained settings where families may face barriers to accessing referral services.

Tailored for implementation in settings with limited resources, the guideline emphasizes empowering community midwives and guiding the patient or attendant to identify signs of serious infections health workers (CHWs) and promoting home visits to identify signs of serious infections in neonates and young infants. Additionally, it provides clear clinical directives on the use of simplified antibiotic regimens for outpatient treatment of clinical severe infections and rapid breathing (pneumonia) in infants aged 0–59 days, prioritizing safety and efficacy.

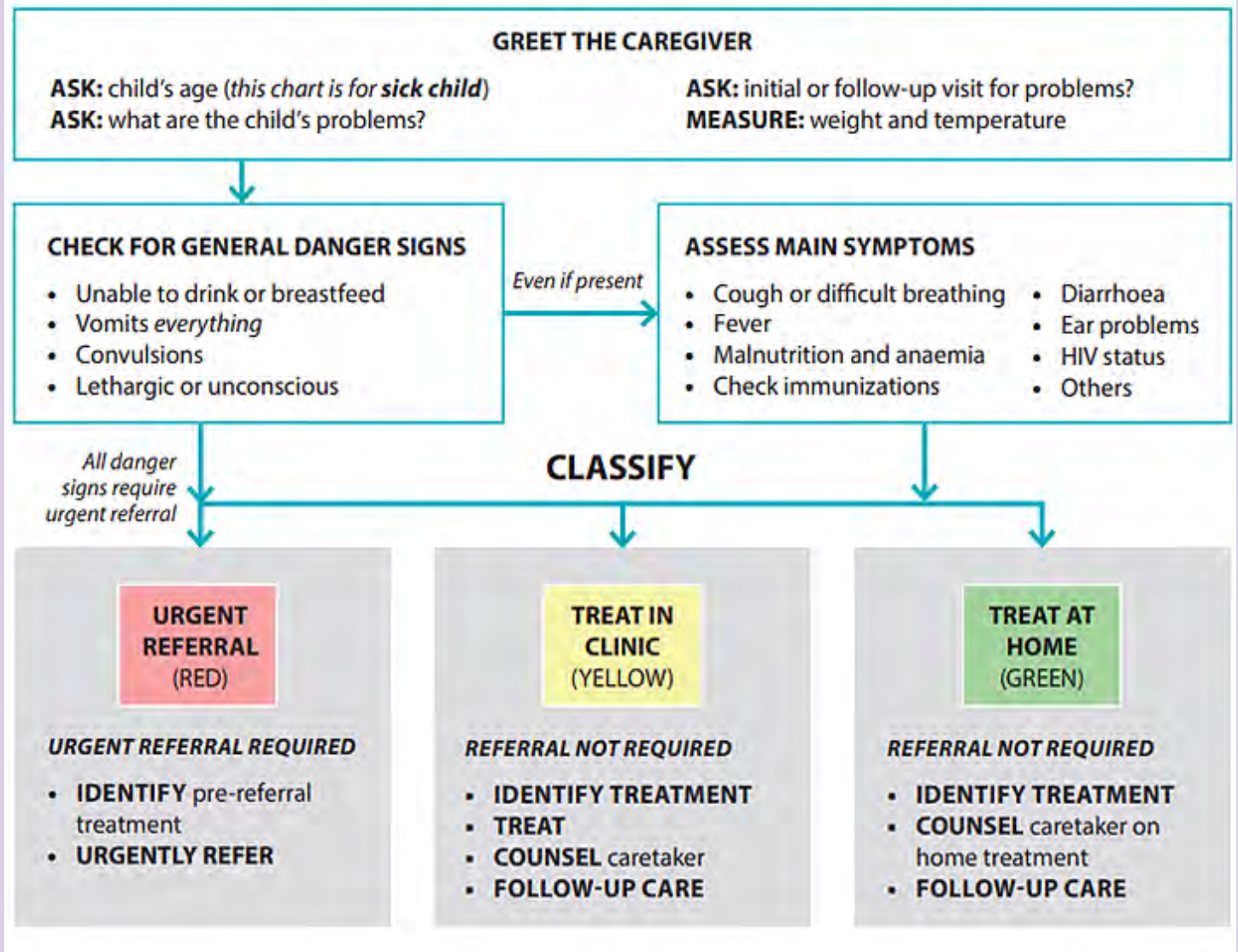


Summary of <5 Diarrhea

Summary of <5 Pneumonia



IMCI FOR THE SICK CHILD (2 months up to 5 years of age)



Guideline: managing possible serious bacterial infection in young infants when referral is not feasible (who.int)

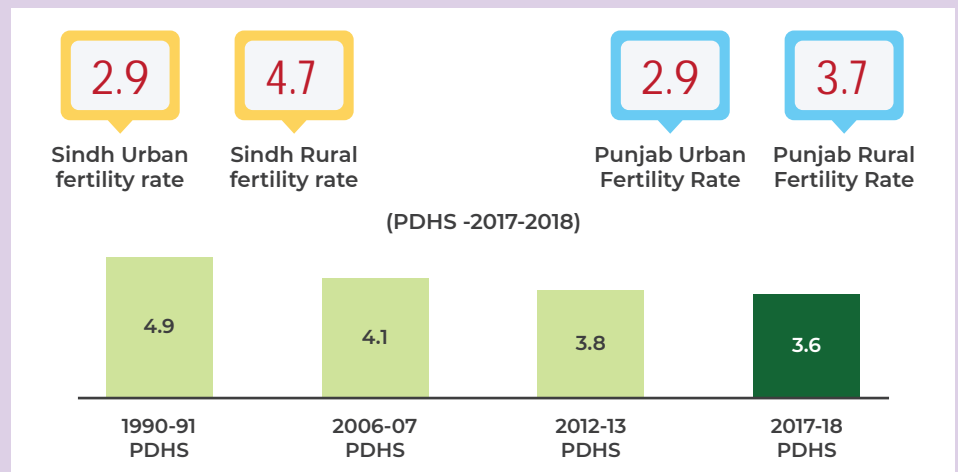
PPHI SINDH'S FAMILY PLANNING SERVICES ACCESSIBLE TO EVERYONE



Pakistan is the fifth most populous country in the world, with an estimated population of over 220 million people. According to the Pakistan Bureau of Statistics, the projected population for the year 2050 stands at 310 million. This population momentum underscores the urgent need for improved accessibility to family planning and reproductive health services, as well as a substantial increase in contraceptive usage. Failure to address this issue could have disastrous effects on all socioeconomic indicators. Pakistan significantly lags behind other Muslim and neighboring countries in achieving higher contraceptive usage rates and lower fertility rates.

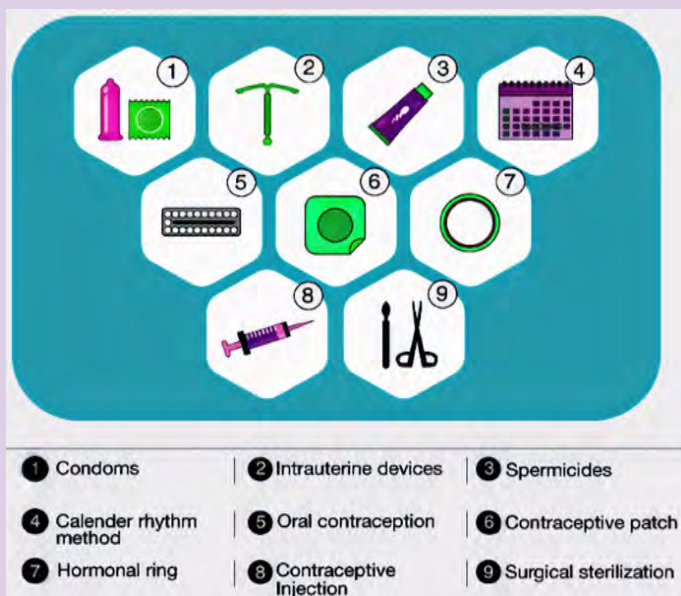
Family planning is defined as a deliberate effort by individuals or couples to control the timing and number of children they have in their lifetime. This is achieved

through the use of contraceptive methods, taking into consideration factors such as financial resources and personal preferences.



CLASSIFICATION OF CONTRACEPTIVE METHODS

In Pakistan, the use of family planning is scarce due to lack of accessibility, availability, affordability and social, cultural, religious beliefs. According to Pakistan Demographic & Health Survey (PDHS) (2017-2018), current contraceptive prevalence rate (CPR) is 34% among married women of reproductive age, while 25% use modern and 9% use traditional method. The CPR among married women varies with age, rising from 7% among age 15-19, peaking at 48% for women age 40-44, and then slightly declining to 37% among women age 45-49 years of age. In Sindh Rural, fertility rate is high as compared to Punjab Rural 4.7% and 3.7%, respectively. There are approximately 16% of overall population is MWRA, 31% of them use family planning methods amongst them 24.4% use modern methods and 6.5% use traditional methods; though, 69% of women do not use any family planning method. Most common issue identified is the side effects and lack of accessibility in rural settings of Sindh i.e., women in urban areas are more likely to use a contraceptive method than women in rural areas (43% and 29%, respectively).

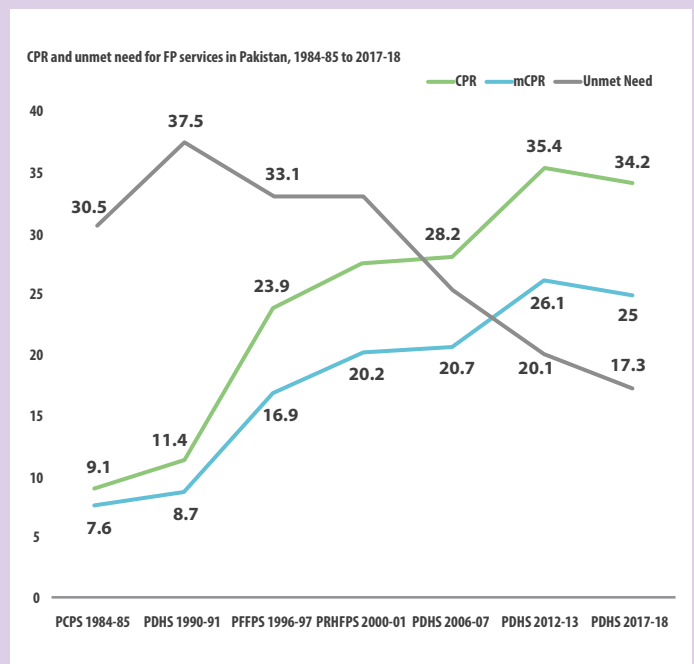


PPHI Sindh shares its responsibility to achieve FP2030 goals along with Government of Sindh (GOS) and Population Welfare Department (PWD) in collaboration with costed implementation plan (CIP) as per goals set by Council of Common Interests recommendations. PPHI Sindh is working mainly to:

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

Family planning services are readily accessible at all PPHI Sindh Health Facilities. Here, a comprehensive range of methods is offered with counseling and under sterile conditions. In Sindh, modern methods fulfill 50% of the demand for family planning. These services are seamlessly integrated into PPHI Sindh's routine offerings at every health facility. Data on service provision is compiled monthly through the District Health Information System (DHIS), while stock updates are systematically managed online via the Contraceptive Logistic Management Information System (cLMIS).

In compliance to 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.



STRATEGIC PLAN

- 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 are unavailable.
- 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.



- Maintenance of contraceptive records on Contraceptive Logistic Management Information System (cLMIS) software to make evidence-based policy decisions.
- Specific family planning camps are arranged at the level of all Basic Health Units (BHUs) plus (24/7 Maternal and Child Health Centers, MCHCs) 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.



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



- Regular tracking of indicators and performance on District Health Information System (DHIS) and cLMIS-ECR to monitor progress. Feedback is provided to the Health Facilities (HFs), district, and regional offices based on this information to improve services.



Issues and Challenges

- Contraceptive commodity security
- Discontinuation rate is high due to side effects and misconceptions
- High un-met need in under served outreach areas

FAMILY PLANNING PERFORMANCE DURING REPORTED PERIOD

PPHI SINDH'S CONTRIBUTION IN LARC (JULY TO DEC 22 AND JAN-DEC23)

Long-Acting Reversible Contraceptives (LARCs) provide long term protection against pregnancy with less 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 (20,865 – July-Dec22) - (101,909 – Jan-Dec23) IUCD and (37,065 – July-Dec22) (86,142 – Jan-Dec23) Implant have been inserted.

Indicator	July-22 to Dec-22	Jan-23 to Dec-23
IUCD	20,865	101,909
Implant	37,065	86,142
Family Planning	430,221	1,074,229
Delivery Coverage	183,333	344,015

Performance of Routine Family Planning services during the reporting period from July-Dec 2022 to Jan-Dec 2023 is shown below

FAMILY PLANNING VISITS

PERFORMANCE OF FAMILY PLANNING FOR THE YEAR 2023

S.No.	Type	Total	PPFP	%	PAFP	%
1	COC	270,765	62,143	23%	6,098	2%
2	POP	20,461	12,542	61%	271	1%
3	DMPA Inj	441,384	121,222	27%	7,805	2%
4	Net-EnIng	1,085	399	37%	19	2%
5	Condom	122,167	31,331	26%	2,088	2%
6	IUCD	101,119	84,359	83%	1,734	2%
7	Implant	83,631	60,686	73%	1,837	2%
8	Tubal Ligation Clients	711	562	79%	16	2%
9	Total FP Visits	1,057,363	373,244	35%	19,868	1.8%
10	Counselling Provided on FP	101,234				

FAMILY PLANNING PERFORMANCE FOR THE YEAR 2022 JULY-DEC 2022

S.No.	Type	Total	PPFP	%	PAFP	%
1	COC	108,912	26,955	24.7%	2,562	2.4%
2	POP	11,955	8,249	69.4%	172	1.4%
3	DMPA Inj	188,985	56,594	29.9%	3,519	1.9%
4	Net-EnIng	449	215	47.9%	25	5.6%
5	Condom	48,431	13,783	28.5%	982	2.0%
6	IUCD	20,675	17,502	84.7%	284	1.4%
7	Implant	36,186	27,786	76.8%	698	1.9%
8	Tubal Ligation Clients	403	397	98.5%	0	0
9	Total FP Visits	419,109	149,114	98.5%	9,181	0
10	Counselling Provided on FP	30,055				

MATERNAL DEATH AUDIT AND RESPONSE SYSTEM



Maternal mortality remains unacceptably high, with approximately 287,000 women losing their lives during and after pregnancy in 2020. Shockingly, almost 95% of these deaths occurred in low and lower-middle-income countries, emphasizing the urgent need for preventive measures. Globally, nearly 800 women died every day from preventable causes related to pregnancy and childbirth, translating to a maternal death nearly every two minutes in 2020. While there has been a 34% reduction in the maternal mortality ratio (MMR) worldwide between 2000 and 2020, much work remains to be done.

In Pakistan, the statistics are sobering, with one maternal death occurring every 40 minutes due to pregnancy or delivery complications. Alarming, in 2019, the neonatal mortality rate stood at 42 per 1,000 live births. The maternal mortality ratio in Sindh, according to the PMMS 2019, is 224 per 100,000 live births.

Accurate data is paramount for understanding the underlying causes of maternal deaths, forming the basis for effective health-care policy-making. However, in Pakistan, many women still give birth at home or in private clinics, hindering efforts to gather

precise information related to these deaths.

Recognizing this challenge, the World Health Organization (WHO) advocates for a robust mechanism for identifying the causes of maternal and neonatal deaths. WHO's Maternal & Perinatal Death Surveillance & Response (MPDSR) involves a standardized questionnaire administered through interviews with relatives of the deceased and health facility-based forms.

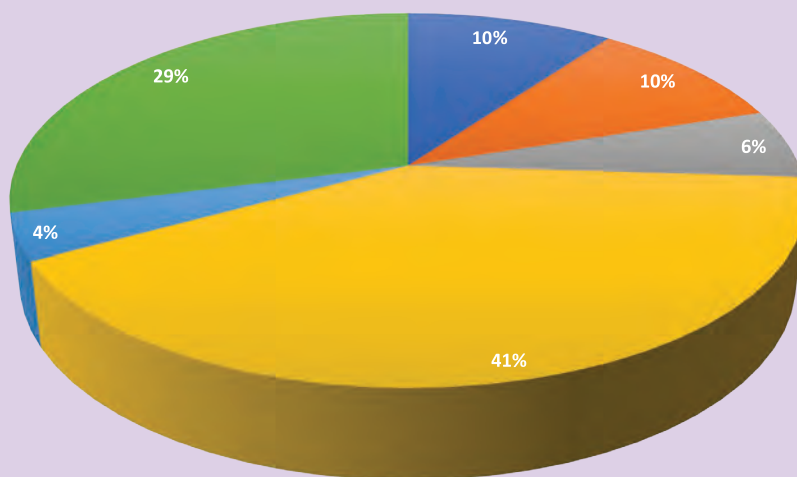
MATERNAL MORTALITY

PPHI Sindh, prioritizing maternal and child health, has embraced the WHO maternal death audit form /tool to investigate causes of maternal and neonatal deaths since 2018. Over this period until July-December 2022, there were 09 maternal deaths & Jan-Dec 2023, 106 maternal deaths were reported and July-Dec 2022 77, neonatal deaths & Jan-Dec 2023 82 neonatal death recorded in healthcare facilities and the surrounding population. Identifying the root causes is essential for implementing preventive measures effectively. At the health facility level, the Maternal Death Audit (MDA) form has been updated and redesigned to probe into the causes of maternal and perinatal mortality. The MDA form is used to identify the cause of death, and an analytical form is developed at the regional level for further investigation. Steps towards MDA digitalization are in progress.

Any maternal death occurring at a community or healthcare facility is reported to district, regional, and provincial offices within 24 hours. Within one week, a female MNCH Coordinator completes and validates the maternal, neonatal death, and stillbirth form, which is then analyzed regionally and provincially before being reported to higher authorities.

The major causes of maternal mortality include shock, respiratory failure, primary postpartum hemorrhage (PPH), eclampsia/pre-eclampsia, among others.

Major causes are shown below-(Pakistan Maternal Mortality Survey 2019)



- Other Obstetric
- Obstetric haemorrhage
- Pregnancy related infection
- Pregnancy with abortive outcome
- Non-Obstetric
- Hypertensive disorders

References

- WHO. Fact sheet of maternal mortality. World Health Organization. 2016. 2. World Health Organization U. Trends in maternal mortality: 1990 to 2013: estimates by WHO, UNICEF, UNFPA, The World Bank and the United Nations Population Division: executive summary. 2014. Patel, K. K., Rai, R., & Rai, A. K. (2021). Determinants of infant mortality in Pakistan: evidence from Pakistan Demographic and Health Survey 2017–18. *Journal of Public Health*, 29(3), 693-701. please re phrase this content with updated information
- Maternal mortality (who.int) 3 Fragile States Index. Available at: <https://fragilestatesindex.org/-data/>.
- Say L, Chou D, Gemmill A et al. Global Causes of Maternal Death: A WHO Systematic Analysis. *Lancet Global Health*. 2014;2(6): e323-e333.
- Samuel O, Zewotir T, North D. Decomposing the urban–rural inequalities in the utilisation of maternal health care services: evidence from 27 selected countries in sub-Saharan Africa. *Reprod Health* 18, 216 (2021).
- World Health Organization and United Nations Children’s Fund. WHO/UNICEF joint database on SDG 3.1.2 Skilled Attendance at Birth. Available at: <https://unstats.un.org/sdgs/indicators/database/>.

ADVANCING HEALTHCARE ACCESS PPHI SINDH'S SECONDARY CARE INITIATIVES



Since its inception in 2007, PPHI Sindh has emerged as a beacon of hope, tirelessly dedicated to saving the lives of millions of women and newborn babies across the region. Over the years, the organization's technical expertise has grown exponentially, leading to the development of field-driven, practical, flexible, and sustainable approaches. This evolution has resulted in a remarkable enhancement of healthcare systems and service delivery, fostering increased trust from the Government of Sindh (GoS).

This burgeoning trust culminated in the transfer of management responsibilities for Rural Health Centers (RHCs) and Taluka Head Quarter (THQ) Health Facilities to PPHI Sindh. In rural areas of Sindh, where access to healthcare services is often limited, particularly for women and newborns, PPHI Sindh's intervention has been critical.

Recognizing the dire need for immediate and specialized care, especially in emergencies, PPHI Sindh has elevated RHCs to Comprehensive Emergency Obstetric and Neonatal Care (CEmONC) Centers. These centers are equipped with operation theaters, Neonatal Intensive Care Units (NICUs), and Blood Banks, ensuring prompt and effective treat-

ment. Additionally, three Mother & Child Healthcare Centers (MCHCs) now offer CEmONC facilities, providing a high standard of care to a vast catchment area population.

Definition and Importance of Secondary Healthcare

Secondary healthcare encompasses specialized medical services provided by experts, offering advanced expertise and technology beyond primary care settings. It becomes crucial when patients require specialized procedures or expertise beyond the scope of primary care. These services include Specialist Consultation Clinics, Diagnostic Services (such as imaging and laboratory tests), and Inpatient Care, including surgeries and complex treatments.

Secondary care serves as a vital bridge between primary and tertiary care, ensuring patients receive appropriate and comprehensive healthcare services. It plays a pivotal role in addressing the diverse medical needs of individuals and communities, contributing significantly to the overall healthcare system's efficacy and inclusivity.

Secondary Care includes the following services:

■ Specialist Consultation Clinics

Secondary care includes access to medical specialists like gynecologists, pediatricians, anesthetists, or more. Patients are referred to these specialists when their conditions require specialized expertise.

■ Diagnostic Services

Secondary care often involves advanced diagnostic services, including imaging (Ultrasound, X-rays, ECG), laboratory tests, and specialized medical equipment for more precise diagnosis.

■ Inpatient Care

Secondary healthcare includes hospitalization and inpatient services, where patients may receive surgeries, complex treatments, and ongoing medical care for serious conditions.

Number and Description of HFs under Secondary Care Domain:

PPHI Sindh operates around 7 THQs and 36 bedded Hospitals including THQ Dokri, THQ Ratodero, THQ Areeja, SGH Naudero, SGH Ibrahim Hyderi, SGH Murad Memon Goth, SGH Jannat Gul. Model RHCs, which have been upgraded into CEmONC Centers, include RHC Tando Jam, RHC Bhit Shah and RHC Bhan Saeedabad. The MCH CEmONC Centers include Kausar Hospital, MCH Mirpur Mathelo and MCH Mirwah. These MCH CEmONC Centers primarily provide maternal and child health services, including Cesarean Sections, Blood Banks and NICU services. Normal RHCs offer a wide range

of services including dental care, eye OPD, X-ray, ultrasound and ECG Services. Overall, PPHI Sindh manages these health facilities under the domain of Secondary Healthcare.

Health Facilities managed under the Domain of Secondary Care Section

S. No.	Type of HF	Number
1	THQs and other Hospitals	07
2	Model RHCs (CEmONC)	03
3	Normal RHC	27
4	MCH CEmONC	03
	Grand Total	40
	Total CEmONC Centers	09

Overall Performance Indicators

Performance Indicators	Jul-Dec 2022	Jul-Dec 2021
Total OPD	1,942,826	5,578,234
Total FP	22,522	83,990
ANC - 1	39,923	119,998
NVD	17,604	40,388
Total Lab	700,394	2,635,035
Total Ultrasound	67,829	238,561
C-Sections	7,782	14,136

ACHIEVEMENTS IN THE YEAR 2023

Expansion of Secondary Care Services in 2023

In our relentless pursuit of enhancing healthcare accessibility and quality, significant strides were made in 2023 to broaden the scope of secondary care services. Through strategic initiatives several new services were introduced, catering to diverse medical needs within the communities we serve. The expansion initiatives undertaken in 2023 signify our commitment to comprehensive healthcare provision and align with our mission of improving health outcomes for all.



Comprehensive Emergency Obstetric and Neonatal Care (CEmONC) Services

A cornerstone of our commitment to maternal and neonatal health, CEmONC services were successfully initiated in additional three new Health Facilities. These include:

- RHC Bhan Saeedabad
- THQ Dokri
- SGH Ibrahim Hyderi

Eye Operating Theater (OT) Services

Recognizing the importance of ophthalmic care in preserving vision and enhancing quality of life, Eye OT services were introduced in two new Health Facilities:

RHC Pir Jo Goth: The establishment of an Eye OT at RHC Pir Jo Goth expands access to essential eye surgeries and treatments, addressing a critical need within the local community.

RHC Bhit Shah: By integrating Eye OT services at RHC Bhit Shah, we aim to address visual health disparities and provide comprehensive eye care services to the residents of Bhit Shah and surrounding areas.



Diagnostic Services Enhancement

To bolster diagnostic capabilities and facilitate accurate medical assessments, X-ray services were initiated in seventeen new Health Facilities. This strategic expansion ensures that patients have access to essential diagnostic imaging services for timely diagnosis and treatment planning.



Ultrasound Services Expansion

In line with our commitment to enhancing maternal and foetal health, ultrasound services were introduced in seven new Health Facilities. This initiative aims to facilitate prenatal screening, diagnostic imaging, and monitoring of foetal development, ensuring optimal maternal and neonatal outcomes.



Dental Services Integration

Oral health is an integral component of overall well-being. Therefore, dental services were initiated in seventeen PPHI Sindh Health Facilities, catering to the oral healthcare needs of our communities.

In conclusion, the expansion of healthcare services in 2023 reflects our unwavering dedication to improving health outcomes and advancing healthcare accessibility for all. These initiatives underscore our commitment to comprehensive and holistic healthcare provision, ensuring that individuals and communities receive the quality care they deserve.



PREVALENT SKIN CONDITIONS MANAGED IN PRIMARY HEALTHCARE SETTINGS

Skin conditions pose a significant public health concern, impacting a substantial portion of the global population, estimated to be between 30% and 70%. With over 3000 identified skin diseases, spanning from acute to chronic, they affect individuals across all age groups and socioeconomic backgrounds.

In Pakistan, skin diseases constitute a prevalent issue addressed within the Primary Health Care (PHC) system, such as basic health units (BHUs) and rural health centers (RHCs) play a vital role providing essential healthcare services, including the diagnosis, treatment, and prevention of various skin conditions.

Skin diseases at PPHI health facilities encompass a range of conditions affecting the skin, including dermatitis, scabies, fungal infections, impetigo, and others. These conditions may vary in severity and can be caused by various factors such as infections, allergies, environmental factors, and underlying health conditions.

Scabies

This highly contagious skin infestation is prevalent in crowded and low-resource settings. PHC providers often diagnose scabies based on clinical examination and provide treatment with topical scabicides such as permethrin or oral medications like ivermectin.



Scabies

Fungal Infections

Such as ringworm (tinea corporis), athlete's foot (tinea pedis), and jock itch (tinea cruris) are commonly seen at the PHC level. Antifungal creams, powders, or oral antifungal medications are prescribed for treatment.



Athletes Foot (Tinea Pedis)

Bacterial Skin Infections

Common bacterial skin infections like impetigo and cellulitis may be managed at PHC facilities. Treatment typically involves topical or oral antibiotics, depending on the severity of the infection.



Generalised Impetigo

Eczema (Atopic Dermatitis)

PHC providers may encounter patients with eczema, characterized by red, itchy, and inflamed skin. Basic management includes prescribing emollients, topical corticosteroids, and advising on trigger avoidance.



Eczema (Atopic Dermatitis)

Allergic Reactions and Contact Dermatitis

PHC providers often diagnose and manage allergic reactions and contact dermatitis caused by exposure to irritants or allergens. Treatment involves identifying and avoiding the offending agent and prescribing topical corticosteroids or antihistamines for symptom relief.



Contact Dermatitis

Acne

Acne vulgaris is a prevalent skin condition, especially among adolescents, and may be managed at the PHC level with topical treatments such as benzoyl peroxide, retinoids, or oral antibiotics.



Acne Vulgaris

Viral Skin Infections

Viral skin infections like herpes simplex virus (cold sores) and viral warts may be managed at the PHC level. Treatment may include antiviral medications or cryotherapy for warts.



Viral Infection (Herpes Simplex)

Health Education and Prevention

In addition to diagnosis and treatment, PHC facilities of PPHI play a crucial role in health education and preventive measures related to skin diseases, including promoting proper hygiene practices, sun protection, and the importance of early detection of skin abnormalities.

Based on the DHIS report spanning from January

2023 to December 2023, approximately 3 million individuals sought treatment for skin conditions at PPHI health facilities. The most common issues reported were dermatitis, scabies, fungal infections, and impetigo. According to the DHIS findings, skin conditions ranked as the third most widespread health concern encountered at PPHI facilities, following respiratory and gastrointestinal ailments.



Health Education and Prevention

S. No.	Skin Diseases	PHC	SHC
1	Scabies	907,032	49,070
2	Dermatitis	1,710,432	14,420
3	Fungal Infection	176,230	15,761
4	Impetigo	357,163	17,106
Total		31,50,857	96,357

Reference:

- <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9415115/>
- <https://www.who.int/news/item/08-06-2018-recognizing-neglect-ed-skin-diseases-who-publishes-pictorial-training-guide>

The image depicts a futuristic classroom or computer lab. In the foreground, two rows of desks are visible, each with a laptop. The laptop screens display a glowing, circular, fractal-like pattern in shades of purple and blue. The background is a deep blue space filled with glowing white lines that form a complex network or circuit board pattern. The overall atmosphere is high-tech and digital.

INFORMATION TECHNOLOGY

PTS (PPHI TESTING SYSTEM)

Introduction

The IT Wing proudly introduces the PPHI Testing System (PTS), a web-based application designed to conduct online tests efficiently and effectively.

PTS is a robust and versatile platform tailored for PPHI Sindh's specific needs. It is engineered to be compatible with multiple devices, including laptops, desktops, Android mobile phones, and tablets. This system marks a transformative shift from traditional paper-based testing methods to a more dynamic, digital approach. The key features of PTS include a comprehensive encrypted question bank, customizable test formats, and instant result generation, all aimed at enhancing the efficacy and integrity of the testing process.



Question Bank Development

Accumulation of a diverse question bank, categorized by subject, and category, entered by respective Wings ensures a transparent and error-free testing process.

Training and User Adaptation

Efficient training programs for staff and candidates, ensuring smooth adaptation to the new system.

Achievements and Milestones

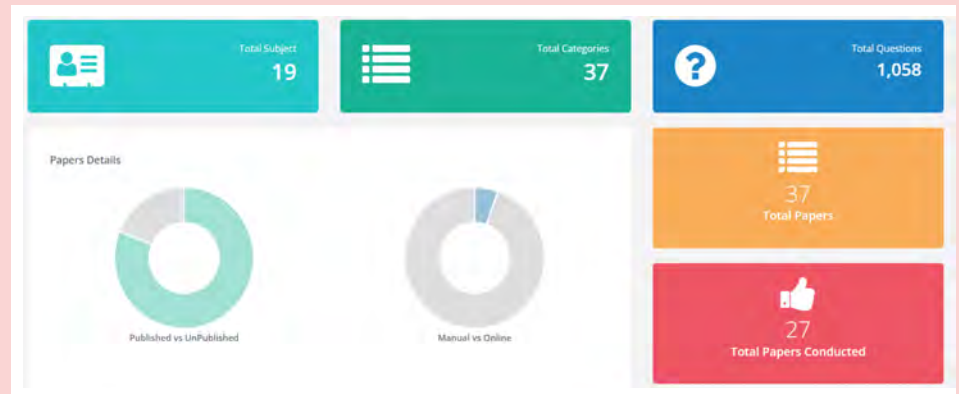
Since its inception, PTS has accomplished several milestones:

Successful Deployment

Seamless integration of PTS into the existing IT infrastructure of PPHI Sindh that reduced HR Wing's workload and expedites processes.

First Online Exam Conducted

Completion of the inaugural online examination, setting a precedent for future assessments. The system also eliminates the need for printed materials, thus saving costs. Also conducted 20 successful online tests so far.



