



PPHI SINDH
ANNUAL REPORT | 2019-2020

Redefining Primary Healthcare



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**PPHI SINDH
ANNUAL REPORT**

2019-2020

(Reporting period: January 2019 to June 2020)

CREDITS

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PPHI Sindh

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

ACRONYMS

AEFI	Adverse Events Following Immunization	MCHC	Mother and Child Healthcare Centre
AFB	Acid Fast Bacilli	MCPC	Management of Complications of Pregnancy and Childbirth
AMTSL	Active Management of Third Stage of Labor	MDSR	Maternal Death Surveillance Reviews
BEmONC	Basic Emergency Obstetric and Newborn Care	MEC	Medical Eligibility Criteria
BHU	Basic Health Unit	MIS	Management Information System
BoD	Board of Directors	MNCH	Maternal, Neonatal and Child Health
BRHF	Basic Rural Health Facilities	MNP	Micro-nutrient Powder
CEmONC	Comprehensive Emergency Obstetric and Newborn Care	MoM	Monitoring of Monitors
CEO	Chief Executive Officer	MO	Medical Officers
CIP	Costed Implemented Plan	MOU	Memorandum of Understanding
CK	Clinical Knowledge	MUAC	Mid Upper Arm Circumference
cLMIS	Contraceptive Logistic Management Information System	MWRA	Married Women of Reproductive Age
CPR	Contraceptive Prevalence Rate	NICH	National Institute of Child Health
DHO	District Health Officer	NPO	Not for Profit Organisation
DHQ	District Health Quarter	NSC	Nutrition Stabilization Center
DHIS	District Health Information System	NSP	Nutrition Support Program
DoH	Department of Health	OCP	Oral Contraceptive Pills
ECPF	Employees Contributory Provident Fund	OTP	Out-patient Therapeutic Program
EPI	Expanded Program on Immunization	PCPNC	Pregnancy, Childbirth, Postpartum and Newborn Care
FLCF	First Level Care Facility	PDHS	Pakistan Demographic & Health Survey
FMO	Female Medical Officer	PHC	Primary Health Care
FP	Family Planning	PLW	Pregnant and Lactating Woman
FP&PHC	Family Planning and Primary Healthcare	POL	Petroleum, Oil & Lubricants
GOS	Government of Sindh	PPIUCD	Postpartum Intrauterine Contraceptive Device
GAM	Global Acute Malnutrition	PSBI	Possible Serious Bacterial Infection
HBB	Helping Babies Breathe	PW	Pregnant Women
HBS	Helping Babies Survive	RHC	Rural Health Centre
HCP	Health Care Provider	RUTF	Ready to Use Therapeutic Food
HF	Health Facilities	SAM	Severe Acute Malnutrition
IEC	Information, Education and Communication	SAS	Summary of Additional Services
IFA	Iron Folic Acid Supplement	SBA	Skilled Birth Attendants
ILR	Ice Lined Refrigerator	SBR	Sindh Board of Revenue
IMNCI	Integrated Management of Newborn and Childhood Illnesses	SECP	Securities and Exchange Commission of Pakistan
IRD	Interactive Research & Development	TCV	Typhoid Conjugated Vaccine
IUCD	Intrauterine Contraceptive Device	THQ	Taluka Headquarter Hospital
IYCF	Infant, Young Child Feeding	TOT	Training of Trainers
JPMC	Jinnah Postgraduate Medical College	TSFP	Therapeutic Supplementary Food Program
KMC	Kangaroo Mother Care	UNCRD	United Nation Centre for Regional Development
KPIs	Key Performance Indicators	UNFPA	United Nations Population Fund
LARC	Long Acting Reversible Contraceptives	UNICEF	United Nations International Children's Emergency Fund
LBW	Low Birth Weight	VPD	Vaccine Preventable Disease
LHVs	Lady Health Visitors	WHO	World Health Organization
LHWP	Lady Health Worker Program		
LQAS	Lot Quality Assurance Sampling		
MAM	Moderately Acute Malnutrition		

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MESSAGE FROM CHAIRMAN'S DESK



Fazal-ur-Rehman
Chairman

I am very proud of the resilience PPHI Sindh demonstrated through 2020, a year characterized by extreme challenge and uncertainty around the globe. Our dedicated team remained on its toes amid the COVID-19 crisis. While protecting the safety and security of our frontline health workers, we continued to manage the flow of patients at our health facilities with strict SOPs prescribed by Sindh Government. The uncertainty created by the pandemic has placed even greater focus on investment in primary health healthcare quality enhancement. We have, therefore, significantly improved our systems and procedures to ensure that people receive quality and free health services without any delay and discrimination.