ESTABLISHMENT OF DATA CENTRE

Introduction

A Data Center has been established in PPHI Head Office. The state-of-the-art Data Center Infrastructure consist of all the standardize equipment of well-known brand of VERTIV including In-row Colling System, Power Supply System with UPS N+1 Configuration setup, Fire detection and suppression system installed in the Data center.

Impact on Organizational Goals

- Realized a 100% decrease in system downtimes, ensuring continuous and reliable access to critical healthcare systems.
- Aligned the implementation of a comprehensive ERP system with our commitment to providing exceptional system to our team members for service provider.
- Fostered a collaborative healthcare environment with a 50% reduction in communication lag among Management and medical staff.
- Achieved a remarkable 50% increase in patient data entry engagement through IT DPA.

Project A Pictorial Showcase

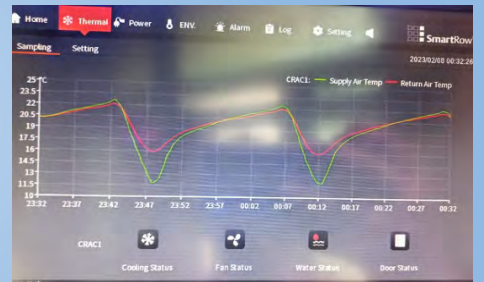
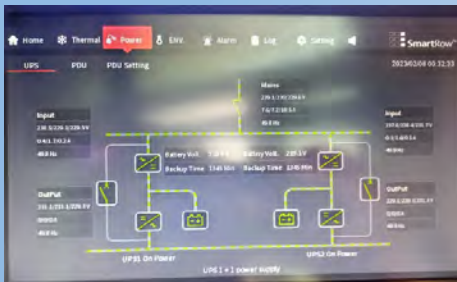
SMART ROW SOLUTION



ELECTRICAL DISTRIBUTION BOXES AND ATS



VERTIV MAIN SCREEN

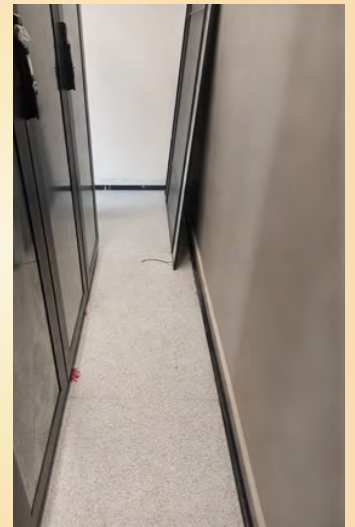


30 KVA dedicated Generator and Vertiv Power Distribution Unit

VESDA AND FIRE SUPPRESSION



VINYL FLOORING



IMPLEMENTATION OF CORPORATE-LEVEL EMAIL SERVICE FOR PPHI SINDH USERS

Introduction

In response to the ever-evolving technological landscape and a growing need for efficient collaboration tools, PPHI Sindh embarked on a transformative journey to replace its outdated in-house email system, DAK and introduced Google Workspace for a seamless communication, enhanced collaboration, and increased productivity for the organization's employees.

The scope encompassed comprehensive training programs, meticulous data migration processes, and the integration of Google Workspace tools into daily operations. The project aimed at fostering a culture of efficient communication and streamlined workflows across all departments.

Achievements and Milestones

Successful Data Migration

Migrated critical email data from DAK to Google Workspace with zero data loss.

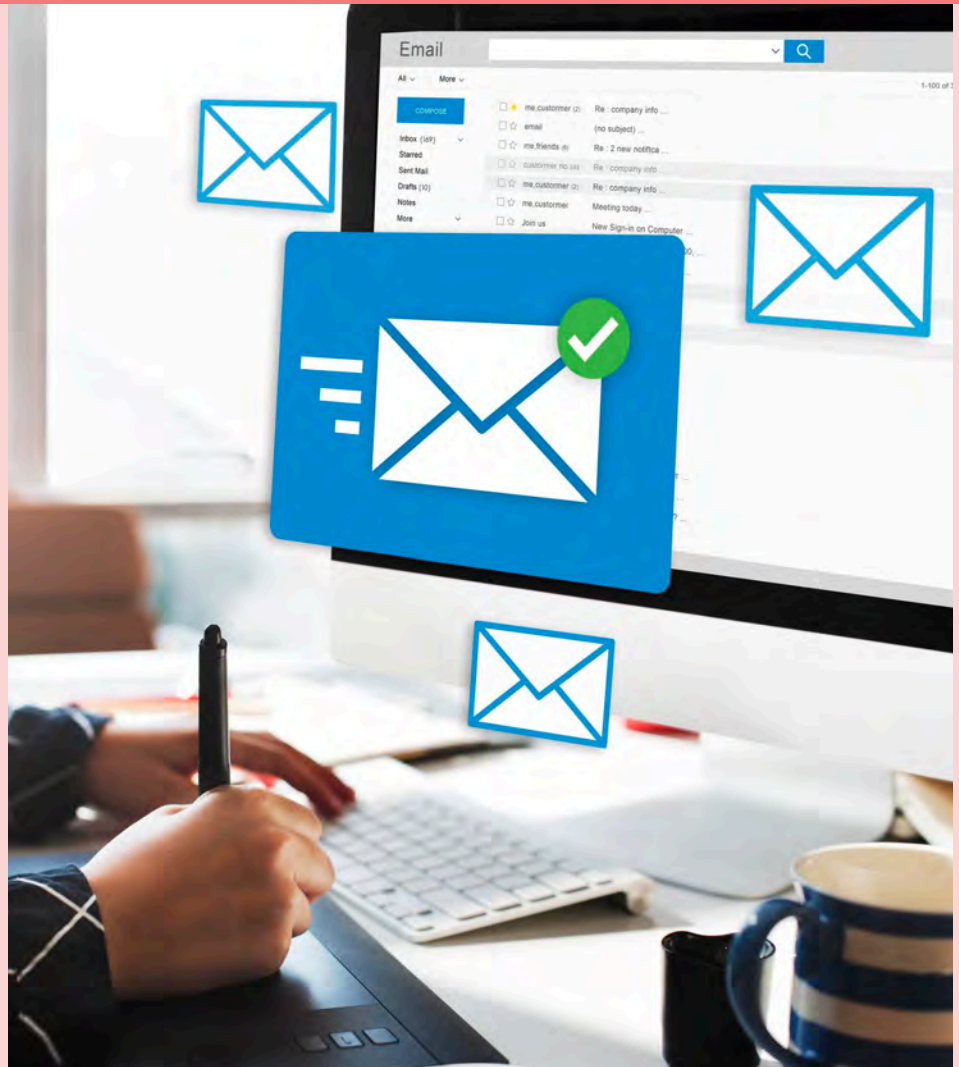
Comprehensive Training Initiatives

Conducted tailored training sessions for all employees to ensure a smooth transition.

Enhanced Collaboration

Implemented centralized document sharing, resulting in a 60% increase in collaborative projects.

Introduced real-time collaborative editing, improving teamwork and reducing project timelines.



Introduced Google Meet for providing single click solution to video conferencing solution unlimited time meeting for around 100 users simultaneously.

Improved Accessibility

Facilitated anytime, anywhere access to emails and documents, promoting flexibility and remote work capabilities.

Efficiency Boost

Reduced email response times by 20%, streamlining communication channels.

Cost-effective Collaboration

Minimized reliance on traditional

communication methods, resulting in cost savings.

Enhanced Productivity

Improved document collaboration and accessibility have positively impacted overall productivity.



DAILY MONITORING REPORT VIA MOBILE APPLICATION

Introduction

The Daily Monitoring Mobile Application via Mobile Application serves as a comprehensive tool for collecting crucial data from Health Facilities (HFs) on a daily basis. It enables efficient tracking and management of various health indicators, surveillance activities, and essential drug availability at health facilities on daily basis. It comprises on 3 sections.

1. Indicator Performance

This section serves to gauge the performance of Health Facilities by tracking key indicators such as patient footfall, service utilization,

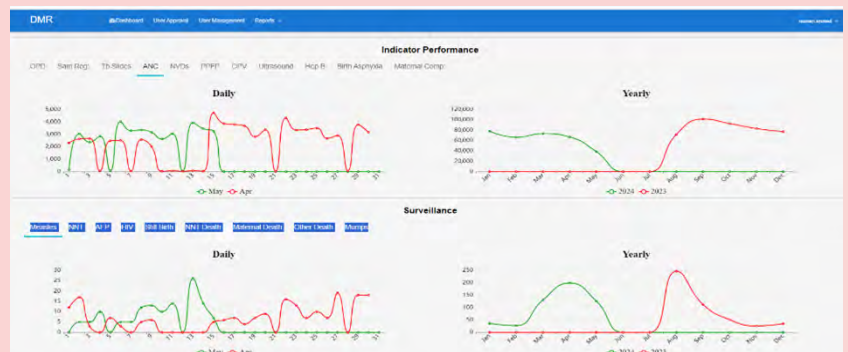
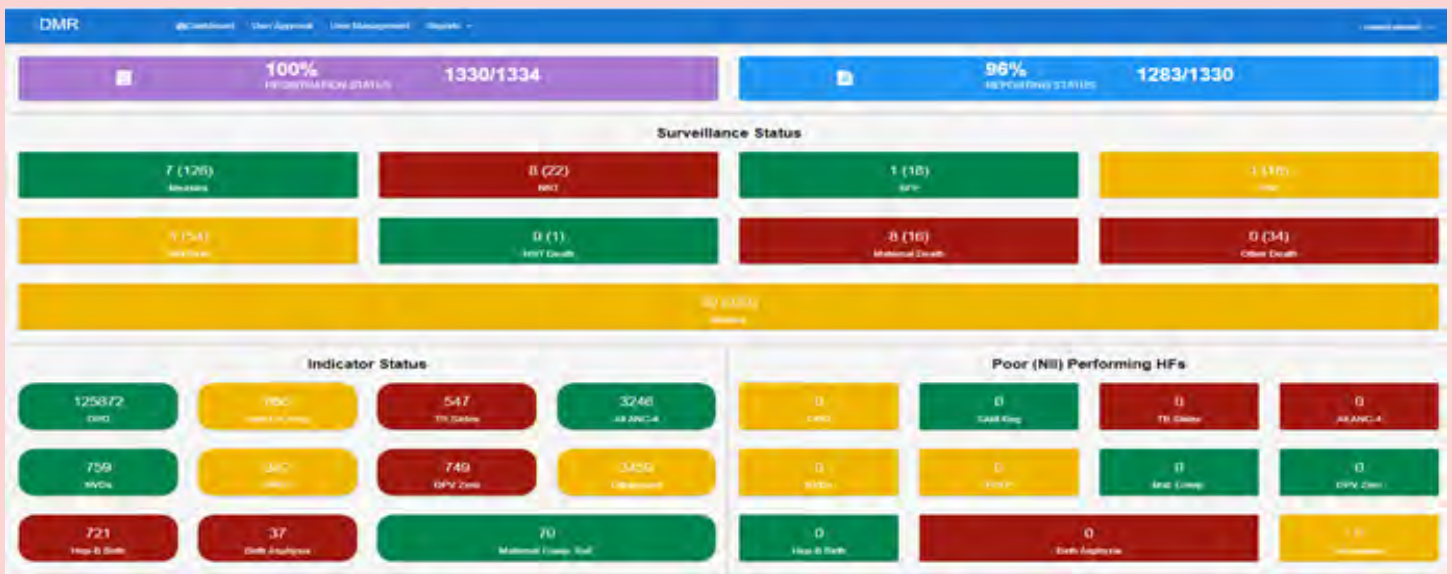
and the delivery of essential healthcare services. It provides insights into the effectiveness of healthcare delivery and helps identify areas for improvement.

2. Surveillance

The surveillance section plays a vital role in monitoring the trending communicable diseases and the maternal health indicators that require immediate focus and action. By collecting regular data on disease incidences, it enables timely intervention strategies and the implementation of targeted public health initiatives by reaching at the pinpoint target health facility to respond.

3. Outbreak Section

This section aims to promptly detect and respond to potential outbreaks. By monitoring cases and trends of erupted outbreaks in real-time, that enables the authorities for deployment of resources and interventions on a prompt basis to control and prevent the spread of the disease. This section is utilized for the related information regarding that specific disease that newly gets erupted. All the related indicators that are required at the district, regional and the provincial scales are incorporated for the immediate response.



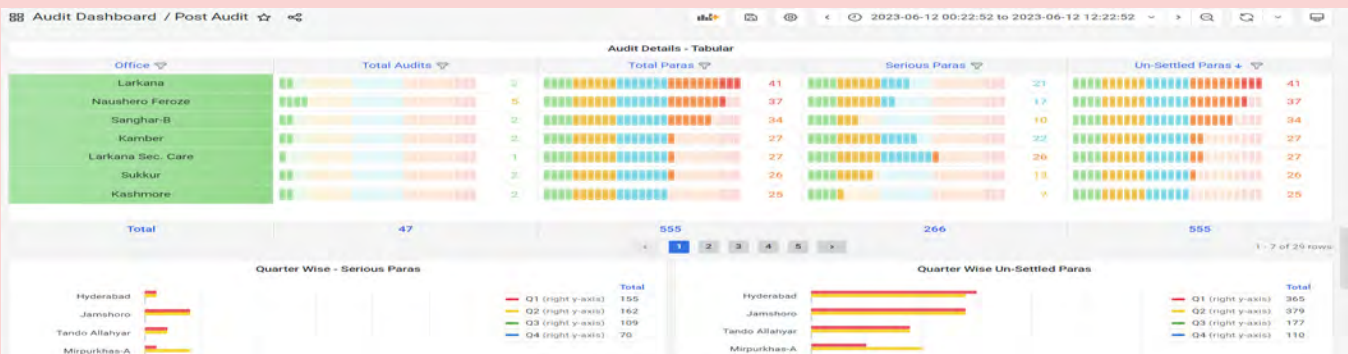
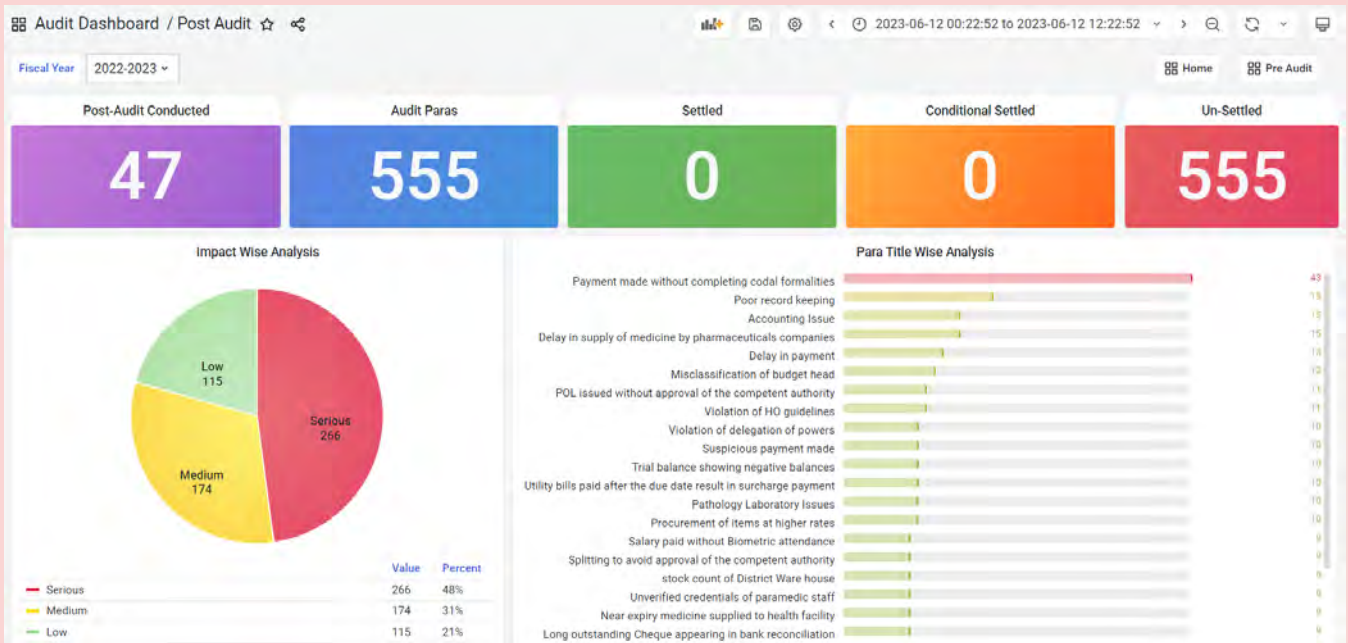
AUDIT MANAGEMENT APPLICATION

Introduction

The Audit Management System is a sophisticated, web-based platform, equipped with cutting-edge Single Sign-On (SSO) capabilities, is designed as a comprehensive digital ecosystem, meticulously engineered to manage and oversee audit processes across the organization's vast network. This system is not merely a tool for audit tracking; it is a holistic solution that encompasses the entire audit lifecycle, from the initial stages of planning, spanning across diverse fiscal timelines, to the execution phases in varied geographic locations. Its capability to diligently categorize, track, and monitor each audit element, including detailed impact assessments and resolution statuses, is unparalleled. It stands as an emblem of meticulous planning, precision, and efficiency in audit management.

Achievements and Milestones

Since its inception, the system has been instrumental in achieving remarkable milestones. It has revolutionized operational transparency, setting a new standard in audit oversight. The efficiency of the audit workflow has been significantly enhanced, leading to a more structured and streamlined process. Additionally, the system's advanced reporting tools provide comprehensive and insightful analysis, empowering management and stakeholders with the data necessary for informed strategic decision-making.



R&R (REPAIR & RENOVATION MONITORING SYSTEM)

PPHI Sindh, committed to enhancing healthcare services, has taken a significant step in transparency with the introduction of the R&R (PPHI Sindh Repair and Renovation System). This web-based application represents a transformative approach to managing and monitoring the repair and renovation work of health facilities across the region.

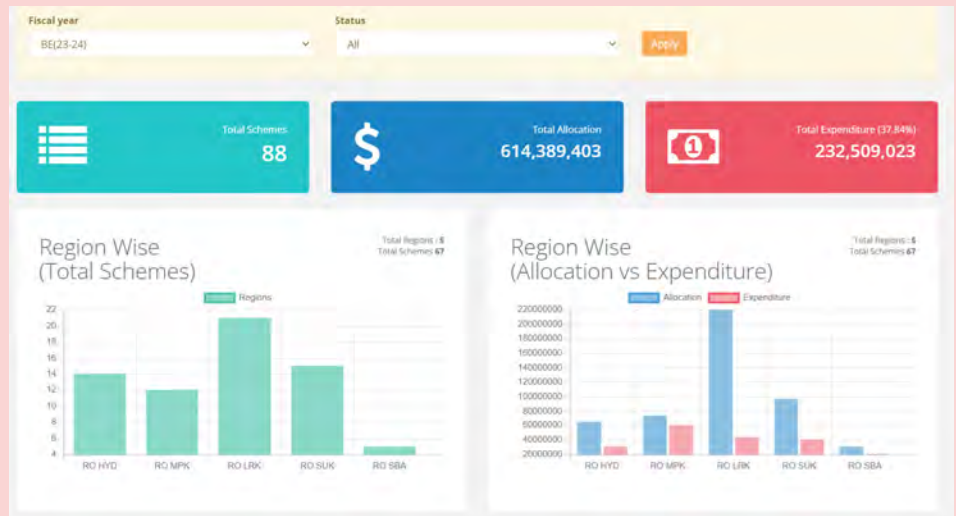
The R&R system is designed to provide real-time updates on the progress of repair and renovation activities in various health facilities under PPHI Sindh. It enables the tracking of essential metrics such as allocated budgets, current budget utilization, the physical percentage of work completed, and expected dates of completion. A pivotal feature of the system is its capability to upload live images from project sites, offering visual evidence of ongoing work. This innovative approach ensures transparency and accountability in project execution.

- Enhanced Transparency**
 Live updates and visual evidence of work progress have significantly increased transparency in renovation projects.
- Improved Efficiency**
 The system has streamlined the monitoring process, reducing the need for physical site visits and thus saving time and resources.
- Data-Driven Decision Making**
 With real-time data, management can make informed decisions, ensuring optimal resource utilization and timely project completion.

Enhanced Operational Efficiency
 Streamlining processes for better resource management.

Accountability and Transparency
 Providing clear, real-time insights into project progress and budget utilization.

Improved Service Delivery
 Ensuring timely completion of repair and renovation work, thereby enhancing healthcare facility standards.



Achievements and Milestones

Since its implementation, the R&R system has marked several key achievements:



OTHER ACHIEVEMENTS AND MILESTONES

Dashboards

The introduction of a comprehensive dashboard for top management at PPHI Sindh signifies a pivotal step towards data-driven decision-making. This central dashboard offers a consolidated view of critical organizational metrics, providing greater insights into various key areas. The primary components of the dashboard include real-time monitoring of Attendance, offering visibility into workforce dynamics. Human Resource metrics offer insights into staff deployment and performance. The Budget Allocation and Utilization section provides a live snapshot of financial resources, aiding in efficient resource management.

Additionally, the dashboard incorporates modules for Pre & Post Audit, enabling the top management to monitor the audit process comprehensively. Complaint Management and Task Tracking modules ensure swift response and resolution to issues, contributing to operational efficiency. The ITSS Management section enhances oversight of the organization's IT Support Tasks. This consolidated dashboard serves as a strategic tool, empowering top management with the information needed for proactive decision-making, optimizing operations, and ensuring organizational effectiveness.

Job & Recruitment Portals

The Job & Recruitment Portals at

PPHI Sindh have undergone significant enhancements, elevating the recruitment experience. By introducing CNIC-based logins and advanced profile management, candidates can now seamlessly manage their profiles and apply for positions. The portal's sophisticated algorithms enable automatic resume shortlisting, aligning applicants with roles matching their educational and professional backgrounds. Furthermore, the inclusion of a dedicated section for government services, encompassing CSS, PMS, AMC, and other cadres, broadens the portal's scope. Enhanced reporting features in the recruitment panel offer deeper insights and analytics, streamlining the hiring process and improving overall efficiency in talent acquisition

MoM Application

The Monitoring of Monitors (MoM) application at PPHI Sindh is poised for further advancements, with a strategic focus on expanding its scope and capabilities to usher in a new era of comprehensive healthcare oversight. The future developments will transcend the current functionality, targeting an even more extensive coverage that includes not only Rural Health Centers (RHC) but also District and Regional levels, including District labs. This expansion marks a significant step towards a more holistic and layered approach to healthcare monitoring, with the aim of ensuring elevated standards in healthcare delivery and opera-

tional efficiency.

Detailed reporting now provides stakeholders with comprehensive insights into monitoring outcomes, resource utilization, and operational efficiency at various administrative levels. Simultaneously, the application's advanced charting and graphing features offer user-friendly visualizations, allowing for dynamic exploration of complex data. These transformative upgrades enable decision-makers to identify trends, implement targeted interventions, and ensure consistent quality and performance improvements across the entire network. The combined power of detailed reporting and enhanced charting/graphs establishes a data-driven foundation, fostering informed decision-making and promoting a holistic approach to monitoring management.

HMIS

The expansion of the Health Management Information System (HMIS) to include the Outpatient Department (OPD) section for BHU and BHU Plus is a significant advancement, especially following the successful integration of Patient Registration and Queue Management modules. A key feature of this expansion is the ability to access a patient's historical visit records, immensely improving continuity of care. Looking ahead, plans are in place to further enhance the HMIS by incorporating additional services such as Antenatal Care (ANC), Postnatal Care (PNC), Kangaroo

Mother Care (KMC), and others. These future enhancements will not only broaden the scope of the system but also significantly improve the quality and comprehensiveness of healthcare services provided at the Basic Health Units. Targeting to start the implementation shortly.

Website Administrative Panel

The IT Wing has successfully developed a comprehensive website administrative panel for PPHI Sindh, empowering efficient content management. This platform enables seamless uploads of Tender details, recognitions such as Employee of the Month, updates on News & Events, and inspirational Success Stories within the organization. Furthermore, the panel facilitates the systematic uploading of team member profiles, complete with detailed information, contributing to enhanced transparency and communication. Additionally, it serves as a centralized hub for publishing test and interview results, streamlining the recruitment process and ensuring timely communication of outcomes to stakeholders. This innovative administrative panel represents a significant step forward in leveraging technology for effective information dissemination and organizational management within PPHI Sindh.

PPHI WorkForce Tracker

The PPHI WorkForce Tracker mobile application is a powerful tool for comprehensive organizational oversight. This user-friendly app encapsulates detailed information on Regions, Districts, and Health Facilities, offering real-time insights into their

respective locations, staff deployments, and a thorough list of services provided. With this innovative solution one can access key data on the go, facilitating informed decision-making and strategic management to ensure optimal performance across the healthcare network.

Enhancements / Improvements in Different User Applications

- Integration of recently acquired laboratory analyzers with the Lab Management System
- Expansion of the SAS Module, Introduction of Dental, Hepatitis B / Hepatitis C Analysis
- Implementation of Single Sign-On (SSO) Feature in Grafana, Asset Tiger, and Complaint Management Tools
- Adjustment of Email Narrations /Conventions according to designations
- Implement of Reporting Services
- Digitalization of Goods Received Note (GRN) for payment reconciliation
- Implementation of security software in laptops
- Improvements in the job / recruitment portal
- Upgrade to the Inward / Outward application
- Enhancement of the Training Dashboard
- Streamlines the auto attendance uploading process from ZKT-ECO & Hikvision biometric devices

- Allocation of google drive space for all email users of PPHI
- Enhancements in DMR application related to MMU, medicines etc.

Master Data Management Tool Development

Master Data Management (MDM) proves to be indispensable for the sub-applications and databases within PPHI due to its systematic and centralized approach to the management and organization of vital business data. The necessity for employing an MDM tool at PPHI Sindh is underscored by several key reasons, primarily aimed at enhancing the responsiveness and smooth functioning of sub-applications. The MDM tool plays a pivotal role in enabling sub-applications such as DMR, HR dashboards, attendance tracking, audit processes, inward/outward management, and others to operate independently without relying on the ERP database. This autonomy ensures that these sub-applications can function seamlessly even if there is a server outage. In the event of a server failure, the sub-applications can continue to run autonomously, thereby preventing any disruptions in their operations. This independence from the ERP database contributes to a more agile and resilient system, allowing each sub-application to perform efficiently without being hindered by dependencies on a centralized database.

TRAINING AND CAPACITY BUILDING STRENGTHENING HEALTHCARE WORKFORCE



PPHI Sindh's Training and Capacity Building initiative is a crucial program that highlights the organization's dedication to cultivating a skilled, capable, and thoroughly prepared healthcare workforce. Through this initiative, our mission is to improve healthcare standards and ensure optimal patient care by providing ongoing training and building capacity.

Building a Strong Foundation for Healthcare: Our Approach

The training and capacity-building wing has a structured approach to training its personnel. The initial phase focuses on training of trainers to build capacity of technical teams at provin-

cial, regional, and district levels by highly specialized and skilled professionals. Once the master trainers are equipped with the necessary knowledge and skills, they become responsible for cascading this training down to the staff at health facilities directly involved in providing healthcare services. This cascade approach ensures that the training reaches a wider audience and is tailored to specific district needs. To measure the effectiveness of the training, a pre/posttest assessment strategy is employed. This assessment allows trainers to gauge the knowledge gained and skills acquired by participants before and after the training. It also helps identify areas that may need further attention or improvement.



Structured Training Methodology

Our multifaceted approach to training and capacity building is designed to yield tangible benefits across various facets of healthcare delivery. We commence with the training of trainers to enhance the capabilities of

technical teams at provincial, regional, and district levels. These master trainers, equipped with specialized knowledge and skills, subsequently disseminate the training to frontline staff at health facilities, ensuring a wider reach tailored to district-specific requirements.

Measurement of Effectiveness

To gauge the efficacy of our training initiatives, we employ a pre/posttest assessment strategy. This assessment allows us to evaluate the knowledge gained and skills acquired by participants before and after training, identifying areas for further improvement or attention.

Accomplishments in 2023

In the year 2023, training and capacity building wing has organized approximately 300 training sessions and trained more than 7000 employees on diverse topics, i.e. Maternal & child Health, Family planning, DHIS, SAS, GDM, and others. Main trainings include Crash training for the management of Post-Partum Hemorrhage and shock, Labour Care Guide, PCPNC, Revised Indicators, maternal Death audit forms, six weeks training on Ultrasound, training on Blood grouping, Orientation of District managers, Orientation of Store Manager and Orientation of Assistant Finance & Accounts.

Collaborative Endeavors

In collaboration with government of Sindh and other important stakeholders i.e. JSI, UNICEF, Pathfinder International, various trainings were conducted such as Hepatitis Prevention and control with collaboration of HPCP GoS, Field epidemiology training Program (FETP Frontline) with support of GoS, JSI, and NIH Islamabad. PPHI Sindh in collaboration with UNICEF conducted training on District Health Information System (DHIS), Summary of additional Sheet (SAS), Helping Baby breath (HBB) and Oxygen Therapy Guidelines. Other external trainings include Minimum initial services Packages by Pathfinder International, and Data Quality and use, PIFP by DAF-PAK-PSSD.

Leadership and Management Competencies Development: Driving Healthcare Excellence

Recognizing the importance of effective leadership and management in driving healthcare excellence, we provide tailored training programs that develop the leadership and management competencies of our staff. This fosters a cadre of capable leaders poised to guide the organization toward its goals.

Capacity Assessment of Midwives through Tele-monitoring: Transformative Approach

The capacity assessment of midwives through tele-monitoring offers a transformative approach in managing cases. Tele-monitoring enables supervisors to assess Midwives' adherence to protocols and competency in managing cases. Monitors at Head Office and region will assess midwives randomly and those who come



out Poor and average will be given training either group or OJC then follow up call is made by the monitors and if Midwives does not improve then clinical attachment is given in tertiary care hospitals. By remotely observing midwives' clinical decisions and interventions, health-care authorities can identify areas for improvement and provide targeted training and support to enhance their skills in case management.

Additionally, tele-monitoring facilitates continuous education and feedback loops for midwives, fostering a culture of learning and professional development within the PPHI Sindh. By strengthening the capacity of midwives through tele-monitoring, it can improve the quality of care for postpartum women, reduce maternal mortality rates, and contribute to the overall advancement of maternal health outcomes in the region.

Trainee Midwifery Program

In response to the challenge of providing healthcare services specifically related to maternal healthcare services in remote areas, PPHI Sindh devised a strategic solution by selecting matriculated girls from local communities where health facilities lacked trained midwives and nurses. These selected candidates underwent a comprehensive two-year midwifery training diploma program, initially facilitated by an agreement with Ziauddin Midwifery School Karachi and later transitioned to Abu Zafar Institute of Midwifery and Atia School of Midwifery, Kohi

Goth, Karachi. The trainees received full financial support during their training, including hostel accommodation and a monthly stipend of Rs. 10,000 for personal expenses. Upon completion of the midwifery diploma training, they are appointed as midwives in the health facilities for which they were selected. Till now, 297 candidates have successfully completed the training, and serving in respective districts as midwives, while another batch of 18 awaits the upcoming nursing exam conducted by the Sindh Nursing Examination Board as part of their training process.

Through this initiative, PPHI Sindh has not only addressed the critical shortage of trained female staff in remote health facilities but has also empowered local communities by providing employment opportunities and essential healthcare services. This innovative approach of recruiting

and training matriculated girls from within the community demonstrates a sustainable solution to healthcare workforce challenges, ensuring the provision of quality care to underserved populations across Sindh.

Pregnancy, Childbirth, Post-partum and New born Care (PCPNC)

PPHI Sindh has made proactive steps to improve maternal and child health by implementing the World Health Organization's (WHO) Pregnancy, Childbirth, Postpartum, and Newborn Care (PCPNC) standards. This effort strives to ensure that pregnant women and newborns receive uniform, evidence-based care in all healthcare settings. It is a Three-Tiered Care Approach

- **Routine Care:** Universal provision for all expectant mothers and newborns.
- **Additional Care:** Tailored assistance for women and infants with moderate health concerns.



■ **Specialized Care:** Targeted interventions for women facing severe complications during pregnancy or childbirth.

Healthcare professionals receive comprehensive training in adherence to PCPNC guidelines. Mandated adherence to these guidelines ensures uniformity and quality in patient care delivery. It focuses on early identification of complications enables prompt action which include Timely interventions, treatment, management, or referral, and to address emergent issues effectively.

Guidelines also facilitate in systematic data collection, analysis, and utilization by suggesting key questions and essential observations, healthcare providers can make informed decisions and implement research-based interventions. So far more than 2500 medics and paramedics have been trained.

Managing Complication in Pregnancy and Child Birth (MCPC)

PPHI Sindh has developed comprehensive training programs aimed at equipping healthcare providers with the necessary skills to manage complications of pregnancy and childbirth effectively. These training initiatives adhere closely to WHO guidelines, ensuring that healthcare professionals are well-versed in evidence-based practices for antenatal, intrapartum, and postnatal care. Through a combination of didactic lectures, hands-on simulations, and case-based discussions, participants learn to identify and

manage obstetric emergencies such as postpartum hemorrhage, eclampsia, and obstructed labor, applying WHO-recommended protocols and procedures. Moreover, emphasis is placed on promoting maternal and newborn health through early detection of complications, timely interventions, and comprehensive postnatal support, aligning closely with WHO's global strategies for reducing maternal and neonatal mortality. So far about 900 female medics and paramedics have been trained.

General Disease Module (GDM)

Training in the General Disease Module at PPHI Sindh is anticipated to cover a wide range of topics targeted at providing healthcare providers with the skills and information needed to diagnose, manage, and prevent common diseases in the region. This training would address many elements of illness prevention, diagnosis, treatment, and patient education, in accordance with evidence-based practices and guidelines from credible sources such as the World Health Organization (WHO) and other relevant health authorities. Topics may include infectious diseases such as tuberculosis, malaria, dengue fever, and respiratory infections, as well as non-communicable diseases such as diabetes, hypertension, and cardiovascular disease.



Ultrasound training of six weeks for female medics and paramedics

A six-week ultrasound training program given by PPHI Sindh will most likely attempt to provide healthcare professionals with the skills and information required to perform ultrasound examinations competently and accurately. This training would cover a variety of ultrasound imaging modalities, picture interpretation, and the diagnosis of common obstetric and gynecologic disorders. Participants would get both theoretical and practical training from professional sonographers and radiologists. So far 375 medics and paramedics have been trained.



The training for the Region I, II & V conducted at Marvi Garden RO Hyderabad and for the region III & IV at the Kausar Hospital Khairpur.

■ **4 batches** (2 in Marvi Garden Hyderabad and 2 in Training Hall Kausar Hospital)

■ **Total 73 Participants** from all regions in 2 phases (Jan 23-Feb 23 and Oct 23 - Nov 23)

District Health Information System and Summary of Additional Services (DHIS & SAS):

DHIS & SAS serves as a central platform for integrating various health information systems, including electronic medical records, disease surveillance, and supply chain management. Training ensures that healthcare workers understand how DHIS fits into the broader health system architecture, facilitating seamless data flow and coordination across different departments and levels of care.

Training on the District Health Information System (DHIS) & Summary of Additional Services (SAS) offers numerous benefits to healthcare professionals, administrators, and communities alike. This Training equips healthcare workers with the skills necessary to effectively manage health data within the DHIS platform. This includes data entry, validation, analysis, and reporting, ensuring that accurate and timely information is available for decision-making at all levels of the healthcare system. Training on DHIS promotes transparency and

accountability within the healthcare system. Healthcare workers learn how to accurately capture and report data. It also enables healthcare professionals to monitor health indicators and evaluate the impact of interventions over time. This helps identify areas of success and areas needing improvement, allowing for adaptive programming and continuous quality improvement.

Orientation of District Managers

Orientation, of District Managers help in understanding of PPHI's mission, objectives, and operational framework. This equips them with the knowledge necessary to

effectively lead and manage healthcare facilities within their respective districts. District Managers are aligned with PPHI's strategic priorities and goals. They become familiar with the organization's strategic plans, policies, and guidelines, enabling them to contribute to the achievement of overall objectives. District Managers acquire valuable leadership skills that empower them to effectively coordinate and motivate their teams, fostering a positive work environment and driving performance improvement. They are also equipped to oversee the planning, execution, and monitoring of various health interventions, ensuring that programs are



delivered efficiently and meet quality standards.

District Managers learn how to effectively manage human, financial, and material resources allocated to their districts. They develop skills in budgeting, procurement, and logistics management, ensuring optimal utilization of resources to achieve program objectives.



Orientation emphasizes the importance of quality improvement in healthcare service delivery. District Managers are trained in quality assurance principles and techniques, enabling them to identify areas for improvement, implement corrective measures, and monitor progress towards quality standards.

■ **Conducted at** conference hall HO 6th to 10th March 2023

■ **No. of Participants = 19** (including newly appointed District Managers and Head office staff

Conclusion

In conclusion, we remain committed to our mission of providing a strong foundation for healthcare by building capacity and providing ongoing training. We will continue to empower healthcare professionals, address health disparities, and ensure equitable access to healthcare services for all segments of society. Through our Training and Ca-

capacity Building initiative, we have strengthened the capacity of midwives, developed the leadership and management competencies of our staff, and provided tailored training programs. We are proud of the impact that this program has had in improving the standard of patient care and the health system's overall effectiveness.

Trainings	2022	2023
■ LCG Guidelines	386	1,973
■ DHIS & SAS	1,731	791
■ HPCP	35	772
■ PCPNC & KMC	1,373	193
■ Family Planning	335	137
■ MCPC & HBB	979	1,442
■ IPC	470	70
■ Ultrasound	35	37
■ IMNCI	364	270
■ Other	1,089	1,422
Total	6,797	7,107



One day orientation & practical Training on the blood grouping



Crash Training on PPH and Shock



Training of trainer on provider initiated family planning and FP data Management BY DAFAK



Four days Training on DHIS, SAS, HBB & O2 Therapy Guidelines

Hands on Helping Baby Breathe



Field epidemiology training for frontline health worker NIH along with JSI (USAID, IHSS-SD activity)



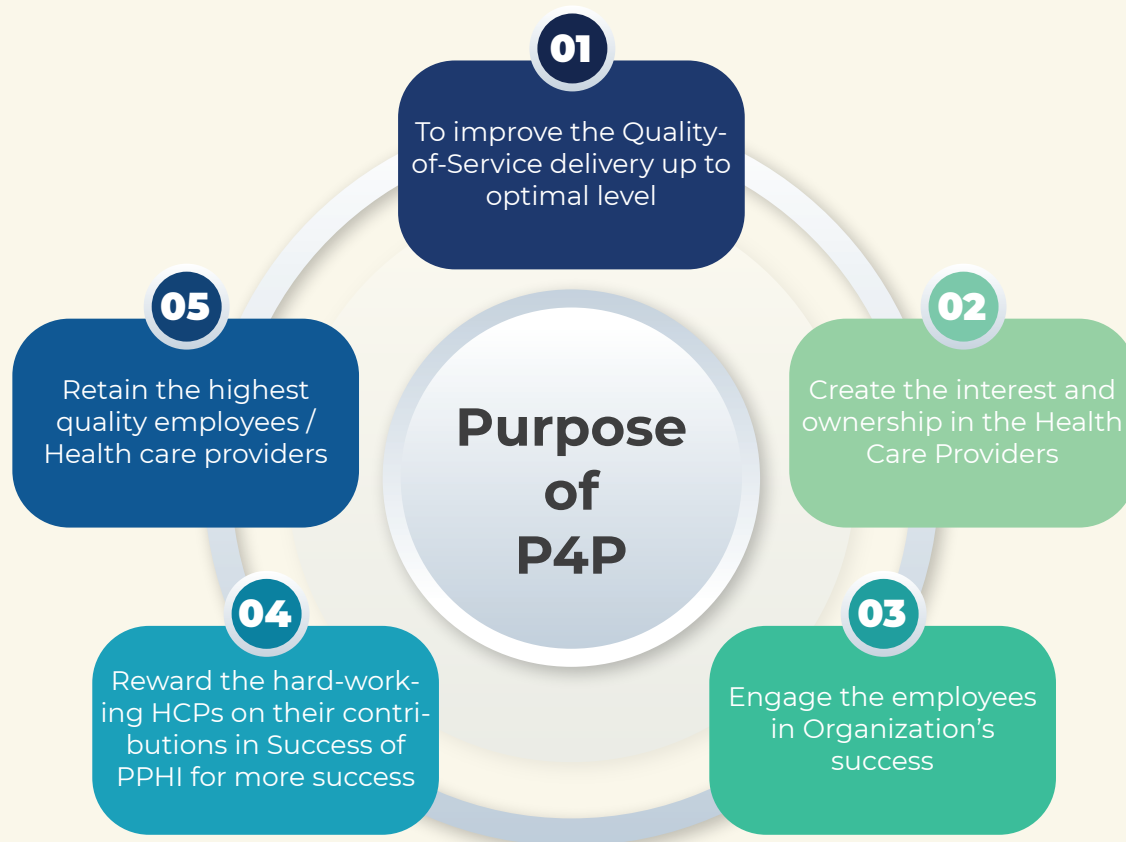
Training on Minimum Initial service provider by Pathfinder

Training on Hepatitis control and Prevention

PPHI PAY FOR PERFORMANCE (P4P)

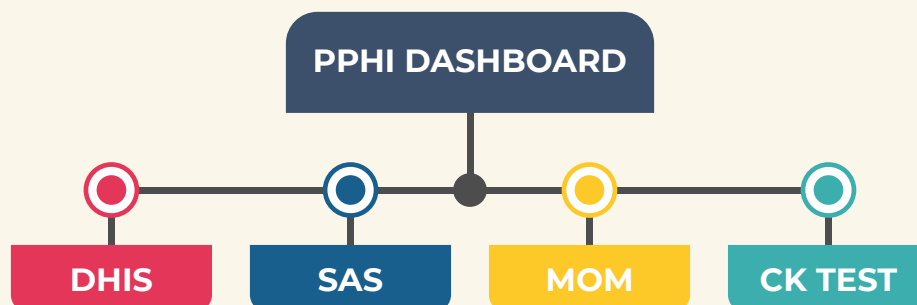


PPHI Sindh has consistently exceeded the set targets and objectives for Primary Health Care (PHC) throughout its journey. Numerous interventions have been implemented to enhance the functionality and utilization of PHC health facilities, ranging from infrastructure improvements to service availability enhancements. These interventions include upgrading health facilities from operating six hours a day to offering round-the-clock services (BHU Plus), ensuring drug availability, introducing Ultrasound and Laboratory services, deploying female medical officers, and providing ambulances at the PHC level, while these interventions have had a notable impact on improving quality of care at health facilities, there is still considerable progress needed to surpass the established targets.



PPHI Strategy for P4P

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



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

Financial assistance through the Pay for Performance (P4P) program was provided to medical professionals for the fiscal year 2022-2023. In the 1st quarter (July-Sep 2022), out of 1,742 medics, 1109 (64%) qualified for incentives. In the 2nd quarter (Oct-Dec 2022), out of 1,764 medics, 1,156 (65%) qualified. Similarly, for the 3rd quarter, out of 1,812 medical professionals, 1,171 (65%) were eligible for financial assistance.

FIRST QUARTER OF FY: 2022-23 (JULY TO SEPT 2022) SUMMARY

Sr.	Designation	Total	Qualified	Not Qualified
1	Medical Officer	821	470	351
2	Female Medical Officer	333	235	98
3	Medical Superintendent	18	3	15
4	Women Medical Officer	143	63	80
5	Female Medical Officer Sonology	14	11	3
6	Sonologist	1	0	1
7	Medical Officer Senior	225	176	49
8	Women Medical Officer Senior	15	2	13
9	Medical Superintendent Additional	1	0	1
10	Medical Superintendent Deputy	4	0	4
11	Medical Officer Chief	5	0	5
12	Female Medical Officer Sonology (Senior)	11	10	1
13	Female Medical Officer (Senior)	151	139	12
	Total	1,742	1,109	633

SECOND QUARTER OF FY: 2022-23 (OCT TO DEC 2022) SUMMARY

Sr.	Designation	Total	Qualified	Not Qualified
1	Medical Officer	849	511	338
2	Female Medical Officer	330	240	91
3	Medical Superintendent	20	4	16
4	Women Medical Officer	142	67	75
5	Female Medical Officer Sonology	12	10	2
6	Sonologist	1	0	1
7	Medical Officer Senior	224	172	52
8	Women Medical Officer Senior	15	2	13
9	Medical Superintendent Additional	1	0	1
10	Medical Superintendent Deputy	4	0	4
11	Medical Officer Chief	4	0	4
12	Female Medical Officer Sonology (Senior)	11	10	1
13	Female Medical Officer (Senior)	150	140	10
	Total	1,764	1,156	608

THIRD QUARTER OF FY: 2022-23 (JANUARY TO MARCH 2023) SUMMARY

Sr.	Designation	Total	Qualified	Not Qualified
1	Medical Officer	885	549	336
2	Female Medical Officer	343	215	128
3	Medical Superintendent	20	5	15
4	Women Medical Officer	137	63	74
5	Female Medical Officer Sonology	12	10	2
6	Sonologist	1	0	1
7	Medical Officer Senior	226	177	49
8	Women Medical Officer Senior	16	3	13
9	Medical Superintendent Additional	1	0	1
10	Medical Superintendent Deputy	4	0	4
11	Medical Officer Chief	5	0	5
12	Female Medical Officer Sonology (Senior)	11	10	1
13	Female Medical Officer (Senior)	151	139	12
	Total	1,812	1,171	641



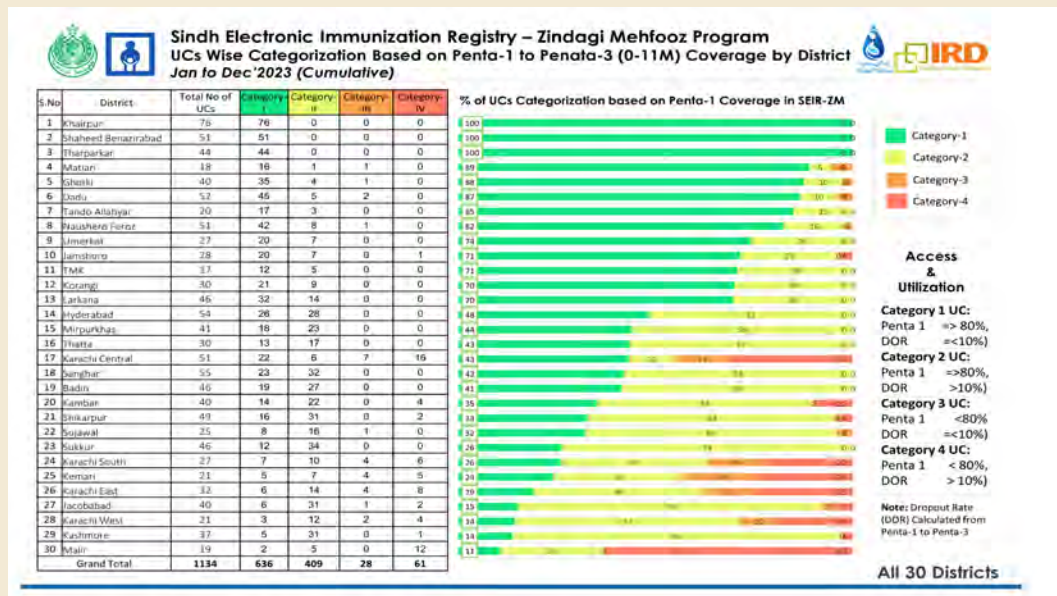
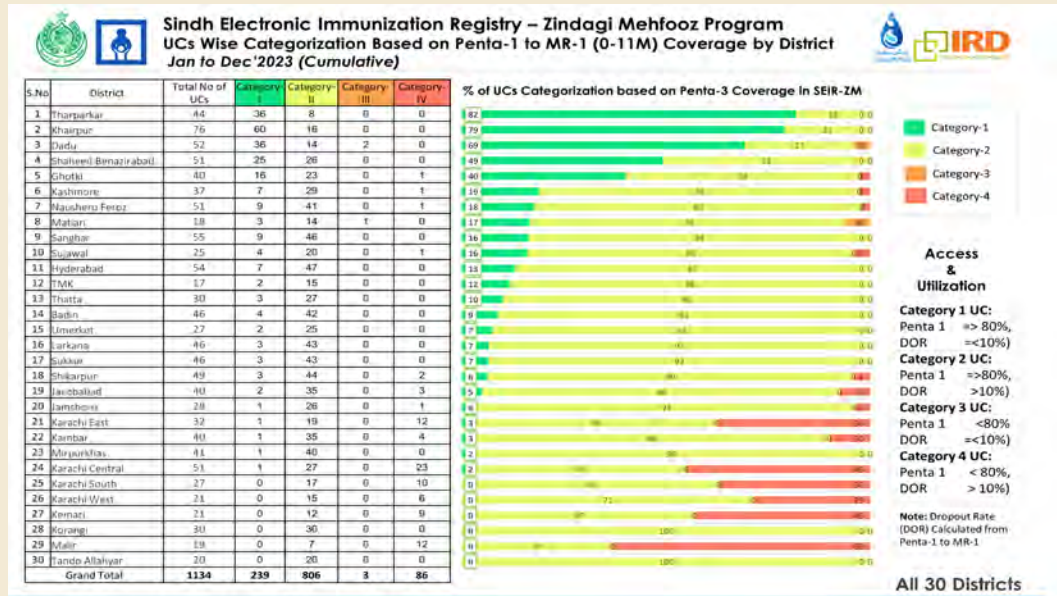
PPHI SINDH MANAGED DISTRICTS RANK HIGH IN ZINDAGI MEHFOOZ

In Sindh, addressing the high infant mortality rate due to preventable diseases has been a paramount concern, with challenges such as poor management and inadequate transport for immunization staff hindering progress. To combat these barriers, the innovative 'Zindagi Mehfooz' program was introduced in 2015, a technology-driven monitoring system that has since expanded nationwide through collaboration between Interactive Research and Development (IRD) and the Indus Hospital and Health Network (IHHN).

Zindagi Mehfooz employs an Android phone-based registry for real-time data analysis, featuring electronic records and an SMS reminder system for parents. Moreover, its web-based dashboard facilitates comprehensive tracking of vaccination coverage, performance reports, and stock maintenance. Since its inception, the program has successfully enrolled over 4.6 million children and 1.6 million pregnant women in Sindh alone, with government and PPHI vaccinators extensively utilizing the system.

As per the data input and results shown in the tables below, it is evident that PPHI Sindh-managed districts Khairpur and Dadu rank prominently. Khairpur holds the top position for Penta 1 to Penta 3 vaccinations, while Dadu stands at sixth place. Similarly, for Penta 1 to MR 1 vaccinations, Khairpur ranks second and Dadu third.

Overall, Zindagi Mehfooz has emerged as a pivotal solution in overcoming the challenges faced in immunization efforts in Sindh. By harnessing technology for enhanced data management, monitoring, and vaccination outcomes, it continues to make significant strides in ensuring a safer and healthier future for the region's children and expectant mothers.



PPHI SINDH EPI REPORT



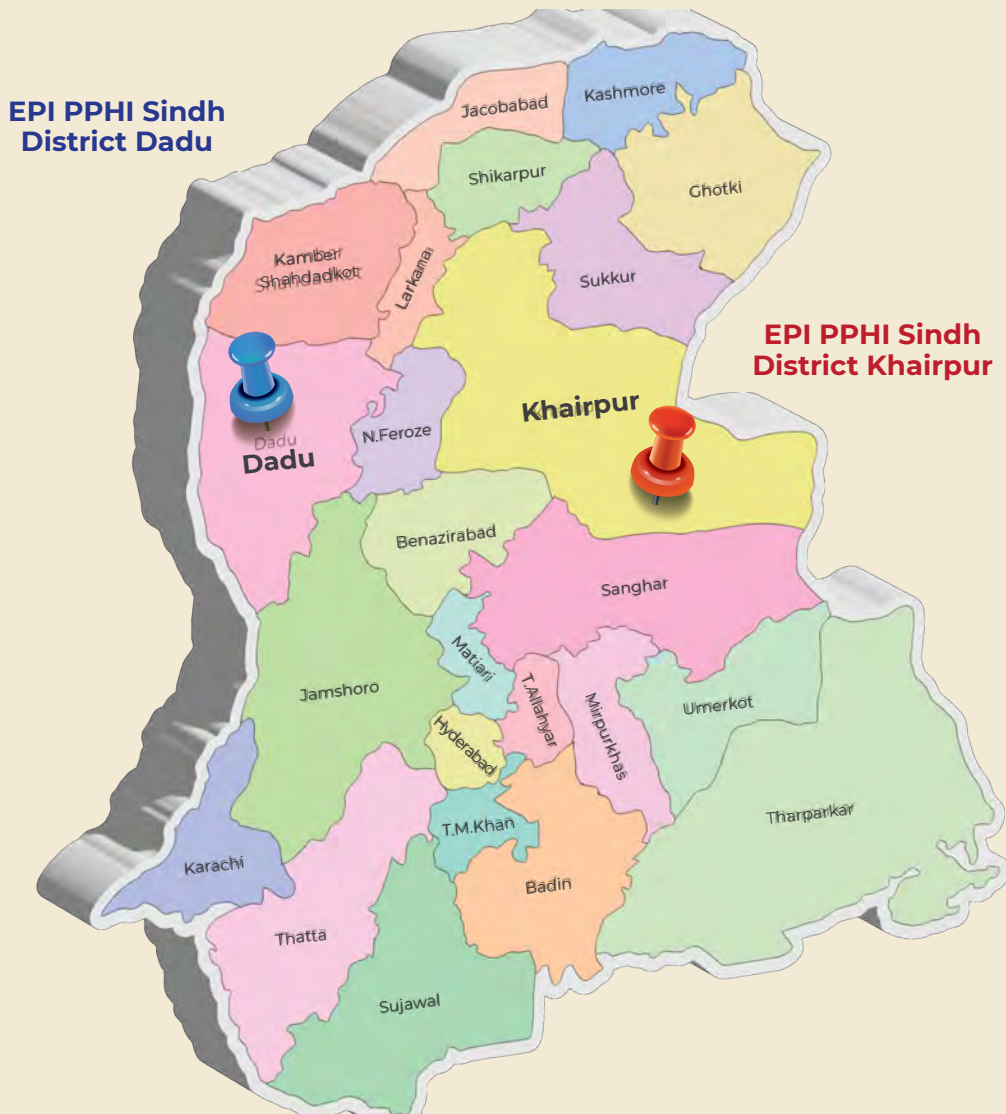
PPHI Sindh, a government-led program initiated in 2007, represents a concerted effort to decentralize healthcare services and extend primary healthcare access across the diverse landscape of Pakistan's Sindh province. Aimed particularly at underserved and rural communities, PPHI Sindh has been pivotal in bridging the healthcare gap,

ensuring equitable access to essential medical services, especially for those living in rural and underserved areas.

Since 2017, a significant focus of PPHI Sindh's endeavors has been the management of the Expanded Program on Immunization (EPI). This program, conducted in collaboration with the Provincial

EPI Cell, Sindh, operates effectively in districts like Khairpur Mirs' and Dadu. The Expanded Program on Immunization is integral in providing essential vaccines to vulnerable populations under 2 years of age, shielding them from a spectrum of serious, yet preventable diseases such as polio, measles, diphtheria, and tetanus.

PPHI Sindh Managed EPI Districts



The overarching goal of the Expanded Program on Immunization is multifaceted. Firstly, it seeks to significantly reduce the burden of infant, child, and maternal mortality and morbidity linked to vaccine-preventable diseases. Additionally, by conducting emergency vaccination drives and achieving high immunization coverage rates (>90%), particularly among children under the age of 2, pregnant women, and other high-risk groups, the program endeavors to curb the spread of infectious diseases.

To achieve its objectives, PPHI Sindh employs a comprehensive approach that encompasses regular immunization campaigns, targeted outreach initiatives, and continuous training for healthcare professionals. Moreover, community engagement and awareness initiatives play a pivotal role in ensuring that families grasp the significance of vaccines and actively seek out immunization services for themselves and their children.

Overall, the Expanded Program on Immunization, under the

auspices of PPHI Sindh, stands as a cornerstone in safeguarding the health and well-being of the populace in Sindh. By prioritizing preventive healthcare and bolstering immunization efforts, PPHI Sindh not only addresses immediate health concerns but also contributes significantly to the broader objective of enhancing healthcare access and quality for all residents of the province.

VISION

The Expanded Program on Immunization envisions:

To achieve the universal immunization coverage leaving no one behind to die from a vaccine preventable disease (mortality from vaccine preventable disease should be less than 1% of the total child mortality).

*National EPI Policy 2022(1.1)

OBJECTIVES

- To reach more than 90% coverage with third dose of Pentavalent vaccine among children under 1 year of age at national level and at least 80% coverage in every district through routine immunization by 2025 and sustain it.
- To strengthen the VPD surveillance in order to provide complete and timely information backed with strong monitoring system for continuous improvement.
- To integrate EPI with primary health care within a more comprehensive service delivery program.
- To institute robust vaccine supply chain system ensuring availability of potent vaccines.
- To enable the communities in enhancing their understanding and ownership of the value of vaccination and demand vaccination as their right and responsibility.
- To enhance facility-based vaccination with timely and effective AEFI management
- To improve immunization waste management system
- To achieve sustainability in financing and resource mobilization for various immunization interventions in a timely and efficient manner.
- To develop a strong EPI/PEI Synergy Framework and Mechanism.

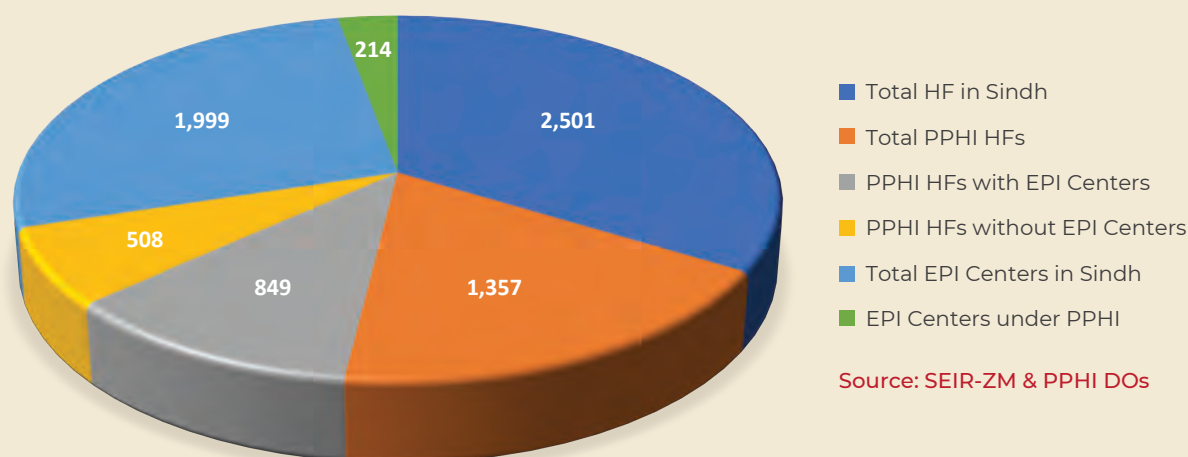
*National EPI Policy 2022(1.2)

INTERVENTIONS

- Recruitment and replacement of supervisory and vaccinating staff for targeted approach on Routine Immunization.
- Capacity building of Vaccinators and Supervisors for better utilization of resources.
- Developing Integrated Comprehensive EPI Microplan and validation (as per WHO guidelines)
- Ensuring effective cold chain management to maintain efficacy of Routine immunization
- Distribution of new motorbikes to the outreach vaccinators for timely access in hard to reach areas.
- Line listing for tracking of Zero dose Defaulter and refusal to improve Coverage
- Conducting Quarterly Household cluster survey to assess the Immunization coverage as per WHO protocol.
- Improve Ground level Surveillance Coordination within the district to achieve better outcome.
- Outbreak Analysis and strategic micro-planning for Refusals in the affected villages.
- Arranging Integrated Medical camps in hard to reach areas to provide essential medicines and vaccination.



EPI UNDER PPHI



DISTRICT PROFILE

Demography	Dadu	Khairpur-A	Khairpur-B
■ Total Population	1,776,644	1,412,780	1,218,263
■ Target Population 0-11M (BCG & OPV0) (3.1%)	55,076	43,796	37,766
■ Target Population 0-11M (Pental to Measles1) (94% of 3.1%)	51,771	41,168	35,500
■ Target Population 12-23M (3.26%)	57,990	46,113	39,764
■ Target Population PWs (3.17%)	56,320	44,785	38,619
■ Target Population CBAs (18.43%)	334,542	266,026	229,399

EPI Structure	Dadu	Khairpur-A	Khairpur-B
■ Number of Talukas	4	4	4
■ Number of UCs	52	41	35
■ Number of EPI Centers	84	73	57
■ Number of Outreach Teams	93	79	59
■ Number of Vaccinators	171	146	118
■ Number of LHWs	1,059	790	728

District EPI Logistics	Dadu	Khairpur-A	Khairpur-B
■ Number of ILR (Solarized)	20	39	40
■ Number of ILR (Electric)	122	122	118
■ Number of EPI Refrigerators	32	4	4
■ Number of Cold Boxes	84	73	57
■ Number of Standard Vaccine Carriers	182	116	112

YEARWISE EPI COVERAGE

DISTRICT KHAIRPUR

Antigen	2019	2020	2021	2022	2023
BCG	89%	88%	88%	93%	92%
OPV-0	85%	87%	87%	91%	90%
IPV	91%	87%	91%	96%	90%
PENTA-1	95%	92%	92%	98%	96%
PENTA-2	93%	90%	90%	97%	92%
PENTA-3	92%	89%	89%	102%	92%
TCV	-	73%	81%	90%	88%
Measles-1	94%	91%	88%	93%	89%
Measles-2	87%	88%	91%	94%	94%
TT1	81%	82%	81%	66%	68%
TT2	72%	75%	78%	64%	74%

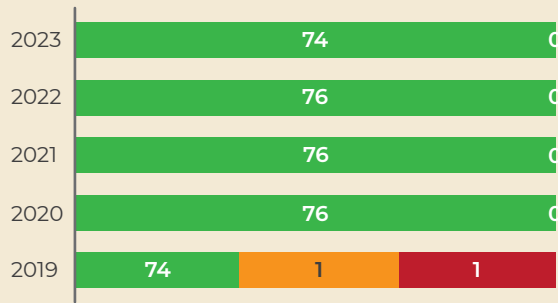


DISTRICT DADU

Antigen	2019	2020	2021	2022	2023
BCG	95%	89%	94%	113%	91%
OPV-0	93%	88%	94%	98%	90%
IPV	95%	89%	91%	92%	95%
PENTA-1	99%	92%	93%	108%	99%
PENTA-2	97%	90%	91%	93%	96%
PENTA-3	95%	88%	91%	111%	98%
TCV	-	77%	95%	92%	96%
Measles-1	97%	90%	96%	124%	93%
Measles-2	94%	88%	92%	107%	106%
TT1	88%	80%	75%	47%	56%
TT2	82%	75%	71%	48%	71%

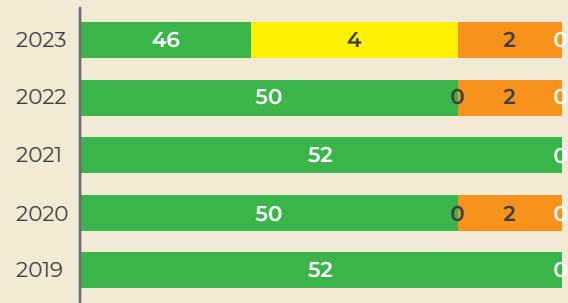
UC CATEGORIZATION IN PPHI MANAGED EPI DISTRICTS

DISTRICT KHAIRPUR



	2019	2020	2021	2022	2023
Category-1	74	76	76	76	74
Category-2	0	0	0	0	0
Category-3	1	0	0	0	0
Category-4	1	0	0	0	0

DISTRICT DADU



	2019	2020	2021	2022	2023
Category-1	32	63	74	74	76
Category-2	22	8	0	0	0
Category-3	10	4	1	1	0
Category-4	12	1	1	1	0



EPI Future Plan and Success Story



Annual Capacity Building

In the upcoming years, PPHI Sindh will focus on holding Annual Capacity Building sessions for District Supervisors (DSV), Tehsil Supervisors (TSV), and Vaccinators. These sessions will offer continuous training and skill enhancement to frontline staff, ensuring they stay updated with the latest in immunization service delivery. PPHI Sindh aims to uphold quality and efficiency in its immunization programs by investing in the professional growth of its workforce.