For nearly 12 years now, PPHI Sindh has been playing its role of building healthy communities through provision of quality primary healthcare to people of Sindh. PPHI Sindh continued to hold its flag of quality healthcare services and improvement in health indicators high in 2019-20.

PPHI Sindh is conscious of its responsibility to address primary healthcare at the community level with a view to subside burden on secondary and tertiary healthcare. It is our utmost responsibility and endeavor to educate the community to first avail the option of

PPHI Sindh for their immediate primary healthcare needs and approach to secondary or tertiary healthcare based on referrals, in case needed.

I also want to thank my fellow Board members for contributing their occupational expertise and industry knowledge to enable the Leadership Team to achieve new heights of performance. Although some uncertainty remains, I feel confident that PPHI Sindh is on a strong footing as we begin this new year. It is my privilege to share this 2020 PPHI Sindh Annual Report that celebrates the impact of our ceaseless dedication to provide quality health services.



Provision of health services is a cross-cutting issue for all of us and therefore we constantly need to innovate in the context of latest research and development in the field of primary healthcare.



LETTER FROM OUR CEO



Abdul Wahab Soomro
Chief Executive Officer

The Annual Report 2020 talks about our progress during 2019-20 and an additional six months of 2019. During the said period, we took various initiatives and improved processes in almost all of the aspects of the Company as we believe innovation and consistency in performance are the hallmarks for success of any organization.

This Annual Report of 2020 gives an overview of the first six months, January to June 2019, of the year 2019, and covers full financial year from July 2019 to June 2020, highlighting our operations and activities with a view providing insight to all the stakeholders in the health ecosystem, especially at a time when our frontline workers were preparing to fight a very uncertain Corona virus (COVID-19) Pandemic.

I am pleased to share that 2019-20 was yet another successful year for PPHI Sindh in provision of primary healthcare services in Sindh, through its resilient and dedicated team. Acknowledging its performance and contribution in improving the health indicators in Sindh, the Government of Sindh further entrusted PPHI Sindh with around 70 health facilities including 55 in Shaheed Benazirabad and 2 in Karachi, bringing PPHI Sindh's portfolio to around 1,300 health facilities in 24 districts.

During the reporting period, PPHI Sindh continued to invest in upgrading its human and information technology infrastructures, and reforming various policies

and procedures with far reaching consequences for organizational, performance, efficiency, and service delivery. We are excited about our aim to solarize all 1300 functional health facilities by the end of next fiscal year, in addition to working on various collaborations for the betterment of health indicators in Sindh.

We particularly took initiatives in brand imaging through media, monitoring & evaluation software, information technology for asset and health facility management, capacity building of administrative, medic and paramedic staff, collaboration with new partners to reduce burden on secondary and tertiary healthcare system, administrative and financial delegation reforms, and team building for effective service delivery.

I am extremely grateful to the Board of Directors for their continued guidance and direction in sync with Company's mission, and my outstanding team members at Head Office and in the field for their enduring commitment to serve the deserving communities.

I hope that PPHI Sindh's accomplishments during the period under review will strengthen your confidence and trust in the organization's capability to deliver and assist Government of Sindh in achieving its objectives towards various local and international commitments.

ABOUT US

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

PPHI Sindh is primarily entrusted with the operational and management control of primary health care units of Government of Sindh to ensure quality Primary Health Care (PHC) to poor masses of Sindh. Before becoming Company in 2013, PPHI Sindh, as a project under Sindh Rural Support Organization (SRSO), started its operations in 2007 from district Kashmore by contracting few dispensaries and basic health units. Gradually it has expanded to all districts of Sindh, with nearly more than 1300 health facilities under its contractual management.