Enhanced VPD Surveillance System

PPHI Sindh aims to bolster its Vaccine Preventable Diseases (VPD) Surveillance System to better track and respond to outbreaks. This involves expanding the surveillance network with new active sites and introducing community-based initiatives using local influencers to improve reporting and monitoring at the grassroots level. By enhancing the VPD Surveillance System, PPHI Sindh seeks to promptly detect and address vaccine-preventable diseases.

Expansion of 24/7 Birth Dose EPI Centers

PPHI Sindh aims to increase access to essential immunization

services by setting up more 24/7 Birth Dose Expanded Program on Immunization (EPI) Centers across Sindh. These centers will offer round-the-clock vaccination services for newborns, ensuring timely administration of critical vaccines within the crucial first hours of life. By expanding the network of these centers, PPHI Sindh seeks to boost vaccination coverage and lower the risk of vaccine-preventable diseases among newborns.

Introduction of Supervisory Digital

PPHI Sindh will launch a Supervisory Digital Checklist and Live Dashboard for its EPI program, enhancing operational excellence and transparency. This initiative streamlines supervision, allowing real-time assessment and performance monitoring. Stakeholders gain access to current data and analytics for informed decision-making. By embracing digital solutions, PPHI Sindh aims to improve accountability and optimize immunization program efficiency.

Special Td Campaign in EPI PPHI Districts of Sindh

To improve Td (Tetanus and Diphtheria) Coverage, PPHI Sindh is launching a targeted campaign in EPI districts across Sindh. This

initiative aims to boost Td vaccination rates, ensuring more of the population, especially children and vulnerable groups, receive protection against tetanus and diphtheria.

Continuation of Refusal Strategic Plan

PPHI Sindh continues its dedication to tackling vaccine refusals and increasing coverage among zero dose recipients and defaulters. The Refusal Strategic Plan persists, emphasizing targeted interventions to combat vaccine hesitancy, ensure zero dose children receive vaccination, and engage with defaulters.

Rationalization of Vaccinators and Expansion of Outreach Services

PPHI Sindh aims to optimize resources and extend immunization services by rationalizing vaccinator deployment and expanding outreach services. This entails strategically dividing vaccinator teams to cover a broader geographical area and effectively reach more communities, thereby maximizing immunization coverage and access to remote populations.

Replacement of Mobile Phones and Purchase of New Motorbikes

Acknowledging the vital role of effective communication and mobility for outreach vaccinators, PPHI Sindh is upgrading mobile phones and acquiring new motorbikes. These enhancements aim to improve the connectivity and mobility of vaccinators, enabling timely coordination and delivery of immunization services to underserved areas.

Revised Criteria of Pay for Performance

PPHI Sindh is updating the Pay

for Performance criteria for vaccinators and supervisors to incentivize and acknowledge excellence in performance. These revised criteria will be in line with organizational goals and quality standards, promoting a culture of accountability and ongoing improvement among frontline immunization staff.

Re-branding of EPI Centers and Vaccinators

As part of its efforts to enhance visibility and community engagement, PPHI Sindh is embarking on a re-branding initiative for EPI Centers and vaccinators. This

initiative aims to revitalize the public image of immunization services.

Additional Support to Hard-to-Reach Areas

PPHI Sindh is dedicated to providing extra assistance to hard-to-reach areas, acknowledging the distinct challenges they pose in immunization service delivery. This involves supplying 4x4 mobile team vehicles and offering Hard Area allowances for vaccinators, enhancing accessibility and coverage in remote and underserved regions.



OVERCOMING VACCINE HESITANCY SHAH HASSAN'S JOURNEY TO IMMUNIZATION VICTORY

In the heart of UC Chinni, Taluka Johi, District Dadu, lies the remote village of Shah Hassan. In October 2023, a transformative medical camp unfolded here, orchestrated by dedicated healthcare professionals. Led by a team of Medical Officers, Female Medical Officers, Community Midwives, Dispensers, Lab Technicians, Vaccinators, and Nutrition Assistants, the event aimed to tackle vaccine refusal among children, marking a significant milestone in the ongoing battle for public health.



With the steadfast support of the District Manager Dadu, this medical camp became a reality, emphasizing the collaborative spirit that underpins vital healthcare initiatives. District Monitors, including the District Coordinator EPI and Executive M&E, provided essential oversight, ensuring the quality and efficacy of healthcare services delivered.



The camp achieved remarkable success in overcoming vaccine refusal. A total of 82 children received doses of various vaccines, including BCG, Oral Polio Vaccine, Pentavalent vaccine, Measles vaccine, and Measles-Rubella vaccine. This achievement underscores the transformative power of collective action in advancing public health goals.



The medical camp in Shah Hassan Village serves as a beacon of hope, showcasing the resilience and determination of healthcare professionals in combating vaccine hesitancy. Through collaborative efforts and community engagement, previously refused vaccinations were successfully administered, ensuring a healthier future for Shah Hassan's children and beyond.



BRIDGING THE GAP

A TRIUMPH OF IMMUNIZATION IN RIVERINE VILLAGES

In a remarkable journey from isolation to empowerment, six villages nestled along the Indus River, near District Larkana, UC Hadal Shah, Taluka Kingri, District Khairpur-B, have achieved full EPI coverage after years of neglect. Despite their remote location and initial resistance, these communities now stand as shining examples of the power of immunization.



Initiated at the District Office Gambat of PPHI Sindh, a strategic plan was devised in collaboration with taluka administration to overcome logistical challenges and reach these underserved villages. With the deployment of law enforcement and provision of boats for river crossings, vaccination teams embarked on a mission to deliver vital healthcare services.



In September 2023, two dedicated EPI teams navigated the river currents, conducting health awareness sessions and fostering community engage-

ment in each village. Through persuasive dialogue and education, villagers embraced the significance of routine immunizations, paving the way for positive change.

Covering the villages of Keti Ali Hyder Shah, Bhindi Allah Dino Junijo, Keti Zaman Shah, Bachal Mallah, Baradi Jatoj, and Azzizullah Kalhoro, a total of 28 children under the age of 2 years were successfully vaccinated. These villages are now integrated into the monthly EPI plan, ensuring sustained access to essential healthcare services.



This achievement exemplifies the unwavering dedication and perseverance of PPHI Sindh teams in overcoming geographical and social barriers, reaffirming their commitment to leaving no community behind in the journey towards improved health and well-being.





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PPHI PPHI PPHI

Handwritten notes on a whiteboard, including the word "Area" and various illegible entries.

PPHI SINDH NUTRITION SERVICES PROGRAM



Name of Department	Nutrition Services
Areas where Nutrition Services are being provided	Badin-A, Badin-B, Ghotki, Hyderabad, Jacobabad, Kashmore, Khairpur-A, Khairpur-B, Mirpurkhas-A, Mirpurkhas-B, Naushehro Feroz, Sanghar-A, Sanghar-B, SBA, Sukkur, Tharparkar, Umerkot, Sujawal, Thatta, Matiari, Tando Allahyar, Tando Muhammad Khan, Larkano, Qambar Shahdadkot, Shikarpur. Jamshoro, Dadu
Reporting Period	July 2022 to December 2022 January 2023 to December 2023

Sindh province is a land of great opportunities; but unfortunately, malnutrition is one of the most serious health socioeconomic issue confronting emerging province like Sindh. It occurs as a result of inadequate or unbalance nutrition intake, as well as poor hygienic surroundings and hygiene practices. It hurts health, education, as well as economic growth and also results compromised human development. Low birth weight due to inadequate

maternal nutrition, protein-energy malnutrition, anemia, insufficiency of Vitamin A, D and Zinc are major nutritional issues in Sindh.

According to National Nutrition Survey 2018, the Prevalence of Malnutrition (Children Under Five) in Sindh is very high and crosses the WHO defined critical threshold levels; i.e. stunting at 45.5%, Wasting at 23.3%, and Underweight 41.3%.

PPHI Sindh provides nutrition services throughout Sindh (excluding Karachi Districts) with extended network of 950 Outpatient Therapeutic Program (OTP) Nutrition sites and 17 Nutrition Stabilization Centers (NSCs) across 23 districts of Sindh. These nutrition sites play a crucial role in identifying and managing acute malnutrition thus preventing mortality and morbidity among under five years children.

What is OTP (Outpatient Therapeutic Program)?

Outpatient therapeutic program (OTP) is one of the reliable successful approach for the management of Severe Acute Malnutrition (SAM) among U5 children. It is the one of the component of Community-based Management of Acute Malnutrition (CMAM). The management is done through Ready to Use Therapeutic Food (RUTF) and include those children whose Mid Upper Arm Circumference (MUAC) is less than 11.5cm or has bilateral pitting edema and has no medical complication with good appetite. It engages caretaker of identified SAM children in a way that they observe tangible positive recovery with each day passed by which is also evident with the weekly/biweekly progress monitoring through weight and MUAC increase. For increased coverage and easy accessibility, OTP sites are established at Union Council (UC) level and within health facilities. The functional status of nutrition site within health facility enable malnourished child and mother to avail other health care service i.e. EPI, Family Planning, etc.

Why Outpatient Therapeutic Program is important?

The OTP offers essential community-based care for children aged 6 to 59 months with severe acute malnutrition (SAM) without medical complications. This program focuses on delivering high-quality treatment and management by providing ready-to-use therapeutic food (RUTF) to homes, alongside essential medical support. Children with SAM and

without medical complications receive effective treatment through frequent visits to the OTP until they recover.



OTP plays a crucial role in the global fight against child malnutrition, delivering nutrient-rich therapeutic foods, regular medical assessments, and caregiver counseling on feeding practices and nutrition. Research indicates that OTPs significantly enhance weight gain, and recovery rates, and reduce mortality among children with SAM. Moreover, they are cost-effective and scalable, making them accessible to a large number of children. By providing life-saving treatment and averting long-term consequences, OTPs contribute significantly to addressing child malnutrition worldwide.

The OTP encompasses various essential activities to effectively address SAM in children aged 6 to 59 months:

■ Assessment

In the assessment process each

child asses through MUAC, Weight, and Height a comprehensive evaluation of their nutritional status, overall health, and any underlying medical conditions contributing to SAM.

■ Treatment

Prepare treatment plans that are formulated based on individual weight assessments. These plans include precise amounts of RUTF and structured consumption schedules.

■ Follow-up

All enrolled SAM patients can visit for follow-up weekly and biweekly basis.

■ IYCF Counseling

Parents or guardians receive education and counseling on proper nutrition, hygiene, and breastfeeding practices to support the child's recovery and overall health.

■ Monitoring and Follow-up

Continuous monitoring of the child's progress allows for adjustments to the treatment plan as needed. Follow-up appointments ensure positive responses to treatment.

■ Integration

Integration with healthcare facilities to ensure comprehensive care for children with SAM, incorporating medical interventions if required.

It's imperative to recognize that treating SAM requires a holistic approach beyond the RUTF provision. OTPs play a pivotal role in helping children overcome SAM and promoting their overall well-being.

WHAT PPHI SINDH DOING

In this alarming situation of increased malnutrition in Sindh, PPHI Sindh has been working to decrease the burden of malnutrition in Sindh, through the CMAM (Community-Based Management of Acute Malnutrition) approach by establishing the

network of 898 PPHI and Non-PPHI OTP (Outpatient Therapeutic Program) sites in various districts of Sindh.

From September 2023 onwards two districts Jamshoro and Dadu funded by UNICEF were added to

the Program, by adding these two districts the number of OTP sites was also increased to 950 OTP Sites. These OTP sites serve as a “Nutritional clinic where children who are suffering from severe acute malnutrition can be treated”.

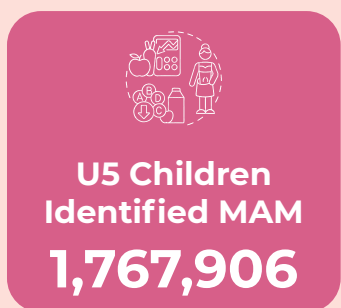
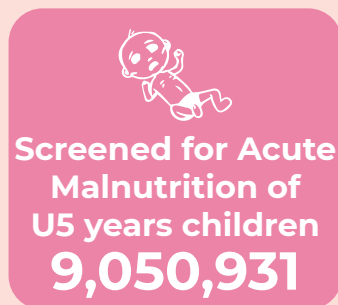
TOTAL OTP SITES MANAGED BY PPHI SINDH ACROSS SINDH

S.No.	District	Number of OTP Sites in districts
1	Badin-A	22
2	Badin-B	26
3	Ghotki	37
4	Hyderabad	35
5	Jacobabad	43
6	Kashmore	35
7	Khairpur-A	41
8	Khairpur-B	35
9	Mirpurkhas-A	20
10	Mirpurkhas-B	22
11	Naushahro feroze	50
12	Sanghar-A	36
13	Sanghar-B	29
14	Shaheed Benazirabad	45

S.No.	District	Number of OTP Sites in districts
15	Sukkur	44
16	Tharparkar	62
17	Umerkot	29
18	Sujawal	25
19	Thatta	30
20	Matiari	30
21	Tando Allah Yar	22
22	TMK	16
23	Qamber Shadadkot	39
24	Larkana	42
25	Shikarpur	42
26	Jamshoro	41
27	Dadu	52
	Total	950

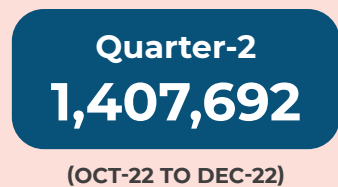


ACHIEVEMENTS OF NUTRITION SERVICES

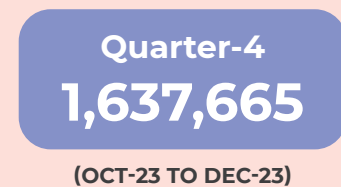
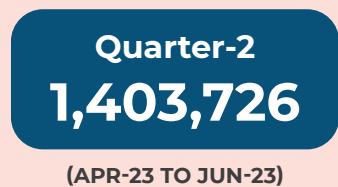
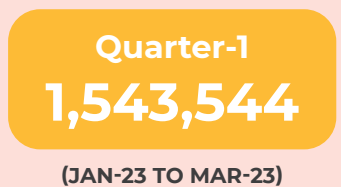


ACHIEVEMENTS OF NUTRITION PROGRAM JULY 2022 TO DEC 2023

**Total No. of children (6 to 59 months) Screened for Acute Malnutrition
(July 2022 to December 2022)**



**Total No. of children (6 to 59 months) Screened for Acute Malnutrition
(Jan 2023 to Dec 2023)**



NUTRITION STABILIZATION CENTER

Nutrition Stabilization Centers (NSCs) are the in-patient care pediatric ward for the 1 to 59 months children suffering from acute malnutrition and they suffers from medical complications and may have compromised appetite. At NSC along with medical care, nutritional care is also provided to admitted children.

During the reporting period, PPHI Sindh manages 17 NSCs. The treatment process at a Nutrition Stabilization Center typically involves two main phases: The Stabilization Phase and the Rehabilitation Phase. Here's an overview of these phases and the use of formula milk.

Stabilization Phase: In this initial phase, the primary goal is to stabilize the child's medical condition. Many children with severe acute malnutrition have medical complications that need urgent attention.

Treatment: Children in the stabilization phase are given a therapeutic formula milk known as F-75. This formula milk is designed to provide essential nutrients and calories to the child's body while being easily digestible.

Rehabilitation Phase: Once the child's medical condition has stabilized and they are deemed strong enough to tolerate increased food intake, they transi-

tion to the rehabilitation phase.

Treatment: In the rehabilitation phase, children are given a different therapeutic formula milk called F-100. This formula is more energy-dense and nutrient-rich compared to F-75, which helps accelerate the recovery process. Throughout both phases, children are carefully monitored by medical professionals, including pediatricians and nurses. The goal is not only to provide the necessary nutrition but also to address any underlying medical issues that could hinder the child's recovery. It's important to note that while therapeutic formulas milk like F-75 and F-100 are crucial components of the treatment process,

Under 5 year SAM children with medical complication admission and exit from Nutrition Stabilization Centers from July 2022 to December 2023

No. of Children enrolled in NSC

17,193

No. of Children cured in NSC

15,520

No. of LAMA in NSC

442

No. of transfer out in NSC

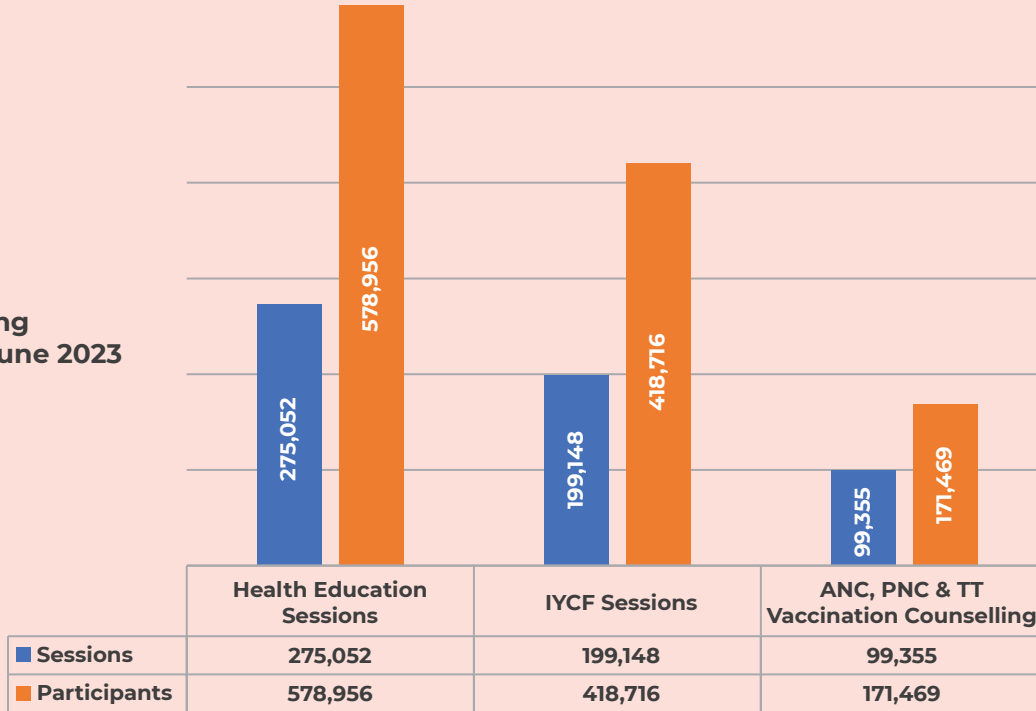
1,192



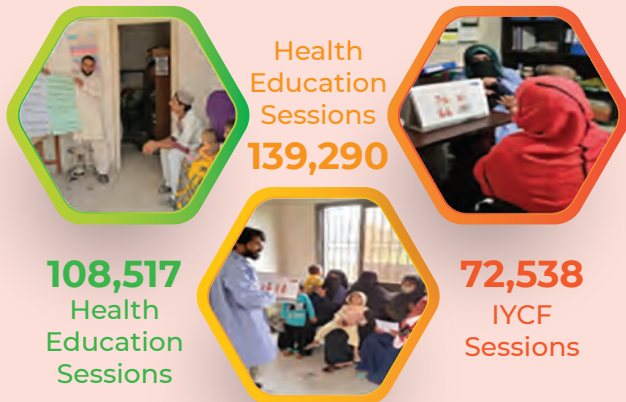
HEALTH EDUCATION

Health education is the process of providing individuals and communities with knowledge, skills, and tools to make informed decisions about their health. It aims to promote health and prevent disease through various educational strategies. Health education can cover a wide range of topics including nutrition, hygiene, sexual health, mental health, chronic disease management, and more.

Sessions during July 2022 to June 2023



From July 2023 to September 2023



From October 2023 to December 2023



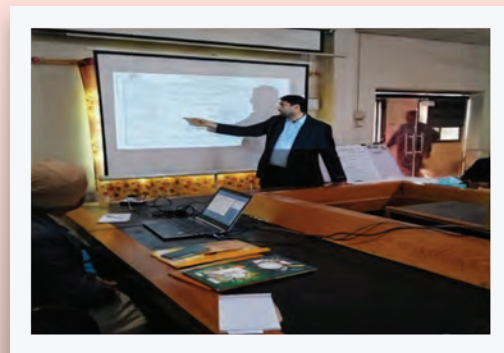
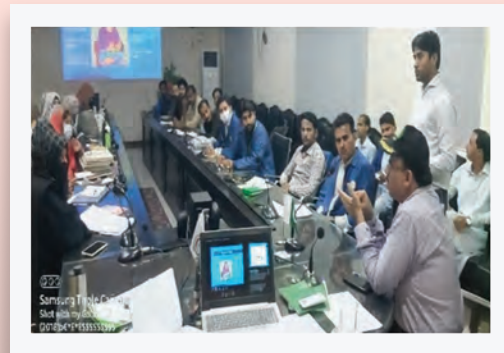
No. of sessions and participants during the reported period from July 2023 to December 2023

Sessions during July 2023 to December 2023
4,95,430

Participants during July 2023 to December 2023
8,92,629

CAPACITY BUILDING OF STAFF

Capacity building of health staff refers to the process of enhancing the skills, knowledge, abilities, and competencies of healthcare professionals to improve their performance and effectiveness in providing healthcare services. This is crucial for maintaining and improving the quality of healthcare delivery, especially in the rapidly evolving field of nutrition.



MAJOR HIGHLIGHTS IN NUTRITION



Dr. Azra Fazal Pechuho, the Health and Population Welfare Minister of Sindh, visited DHQ Hospital Sanghar and the OTP site within the DHQ.



Secretary-General of the United Nations, Mr. Antonio Guterres, accompanied by the Foreign Affairs Minister of Pakistan, Mr. Bilawal Bhutto Zardari, and Provincial Minister Ms. Shazia Ata Mari, paid a visit to THQ Arija – PPHI Larkano. They engaged with frontline workers and expressed appreciation for their efforts.



The CEO - PPHI Sindh, Mr. Javed Ali Jagirani, together with the Director Nutrition, Dr. Sajid Shafique, and the Regional Director-RO-IV, Dr. Zuhaib Islam Abbasi, visited NSC Sukkur to gather feedback on the quality of care and services provided.



The CEO, Mr. Javed Ali Jagirani and COO Mr. Riaz Hussain Rahoojo visited NSC Chachro, Tharparkar. During the visit CEO and COO monitored all the facilities provided in the NSC and appreciated the staff of the NSC



Mr. Javed Ali Jagirani, CEO visited a free medical camp in District Umerkot during the flood crisis. During his visit, he interacted with members of the local community, inquiring about the facilities provided at the medical camp.



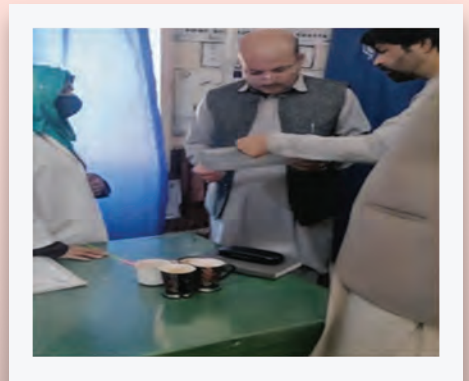
The CEO, Mr. Javed Ali Jagirani, and the COO, Mr. Riaz Hussain Rahoojo, conducted a visit to NSC Chachro.



Mr. Riaz Hussain Rahoojo, COO PPHI Sindh officially inaugurated the newly constructed building at RHC Pir Jo Goth, Khairpur, in the presence of Regional Director Mr. Zuhaib Abbasi and District Manager Mr. Imran Ali.



The Norwegian Delegation visited the OTP site at BHU Qasimpur. Throughout their visit, they interacted with patient and their caretakers



The Director of Licensing and Accreditation from the Sindh Healthcare Commission paid a visit to BHU Plus Gujo.

MAJOR HIGHLIGHTS IN NUTRITION



The District Office Hyderabad celebrated World Health Day across various OTP sites in the District Hyderabad. The primary objective of the event was to enhance awareness of health and its significance.



To raise awareness about the importance and benefits of breastfeeding among the general public, various districts of PPHI Sindh arranged awareness walks at multiple locations.



The Nutrition team of PPHI Sindh offered services during the Medical Camp organized by Mercy Corp in District Miranpur, Jacobabad

SUCCESS STORIES

VIRAT S/O HARISH

Age 06 Months | Duration 2.5 Months
BHU Kot Arbab Mir Muhammad, Tharparkar



Before Admission



After Cured

Virat was screened and assessed by a Nutrition Assistant at the OTP site. During the examination, he was classified as having Severe Acute Malnutrition (SAM) and was admitted to the program. When his family visited the OTP site, they were unaware of the causes of malnutrition, the importance of complementary feeding, and proper hygiene and food practices. After being educated and counseled by the Nutrition Assistant, his mother agreed to follow the given instructions. She regularly brought him for follow-up visits. Now, Virat is cured of severe acute malnutrition.

BAKHTAWAR D/O M. JUMMAN

Age 12 Months | Duration 3 Months
RHC Jam Nawaz Ali, Sanghar-B



Before Admission



After Cured

Bakhtawar's mother expressed her satisfaction with the treatment, thanking the entire team. She shared that before the treatment, she was very worried about her 12-month-old child's health, but after being admitted to the OTP site, she was pleased with the improvement. During the treatment, the Nutrition Assistant counseled her on complementary feeding, breastfeeding positioning, attachments, and health and hygiene principles. The mother diligently followed these instructions, leading to Bakhtawar's improved health. Now, her parents adhere to these health and hygiene practices and educate other families.

TRANSFORMING LIVES

THE JOURNEY OF HOPE AT BHU SARDARABAD, KASHMORE

In a remote village nestled amidst the rugged terrains of Kashmir, a ray of hope emerged in the form of Haseena, a 36-month-old girl whose journey towards recovery epitomizes the triumph of perseverance and compassion. Haseena, daughter of Abdul Rasheed, embarked on a challenging path marked by adversity and uncertainty, but with unwavering determination and support from the PPHI Sindh team, her story took a remarkable turn.

When Haseena first arrived at the OTP site, her frail frame and prominent ribs painted a bleak picture of her health. Her parents, overwhelmed by despair, found solace in the comforting words of the Nutrition Assistant, whose encouragement ignited a spark of hope within them. Despite

initial skepticism, Haseena's mother embraced the guidance provided by the Nutrition Assistant, realizing the transformative power of dedicated care and adherence to medical advice.

Prior to seeking assistance from the BHU, Haseena's mother had struggled to prioritize her child's well-being amidst the demands of her daily chores. However, under the gentle guidance of the Nutrition Assistant, she diligently followed hygiene protocols, ensuring meticulous handwashing and devoted attention to her daughter's needs. With each passing day, Haseena's health began to improve, fuelled by the unwavering dedication of her mother and the compassionate support of the PPHI Sindh team.

Over a span of 3.5 months and 14 visits to the BHU, Haseena's transformation was nothing short of miraculous. From a frail child with a MUAC measurement of 8.8 cm and a weight of 6.8 kgs at admission, she blossomed into a healthy young girl, boasting a MUAC measurement of 11.7 cm and a weight of 9 kgs at the time of her exit from the program. With no medical complications and a hearty appetite, Haseena's journey stands as a testament to the transformative impact of comprehensive healthcare interventions and unwavering dedication to the well-being of every individual, regardless of their circumstances.



BEFORE ADMISSION



AFTER CURED

FROM FRAGILE BEGINNINGS TO FLOURISHING FUTURES

MUHAMMAD ALI'S JOURNEY AT BHU HASO DAHO

In the tranquil village of Haso Daho, nestled amidst the rustic landscapes of Ghotki, a tale of resilience and transformation unfolds at the BHU Haso Daho. This is the story of Muhammad Ali, a bright-eyed 6-month-old boy, whose journey from vulnerability to vitality is a testament to the transformative power of compassionate care provided by PPHI Sindh.

Muhammad Ali's story begins with a scene of struggle and hardship. Born into a modest mud house on the outskirts of Ghotki, Muhammad Ali faced the harsh realities of poor hygiene and weak nutritional status from the outset. When he arrived at the OTP site, his frail frame and incessant crying bore witness to the toll of malnutrition. With a low MUAC and weight, Muhammad Ali's condition painted a stark

picture of the challenges he faced.

However, hope found its way into Muhammad Ali's life through the compassionate intervention of a Nutrition Assistant from PPHI Sindh. With a gentle touch and unwavering dedication, the NA embarked on a journey to restore Muhammad Ali's health and vitality. Starting him on a regimen of Ready-to-Use Therapeutic Food (RUTF), the NA provided Muhammad Ali's family with the guidance and support needed to navigate the path towards recovery.

With each visit to the BHU Haso Daho, Muhammad Ali's journey towards healing gained momentum. His mother, receptive to the Nutrition Assistant's instructions, diligently followed the prescribed treatment plan, attending all follow-up rotations at the OTP.

Through the combined efforts of PPHI Sindh and Muhammad Ali's family, his health gradually improved, reflected in the steady increase in his MUAC and weight.

As the days turned into weeks and months, Muhammad Ali's transformation became evident to all. With his once-frail frame now filled with vitality, Muhammad Ali bid farewell to the grips of malnutrition, embracing a future filled with promise and possibility. Referred from the Nutrition Stabilization Center (NSC) for further treatment, Muhammad Ali's journey serves as a poignant reminder of the transformative impact of compassionate care and dedicated support in nurturing hope and resilience within our communities.



BEFORE ADMISSION



AFTER CURED

NURTURING HOPE

A TALE OF TRANSFORMATION AT BHU GIRHORE SHARIF, MIRPURKHAS

In the tranquil village of Girhore Sharif, nestled amidst the rustic landscapes of Mirpurkhas, a heartwarming tale of transformation unfolds at the BHU Girhore Sharif. It's the story of Ali Nawaz, a spirited 34-month-old boy, whose journey from adversity to triumph is a testament to the transformative power of compassion and guidance provided by PPHI Sindh.

Ali Nawaz's story begins with a stark reality: malnutrition had gripped him tightly, leaving him vulnerable and frail. When he arrived at the OTP site, his condition reflected the toll of neglect and misinformation. His mother, overwhelmed by the demands of caring for multiple children, lacked the knowledge of proper nutrition and healthy practices. Ali Nawaz's early months were devoid of the essential nourishment and care crucial for his growth and development. Instead of nutritious meals, he was often fed biscuits, lacking the vital nutrients needed for his young body.

However, hope flickered into Ali Nawaz's life with the arrival of a compassionate Nutrition Assistant from PPHI Sindh. With unwavering dedication, the NA embarked on a journey to educate and empower Ali Nawaz's mother, guiding her towards a path of understanding and nurturing. Through gentle guidance and encouragement, the Nutrition Assistant emphasized the importance of a balanced diet and proper feeding practices, dispelling misconceptions and instilling confidence in Ali Nawaz's mother.

With each visit to the BHU Girhore Sharif, Ali Nawaz's journey towards recovery gained momentum. His mother, once unsure and hesitant, embraced the teachings of the Nutrition Assistant wholeheartedly. Gradually, under the Nutrition Assistant's guidance, she transitioned from feeding Ali Nawaz biscuits to providing him with wholesome, nutritious meals. With every meal, Ali Nawaz's strength and vitality blossomed, reflecting the transformative impact of

proper nutrition and attentive care.

As the days turned into weeks and months, Ali Nawaz's progress became evident to all. Through the dedicated efforts of PPHI Sindh and the unwavering support of his family, Ali Nawaz emerged from the grips of malnutrition, his MUAC improving steadily, and his weight reflecting the newfound resilience within him. With a healthy appetite and a bright smile adorning his face, Ali Nawaz bid farewell to the criteria of Severe Acute Malnutrition, embracing a future filled with promise and vitality.

Ali Nawaz's journey serves as a poignant reminder of the profound impact of compassionate care and guidance in transforming lives. Through the collaborative efforts of PPHI Sindh and the unwavering determination of families like Ali Nawaz's, stories of hope and resilience continue to unfold, illuminating the path towards a healthier and brighter future for communities across Sindh.



BEFORE ADMISSION



AFTER CURED



Government of Sindh



Sindh Integrated Health & Population Program



Baqai Institute of Diabetology & Endocrinology



Save the Children



World Health Organization



United Nations Population Fund



Pathfinder



Hepatitis Control Program Sindh



Concern Worldwide



United Nations International Children's Emergency Fund



Sindh Institute of Ophthalmology & Visual Sciences



Benazir Income Support Programme



Nutrition Support Program



Action Against Hunger



Sindh Social Protection Authority

PPHI SINDH SIGNED AN MOU WITH HPCP FOR HEPATITIS SCREENING, DIAGNOSIS AND PREVENTION SERVICES



The global burden of chronic Hepatitis C virus (HCV) and Hepatitis B virus (HBV) infections remains a significant public health concern, with millions affected worldwide. According to 2015 estimates by the World Health Organization (WHO), approximately 71 million individuals are chronically infected with HCV, and roughly 257 million are affected by HBV. Annually, these infections contribute to a considerable number of deaths globally, with 399,000 attributed to HCV and 887,000 to HBV-related complications. In Pakistan, a national hepatitis prevalence survey conducted in 2008 reported an overall seroprevalence of 4.9% for HCV and 2.5% for HBV antibodies,

highlighting the importance of addressing these infections comprehensively.



In alignment with its commitment to combat communicable diseases, PPHI Sindh has prioritized efforts to address Hepatitis B and C within its healthcare initiatives. In May 2022, a Memorandum of Understanding (MoU) was established between PPHI Sindh and the Hepatitis Prevention & Control Program (HPCP) Sindh, with the objective to provide screening, diagnosis, and vaccination services for the prevention of Hepatitis B and C. Under this partnership, all PPHI Sindh BHU Plus and MCHC health facilities across the province have been designated to conduct screenings for the general population and administer free vaccinations. Furthermore,

plans are underway to expand treatment services for Hepatitis B and C to all health facilities under PPHI Sindh's catchment areas.



Since the initiation of the program, a total of around 3 million individuals have undergone screening for Hepatitis C, with 187,338 positive cases identified at a 6% positivity rate on Rapid Diagnostic Tests (RDTs). Similarly, around 3 million individuals have been screened for Hepatitis B, with 51,046 positive cases detected on RDTs, resulting in a 2% positivity rate across the province, excluding Karachi districts. PPHI Sindh is poised to introduce treatment services at the designated health facilities in the near future, further enhancing its efforts in combating Hepatitis B and C infections and improving public health outcomes.



Cumulative Hepatitis Performance

Year	Total Hepatitis C Progress			Total Hepatitis B Progress		
	Test Done	Reactive	Positivity Ratio	Test Done	Reactive	Positivity Ratio
2022	402,373	29,558	7%	331,516	7,469	2%
2023	2,602,570	157,780	6%	2,594,478	43,577	2%
Total	3,004,943	187,338	6%	2,925,994	51,046	2%

ENHANCING MATERNAL AND CHILD HEALTHCARE ACCESS THROUGH HEALTH & NUTRITION CONDITIONAL CASH TRANSFER (H&N CCT)

The Health & Nutrition Conditional Cash Transfer (H&N CCT) program aims to incentivize pregnant and lactating women (PLW) to access healthcare facilities for themselves and their newborn children. Initially piloted in Tharparkar and Umerkot districts, the program targets women registered under the National Socio-economic Registry (NSER) of the Benazir Income Support Program (BISP). The Conditional Cash Transfer (CCT) component for PLW is overseen by the Social Welfare Department (SWD), with strategic support from the Social Protection Unit (SPU) established as part of the Sindh Enhancing Response to Reduce Stunting and Malnutrition (SERRSP) initiative.

Under the program, a fixed amount is disbursed at different stages, including Rs. 2000/- per antenatal and postnatal visit to avail healthcare facilities, Rs. 6,000/- for safe birth delivery, and Rs. 2,000/- for birth registration. These benefits are provided during the first 1,000 days of a child's life, from conception to the age of two years. A third-party entity will develop a Management Information System (MIS) based on biometric identification for the distribution of benefit amounts among identified PLW.

H&N CCT employs various compliance mechanisms and specialists for effective implementation, including operations, monitoring, evaluation & research (MER), MIS & IT, social mobilization & communication, enrollment & compliance, payment mechanism, grievance redress mechanism, and coordination. The program aims to create demand for nutrition services, promote behavioral change, and increase the uptake of health and nutrition services during the critical first 1,000 days of life.

Key activities include incentivizing health check-ups for pregnant and lactating mothers, growth monitoring, and immunization of children under two years old, through regular and predictable cash transfers to targeted poor and vulnerable households. Additionally, the program focuses on

setting up an efficient MIS-based disbursement system and developing a comprehensive Operations Manual for Health & Nutrition CCT.

Initially piloted in Umerkot and Tharparkar, the program has expanded to include Badin, Mirpurkhas, Sanghar, Tando Muhammad Khan, Tando Allah Yar, Matiari, Thatta, and Sujawal. Further scaling is planned for Ghotki, Kamber, Shikarpur, Jacobabad, and Kashmore districts to reduce financial barriers to healthcare access. PPHI Sindh serves as an implementation partner, ensuring quality care service delivery, including antenatal care, postnatal care, delivery coverage, postnatal care, and immunization at birth.

S. No.	District	No. of Registered Client	No. of Compliances
1	Tharparkar	40,272	80,712
2	Umerkot	28,483	66,687
3	Mirpurkhas	8,318	8,060
4	Matiari	1,030	713
5	TandoAllahyar	1,257	886
6	TMK	1,098	885
Total		80,458	157,943



PPHI SINDH PARTNERS IN IMPLEMENTING BISP NASHONUMA PROJECT

Project Brief

PPHI Sindh has been implementing BISP Nashounuma (BNP) project in 29 districts of Sindh since September, 2022. It is a Conditional Cash Transfer (CCT) program designed to improve nutrition, and health-seeking behavior in the vulnerable population, women in particular, and to prevent stunting in children under two years of age by leveraging the first 1000 days' window of opportunity to break the intergenerational cycle of stunting using primary healthcare services.

Main activities carried out under BISP Nashonuma Project

At Facilitation Center

- Enrollment of eligible BISP beneficiaries and distribution of Specialized Nutritious Food (SNF) (Pregnant & Lactating Women (PLW) and Children 0 to 24 Months)
- Treatment of Severe Acute Malnutrition (SAM), Moderate Acute Malnutrition (MAM) and referral of complicated malnourished children to Nutrition Stabilization Center
- Regular follow-ups and brief examination of enrolled malnourished children for progress monitoring
- Social Behavior Change Communication (SBCC) through awareness sessions with particular attention to malnutrition, its consequences and preventive measures and IYCF
- Health and nutrition awareness, along with the provision of iron folic acid tablets, for adolescent girls among BISP beneficiaries in District Kamber



بيٽظير نشونما پروگرام

Outreach

- Community mobilization and outreach in district Matiari and Tando Muhammad Khan.
- Identification and Referral of PLWs and children to Facility centres under BSIP Kafalat Program.
- Formation of Community support group i-e Mother to Mother support group and Father to Father Support Group.



Overall achievements of Year 2023



ACHIEVEMENTS

S.No.	Indicators	Achievement
1	Number of Facilitation Centers Operationalized (Static)	101
2	Number of Facilitation Centers Operationalized (Mobile)	10
3	No. PLWs received SNF	496,325
4	No. of Children received SNF	336,910
5	No. of MAM Children treated at FC level	19,960
6	No. of PLW treated at FC level	38,120
7	No. of children referred to OTPs for SAM treatment	7,764
8	Total SNF distribution among PLWs and Children	4,871

Table 1: table showing overall the overall achievements of BISP Project from January 2023 to December 2023

SAM Treatment and Social Behavior Change Component

PPHI Sindh has adopted an integrated OTP simplified approach under BISP Nashounuma to treat SAM cases at Facilitation Centers with the support of UNICEF. Social and behaviour change (SBC) aims to spread awareness to encourage adoption of positive nutritional practices. It includes set of strategies and interventions that influences drivers of change and supports community action towards a healthy society.

Health, Nutrition & IYCF Session

To improve health, nutrition, and health-seeking behavior of BISP Kafalat beneficiaries, sessions related to good practices in health, nutrition, and infant and young child feeding (IYCF) are delivered to patients and caretakers visiting FCs and at field level. The number of sessions conducted over the reporting year, is given below.

Jan 2023 to Dec 2023

Counseling on IYCF & ANC/PNC

No. of Sessions
43,535

No. of Participants
542,648

Nutrition counseling on Complementary Feeding

No. of Sessions
43,535

No. of Participants
542,648

TUBERCULOSIS

Tuberculosis (TB), predominantly an infectious respiratory ailment, presents a significant health challenge, affecting various organs and systems within the body. Pakistan ranks as the 5th highest in global TB burden, as per World Health Organization (WHO) reports. In 2020, Sindh reported a total TB incidence of 259 cases per 100,000 population.

Drug-resistant (DR) TB presents a particularly concerning challenge, as it denotes a more formidable and complex manifestation of the disease. Approximately 4.2% of TB cases in Sindh are new, while 7.3% are instances of individuals previously treated for TB developing drug-resistant strains. Despite these challenges, the treatment success rate reached an encouraging 90% in 2020, with a mortality rate of 2.6 in Sindh. In response to the escalating TB cases, PPHI Sindh has undertaken comprehensive measures to improve TB treatment, aiming for optimal outcomes to reduce transmission and prevalence. The surge in TB cases is attributed to limited awareness and inadequate diagnostic and treatment services in remote areas.

PPHI Sindh actively collaborates with the National Tuberculosis Control Program (NTP) and the Provincial Tuberculosis Control Program (PTP) to exert control over TB. Recognizing the unavailability and inaccessibility of services in remote regions, PPHI Sindh has established 138 Basic Management Units (BMUs) for TB

diagnosis and treatment in rural areas across Sindh. These BMUs offer crucial diagnostic and management services for TB, including free HIV testing for all TB-positive cases.

Moreover, PPHI Sindh operates 11 laboratories at Basic Health Units (BHUs), District Laboratories (DLs), and Rural Health Centers (RHCs) providing with Gene Xpert services, facilitating the diagnosis of Drug-Resistant (DR) and Multi-drug-Resistant (MDR) TB cases. Remaining all BMUs has their minilaboratories that perform microscopy. This strategic approach underscores PPHI Sindh's steadfast commitment to combatting tuberculosis and significantly contributing to national efforts to control this infectious disease.

A comparison of 2021, 2022, and 2023 in the below table shows that PPHI Sindh diligently addressed the escalating burden of tuberculosis by conducting comprehensive tests, diagnosing cases, and promptly initiating treatment when necessary. The data illustrates a progressive increase in suspected TB cases, from 389,730 in 2021 to 803,542 in 2023, indicative of a proactive approach to case detection. Correspondingly, there was a substantial rise in the number of slides examined for Acid-Fast Bacilli (AFB), reaching 187,627 in 2023, reflecting the organization's commitment to enhancing diagnostic capabilities. Despite the challenges, there was also a notable increase in the

number of AFB-positive slides, indicating improved detection rates. Notably, the consistent upward trend in treatment initiation for TB patients, totaling 8,121 in 2023, underscores PPHI Sindh's steadfast dedication to combating tuberculosis and ensuring timely intervention for affected individuals, thereby significantly contributing to disease control efforts in the region.

Benefiting from the indispensable collaboration of the PTP, PPHI Sindh diligently orchestrates training programs tailored for medical professionals and para-medics, ensuring thorough adherence to TB protocols. These initiatives are inclusive, offering training opportunities to all relevant personnel and conducting specialized sessions for newly on boarded staff when required. All the staff engaged in the activity is well trained by the support of the program.

Furthermore, PPHI Sindh strategically organizes TB camps in underserved regions and facilities lacking diagnostic services, facilitating extensive case detection. Complementing these efforts are health education sessions conducted by our dedicated healthcare providers, each entrusted with disseminating crucial information to target communities. Collectively, these initiatives bolster our capacity to combat TB while fostering community awareness and engagement.

Year	TB Suspects	Slides examined for AFB	AFB +ve slides	Started Treatment for TB
2021	389,730	70,213	3,731	3,752
2022	567,807	111,467	5,591	4,932
2023	803,542	187,627	8,609	8,121
Total	2,346,212	489,327	23,247	22,120

Number of suspected TB cases, Tests performed and Treatment given in 2021, 2022 and 2023

* Patients were defaulted, ** Clinical Diagnosis also included

PPHI SINDH SIGNED AN MOU WITH SIOVS TO ESTABLISH REFERRALS

The Sindh Institute of Ophthalmology & Visual Sciences (SIOVS), situated in Hyderabad and operating autonomously with the backing of the Health Department, Government of Sindh, serves as a beacon in the realm of eye health. Dedicated to both curing and preventing eye diseases, SIOVS stands as a pivotal institution in the region.

To elevate the standard of ophthalmic services rendered by the Ophthalmology Units and Basic Health Units managed by PPHI Sindh, a strategic collaboration was forged between PPHI Sindh and SIOVS through a Memorandum of Understanding (MoU). The aim of this partnership was to establish a seamless referral system between the two entities, thereby bolstering the existing ophthalmology services provided at PPHI Sindh eye clinics.

Initially implemented in District Matiari with the generous support of CBM International, this initiative witnessed the equipping of Rural Health Centers (RHCs), Tehsil Headquarter Hospitals (THQs), and District Headquarter Hospitals (DHQs) with diagnostic and management services. Furthermore, Lady Health Visitors (LHVs) at all PPHI Sindh Health Facilities and Lady Health Workers (LHWs) underwent comprehensive training to screen and refer ophthalmological cases at the Triage level from both health facilities and the community at large, ensuring early intervention and treatment. SIOVS has also established the referral system in schools of district Matiari through the Literacy and Education Department of

the Government of Sindh.

In the wake of the MoU, SIOVS has successfully screened 548,802 cases of reduced vision through peak capture, referring 11,004 cases to Primary/Triage levels and 2,282 cases to SIOVS' tertiary care hospital in Hyderabad. Additionally, 6,874 individuals were provided with prescribed glasses for refractive errors, with the institute extending free eye care services to those in need.



Expanding its reach, SIOVS extends ophthalmic care services through the Prevention and Control of Blindness (PCB) program of the Government of Sindh in districts Khairpur Mirs, Shaheed Benizarabad, and Sanghar. Strengthening eight RHCs and one THQ, SIOVS has established a robust referral system from 29 BHUs with the support of PPHI Sindh, thus ensuring comprehensive eye care services reach underserved communities.

Moreover, SIOVS, in collaboration with Sightsavers International, reinforces eye care services in districts Kambar-ShahdadKot and Mirpurkhas, strengthening four

RHCs and five THQs. Through training of LHVs and LHWs, individuals in need of primary eye care are efficiently referred to primary and secondary eye care units bolstered by SIOVS.

With the generous support of the Brien Holden Foundation, the Sindh Institute of Ophthalmology & Visual Sciences (SIOVS) extended its vision screening services to schools in districts Tando Allahyar and Badin. Through specialized training provided to teachers in vision screening techniques, these educators undertook eye screenings within school premises. Identified students with refractive errors were promptly referred to eye camps organized by the SIOVS team within the schools. Ensuring equitable access to eye care, students diagnosed with positive refractive errors were furnished with free-of-cost eyeglasses, aimed at enhancing the vision of children in need.

Expanding its footprint, SIOVS extended its vision screening services to Districts Larkana and Dadu, courtesy of CBM International, strengthening all RHCs and Civil Hospitals. LHVs at 24 PPHI Health facilities and 50 teachers from various schools have been equipped to screen and refer individuals requiring further diagnostic services to RHCs.

These concerted efforts underscore PPHI Sindh's commitment to provide accessible and quality eye care services, free of cost, to communities across Sindh, thus alleviating the burden of preventable blindness and advancing public health in the region.

Total patients attended	Total Cataract Surgeries	Other ophthalmic surgeries	Refraction done (Prescribed glasses)	Refraction done (Provided glasses)
100,566	1,336	572	31,524	7,115

Eye Services Rendered by SIOVS at District Matiari Up to December 2023

PPHI SINDH COLLABORATES WITH BIDE

The Baqai Institute of Diabetology and Endocrinology (BIDE), in collaboration with esteemed partners including the Ministry of National Health Services, Regulation and Coordination, Pakistan Health Research Council (PHRC), Diabetic Association of Pakistan, and Baqai Medical University, spearheaded the Second National Diabetes Survey of Pakistan (NDSP 2016–2017). This comprehensive survey spanned urban and rural areas across all four provinces, unveiling a concerning diabetes prevalence rate of 26.3%. This prevalence translates to approximately 27.4 million individuals affected out of Pakistan's total population of 207.77 million. Moreover, the survey underscored a pre-diabetes burden of 14.47%, echoing findings from the International Diabetes Federation (IDF) Atlas 9th edition 2019, which identified an age-adjusted comparative prevalence of diabetes at 19.9% (19.4 million people) among adults aged 20-79 in Pakistan.

As a pioneering institution in the realm of diabetes care, the Baqai Institute of Diabetology & Endocrinology (BIDE) plays a pivotal role in providing evidence-based Standardized Diabetes care while contributing significantly to medical research. The institute's focus lies in leveraging its extensive experience, specialized expertise, and professional skills to ensure standardized diabetes care. This encompasses various

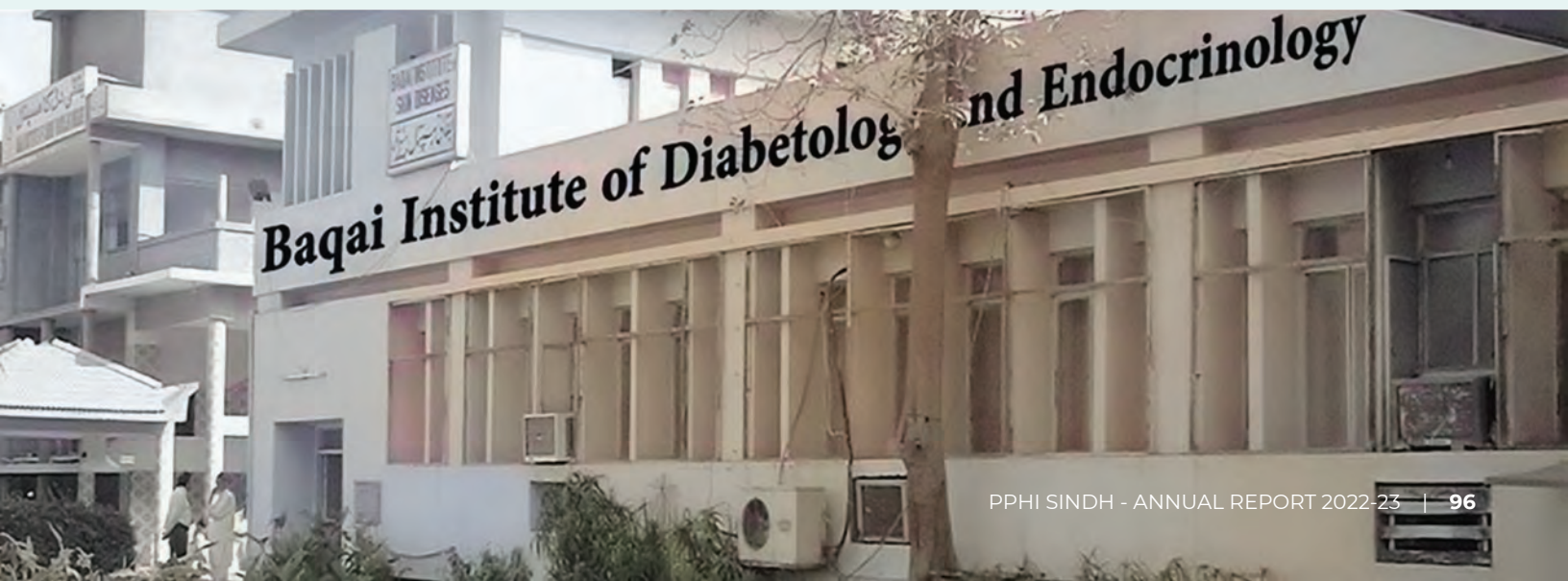
crucial aspects such as capacity building of Healthcare Professionals (HCPs), structured clinical examination of patients, promotion of necessary laboratory investigations, and primary-level management.



In alignment with these efforts, PPHI Sindh has embraced standardized diabetes care as an integral component of its essential primary healthcare package, implementing it across healthcare facilities under its operational management. Health care providers (HCPs) undergo rigorous on-site and online training to effectively diagnose diabetes according to established protocols. Notably, a pilot initiative spanning ten health facilities, including four from Malir district, two each from Larkana, Nausheerofoze, and Tharparkar, has been launched. These facilities are fully equipped to diagnose diabetic cases and seamlessly register them in the Registration of Diabetes of Pakistan (DROP) system, marking a significant stride towards combating the diabetes epidemic in the region.

So far, 10 medical officers, each from the designated hospitals have been trained, on the diagnosis and management techniques by BIDE. Similarly, 10 paramedical staff have been trained as educators who will be providing awareness regarding risk factors resulting diabetes and will also counsel the patients regarding their care.

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DRIVING ACCOUNTABILITY, GUIDING IMPROVEMENT, ACHIEVING EXCELLENCE: M&E WING



Introduction

Established in the year 2019-20, the Monitoring & Evaluation (M&E) Wing has swiftly become an integral component of PPHI Sindh's operations, dedicated to upholding policy guidelines, ensuring the highest standards of healthcare provision and regularly evaluating performance.

The Monitoring & Evaluation (M&E) Wing of PPHI Sindh was established in 2019-20 to uphold policy guidelines for quality healthcare services. Since its inception, the M&E Wing has been instrumental in ensuring adherence to standards and driving continuous improvement in service delivery.

Objectives of M&E Wing

- To ensure implementation of the policy guidelines of PPHI Sindh.

- To conduct instant follow-ups to overcome hurdles encountering in implementation of program activities.
- To ensure smooth compliance in implementation of activities to achieve best outcomes.
- To oversee if the set objectives of PPHI Sindh have been achieved.

Operations and Responsibilities

Within the M&E Wing, a specialized team is entrusted with the responsibility of pinpointing gaps and appraising performance within diverse healthcare facilities. Employing meticulous monitoring and evaluation methodologies, this dedicated team generates invaluable insights aimed at amplifying service quality and efficacy.

Major Activities of M&E Wing

- Smartphone Monitoring System
- Medicine Audit
- Data Validation
- Lot Quality Assurance Sample (LQAS)
- Compliance against Ministers Monitoring Unit (MMU) Observations
- Tele-Monitoring System
- Vehicle Tracking System
- WhatsApp Activities. (Live attendance, Medicine Supply Plan & CSG Meetings)
- Compliance against Field Observations Reports

Using Smartphone Monitoring System for Appropriate Data Collection

PPHI Sindh has developed a well-structured system for monitoring and reporting. A smartphone technology system is being used to track ongoing process at Health Facilities, An android application has been developed which include monitoring checklists of different categories that are being used for data collection.

The monitor can easily synchronize the questionnaire by downloading the data in mobile phone, filling it during the visit and submit the response after filling the checklist.

The smartphone monitoring system provides the feedback more quickly and accurately, so the timely action can be taken for improvement.



M&E Dashboard

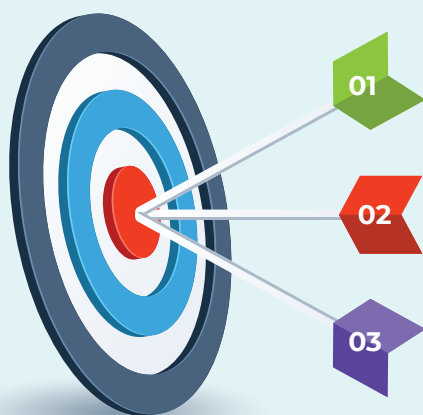
To review the monitoring reports an online dashboard has been developed. M&E Dashboard is a visual representation tool utilized by the Monitoring & Evaluation Wing to track, analyze, and review key performance indicators (KPIs) and data related to the implementation of policy guidelines for quality healthcare services.



Monitoring Visits

Monitoring visits at health facility play a pivotal role in ensuring the provision of high-quality healthcare services and adherence to standards and protocols. These visits serve as a critical mechanism for evaluating the performance of healthcare facility, identifying areas for improvement, and ensuring compliance with regulations. Following are the objectives of monitoring visits at health facility.

Objectives of Monitoring Visits at Health Facility



01

Monitoring visits facilitate the identification of gaps, challenges, and areas for improvement within the health facility, including staffing shortages and their regularity and punctuality, essential supplies, infrastructure deficiencies, equipment maintenance issues, and training needs.

02

The visits promote accountability among healthcare providers and administrators by reviewing their adherence to established policies, protocols, and ethical standards.

03

The visits aim to evaluate the quality of care provided to patients, including clinical services, patient safety measures, infection control practices, and overall patient experience.

According to the dashboard data, overall 116,094 monitoring visits were conducted in 2022 and 2023. From the total monitoring visits, 88% are detailed visits. Detailed monitoring visits focus on overall monitoring aspects at health facility that is, availability of HR, supplies, service delivery protocols and outlook of health facility. Whereas, the brief monitoring visit only check the attendance of health facility staff.

Total number of visits conducted by Monitoring Staff

Staff Details	Designation	Total Monitors	Jul to Dec 2022	Jan to Dec 2023	Total Visits
Monitoring Visits Conducted by District Staff	District Manager	31	2,934	9,349	12,283
	Executive Monitoring & Evaluation	35	4,653	14,891	19,544
	Medical Officer	31	3,017	8,726	11,743
	MNCH Coordinator	30	2,452	7,132	9,584
	Social Organizer	123	15,584	42,796	58,380
Monitoring Visits Conducted by Regional Staff	Regional Manager Monitoring & Evaluation	9	821	1,484	2,305
	Public Health Specialist	6	278	663	941
	Regional Manager MNCH	5	547	767	1,314
Grand Total		275	30,286	85,808	116,094

The role of the Social Organizers is vital in the identification of day-to-day problems and their solutions with the help of district management. Of the total monitoring visits 50% of visits have been conducted by Social Organizers. In addition to this they act as a bridge between community and health facility, they provide social awareness regarding health services being provided at health facility and organizing regular meetings with notified community support group (CSG) members.

The Executive Monitoring & Evaluation, Medical Officers Headquarter and MNCH Coordinators are tasked with conducting routine monitoring visits to health facilities. These visits aim to pinpoint any deficiencies and formulate strategies to address issues concerning staff performance, the availability of essential supplies, and the delivery of services at healthcare facilities.

Lot Quality Assurance Sample (LQAS)

PPHI Sindh conducted a comprehensive Lot Quality Assurance Sample (LQAS) across all districts. This initiative aims to verify the precision of data recorded within PPHI-managed Health Facilities. The procedure of monitoring was that of physical verification of the records at health facility.



Overall, 120 Health Facilities were selected on random basis. Of the total HFs, 60 were 24/7 (BHU PLUS) and equal, 60 were 6/6 (BHUs/ GDs). Total 29 monitors were selected from the districts.



Three distinct types of tools/checklists were devised and employed for this activity. The initial one contained General Infrastructure, encompassing questions regarding the overall outlook of health facilities. The second checklist pertained to the Ministers

Monitoring Unit (MMU), with a specific focus on MMU criteria for Tracey Drugs and Labor Items. Lastly, the third checklist targeted the Lot Quality Assurance Sample (LQAS). This involved the verification of DHIS and medicines records against registers, along with physical quantity checks. Following data compilation, thorough analysis was conducted and presented to facilitate the subsequent decision-making process.

Two Day Orientation Training on PPHI Monitoring & Evaluation System

Under the M&E Wing, PPHI Sindh organized “Three day Orientation Training on Monitoring & Evaluation Framework” in April 2023, at Marvi Garden, Hyderabad. 33 professional monitors from all the districts of Sindh participated in the session.

The participants received an orientation on the monitoring and evaluation system implemented by PPHI Sindh. The training was centered on MOM Checklists, aiming to orient the participants' knowledge and understanding on data collection through regular monitoring and evaluation process at Primary Healthcare Facilities (PHCs). The session was designed to impart knowledge on best practices and effective strategies for M&E System to improve service quality at health facility.





PATHOLOGY

Introduction

Within the complex healthcare landscape of Sindh, PPHI Sindh's Pathology Lab Network emerges as a vital resource, addressing the challenge of limited access to quality healthcare services. Strategically positioned in underserved regions, these labs bridge the gap in diagnostic testing, bringing essential medical evaluations closer to communities in need. Since its inception in 2018, PPHI Sindh Labs & Pathology Wing has been dedicated to providing advanced diagnostic services at affordable rates, ensuring equitable healthcare access for marginalized populations across Sindh. In 2023 alone, the Pathology Labs conducted approximately 675,106 tests, reflecting a growing reliance on PPHI Sindh's diagnostic services among local communities.



State-of-the-Art Labs

PPHI Sindh's commitment to technological advancement is evident in its Pathology Labs, which are equipped with cutting-edge diagnostic technologies. These labs feature state-of-the-art imaging systems, molecular diagnostic tools, and automated analysis platforms, enabling swift and precise diagnoses. Incorporating advanced equipment not only enhances diagnostic accuracy but also facilitates comprehensive disease profiling, enabling healthcare providers to tailor treatment plans more effectively. Stringent quality control measures are integral to the labs' operations, ensuring the reliability and reproducibility of test results, thereby fostering trust between healthcare professionals and patients. Innovative systems such as the in-house developed Labs Information System and Automated SMS generating Systems streamline processes, while QR-code tracking enhances result accessibility. Diagnostic analyses are conducted using reports generated by world-renowned brands like Roche, Beckman Coulter, Thermofisher, Snibe, Zybion, and Haier, further underscoring the labs' commitment to delivering top-tier services utilizing the latest technologies.



Services at a Glance

Pathology Labs Network

PPHI Sindh's Pathology Labs Network spans across 25 districts of Sindh, strategically expanding its reach to underserved areas. Alongside standalone Collection Points (CPs), numerous Mini-labs are actively involved in delivering essential diagnostic services to disadvantaged communities. This widespread network ensures that even remote populations have access to vital healthcare assessments, contributing to improved health outcomes across the region.

S.No.	Central Lab	CPs	Mini Labs
1	DL Hyderabad	6	3
2	DL Mirpur Khas	8	5
3	DL Larkana (New)	3	4
4	DL Khairpur Mir's	7	16
5	DL Jacobabad	4	10
Total		28	38

PERFORMANCE OF THE LABS AND PATHOLOGY WING

STD LAB (CPS)

Period	No. of Customers	Total No. of Tests	Amount
2022 (July – Dec)	125,860	252,502	85,165,120
2023 (Jan – Dec)	203,005	422,604	157,820,830
Total	328,865	675,106	242,985,950

MINI LAB

Period	No. of Customers	Total No. of Tests	Amount
2022 (July – Dec)	37,262	129,033	7,224,670
2023 (Jan – Dec)	41,522	185,227	9,169,605
Total	78,784	314,260	16,394,275

Establishment of Blood Bank Units

In modern healthcare systems worldwide, blood bank services serve as the backbone, playing a critical role in providing a lifeline for patients requiring blood transfusions, emergency preparedness, medical procedures, and treatments. The significance of blood banks cannot be overstated, as they are instrumental in saving lives and ensuring the availability of an essential resource that cannot be artificially manufactured.