The objective of establishing PPHI Sindh was to innovatively assist Sindh Government in revitalizing its primary healthcare in rural areas by ensuring availability of human resources, improvement of physical and medical infrastructure and provision of medicines free of cost. Today the Company is managing more than 1300 Primary Healthcare Facilities (HF) across Sindh and Extended Program of Immunization (EPI) in districts Dadu and Khairpur. Among its value

chain are 5 Caesarian facilities, 4 major and 316 mini labs, 300 BHU Plus (24/7) 572 solarized HF, 1,100 OTP (Nutrition) Sites in 23 districts, 102 TB Care facilities (TCFs), 195 EPI centers, 218 ambulances, 279 HF equipped with Ultrasound, and 344 Kangaroo Mother Care Centers (KMCs).

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

In addition to the above-mentioned services, PPHI Sindh is also working on repair, renovation and rehabilitation of the health facilities to make them operational to their full capacity. It has also been working on solarizing its HF to provide enabling environment to its staff, health care providers and community. So far, 670 buildings including health facilities and offices have been solarized.



WHERE WE WORK



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

ORGANISATIONAL INFORMATION

BOARD OF DIRECTORS

Chairman:

- Mr. Fazal-ur-Rehman

Members:

- Mr. Tasneem Ahmed Siddiqui
- Mr. Muhammad Nazar Memon
- Dr. Muhammad Suleman Shaikh
- Dr. Muhammad Saeed Qureshi
- Mr. Mushtaq Ahmed Shah
- Dr. Nighat Shah

HEAD OFFICE (HO) TEAM

Chief Executive Officer

Mr. Abdul Wahab Soomro

Chief Operating Officer (Acting)

Mr. Riaz Ahmed Rahoojo

Provincial Engineer

Mr. Asadullah Dahri

Chief Audit Executive

Mr. Sandeep Sidhwani

Chief Financial Officer/Company Secretary

Mr. Muhammad Yahya

Deputy Director Communications & Media Affairs

Ms. Shafaq Fahad

Legal Advisor

Mr. Parvaiz Ahmed Memon

Deputy Chief Finance

Mr. Faheem Ahmed

Manager Power & Energy

Syed Zeeshan Ali

Manager Finance – Provident Fund

Mr. Masood Jamali

Manager Medical Reimbursement Cell

Dr. Samiullah Odho

AUDIT COMMITTEE (HO)

- Mr. Fazal-ur-Rehman – Chairman
- Dr. Saeed Qureshi – Member
- Mr. Sandeep Sidhwani – Chief Audit Executive

TECHNICAL WING (HO)

Senior Technical Advisor

Dr. Zaib Dahar

Chief Pathologist

Dr. Tariq Aziz

Deputy Director MNCH

Dr. Misbah Munir

Manager DHIS

Dr. Zakir Punar

Master Trainer

Ms. Samina Bakhtawar

HUMAN RESOURCE WING (HO)

Director Human Resource

Mr. Maula Bakhsh Shaikh

Senior Manager Human Resource

Mr. Asif Iqbal Channa

PROCUREMENT WING (HO)

Director Procurement

Mr. Abdul Shakoor Noonari

Senior Manager Procurement

Mr. Imran Chandio

ADMINISTRATION WING (HO)

Director Administration

Mr. Ashique Hussain Chandio

Manager Administration

Ms. Ayesha

RESEARCH WING (HO)

Director Research

Dr. Zamir Suhag

Deputy Director – Research & Capacity Building

Dr. Ayaz Baloch

Deputy Director – Research

Dr. Nelofer Baig

ORGANISATIONAL INFORMATION

NUTRITION WING (HO)

Project Director – EU-PINS
Dr. Zeeshan Noor Shaikh

Provincial Coordinator – Nutrition
Dr. Sajid Shafiq Lakhari

IT WING (HO)

Director IT
Lt Col Khalid Ahmad Qureshi (Retd)

Senior Manager IT
Mr. Noman Ahmed Soomro
Mr. Atif Khan

Manager Networks
Mr. Yasir Saleem

SOCIAL HANDLES

Website:
www.pphisindh.org

Email:
info@pphisindh.org

Facebook:
<https://www.facebook.com/pphisndhofficial/>

LinkedIn:
<https://www.linkedin.com/company/pphisindh>

Twitter:
<https://twitter.com/PPHIOFFICIAL>

*A company set up under Section 42 of The Companies Act 2017

REGISTERED OFFICE

PPHI Sindh*
C-27/1, Near Umer Sharif Park, Clifton Block 2,
Karachi



BOARD OF DIRECTORS



Mr. Fazal-ur-Rehman
(Chairman)