Since its inception in March 2021 with the establishment of its first blood bank at Kausar Hospital, District Khairpur, PPHI Sindh has been dedicated to upholding the highest standards in blood banking practices. The focus lies on accessibility, community engagement, and emergency responsiveness, ensuring that individuals in need have timely access to life-saving blood products. Furthermore, the blood banking services provided by PPHI Sindh are duly recognized and registered with the Sindh Blood Transfusion Authority (SBTA), ensuring compliance with regulatory standards and protocols.

YEAR 2023

BLOOD BANK SERVICES AT GLANCE

Name Of Health Facility	Blood Cross Match	FFP	Platelets
■ DI Khairpur			
■ GHS Naudero			
■ ML Mirwah	13,673	1,250	310
■ ML Bhit Shah			
■ ML Tando Jam			

Screening Support for Thalassemia & Hemophilia Patients

The Pathology Wing, in partnership with the NGO Shahjee Welfare Foundation, is dedicated to supporting Thalassemia and Hemophilia patients in the Mirpurkhas division. Through this collaborative effort, the NGO conducts blood collection camps periodically, ensuring a steady supply of

blood for those in need. Additionally, the District Lab in Mirpur Khas offers comprehensive blood banking services and prepares various blood products to meet the requirements of patients. These essential screening services are provided at discounted rates, with the estimated annual discount amounting to approximately Rs. 8.2 million, ensuring affordability and accessibility for patients in need.



Free of Cost Testing for CEmOC Clients

In accordance with the directives of the Board, the Pathology Wing of PPHI Sindh has taken proactive measures to enhance access to essential healthcare services for expectant mothers across the region. As part of this initiative, we are proud to offer a comprehensive range of laboratory tests at no cost to clients attending the Antenatal Care (ANC) clinics at our Comprehensive Emergency Obstetric Care (CEmOC) Centers. These centers are strategically located at various healthcare facilities, including the Rural Health Centers (RHCs) in Bhitshah and Tando Jam, as well as the Maternal and Child Health (MCH) centers in Mirpur Mathelo and Kausar Hospital. Additionally, our services extend to Government Health Centers (GHCs) in Naudero, Ibrahim Hyderi, and Murad Memon, Karachi.

Name of Test	Name of Test
■ Blood Group	■ VDRL
■ Complete Blood Count (CBC)	■ HBsAg
■ Blood Glucose	■ PT-APTT
■ Hepatitis C Virus (HCV)	■ Human Immunodeficiency Virus (HIV)

At PPHI Sindh's CEmOC centers, we recognize the critical importance of antenatal care in safeguarding the health and well-being of expectant mothers and their unborn babies. By offering free laboratory testing services to ANC clients, we aim to remove financial barriers and ensure that every woman has access to the essential diagnostic assessments needed to monitor her pregnancy and identify any potential health concerns. From routine blood tests to specialized screenings, our dedicated team of healthcare professionals is committed to providing comprehensive support throughout the antenatal period, promoting positive maternal and neonatal outcomes.

Free Lab Test of CEmONC Clients

JAN-DEC 2022			
DL	Location	Total Amount	Total Tests
KHP	CP Kausar	23,190,273	78,548
KHP	ML- Mirpur Mathelo	5,176,860	17,762
HYD	Tando Jam	3,440,943	11,020
HYD	Bhitshah	3,380,783	11,843
MPK	ML Mirwaah	1,017,768	3381
Total		36,206,627	122,554

JAN-DEC 2023			
DL	Location	Total Amount	Total Tests
KHP	CP Kausar	5,962,848	20,282
KHP	ML- Mirpur Mathelo	2,102,340	7,531
HYD	Tando Jam	3,240,694	10610
HYD	Bhitshah	4,915,055	16,663
MPK	ML Mirwaah	1,726,643	5706
Total		17,947,580	60,792

Our efforts to provide free laboratory testing for ANC clients represent a significant step towards expanding access to quality healthcare services in Sindh. By offering these essential diagnostic services at no cost, we strive to alleviate the financial burden on expectant mothers and their families, enabling them to prioritize their health and well-being without undue financial strain. Through strategic partnerships and collaboration with

government health centers, we are able to reach a wider population and ensure that no woman is denied access to vital antenatal care due to economic constraints.

Free Labs for Indoor NICU & Malnourished Children

In recognition of the financial challenges faced by families with neonates, infants, and children admitted to Neonatal Intensive Care Units (NICUs) and Nutrition Stabilization Centers (NSCs), PPHI Sindh has taken a proactive step to alleviate their burden.

As part of this initiative, we are pleased to announce that essential laboratory tests for children admitted to NICUs and NSCs will now be provided free of charge. This decision reflects our commitment to ensuring that every child has access to the critical diagnostic assessments needed for their care, without imposing any additional financial strain on their families.

Families of infants and children undergoing treatment in NICUs and NSCs often face significant financial hardships, compounded by the high costs associated with medical care and diagnostic tests. By offering free laboratory testing services for these vulnerable populations, we aim to alleviate the financial burdens faced by families already struggling with low incomes and poor economic conditions. This initiative not only ensures that children receive the necessary medical attention they deserve but also helps alleviate the stress and anxiety experienced by their families during challenging times.

The decision to provide free laboratory tests for children admitted to NICUs and NSCs underscores our commitment to serving the needs of the community and earning their trust and goodwill. By removing financial barriers to healthcare access, we aim to foster stronger relationships with the communities we serve and demonstrate our dedication to their well-being. This initiative represents a significant step towards achieving our mission of improving health outcomes for all, regardless of socioeconomic status, and reflects our ongoing efforts to make quality healthcare accessible to those who need it most.

LIST OF NSCs WHERE FREE TESTING IS AVAILABLE FOR CHILDREN

S.No.	Location
1	NSC @ Civil Hospital Mirpur Khas
2	NSC @ DHQ Badin
3	NSC @ DHQ Mithi
4	NSC @ DHQ Naushahro Feroz
5	NSC @ DHQ Sanghar
6	NSC @ DHQ Umerkot
7	NSC @ GMMMC Hospital Sukkur
8	NSC @ Institute Shaheed Benazirabad
9	NSC @ LUMS Jamshoro
10	NSC @ Poly City Children Hospital Khairpur
11	NSC @ RHC Islamkot
12	NSC @ SASIMS Jamshoro
13	NSC @ THQ Chahchro
14	NSC @ THQ Ghotki
15	NSC @ THQ Kandhkot
16	NSC @ Ward No. I LUH Hyderabad
17	NSC @ Ward No. II LUH Hyderabad

FREQUENTLY ADVISED TESTS FOR CHILDREN AT NICU/NSCs

■ Blood Culture	Creatinine
■ Blood Group	Electrolytes
■ Calcium	RBS
■ CBC	T. Bilirubin
■ Urea	Any other recommended by ICMO

Digitalizing the Lab Services at RHS

PPHI Sindh is embarking on a transformative journey to digitize laboratory services at Rural Health Centers (RHCs), aimed at modernizing operations and improving overall efficiency. Under this initiative, the Pathology Laboratories at RHCs will be seamlessly integrated into a centralized "Labs Information System (LIS)," overseen by the Labs & Pathology Wing of PPHI Sindh. This strategic move is poised to revolutionize our workflow, ensuring error-free operations, enhanced accuracy, and expedited reporting processes.

The implementation of the LIS promises to streamline laboratory operations by automating key processes and eliminating manual errors. By centralizing data management, we anticipate a

significant reduction in administrative overheads and a more efficient allocation of resources. Through the integration of state-of-the-art technology, we aim to optimize our workflow, allowing for seamless coordination and communication across different laboratory facilities.

To ensure the success of this digitalization initiative, PPHI Sindh is committed to providing comprehensive training and capacity-building opportunities to technical staff at RHCs. In the first phase of the project, 40 Rural Health Centers will be equipped with computers, printers, and internet services, enabling them to access and utilize the LIS effectively. Additionally, approximately 200 technical staff members will undergo specialized training to enhance their skills and proficiency in utilizing the new digital infrastructure. Through these efforts, we aim to empower our staff with the tools and knowledge needed to embrace digital transformation and deliver high-quality laboratory services to communities across Sindh.

S.No.	Region	List Of Health Centers
1	Hyderabad	RHC Tando Jam, RHC Arazi, RHC Bhan, RHC Jhangara, RHC Bhit Shah, RHC Chohar Jamali, RHC Chamber, RHC Bulri Shah Karim
2	Mirpurkhas	RHC Kario Ganhar, RHC Nindo, MCHC Mirwah, RHC Jhudo, RHC Islamkot, RHC Kheensar, RHC Khokhrapar
3	Larkana	RHC Sita Road, RHC Garhi Hassan, RHC Nasirabad, RHC Tangwani, GH Naudero, RHC Badah, RHC Banguldero, RHC Gerello, RHC Ghari Khuda Bux, THQ Dokri, THQ Ratodero, THQ Arija, RHC Khanpur, THQ Kashmore
4	Sukkur	RHC Pir Jo Goth
5	SBA	RHC Halani, RHC Jaffar Khan Laghari, RHC Jam Nawaz Ali, RHC Daur
6	Karachi	Mch Jannat Gull, SGH Murad Memon Goth, SHG Ibrahim Hyderi, RHC Old Thaana, RHC Rehri Mirani, SGH Dumba Goth

Meeting Quality Standards Amidst Affordability

Despite offering nominal costs, the PPHI's Pathology Wing remains steadfast in upholding stringent quality standards. By investing in state-of-the-art equipment and adopting advanced diagnostic techniques, the Pathology Wing ensures the delivery of accurate and reliable results. This commitment to leveraging cutting-edge technology empowers healthcare professionals to make informed medical decisions, thereby enhancing patient care and outcomes.

Pioneering Future Initiatives

The journey of the Pathology Wing is far from over, with future plans focused on expanding outreach and fostering collaborations with healthcare organizations. Additionally, the Wing is dedicated to continuously upgrading its technology to stay at the forefront of diagnostic innovation. As part of its ongoing commitment to progress, the Pathology Wing is exploring opportunities to affiliate with the Sindh Medical Facility (SMF) for its registration as a "Training Institute" for a Two-Year Diploma Course in Laboratory Technology. This initiative aims to address human resource challenges while also nurturing highly trained professionals in the field of Laboratory Technology across Sindh. Furthermore, the Wing is in the process of developing a smart and robust android application to enhance accessibility and convenience for both customers and medical professionals involved in delivering high-quality diagnostic and curative services.

A Testament to Innovation and Compassion

In conclusion, the Pathology Lab serves as a testament to the transformative power of innovation and compassion in bridging healthcare disparities. By offering advanced diagnostics at affordable rates, the Pathology Wing not only empowers individuals but also strengthens communities and contributes to a healthier, more equitable Sindh. As the Pathology Wing transitions from providing diagnostic services to embracing academic endeavors, its vision to cultivate a skilled workforce in the field of Laboratory Medicine underscores its commitment to advancing healthcare delivery and accessibility in the region.



COMMUNITY PARTICIPATION



Community participation is a fundamental principle of Primary Health Care (PHC), as outlined in the Alma-Ata Declaration of 1978 by the World Health Organization (WHO). The Alma-Ata Declaration emphasized the importance of community involvement in health care as a key strategy for achieving the goal of "Health for All." Here are several key points about community participation: By **Community Empowerment**, by **Community Inclusivity**, by **Ownership and Responsibility**, by **Collaboration**, and by **Health Promotion** and **Disease Prevention**.

By integrating these principles

into PHC strategies, governments, health organizations, and communities can work together to create equitable, accessible, and sustainable health systems that meet the needs of all individuals and contribute to improved health outcomes at the community level.

Active involvement of the community fosters effective service delivery and ensures equitable access to healthcare. By engaging communities, healthcare providers can enhance awareness of local health issues and address social and cultural factors impacting health. This engagement also facilitates a deeper understand-

ing among community members regarding available services and provides a platform for discussing their needs. Moreover, it enables the identification and mitigation of specific barriers to accessing healthcare, thereby increasing service utilization. Community participation emerges as the important aspect, for extending healthcare services, resulting attention to healthcare concerns, and resolving service delivery challenges.

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 In charge arranges meetings with CSG member 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 alert about any outbreak or seasonal variations in diseases trends.

Each medical officer (Male and Female) of 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 held **51,247** community support meetings focused on health promotion and disease prevention throughout 2023. These sessions encompassed a broad range of health topics, including communicable and non-communicable diseases,

antenatal care, immunization, as well as discussions on specific issues like rabies, hepatitis, breastfeeding, handwashing, and many other relevant subjects. The meetings convened garnered participation from 194,935 male and 26,711 female attendees, while Health Education Sessions witnessed the presence of 607,869 males and 644,973 females. In total, these health education endeavors collectively engaged 1,474,488 participants, highlighting the substantial involvement of the community in healthcare initiatives.

Jan-Dec 2023	Sessions	No. of Participants		Total Participants
Number of community meetings	16,177	194,935	26,711	221,646
Number of Health Education Sessions	51,245	607,869	644,973	1,252,842



BHU PLUS SANJAR CHANG DO TANDO ALLAHYAR AFTER RNR WORK



REPAIR AND RENOVATION



Introduction

At the inception of PPHI Sindh's management of Health Facilities (HFs), a significant portion—approximately 35%—of these facilities were non-operational, requiring urgent repairs to resume service delivery. Recognizing the critical importance of maintaining quality primary healthcare services for the community, PPHI Sindh prioritized the repair and renovation (R&R) of health facilities across the region. This report highlights our efforts and achievements in this essential area.

Focus Areas

PPHI Sindh's R&R initiative is dedicated to the comprehensive restoration and enhancement of health facility infrastructure. Key focus areas include:

Operationalization of Non-Functional Facilities

Addressing the backlog of non-operational HFs by conducting major repairs and infrastructure upgrades to enable service delivery.

Infrastructure Upgradation

Modernizing existing facilities through the installation of new appliances, fixtures, and equipment to improve efficiency and service quality.

Space Optimization

Reworking facility layouts and spatial configurations to optimize usage and facilitate streamlined workflow processes.

Infrastructure Expansion

Undertaking new construction projects and expanding existing facilities to meet growing demand and enhance service accessibility.

ACHIEVEMENTS



July 2022 to December 2022

During the reporting period, a total expenditure of Rs. 58.424 million was allocated towards R&R initiatives within the organization. These funds were directed towards essential R&R projects aimed at enhancing the infrastructure and operational efficiency of various facilities.

Year	No. of Schemes in Progress	No. of Schemes Completed	Receipts in Rs. M	Expenditure Rs. M
Jul 22 to Dec 22	89	17	81	58.424

Concurrently, the organization received Rs. 81.0 million in funds from the Sindh Government, reflecting a vital source of financial support for ongoing operations and initiatives. These funds played a crucial role in sustaining and advancing the organization's mission to provide quality healthcare services to communities across the region.

January 2023 to December 2023

During January to December 2023, a notable investment of Rs. 533.830 million was allocated towards Repair & Renovation endeavors, underscoring the organization's commitment to enhancing infrastructure and operational effectiveness. This substantial investment facilitated crucial repairs and renovations across various facilities, ensuring improved service delivery and enhanced facilities for beneficiaries. Additionally, the organization received generous support from the Sindh Government, with funds amounting to Rs. 606.025 million disbursed during this period. This financial support played a pivotal role in sustaining and advancing the organization's mission to provide quality healthcare services to communities across the region, highlighting a collaborative effort towards achieving common healthcare goals.

Year	No. of Schemes in Progress	No. of Schemes Completed	Receipts in Rs. M	Expenditure Rs. M
Jan 23 to Dec 23	50	76	606.025	533.830

January 2023 to June 2023 (Partner Project)

During the period spanning from January 2023 to June 2023, significant progress was achieved through collaborative efforts with partners in various projects. Notably, 28 schemes were successfully completed in partnership with the Nutrition Program of the Government of Sindh (GoS), as well as with esteemed organizations such as UNICEF and UNFPA. These achievements underscore the effectiveness of partnerships and collaborative endeavors in advancing healthcare infrastructure and improving access to essential services for communities across the region. The successful completion of these schemes reflects a shared commitment to addressing healthcare challenges and achieving tangible outcomes through concerted efforts and collaboration.

Schemes	Total No. of Schemes	No. of Schemes Completed	Budget Allocation Rs. M	Expenditure Rs. M
NSC'c	3	3	14.6	14.5
UNICEF	11	11	21.789	21.789
UNFPA	14	14	6.65	6.65
Total	28	28	43.04	42.94

Future Outlook

Looking ahead, PHI Sindh stands firm in its dedication to advancing healthcare access and delivery across the region. Our commitment to this mission is unwavering, and we are poised to continue our investment in Repair and Renovation initiatives. By fostering collaborations with partners and embracing innovative strategies, we endeavor to fortify the pillars of our healthcare system. Through these concerted efforts, we aspire to create a more inclusive healthcare landscape where every individual has access to high-quality healthcare services, regardless of their background or circumstances.



Conclusion

In conclusion, the diligent efforts and collaborative partnerships established by PPHI Sindh have resulted in significant progress in our Repair and Renovation initiatives. With a total expenditure of Rs. 533.830 million and generous support from the Sindh Government amounting to Rs. 606.025 million, we have successfully enhanced healthcare infrastructure and accessibility across various regions. As we move forward, we remain committed to our mission of ensuring equitable access to quality healthcare services for all segments of society. We extend our sincere appreciation to all stakeholders for their invaluable contributions and unwavering dedication to our collective goal of fostering a healthier and more resilient future for communities across Sindh.







Strengthening Primary Healthcare
بسیادی صحت مرکز (پلس) کولاب جیل
BASIC HEALTH UNIT PLUS KOLAB JEAL
PPH SINGH DISTRICT OFFICE KHARPUR-B

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SOLARIZATION



Introduction

Pakistan, like many nations, faces a critical energy challenge. The demand for electricity has consistently outpaced supply, leading to chronic power shortages. To address this issue and align with the Global Sustainable Development Goal 7 for Affordable and Clean Energy, the Government of Pakistan approved the 2019 policy for Alternative and Renewable Energy in August 2020. The key objective of this policy is to significantly increase electricity generation from renewable sources, aiming for 20% by 2025 and 30% by 2030. The national electricity grid fails to reach remote areas, exacerbating the energy deficit and resulting in chronic power shortages. In such a scenario, renewable and sustainable energy resources emerge as imperative solutions to overcome these challenges.

Against this backdrop, PPHI Sindh has taken proactive measures to address energy deficiencies, particularly within healthcare facilities. Recognizing the critical role of reliable electricity in delivering quality healthcare services, PPHI Sindh initiated a solarization project in 2016.

Phase I:

In its initial phase, PPHI Sindh successfully solarized 332 health facilities, predominantly situated in remote areas with limited or no access to the national electricity grid. This initiative marked a significant milestone, ensuring uninterrupted power supply for essential medical equipment and enhancing healthcare delivery to marginalized communities.

Phase II and III:

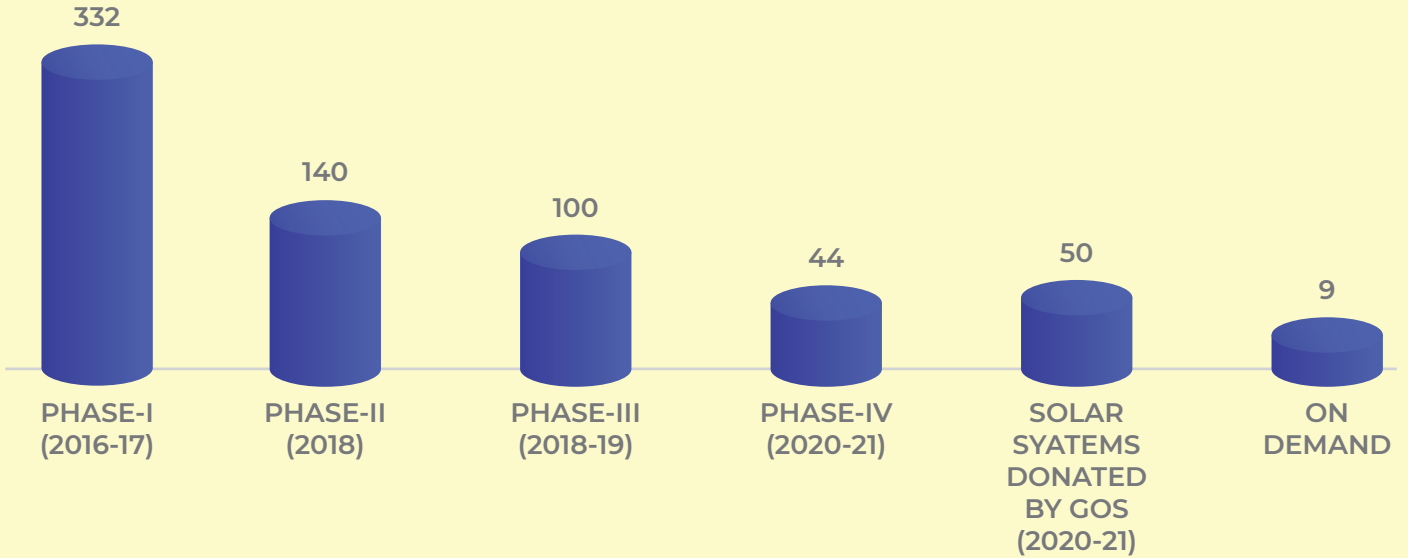
Building upon the success of

Phase I, subsequent phases were launched to expand solarization efforts. Phase II saw the addition of 140 facilities, followed by Phase III, which incorporated an additional 100 health facilities into the solar network.

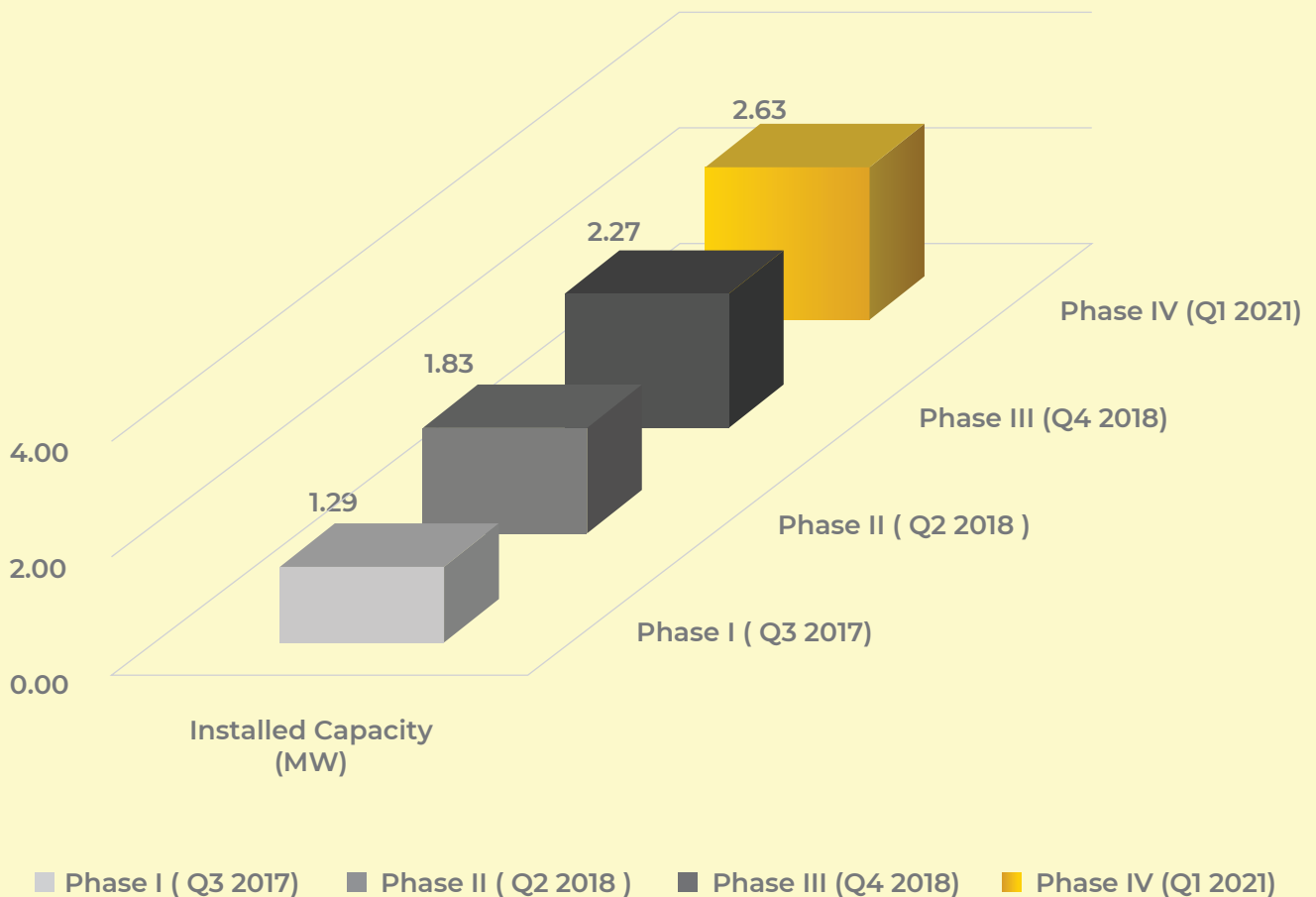
Phase IV:

Notably, Phase IV, originally slated for 51 facilities, exceeded expectations by completing 44 facilities ahead of schedule in Q1 2021. Furthermore, the District Health Office Shaheed Benazirabad contributed 50 solar energy systems, with an additional 9 systems allocated to meet rising electricity demands. This collaborative effort culminated in a total of 675 solarized facilities across Sindh, significantly enhancing energy resilience and healthcare service provision.

SOLARIZATION STATUS (675 HF'S/DO'S/LABS)



INSTALLED CAPACITY (MEGA WATTS)



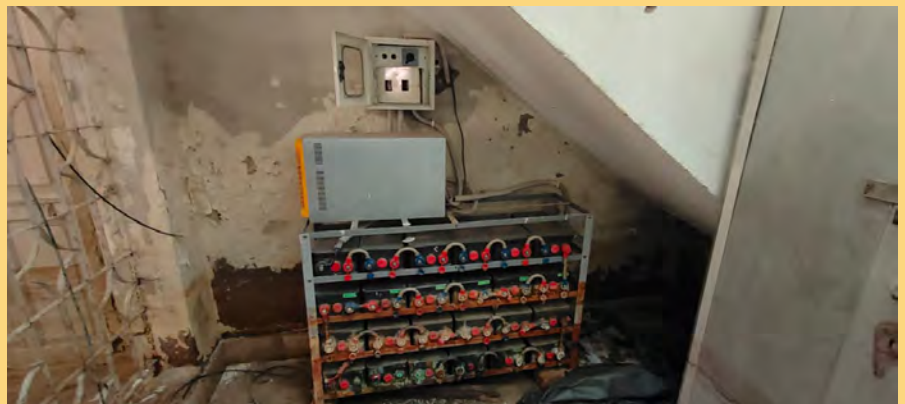
Operation and Maintenance of Solar Systems

Amidst the fiscal year 2022-2023, the operation and maintenance of solar systems encountered notable challenges, primarily attributed to unprecedented torrential rains and subsequent flooding. These adverse weather conditions disrupted the functionality of solar systems across more than 250 healthcare facilities (HFs), with some facilities submerged underwater, impeding access for maintenance

teams. Despite these obstacles, our unwavering commitment and persistent efforts enabled the restoration of all affected HFs, ensuring their continued operational viability.

During this period, over 500 solar inverters underwent repair and were distributed to all districts under existing maintenance contracts. Furthermore, maintenance contracts for approximately 676

solar inverters were extended during the fiscal year 2022-23. These inverters, originally installed during Phases I (2016-17), II (2018), and III (2018-19) of the project, were prioritized for upkeep, reflecting our proactive stance towards preserving the longevity and reliability of solar-powered systems across healthcare facilities.



Future Outlook: Solarization Phase-V

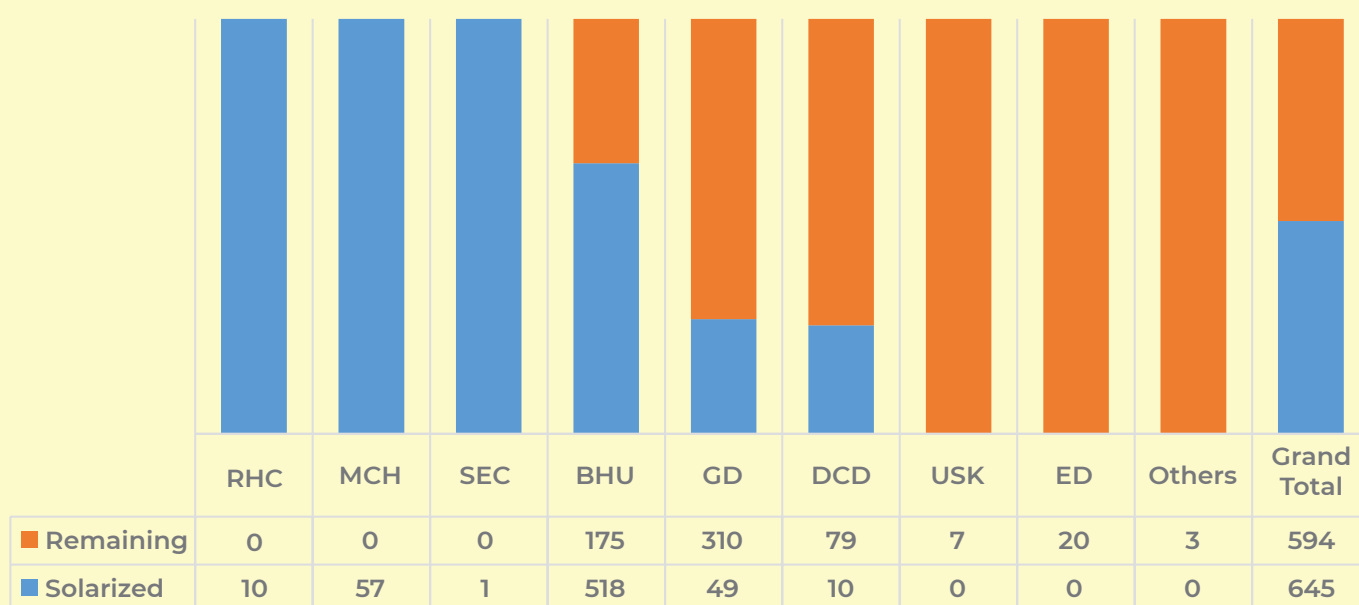
Looking forward, PPHI Sindh remains steadfast in its commitment to advancing renewable energy solutions. The approval of Phase-V by the Board of Directors signifies our continued dedication to expanding solarization efforts across healthcare facilities, aiming to equip the remaining

594 Healthcare Facilities with solar power systems.

Phase-V introduces two new categories of DC systems: Type-A (300 Watts) and Type-B (600 Watts), tailored to meet the operational requirements of HF's operating for six hours daily.

These solar systems are strategically designed to efficiently power essential electricity loads during daylight hours, aligning with our commitment to sustainable energy solutions and enhancing healthcare service delivery across Sindh.

HEALTH FACILITIES SOLARIZATION STATUS



DC Type-A (300 Watts)

S. No.	Appliances	Quantity	Operation Hours
1	Fan	3	6
2	LED Bulb	6	6
3	Nebulizer	1	2
4	Water Motor Router	1	0.5
5	Cellphone Charging	2	6
6	Android Tablets	2	6
7	Biometric Machine	1	6

DC Type-B (600 Watts)

S. No.	Appliances	Quantity	Operation Hours
1	Fan	5	6
2	LED Bulb	8	6
3	Nebulizer	1	4
4	Water Motor Router	1	1
5	Cellphone Charging	4	6
6	Android Tablets	4	6
7	Biometric Machine	1	6

Tendering Process Initiation

To achieve this significant milestone, we have commenced the tendering process, marking a strategic advancement towards bolstering the sustainability and efficiency of healthcare facilities within the region. This pivotal step underscores our commitment to fostering resilience and enhancing service delivery through innovative procurement strategies.

Carbon Footprints

Following the successful solarization of 675 facilities, the installed solar system, boasting a capacity of 2.66 Megawatts, is poised to generate approximately 4 Gigawatt hours per year of clean, renewable energy. This substantial capacity is projected to mitigate approximately 4,166 tons of CO2 emissions annually, equivalent to the environmental benefit of nurturing 43,170 trees per year. By significantly reducing our carbon footprint, we are steadfastly contributing to global efforts to combat climate change and safeguard the health of our planet for generations to come.





PPHI SINDH - RESEARCH WING



PPHI Sindh, a prominent organization, delivers comprehensive Primary Health Care (PHC) services to enhance the health and well-being of underserved populations across Sindh. In August 2018, PPHI Sindh established an independent Research Wing with the aim of generating evidence-based insights to improve the quality and scope of care services along with supports the organization in decision making. The Research Wing plays a pivotal role in the organization's growth by fostering a research culture and identifying trends, opportunities, and challenges in service delivery. These findings inform strategic interventions, leading to better health outcomes for the vulnerable rural population. The Research Wing collaborates with academic institutions and stakeholders to drive joint research initiatives.

PPHI Research Wing entails following objectives:

- Generate evidence-based results through community and facility-based research activities.
- Identify gaps, provide insights, and recommendations for evidence-based strategies to inform organizational decision-making.
- Publish research findings in national and international journals.
- Foster research partnerships with institutions and organizations.
- Enhance existing staff capacity in research activities.

The Research Wing at PPHI undertakes a diverse range of activities beyond survey execution and studies. These include identifying grant opportunities, monitoring and evaluating field operations to enhance service delivery, capacity building for field staff, proposal development, grant writing, and showcasing

PPHI-Sindh's contributions through publications and disseminations at local and international forums. Research Wing through an integrated approach, contributes to service delivery improvements and provides valuable insights by collaborating with other organizations. The provision of reliable and actionable information by Research Wing, leads to programmatic insights, facilitating strategic decision-making for future interventions aligned with PPHI's vision.

Since its inception in 2018, Research Wing at PPHI has conducted several in-house research projects related to maternal, neonatal and child health (MNCH) services and structural assessment of operations including:

Internal Survey's Completed

- Comprehensive Analysis on Re-Assessment of Warehouse Survey
- Identifying factors of Low Performing BHU Plus health facilities at PPHI, SINDH

- SWOT Analysis to assess the overall performance of PPHI Sindh
- Call log Data analysis of District Shikarpur and Umerkot
- Complaint Management System Data Analysis
- LQAS Survey (Data Quality Assessment of Health Information System)
- Maternal Mortality Analysis (Deaths Reported from 2020-22)

Proposed Internal Studies

- Measuring the effectiveness of training strategies to improve healthcare providers performance in primary health facilities
- Evaluating the effectiveness of Scheduled antenatal care on Anemia and birth outcome in Sindh-A Facility based cohort study
- Identifying barriers associated with discontinuation rate of contraceptive methods

Collaborations and Partnerships Initiatives

Strong collaboration with different organization to strengthening research portfolio of PPHI Sindh

- AKU- Department of Community Health Sciences (CHS) collaborating in PPHI's past 10 years data on Malaria in relation to Climate Change to conduct trend analysis.

- APPNA Institute of Public Health and Research Wing of PPHI Sindh is collaborating to execute a cohort study on "Cost of an integrated Primary Healthcare package in the province of Sindh" in District Tharparker, Dadu, Matiari and Larkana.

- Collaborative Meeting was conducted between PPHI Sindh

and AKU- Information Communication Technology (ICT) department on exploring digital solution for HMIS system of PPHI Sindh. Additionally, a scope document was also prepared where PPHI's needs were identified for digitalization of primary health services.

Publications

In the annual year 2022-2023, Research Wing has published the following paper in Pakistan Journal of Medical Association (JPMA)

■ 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 by Zamir Hussain Suhag, Ayaz Ahmed Baloch, Nelofer Baig, Zohra S Lassi, Abdul Wahab Soomro Published in 2022.

Additional Activities

■ Research Wing has proposed Strategic Planning Document of PPHI Sindh to the management and with their approval a standard strategic planning template was created, streamlining the incorporation of each department's five-year plan.

■ Conducted an orientation session on Research Methodology with all the Head of Wings to orient them with the basic research methodology and its implication as a capacity building activity.

Aligning with the Organization's Goal

Adopting a scientific approach to systematic data collection and analysis enhances an organization's credibility and informs strategic decision-making for future interventions aligned with PPHI's vision. The Research Wing plays a crucial role by identifying, assessing, and validating health service delivery indicators, leading to evidence-based knowledge sharing and improved quality of care services. Additionally, it highlights the need for capacity development among frontline healthcare providers and identifies structural gaps for efficient service delivery.

For instance, the Warehouse Survey pinpointed areas requiring standard practices to run healthcare system warehouses. The Research Wing not only identified the gaps but also proposed action plans to enhance supplies and services to health facilities. Furthermore, assessments of healthcare providers' knowledge and skills, along with maternal mortality analyses, have informed robust training plans. SWOT analyses guided the management in decision making, translating weaknesses into strengths, leveraging opportunities, and addressing threats. Research remains fundamental, providing valuable insights, fostering innovation, and contributing to organizational success when aligned with strategic goals.

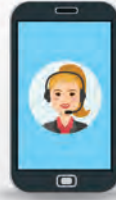




شکایت / تجویز کیلئے



<http://complaints.pphisindh.org>



0800-77755



0300
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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ENHANCING SERVICE EXCELLENCE

INTRODUCING THE PPHI SINDH COMPLAINT MANAGEMENT SYSTEM

PPHI Sindh Complaint Management System (CMS) was implemented in 2021–2022 to provide the organization with an effective tool to address grievances, monitor service delivery, and drive continuous improvement. With a diverse range of primary health services, the influx of complaints necessitated a streamlined approach for resolution.

Equipped with a robust mechanism, the CMS efficiently routes complaints to relevant team members, tracks progress, records responses, and facilitates monitoring. Its objectives include improving service delivery, ensuring staff accountability, enhancing coordination, and identifying areas for improvement.

The CMS features an escalation process to address unresolved complaints promptly, with a super escalation option directly notifying the higher management if necessary. Each complaint is assigned a

unique tracking number for transparency, with tiered accessibility to maintain confidentiality.

Accessible through various channels, including a dedicated online portal, the CMS ensures convenience for clients to register complaints anytime, anywhere. In FY21-22, out of 2,078 complaints 1,892 were successfully resolved, showcasing a significant improvement in resolution rates over time.

Graphical representations depict topic wise number of complaints, and source through the complaints were received, aiding management in analyzing patterns and making informed decisions for service enhancement. Continuous outreach efforts aim to increase community awareness and engagement with the CMS, reaffirming PPHI Sindh's commitment to excellence in healthcare delivery.

 <http://complaints.pphisindh.org>



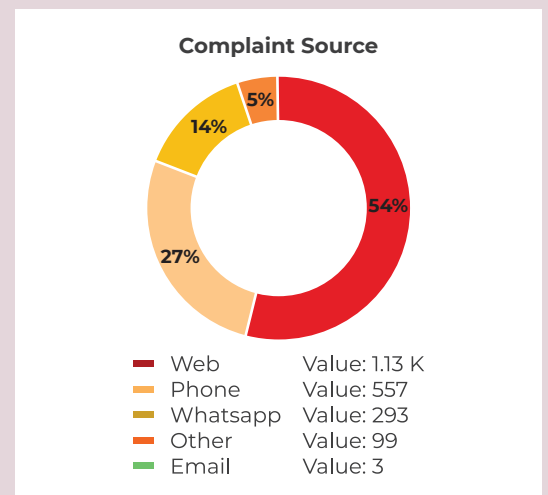
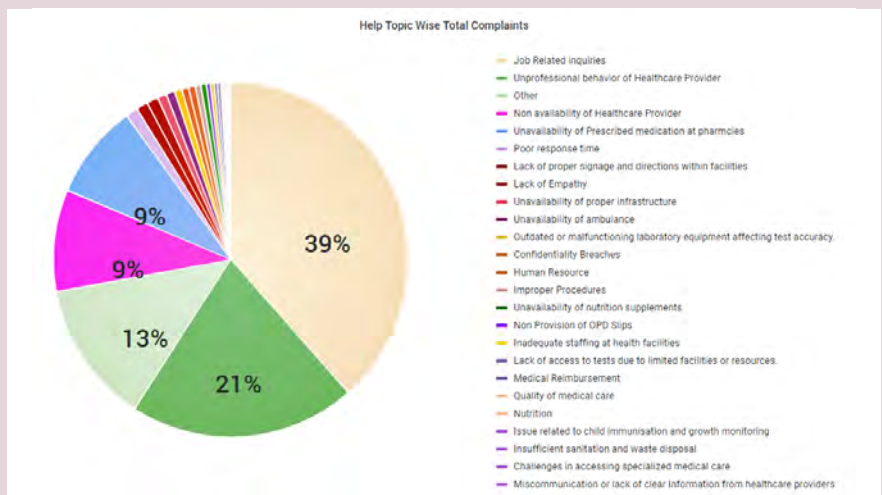
0800-77755



0300-7267744



**helpline
@pphisindh.org**



CELEBRATING EXCELLENCE PPHI SINDH'S EMPLOYEES OF THE MONTH INITIATIVE

PPHI Sindh's Employees of the Month initiative stands as a beacon of recognition and appreciation within our organization. This program serves as a testament to our commitment to valuing the dedication and hard work of our employees. Each month, one outstanding individual from every region and head office is selected to receive this prestigious honor, acknowledging their exemplary contributions, exceptional performance, and unwavering commitment to our mission of providing quality healthcare services to the communities we serve. This initiative not only motivates our staff but also fosters a culture of excellence, teamwork, and continuous improvement. As we celebrate the achievements of our employees through this initiative, we reinforce the importance of their efforts in advancing our organization's goals and fulfilling our mandate to deliver accessible and high-quality healthcare to the people of Sindh.

EMPLOYEE/S OF THE MONTH JANUARY 2023



Dr. Allah Dino Tunio
Eye Specialist, THQ Dokeri, Larkana
For successfully conducting 18 major and minor surgeries during January 2023 and for providing consultancy services additionally at RHC Badin, THQ Arja and Hospital Naubero on weekly basis.

Dr. Naila
Female Medical Officer BHU Plus Nawab Wafar Muhammad, SBA
For conducting the highest NVCDs, more than 10 NVCDs in December 2022, and also improving the overall performance of her HF without a Medical Officer.

Mr. Zaka ud Din Abro
Store Manager, DO Sukkur
For playing a major role in logistic, procurement, and administrative support in efficiently establishing 7 (seven) relief camps and in supplying medicine and printing and publication of IEC material.

Mr. Dilip Kumar Surjani
BHM DO Hyderabad
For serving an additional charge of DH Malian, with dedication particularly in streamlining matters of RHC Bin Shah, wife registration with SHCC and for being instrumental in monitoring & evaluation in Hyderabad.

Mr. Muhammad Yousef
Executive FA, DO, Tharparkar
For his extraordinary contribution for establishing good infrastructure of newly taken BHCS.

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EMPLOYEE/S OF THE MONTH MARCH 2023



Muhammad Imran Qureshi
Regional Manager (F&A), Region SBA
For serving an additional charge of Regional Manager (F&A) Hyderabad and developing budget for Hyderabad and Mirpurkhas successfully. Also for organizing a 3 Day Orientation Session for new inductees of the region successfully.

Mr. Majid Ali Laghari
Lab Technician, BHU Plus Gharajha (TCT)
For actively working as Lab Technician BHU plus Gharajha (TCT) during hepatitis screening and vaccination and identifying 15 TB Positive cases.

Mr. Bahar Ali Wasan
Public Health Specialist, Region Hyderabad
For playing a major role in capacity building of MOHCs and implementation of different technical guidelines in field. And for his continuous support and valuable input in newsletters & presentations, sheets in PPH and as a technical resource at RCH.

Dr. Shuja Ali Shah
Ophthalmologist, RHC Chahkharu Bilo, Larkana
For managing 3 surgery camps where more than 100 surgeries were done. And for successfully increasing the footfall of eye patients, more than 50, at his health facility.

Abdul Raheem Jonejo
District Manager, Tharparkar
For ensuring timely submission of survey and feasibility report of Tharparkar, and successfully taking over management control of 307 BHUs and CDUs well within the time.

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EMPLOYEE/S OF THE MONTH FEBRUARY 2023



Dr. Samreen
Regional Manager MNCH, RO Mirpurkhas
For actively conducting LCC and crash trainings, as well as working diligently towards capacity building for healthcare providers to enhance the quality of healthcare services at health facilities. Additionally, she displays a strong focus on IT protocols.

Dr. Zahida Somoro
Sonologist, Kasur Hospital, Khairpur, RO Sukkur
For her dedication and hard work, and having successfully trained 17 batches of Medics and Paramedics in ultrasound procedures. Recently, from December 2022 to February 2023, she conducted two back-to-back batches of ultrasound training.

Dr. Jamaudin Memon
ICMO BHU Plus Ghulamullah, RO Hyderabad
For his valuable contribution in Covid-19 vaccination, flood relief response, hepatitis screening and vaccination, liaison with community, and being part of district solution team in every crisis management.

Mr. Maqbool Ahmed
Senior Store Manager, N.Feroze, RO SBA
For maintaining a proper supply chain of medicine and medical supplies of all RHCs/Healthcare facilities and 56 Health Facilities of DO SBA with additional charge during flood and emergency situation.

Mr. Marghoob Ahmed Bhatti
Administrator, RHC, Khairpur, Mirpurkhas, RO Larkana
For his services in face lifting of RHC Khairpur and functionalisation of Ultrasound and Dental Chair to enhance services in RHC Khairpur including establishment of waiting area for female OPD, OAC, Treatment, reduction and HSB corners. Also for managing shifting of services between rooms without disturbing OPD or other services.

PPHISINDH OFFICIAL | PPHIOFFICIAL | PPHISINDH

EMPLOYEE/S OF THE MONTH APRIL 2023



Ghulam Abrar Mirani
Executive

For conducting a visit with the CONCERNED heads and heads with reference to their professional progress in District Headquarters.



Dr. Arshad Majid Arshad
Executive

For successfully conducting the training of all employees of the District Headquarters, including the staff and management of all units/branches.



Mr. Sandaz Roshan
Executive

For providing the technical guidance of adding several members of the district. Also for providing the technical guidance of adding several members of the district. Also for providing the technical guidance of adding several members of the district.



Mr. Mubshat Ali
Executive

For providing technical and public health support in every branch, including technical support in every branch, including technical support in every branch.



Mr. Altamash
Executive

For providing the technical guidance of adding several members of the district. Also for providing the technical guidance of adding several members of the district. Also for providing the technical guidance of adding several members of the district.

PPHSINDHOFFICIAL PPHOFFICIAL PPHSINDH

EMPLOYEE/S OF THE MONTH MAY 2023



Mr. Imran Ali
HQ/DO, District Headquarters, Region Lakshar

For providing technical support in every branch, including technical support in every branch, including technical support in every branch.



Dr. Tahira
Executive

For being a responsible job in providing urban water services in the city of a large town.



Mr. Shahbaz Ali Memon
HQ/DO, District Headquarters, Region Lakshar

For being a responsible job in providing urban water services in the city of a large town.



Mr. Sunil Kumar
HQ/DO, District Headquarters, Region Lakshar

For providing technical support in every branch, including technical support in every branch, including technical support in every branch.



Musarat Heesbani
Executive

For being a responsible job in providing urban water services in the city of a large town.

PPHSINDHOFFICIAL PPHOFFICIAL PPHSINDH

EMPLOYEE/S OF THE MONTH JUNE 2023



Mr. Abid Hussain Jatoi
Executive

For providing technical support in every branch, including technical support in every branch, including technical support in every branch.



Mr. Sajjad Ali
Executive

For providing technical support in every branch, including technical support in every branch, including technical support in every branch.



Mr. Abdul Sattar Soomro
Executive

For providing technical support in every branch, including technical support in every branch, including technical support in every branch.



Mr. Soonhoor Khan Bhatti
Executive

For providing technical support in every branch, including technical support in every branch, including technical support in every branch.



Ms. Naveeda Jarwar
Executive

For providing technical support in every branch, including technical support in every branch, including technical support in every branch.

PPHSINDHOFFICIAL PPHOFFICIAL PPHSINDH

EMPLOYEE/S OF THE MONTH JULY 2023



Mr. Ghulam Jaleel
Executive

For providing technical support in every branch, including technical support in every branch, including technical support in every branch.



Mr. Muhammad Asad
Executive

For providing technical support in every branch, including technical support in every branch, including technical support in every branch.



Mr. Ykash Raza Khan
Executive

For providing technical support in every branch, including technical support in every branch, including technical support in every branch.



Dr. Ykash Raza Khan
Executive

For providing technical support in every branch, including technical support in every branch, including technical support in every branch.



Mr. Adnan Ishaq
Executive

For providing technical support in every branch, including technical support in every branch, including technical support in every branch.



Dr. Mahjabeen Muhammad Hussain
Executive

For providing technical support in every branch, including technical support in every branch, including technical support in every branch.



Mr. Noor Ahmed Abbasi
Executive

For providing technical support in every branch, including technical support in every branch, including technical support in every branch.

PPHSINDHOFFICIAL PPHOFFICIAL PPHSINDH

EMPLOYEE/S OF THE MONTH AUGUST 2023



Mr. Usayb Subhani
Executive

For providing technical support in every branch, including technical support in every branch, including technical support in every branch.



Mr. Anwaruddin Ahmad
Executive

For providing technical support in every branch, including technical support in every branch, including technical support in every branch.



Mr. Anwar Ali
Executive

For providing technical support in every branch, including technical support in every branch, including technical support in every branch.



Mr. Naveed Ali
Executive

For providing technical support in every branch, including technical support in every branch, including technical support in every branch.



Mr. Usayb Subhani
Executive

For providing technical support in every branch, including technical support in every branch, including technical support in every branch.



Mr. Usayb Subhani
Executive

For providing technical support in every branch, including technical support in every branch, including technical support in every branch.



Mr. Usayb Subhani
Executive

For providing technical support in every branch, including technical support in every branch, including technical support in every branch.

PPHSINDHOFFICIAL PPHOFFICIAL PPHSINDH

EMPLOYEE/S OF THE MONTH SEPTEMBER 2023



Dr. Usayb Subhani
Executive

For providing technical support in every branch, including technical support in every branch, including technical support in every branch.



Dr. Wafiq
Executive

For providing technical support in every branch, including technical support in every branch, including technical support in every branch.



Dr. Saad
Executive

For providing technical support in every branch, including technical support in every branch, including technical support in every branch.



Mr. Asif
Executive

For providing technical support in every branch, including technical support in every branch, including technical support in every branch.



Mr. Bahad
Executive

For providing technical support in every branch, including technical support in every branch, including technical support in every branch.

PPHSINDHOFFICIAL PPHOFFICIAL PPHSINDH

EMPLOYEE/S OF THE MONTH OCTOBER 2023



Dr. Farwa
Executive

For providing technical support in every branch, including technical support in every branch, including technical support in every branch.



Mr. Tariq Abbasi
Executive

For providing technical support in every branch, including technical support in every branch, including technical support in every branch.



Mr. Kiran
Executive

For providing technical support in every branch, including technical support in every branch, including technical support in every branch.



Dr. Farzana
Executive

For providing technical support in every branch, including technical support in every branch, including technical support in every branch.



Mr. Baza
Executive

For providing technical support in every branch, including technical support in every branch, including technical support in every branch.



Dr. Sangha
Executive

For providing technical support in every branch, including technical support in every branch, including technical support in every branch.



Ms. Sanjida
Executive

For providing technical support in every branch, including technical support in every branch, including technical support in every branch.

PPHSINDHOFFICIAL PPHOFFICIAL PPHSINDH

EMPLOYEE/S OF THE MONTH NOVEMBER 2023



Dr. Kishwer
Executive

For providing technical support in every branch, including technical support in every branch, including technical support in every branch.



Dr. Falak
Executive

For providing technical support in every branch, including technical support in every branch, including technical support in every branch.



Ghulam Mustafa
Executive

For providing technical support in every branch, including technical support in every branch, including technical support in every branch.



Dr. Zain
Executive

For providing technical support in every branch, including technical support in every branch, including technical support in every branch.



Mr. Muhammad
Executive

For providing technical support in every branch, including technical support in every branch, including technical support in every branch.

PPHSINDHOFFICIAL PPHOFFICIAL PPHSINDH

EMPLOYEE/S OF THE MONTH DECEMBER 2023



Dr. Masoom
Executive

For providing technical support in every branch, including technical support in every branch, including technical support in every branch.



Mr. Irfan
Executive

For providing technical support in every branch, including technical support in every branch, including technical support in every branch.



Dr. Saffin
Executive

For providing technical support in every branch, including technical support in every branch, including technical support in every branch.



Ms. Subha
Executive

For providing technical support in every branch, including technical support in every branch, including technical support in every branch.



Ms. Shabnam
Executive

For providing technical support in every branch, including technical support in every branch, including technical support in every branch.



Ms. Humera
Executive

For providing technical support in every branch, including technical support in every branch, including technical support in every branch.

PPHSINDHOFFICIAL PPHOFFICIAL PPHSINDH

IN HOUSE MEDICAL REIMBURSEMENT CELL OF PPHI, SINDH ENHANCING HEALTHCARE ACCESSIBILITY A JOURNEY OF INCLUSIVITY



Since its inception, PPHI Sindh has been steadfast in its commitment to provide comprehensive and cost-effective health insurance facilities to all its employees. In the fiscal year 2015-16, the organization initiated a significant step by introducing the reimbursement of medical expenses for employees and their spouses. This inclusive provision, covering hospitalization and maternity, was designed to benefit all employees, irrespective of their level, tenure, or position within the organization.

The medical coverage extended to encompass a wide spectrum of healthcare needs, including surgical procedures, specialized investigations, day care surgeries,

and both normal and complicated deliveries. Initially, the policy involved a nominal monthly contribution from employees' salaries to facilitate reimbursement for hospitalization and maternity expenses. Subsequently, in the fiscal year 2016 - 17, the policy underwent expansion to include the hospitalization of spouses and children, along with neonatal stays, implemented in two phases.

Recognizing the evolving needs of its workforce, PPHI Sindh took a significant step in the financial year 2017-19 by discontinuing the deduction of premiums from employees' salaries. Instead, the organization opted to pay category-wise premium amounts for all

its employees, ensuring a more equitable and streamlined approach.

In a continuous effort to enhance the scope of healthcare coverage, the policy has further evolved in the year 2020. PPHI Sindh is proud to announce the extension of coverage to include the hospitalization of the parents of its employees, a testament to the organization's unwavering commitment to the health and well-being of its entire workforce and their families. This journey of inclusivity reflects PPHI Sindh's dedication to fostering a workplace culture that prioritizes the holistic health of its employees and their loved ones.

ACHIEVEMENTS AND MILESTONES



Elevating Employee Well-being through Innovation

In a significant stride toward enhancing employee welfare, PPHI Sindh has achieved a noteworthy milestone in its healthcare support framework. Historically, the organization facilitated its employees and their dependents by reimbursing medical claims - a helpful provision, albeit one accompanied by a protracted procedure.

A transformative change took place in June 2023 when PPHI Sindh introduced an innovative approach to healthcare support an achievement that stands as a

testament to our commitment to employee satisfaction and well-being. It includes health coverage of more than 15000 employees along with their dependents. The implementation of cashless treatment, facilitated through the Health Insurance Card, signifies a progressive leap forward. This initiative not only streamlines the healthcare process but also introduces extensive disease coverages, addressing the holistic health needs of our employees.

The impact of this milestone is felt directly by our workforce, relieving them of the intricate and time-consuming process

associated with reimbursement, along with the unnecessary delays it often entailed. By providing comprehensive healthcare facilities through a cashless mechanism, PPHI Sindh demonstrates a commitment to the convenience, health, and overall satisfaction of its employees.

In summary, this achievement not only marks a departure from traditional reimbursement methods but also underscores our dedication to fostering an environment where employee well-being takes precedence through innovative and efficient healthcare solutions.

IMPACT ON ORGANIZATIONAL GOALS



Driving Excellence in Employee Well-being

The implementation of cashless treatment via the Health Insurance Card has delivered a profound impact on our organizational goals, yielding both immediate and enduring benefits. This strategic initiative has not only enhanced HR retention rates but has also elevated employee satisfaction levels concerning their health-related concerns, thereby fostering an environment conducive to improved work quality.

Looking ahead, our commitment extends beyond the present. We envision a future where our employees receive enhanced healthcare services, addressing their fundamental needs and promoting disease prevention and cure through effective strategies. By prioritizing the well-being of our workforce, we aim to establish a workplace culture that places a premium on health and wellness.

This initiative stands as a testament to our dedication to our employees' health and underscores our role as the largest

health provider in Sindh. It demonstrates a proactive approach to ensuring the health and welfare of our employees and their families, aligning seamlessly with our broader mission of delivering quality healthcare across the region.

In conclusion, the introduction of cashless treatment through the Health Insurance Card not only serves as a valuable investment in the health and satisfaction of our workforce but also reinforces our organizational ethos of prioritizing the well-being of our most valuable asset—our people.



PROGRESS OF PPHI SINDH EMPLOYEES CONTRIBUTORY PROVIDENT FUND (ECPF)

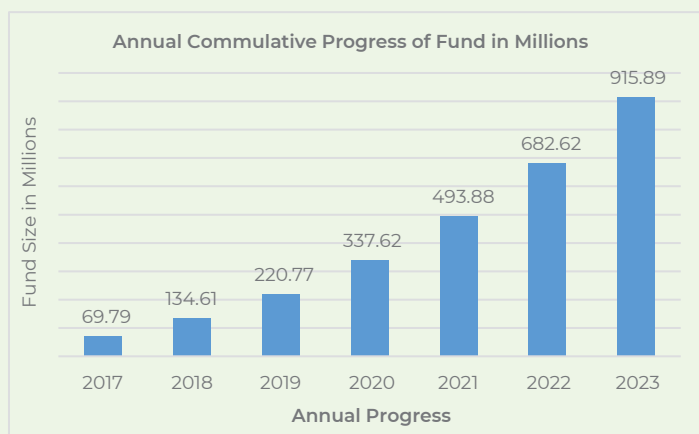
In the pursuit of fostering employee welfare and financial security, PPHI Sindh initiated the Provident Fund in the Financial Year 2017. The primary objective of this initiative is to furnish employees with a lump sum payment upon their exit from the organization, thereby offering a tangible benefit that adds to their overall compensation package. The Provident Fund operates under the auspices of the Sindh Board of Revenue and adheres to registered rules governing its administration.

As of the latest update, the Provident Fund boasts a robust mem-

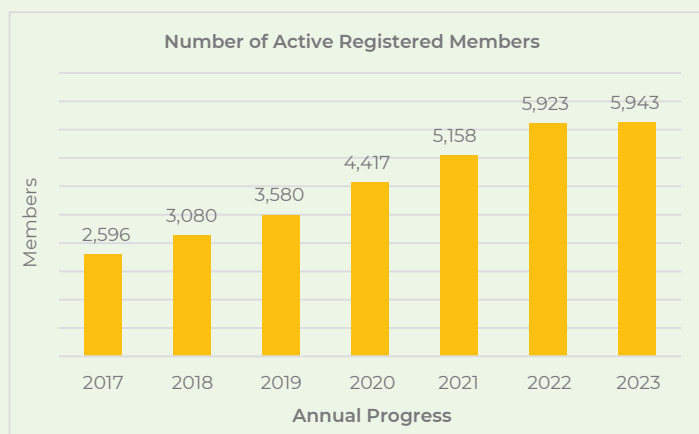
bership base, with a total of 5,943 registered members actively contributing to its growth. The accumulated fund size stands impressively at Rs. 915.89 Million, indicative of the collective efforts of both employees and the employer in nurturing this financial resource. Over the course of the past 7 Financial Years, a significant sum of Rs. 131.34 Million has been disbursed to 1,203 outgoing members, underscoring the Fund's commitment to supporting employees during transitions.

The annual consolidated financial position of the Provident Fund, along with the strength of its

registered members, is meticulously captured in the graphical representation below. This visual depiction serves as a testament to the Fund's resilience and its role in enhancing the financial well-being of PPHI Sindh's workforce. Through prudent management and steadfast contributions, the Provident Fund continues to serve as a cornerstone of employee welfare within the organization, embodying PPHI Sindh's commitment to fostering a supportive and inclusive work environment.



Financial Position up to Financial Year 2023



Active Registered Members up to Financial Year 2022

Movement	Financial year	Employees Contribution	PPHI Sindh Contribution	Profit Earned	Total
Contribution/ Receipt	2017	34,661,276	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
	2023	79,958,584	79,958,584	112,050,906	271,968,074
	Total	398,123,707	398,123,915	250,988,755	1,047,236,377
Payment	2017	9,792	9,792	-	19,584
	2018	6,509,743	6,509,756	102,299	13,121,789
	2019	4,443,806	4,443,819	400,698	9,288,323
	2020	15,355,235	15,355,248	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
	2023	18,634,363	18,634,363	1,431,139	38,699,864
	Total	61,229,216	61,229,257	8,703,015	131,343,379
Net Balance	336,894,491	336,894,658	242,285,740	915,892,998	

Financial Year wise breakup of Receipt and Payment

The provided table offers a detailed overview of the financial transactions related to the Provident Fund managed by PPHI Sindh over multiple fiscal years. It delineates contributions, profits, and total receipts, with contributions from employees and PPHI Sindh, showcasing an upward trajectory across the years.

Over the years, the contributions to the fund have seen a steady increase, reflecting a positive trajectory in financial support. In FY 2017, the total contributions amounted to approximately Rs. 69.81 million, marking the starting point of this upward trend. This was followed by a notable increase in FY 2018, with contributions reaching Rs. 77.94 million. The positive momentum continued in FY 2019, with contributions further rising to Rs. 95.45 million. Subsequent years witnessed even more substantial growth, with FY 2020 seeing contributions soar to Rs. 150.98 million. FY 2021 and FY 2022 reflected sustained growth, with contributions reaching Rs. 175.27 million and Rs. 205.82 million, respective-

ly. However, the pinnacle was reached in FY 2023, recording the highest contribution yet, totaling Rs. 271.97 million. This consistent increase underscores the commitment and support received, contributing to the fund's overall strength and stability.

Conversely, payment records outline disbursements over the same period, encompassing employee and PPHI Sindh contributions, as well as incurred expenses.

The expenditure pattern over the years reflects fluctuations in payment amounts, influenced by various factors. In FY 2017, total payments amounted to Rs. 19,584, marking the initial stage of financial outflows from the fund. By FY 2018, there was a significant increase in payments, totaling Rs. 13.12 million, indicating expanded operational expenses. However, FY 2019 saw a slight decrease in payments, totaling Rs. 9.29 million, suggesting potential adjustments or cost-saving measures. In FY 2020, payments surged to Rs. 34.13 million, due to

increase in payments to each employee. FY 2021 witnessed payments of Rs. 19.02 million, reflecting a balance between expenditure and financial management efforts. FY 2022 recorded payments totaling Rs. 17.07 million, indicating consistent increase in payments to each employee. The highest payment was noted in FY 2023, totaling Rs. 38.70 million, highlighting significant increase in payments to each employee during that period. These variations underscore the dynamic nature of financial management and the need for strategic planning to ensure fiscal stability and sustainability.

The net balance, reflecting the disparity between total receipts and payments, underscores the Fund's financial viability. The cumulative net balance for the period amounted to Rs. 915.89 million, affirming the Fund's robust financial health and its pivotal role in securing the financial well-being of PPHI Sindh's employees.



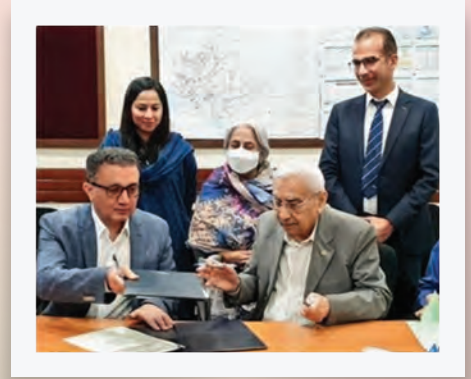
News & Events



Minister Health and Population Welfare Department, Sindh, Dr. Azra Pechuho chaired a meeting on Transition of AAP to PPHI Sindh and UNICEF Nutrition Interventions in Sindh. Mr. Javed Ali Jagirani, CEO PPHI Sindh represented PPHI Sindh at the meeting



Mr. Javed Ali Jagirani, CEO PPHI Sindh, and Dr. Sajid Shafiq, Program Director attended a meeting on Rain & Flood Emergency-22 Performance Review Session of Sindh Health Working Group. The meeting was chaired by Minister Health, Sindh, Dr. Azra Pechuho



PPHI Sindh signed an MoU with Health Department, Government of Sindh regarding handing over of 08 Government Dispensaries - 5 from UC Gujaro, one each from UC Gadap, Rehri and Gujru. The signing was oversaw by Minister Health, Sindh, Dr. Azra Pechuho



PPHI SINDH, Sukkur Region, hosted a handing-over ceremony of RUTF under the Building Healthy Family Activity #BHFA, USAID funded project implemented by Pathfinder International at Kausar Hospital in Khairpur. The US Ambassador, Minister of the Health & Population Welfare Department – Sindh were the Chief Guests at the ceremony. CEO PPHI Sindh, Parliamentary Secretary on Health, DG Health, DC Khairpur and representatives from USAID, UNICEF, WHO, WFP, Pathfinders, and other prominent names of MNCH such as Dr. Sahib Jan and Dr. Farhana were also present at the event.



CEO PPHI Sindh, Mr. Javed Ali Jagirani attended a Family Planning Festival organised at JPMC. Sindh Minister Health & Population Welfare, Dr. Azra Pechuho attended as chief guest. The seminar was informed of the prevalence of FP and the steps needed to change mindsets around the subject for the nation's benefit



Mr. Javed Ali Jagirani attended Sindh Health Support Program Steering Committee session, chaired by Sindh Health Minister, Dr. Azra Pechuho wherein deliberations centered around fortifying the primary healthcare sector through strategic measures



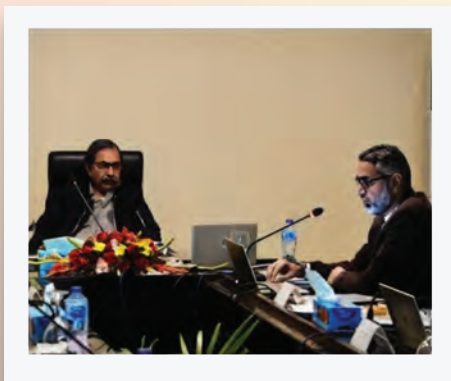
News & Events



Mr. Javed Ali Jagirani attended an awareness seminar on Hepatitis chaired by Minister Health, Sindh, Dr. Azra Pechuho. The aim of the seminar was to evaluate burden of hep A, B & C in the province and strategies to increase screenings as well as follow up treatments and their access.



PPHI Sindh's senior BOD Member, Mr. Muhammad Nazar Memon inaugurated the Rehabilitation of Emergency Ward, RHC Jhudo and Newly Renovated Building MCHC Jhudo.



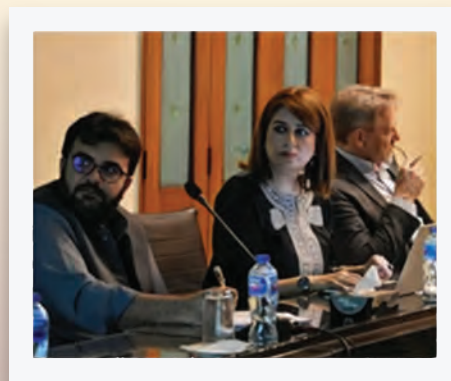
37th BoD Meeting of PPHI Sindh was conducted in February 2023. The meeting was chaired by the Chairman, Mr. Fazal-ur-Rehman.



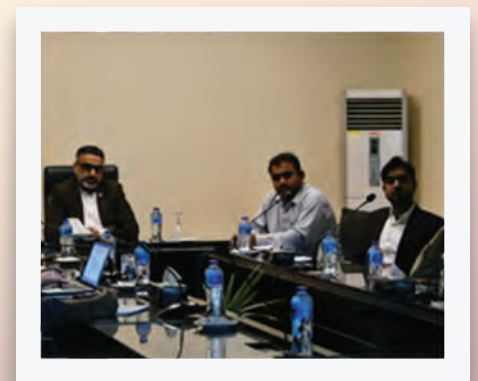
Dr. Nighat Shah, BoD Member, and Mr. Riaz Rahoojo, COO PPHI Sindh attended the Family Planning 2030 meeting chaired by Minister Health, Dr. Azra Pechuho to review maternal and child health, FP, nutrition, girls education and community behavioural change in Sindh.



A meeting between Pathfinder Global and PPHI Sindh was held at Pathfinder Karachi office to discuss the way forward for cooperation and collaboration between the two organizations.



Meeting of Thinkwell Global with CEO PPHI and team on possible cooperation between PPHI Sindh and Thinkwell Global in future.



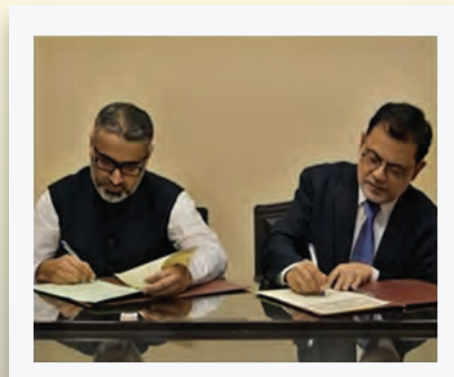


News & Events



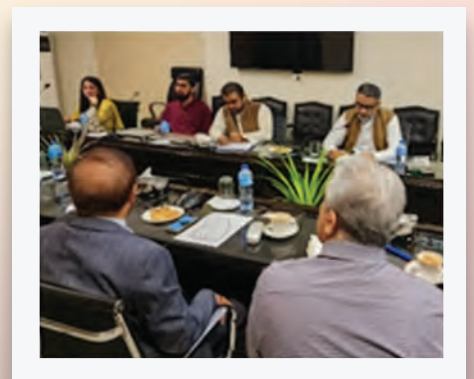
Meeting of Bill and Melinda Gates Foundation and Minister's Monitoring Unit (Acasus) with CEO PPHI Sindh and Team to discuss Public Private Partnership, PPHI Sindh's working model and Departments Independent Monitoring of PPHI Sindh

Signing of MoU between PPHI Sindh and Thinkwell Global regarding Strategic Purchasing for Primary Healthcare



PPHI Sindh and ChildLife Foundation signed a MoU, to extend ChildLife's telemedicine network to selected hospitals under PPHI Sindh's administrative control. This is another step towards the vision of "Every child within 30 minutes of quality, 24x7, emergency services across Sindh"

Mr. Javed Ali Jagirani, CEO - PPHI Sindh, inaugurated GD Ketty Mumtaz after major RnR work in the Kacho area of Taluka Naudero, DO Larkana primary care



PPHI Sindh and NICVD signed an MoU to revolutionise the prevention of cardiovascular diseases. This groundbreaking collaboration aims to implement cutting-edge standard protocols at Primary Health Care facilities, ensuring optimal care for all

A meeting on EPI in Sindh was held at PPHI Sindh Head Office, gathering key stakeholders to discuss and strategize on public health and immunization



News & Events



PPHI Sindh's CEO, Mr. Javed Ali Jagirani and COO, Mr. Riaz Hussain Rahoojo appeared on Rangan Bhari Shaam, a talk show of KTN, where they talked about PPHI Sindh's various interventions, achievements and future plans brilliantly



A meeting was held between JSI and PPHI Sindh to discuss Global Health Security (GHS) initiatives and strategies aimed at enhancing Tuberculosis (TB) prevention, diagnosis, and control efforts across the Sindh region. Both the parties agreed to work mutually to improve the respective indicators

Mr. Javed Ali Jagirani visited MCHC Khudabad to inspect the health facility and identify certain areas for improvement that require urgent attention. Subsequently, he also visited RHC Arazi and RHC Wada Chhachhar



Bill & Melinda Gates Foundation's team met with PPHI Sindh's team to discuss areas of mutual interests particularly to appreciate successful transition of dispensaries in different districts of Karachi to PPHI Sindh

Mr. Javed Ali Jagirani visited the site of the tragic train accident involving Hazara Express near Sarhari District, Sanghar. During his visit, he was briefed by Mr. Fida Hussain Lashari, Regional Director of Shaheed Benazirabad, about the initiatives taken by District Offices of Sanghar and SBA, for emergency medical services



Mr. Javed Ali Jagirani, CEO PPHI Sindh inspected the MCHC Arain, engaging with staff, praising female healthcare providers' log book activities, and commending the DO team's efforts to improve the facility



The Country Director of the World Food Program and his team visited PPHI Sindh head office to engage in high-level discussions and forge a strategic partnership between the PPHI Sindh and the World Food Program



CEO PPHI Mr. Javed Ali Jagirani chaired the monthly appraisal meetings for the months of July and August to review the progress of all the Wings at Head Office



Mir Allah Bux Talpur, Member of Provincial Assembly(MPA) inaugurated newly renovated building of GD Bohro Sahib Khan, Badin-B @Matli



Mr. Javed Ali Jagirani, CEO, and Mr. Riaz Hussain Rahoojo, COO PPHI Sindh, visited NSC Chachro & RHC Kheensar RHC Khokhrapar making a significant impact on various healthcare facilities and services within their organization



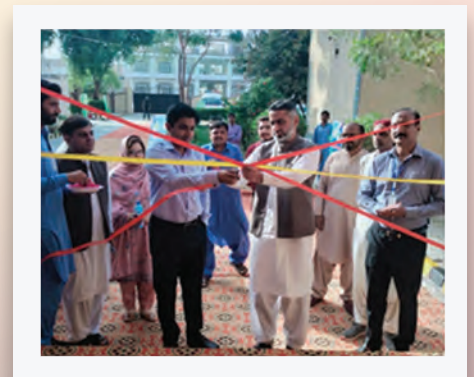
Mr. Javed Ali Jagirani, CEO along with Mr. Rahoojo, COO also inaugurated NSC at DHQ Umerkot, BHU Usman Junjo & GD Jhurbi



Mr. Javed Ali Jagirani visited NSC Chachro, RHC Kheensar's R&R work and RHC Khokhrapar along with COO, Mr. Riaz Hussain Rahoojo



Mr. Javed Ali Jagirani, CEO PPHI Sindh, inaugurated the state-of-the-art laboratory in Larkano



The CEO inaugurated a new medicine warehouse at MCHC Kausar Hospital Khairpur, ensuring compliance with SOPs and proper medicine placement



News & Events



Mr. Javed Ali Jagirani, CEO - PPHI Sindh was a participant in a panel discussion session organized on the importance of public private partnership to improve primary healthcare services in the province by Bill & Melinda Gates



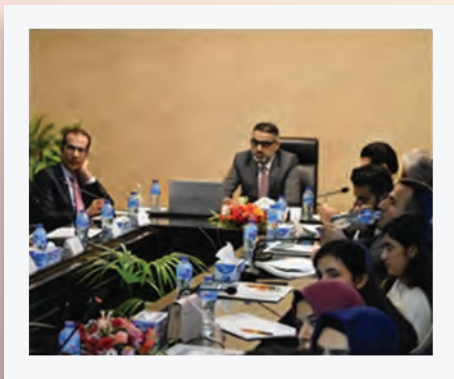
Mr. Javed Ali Jagirani, CEO of PPHI Sindh, recently visited MCHC Arain



Minister for Health and Population Welfare Department, Dr Saad Khalid visited Govt. Hospital Naudero. He appreciated services being provided by PPHI Sindh



Mr. Javed Ali Jagirani, CEO also chaired the MRM of Region Mirpurkhas. He also chaired the joint meeting of SBA and Hyderabad regions recently



Probationary Officers from the 46th Specialized Training Program at the Civil Services Academy PAS campus visited PPHI Head Office led by Deputy Director Mr. Rehmat Wali Khan on October 24, 2023. CEO PPHI Sindh, Mr. Javed Ali Jagirani, briefed the officers on PPHI's model, operations, HR policies, progress, and future plans. Also present were Mr. Riaz Hussain Rahoojo, Chief Operating Officer, Mr. Mehdi Malooq, Director HR, Mr. Shaukat Lakho, Director Admin, and Ms. Kishwer Ali, Principal Officer





News & Events



The Performance Review Meetings of Region SBA, Mirpurkhas and Hyderabad were chaired by Mr. Javed Ali Jagirani, CEO-PPHI Sindh to review the progress and strategies



The newly renovated BHU Plus Tahir Hingoro and BHU Plus Panjmoro District Matirai were inaugurated by CEO PPHI Sindh, Mr. Javed Ali Jagirani along with COO, Mr. Riaz Hussain Rahojo, RD Hyderabad, Mr. Moula Bux Solangi and DM Matirai



Performance Review Meeting of Regions Hyderabad and SBA was held under the chair of Mr. Javed Ali Jagirani, CEO PPHI Sindh along with COO, Mr. Riaz Hussain Rahojo at PPHI Region Office Hyderabad



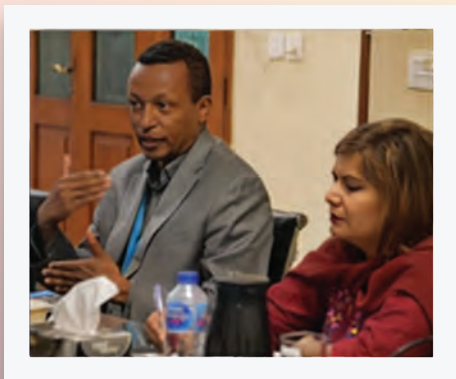
CEO PPHI Mr. Javed Ali Jagirani chaired the monthly performance review meeting with all Regional Directors and Heads of Wings at the head office PPHI Sindh



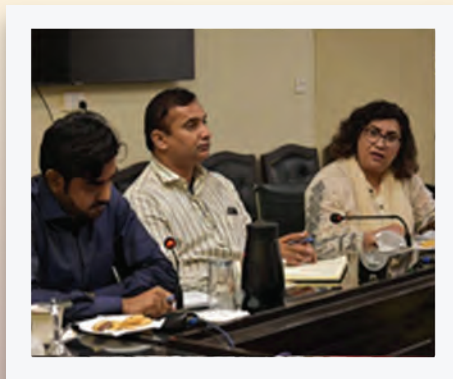
Mr. Riaz Hussain Rahojo, COO PPHI Sindh, attended the Sindh Human Capital Investment: 1000 Days Project meeting chaired by Dr. Azra Pechuho, Minister of Health, GoS, focusing on maternal and child health, nutrition, and women's economic empowerment



Mr. Rahojo attended the FP2030 Working Group Meeting on "Quality of Services Technical Lead: DAFPAK-PSSD" at Marriott Hotel Karachi, chaired by Dr. Talib Lashari. Representatives from various organizations also joined



PPHI Sindh met with UNICEF team to discuss the strengthening and scaling up of our partnership



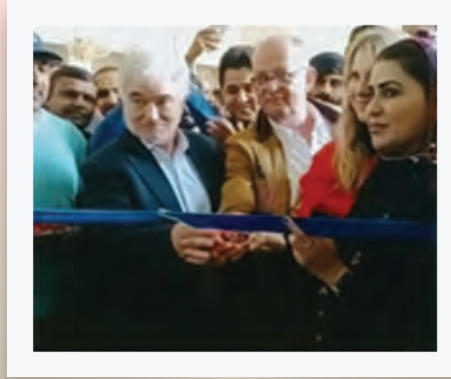
PPHI Sindh received RUTF from USAID for Nutrition Support during an event. Acting Deputy Mission Director USAID - Miss Kayt Erdhal and DG Health Services Sindh formally handed over the RUTF.



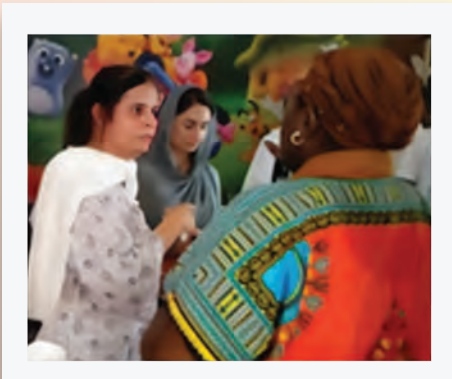
News & Events



Ambassador to Pakistan, Federal Republic of Germany H.E. Mr. Alfred Garnas along with Federal Minister for Poverty Alleviation and Social Safety Ms. Shazia Atta Mari inaugurated the FC, BISF, DHQ, Sanghar. Deputy Commissioner Sanghar, District Health Officer Sanghar, Civil Surgeon DHQ and officers of WFP graced the ceremony



Deputy Commissioner Badin, Aga Shahnawaz, inaugurated PPHI Sindh's newly repaired and renovated GD Seerani, Badin during a ceremony



A delegation of donor mission (USAID) along with WFP team consisting of WFP Pakistan visited BHU Qasimpur, Sukkur to observe the screening, and registration process of the children and PLWs



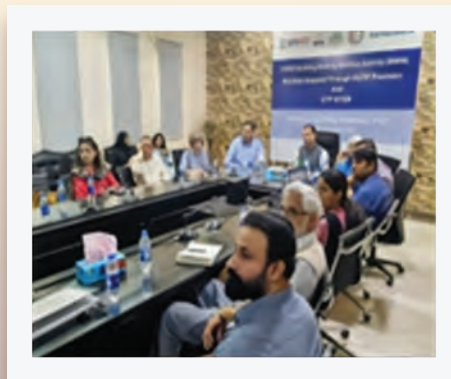
Federal Minister for Benazir Income Support Programme, Ms. Shazia Marri, appreciates PPHI Sindh's efforts and acknowledges it as an important partner in providing quality primary healthcare services to communities during an important media talk



US Ambassador Blome visited BHU Khairpur to shed light on Pakistan's malnutrition emergency and the critical efforts being made to address it



A 05-Day Orientation Training For Newly joined District Manager from 06th to 10th March 2023 was organized at Head office PPHI Sindh



A delegation of USAID Pakistan visited an OTP Site at GD Plus Marvi Garden followed by an Introductory Nutrition Support Meeting held at the Conference Hall District Office Hyderabad, PPHI Sindh. The delegation highly appreciated the services rendered by PPHI Sindh





Mr. Riaz Hussain Rahoojo along with Manager Training attended the Voice Against Smoking Conference, where the COO emphasized the importance of a healthy lifestyle



Mr. Riaz Hussain Rahoojo, COO PPHI Sindh, took part as a panelist in a seminar on sustainable practices of healthcare. The event was conducted during the three-day Health Asia Exhibition and Seminars, organized by LUMHS University Jamshoro at the Expo Center in Karachi



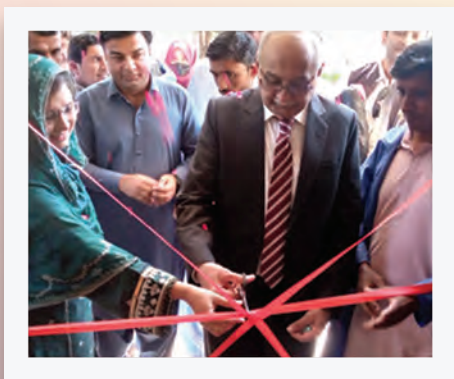
Jhpiego and PPHI Sindh discussed Group-Based Antenatal Care (G-ANC), a new intervention. Jhpiego's Technical Advisor, Ms. Stephanie Suhowatsky, gave a technical presentation on adopting G-ANC at PPHI health facilities. The meeting was chaired by PPHI Sindh's COO



A delegation from the International Rescue Committee (IRC) visited the Head Office of PPHI Sindh to engage in discussions regarding the nutrition program at PPHI Sindh. The discussion was chaired by Chief Operating Officer along with his team



World Bank Implementation Support Mission visited PPHI Sindh head office to review progress and discuss the way forward on Strengthening Social Protection Delivery System in Sindh (SSPD) Project



Inauguration Ceremony of BHU Plus Sanjar Chang by Deputy Commissioner Tando Allahyar Mr. Altaf Gohar Memon



Provincial EPI Sindh Team, led by Project Director Dr. Muhammad Naeem, reviewed EPI and Surveillance at PPHI Sindh District Health Office Khairpur



A meeting at PPHI Sindh HO with Pathfinders and USAID's Senior Health Advisor discussed enhancing Maternal & Child Health and nutrition in Sindh through BHFA initiatives and strengthening partnerships for emergency preparedness in primary healthcare



The monthly appraisal meeting was successfully held at the PPHI Sindh Head Office. Chaired by COO Mr. Riaz Hussain Rahoojo, the meeting provided a platform for evaluating individual and team performances, exchanging feedback, and setting goals for the upcoming month



PPHI Sindh Region Larkano's Director and District Manager of Dadu distributed motorcycles to EPI Vaccinators in hard-to-reach areas of Dadu District



PPHI Sindh participated at the expo #16DaysOfActivism in Sindh at Arts council as part of PPHI Sindh & UNFPA partnership in Humanitarian project for flood affected women to improve SRH & GBV



Channel 21 highlighting the transformations and advancements within our Health Facility at Ibrahim Haidery subsequent to the management takeover by PPHI Sindh



Teams from UNICEF Health & Nutrition and WASH Program visited PPHI Sindh's HF's in Jamshoro where they were briefed by PPHI Sindh's team on HF's R&R work and static sites working on UNICEF's project outreach



Students of final year MSPH, SZABIST Karachi visited Regional Office Hyderabad on a study trip and were briefed by Regional Director Hyderabad



PPHI Sindh with collaboration of pathfinder International organized One day orientation on Minimum Initial Service package (MISP) for SRH for the Managers to build their capacity to continue services in disaster hit areas



Crash Training Sessions for PPHI Sindh's Master Trainers (RO 1,2,3) being chaired by Director Health Services, Dr. Zakir Punar at Marvi Garden Complex, PPHI Sindh's Hyderabad Office



News & Events



PPHI Sindh hosted a one-day workshop at the head office on the subject of "Healthy Diet and Lifestyle during Ramadan Fasting" for all employees. The workshop included nutritional assessment, anthropometric measures, blood sugar, and blood pressure indices, followed by an informative session



The first Cesarean Section at PPHI Sindh's RHC Bhan Saheedabad, Jamshoro was performed in June 2023



PPHI SINDH
**FINANCIAL
STATEMENT**
2023

The background image shows a collaborative work environment. Several hands are visible, some pointing at documents and others holding tools like a ruler and a pencil. The documents include bar charts with multiple series, a calculator, and a notepad with handwritten notes. One chart shows sales data for 'Cluster 6', 'Cluster 3', and 'Cluster 9'. Another chart is titled 'Highlights' and shows a 3D bar chart for 'Year 3' with values ranging from \$80,000 to \$140,000. A notepad in the lower left contains the text: 'Actual Sales Jan 24 - 10 \$M', 'Target Sales - 65', and '24'. A small sticky note with a line graph is also present.



Actual Sales Jan 24 - 10 \$M
Target Sales - 65
24



INDEPENDENT AUDITORS' REPORT TO THE MEMBERS OF PPHI SINDH (A COMPANY SETUP UNDER SECTION 42 OF THE COMPANIES ACT, 2017)

Report on the Audit of the Financial Statements

Opinion

We have audited the annexed financial statements of PPHI Sindh (A Company set up under section 42 of the Companies Act, 2017), which comprise the statement of financial position as at June 30, 2023 and the statement of income and expenditure account, the statement of changes in reserves, the statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

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 and 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 June 30, 2023 and of the profit and other comprehensive income, its cash flows and the changes in equity for the year then ended.

Basis for Opinion

We conducted our audit in accordance with the 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.

Information Other than the Financial Statements and Auditor's Report Thereon

Management is responsible for the other information. The other information comprises the information included in the director's report but does not include the financial statements and our director's report thereon.

Our opinion on the financial statements does not cover the other information and we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If, based on the work we have performed, we conclude that there is a material misstatement of this other information; we are required to report that fact. We have nothing to report in this regard.

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 approved accounting and reporting standards as applicable in Pakistan, and for such internal control as the 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.

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 those charged with governance 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.

Page - 2

BDO Ebrahim & Co. Chartered Accountants

BDO Ebrahim & Co., a Pakistan registered partnership firm, is a member of BDO International Limited, a UK company limited by guarantee, and forms part of the international BDO network of independent member firms.



We also provide the board of directors with a statement that we have complied with relevant ethical requirements regarding independence, and to communicate with them all relationships and other matters that may reasonably be thought to bear on our independence, and where applicable, related safeguards.

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 statement of profit and loss account, the statement of comprehensive income, the statement of cash flows and the statement of changes in equity 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;
- 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.

KARACHI

DATED: 10 MAY 2024

UDIN: AR202310166soKa9pzGB

BDO EBRAHIM & CO.
CHARTERED ACCOUNTANTS

PPHI SINDH
(A COMPANY SET UP UNDER SECTION 42 OF THE COMPANIES ACT, 2017)
STATEMENT OF FINANCIAL POSITION
AS AT JUNE 30, 2023

	Note	2023 Rupees	2022 Rupees
ASSETS			
NON-CURRENT ASSETS			
Property and equipment	5	3,494,137,856	2,554,731,164
Right-of-use assets	6	37,173,146	72,843,984
Long-term investments	7	9,041,700,274	7,020,438,933
		<u>12,573,011,276</u>	<u>9,648,014,081</u>
CURRENT ASSETS			
Medicine inventory	8	2,092,438,353	1,240,925,775
Office supplies and petty articles		37,169,352	23,587,298
Advances, deposits, prepayments and other receivables	9	30,781,585	14,635,049
Accrued profit on long-term investments		383,841,722	307,856,528
Short-term investments	10	1,196,050,588	305,504,127
Cash and bank balances	11	3,123,102,532	3,082,558,585
		<u>6,863,384,132</u>	<u>4,975,067,362</u>
TOTAL ASSETS		<u>19,436,395,408</u>	<u>14,623,081,443</u>
RESERVES AND LIABILITIES			
Un-restricted reserve		18,147,268,566	13,709,820,818
Restricted reserve	12	17,603,405	-
		<u>18,164,871,971</u>	<u>13,709,820,818</u>
NON-CURRENT LIABILITIES			
Lease liabilities	13	1,557,442	36,789,340
CURRENT LIABILITIES			
Trade and other payables	14	1,227,051,726	825,301,168
Deferred capital grant		378,593	-
Current maturity of lease liabilities	13	42,535,676	51,170,117
		<u>1,269,965,995</u>	<u>876,471,285</u>
TOTAL LIABILITIES AND RESERVES		<u>19,436,395,408</u>	<u>14,623,081,443</u>
CONTINGENCIES AND COMMITMENTS	15		

The annexed notes 1 to 31 form an integral part of these financial statements.

CHIEF EXECUTIVE OFFICER

DIRECTOR

PPHI SINDH
(A COMPANY SET UP UNDER SECTION 42 OF THE COMPANIES ACT, 2017)
STATEMENT OF INCOME AND EXPENDITURE
FOR THE YEAR ENDED JUNE 30, 2023

	Note	2023 Rupees	2022 Rupees
INCOME			
Grants	16	14,367,030,472	9,836,657,861
Other operating income	17	1,986,722,782	1,200,330,101
		<u>16,353,753,254</u>	<u>11,036,987,962</u>
EXPENDITURE - NET			
Operational / project expenses	18	(11,078,891,639)	(8,149,152,700)
General and administrative expenses	19	(772,438,513)	(670,117,128)
Finance cost	20	(13,825,526)	(16,648,464)
Other operating expenses - net	21	(51,149,828)	(41,586,715)
		<u>(11,916,305,506)</u>	<u>(8,877,505,007)</u>
Taxation	22	-	-
Net surplus for the year		<u>4,437,447,748</u>	<u>2,159,482,955</u>

The annexed notes 1 to 31 form an integral part of these financial statements.

CHIEF EXECUTIVE OFFICER

DIRECTOR

PPHI SINDH
(A COMPANY SET UP UNDER SECTION 42 OF THE COMPANIES ACT, 2017)
STATEMENT OF CHANGES IN RESERVES
FOR THE YEAR ENDED JUNE 30, 2023

	Rupees
Balance as at July 01, 2021	11,550,337,863
Net surplus for the year-2022	2,159,482,955
Balance as at June 30, 2022	<u>13,709,820,818</u>
Net surplus for the year-2023	4,437,447,748
Balance as at June 30, 2023	<u><u>18,147,268,566</u></u>

The annexed notes 1 to 31 form an integral part of these financial statements.

CHIEF EXECUTIVE OFFICER

DIRECTOR

PPHI SINDH
(A COMPANY SET UP UNDER SECTION 42 OF THE COMPANIES ACT, 2017)
STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED JUNE 30, 2023

	Note	2023 Rupees	2022 Rupees
CASH FLOWS FROM OPERATING ACTIVITIES			
Surplus for the year		4,437,447,748	2,159,482,955
Adjustments for non cash and other items:			
Depreciation related to operating fixed assets	5.1.2	310,940,815	330,684,684
Depreciation related to right-of-use assets	6.1	51,771,298	47,799,643
Gain on disposals of operating fixed assets	17	(19,436,224)	(190,879)
Mark-up on Pakistan Investment Bonds and Treasury Bills	17	(1,202,096,367)	(946,446,082)
Finance cost	20	13,825,526	16,648,464
Gain on disposals of right-of-use assets	17	(2,250,039)	(3,467,658)
Mark-up on deposit accounts	17	(730,282,380)	(228,245,486)
		(1,577,527,371)	(783,217,314)
(Increase) / decrease in current assets			
Medicine inventory	8	(851,512,578)	(393,097,888)
Office supplies and petty articles		(13,582,054)	(2,240,204)
Advances, deposits, prepayments and other receivables	9	(6,557,608)	11,911,150
		(871,652,240)	(383,426,942)
Increase in current liabilities			
Trade and other payables	14	401,750,558	264,497,212
Deferred capital grant		378,593	-
Cash generated from operations		2,390,397,288	1,257,335,911
Mark-up on Pakistan Investment Bonds received	17	836,148,500	661,640,000
Mark-up on Deposit accounts received	17	730,282,380	228,245,486
Tax paid - super tax		(9,588,928)	-
Finance cost paid	20	(5,950,939)	(4,879,412)
		1,550,891,013	885,006,074
Net cash generated from operating activities		3,941,288,301	2,142,341,985
CASH FLOWS FROM INVESTING ACTIVITIES			
Capital expenditure	5.1	(1,255,755,143)	(711,552,414)
Sale proceeds on disposal of operating fixed assets	5.1	24,843,860	663,401
Investment made in Pakistan Investment Bonds	7	(2,725,311,604)	(1,286,674,886)
Investment made in Treasury Bills	7	(2,212,533,524)	(3,079,971,127)
Investment redeemed from Pakistan Investment Bonds		882,000,000	-
Investment redeemed from Treasury Bills	7	1,434,000,000	4,061,585,000
Net cash used in investing activities		(3,852,756,411)	(1,015,950,026)
CASH FLOWS FROM FINANCING ACTIVITIES			
Lease payments	13	(65,591,348)	(57,691,885)
Receipts under restricted reserves	12	373,758,287	-
Utilization under restricted reserves	12	(356,154,882)	-
		(47,987,943)	(57,691,885)
Net increase in cash and cash equivalents		40,543,947	1,068,700,074
Cash and cash equivalents at the beginning of the year		3,082,558,585	2,013,858,511
Cash and cash equivalents at the end of the year		3,123,102,532	3,082,558,585

The annexed notes 1 to 31 form an integral part of these financial statements.



CHIEF EXECUTIVE OFFICER





DIRECTOR



*Redefining
Primary Healthcare*

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A company registered under Section 42 of The Companies Act 2017