Mr. Tasneem Ahmed Siddiqui
(BoD Member)



Mr. Muhammad Nazar Memon
(BoD Member)



Dr. Muhammad Suleman Shaikh
(BoD Member)



Dr. Mohammad Saeed Qureshi
(BoD Member)

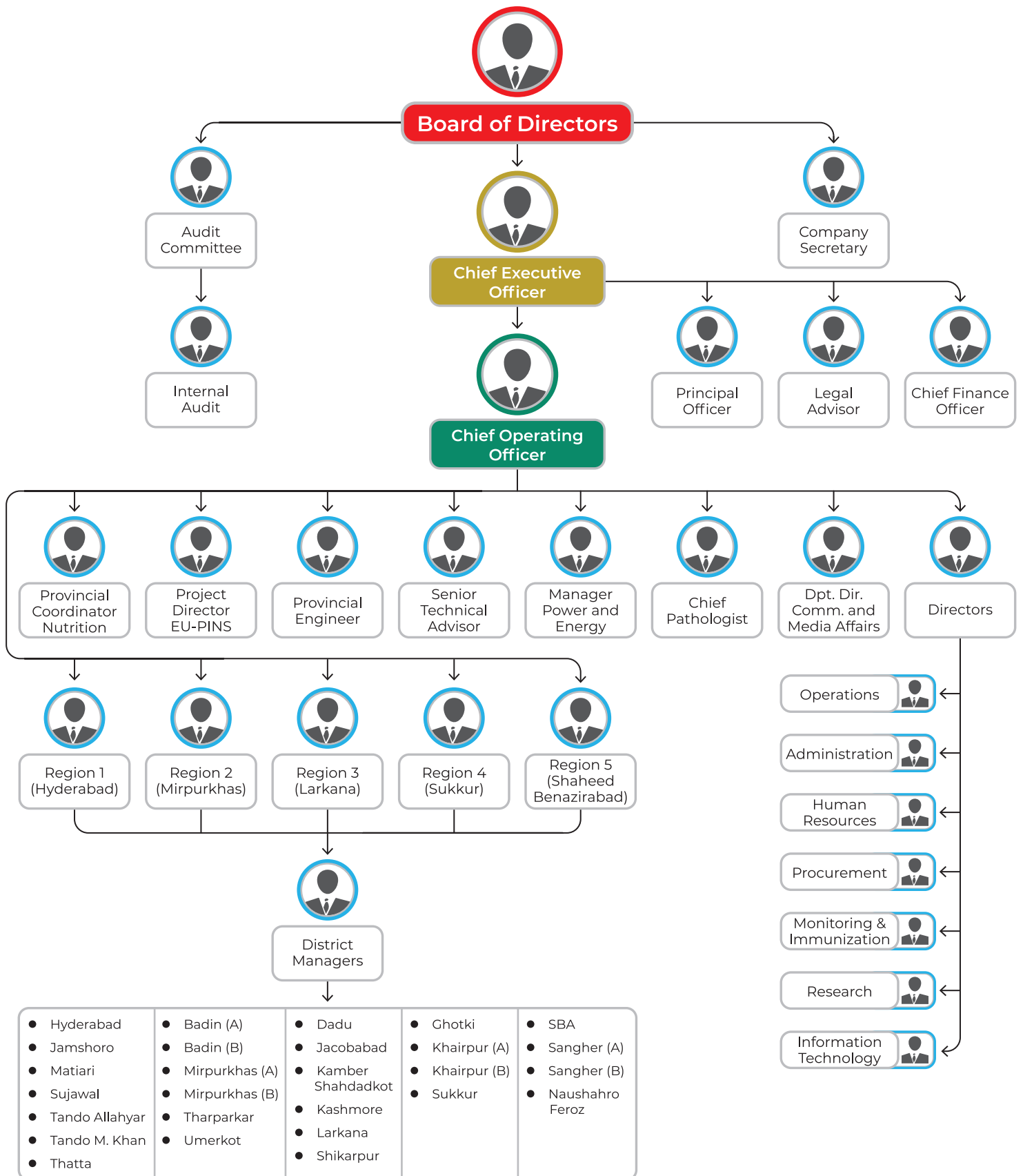


Mr. Mushtaq Ahmed Shah
(BoD Member)

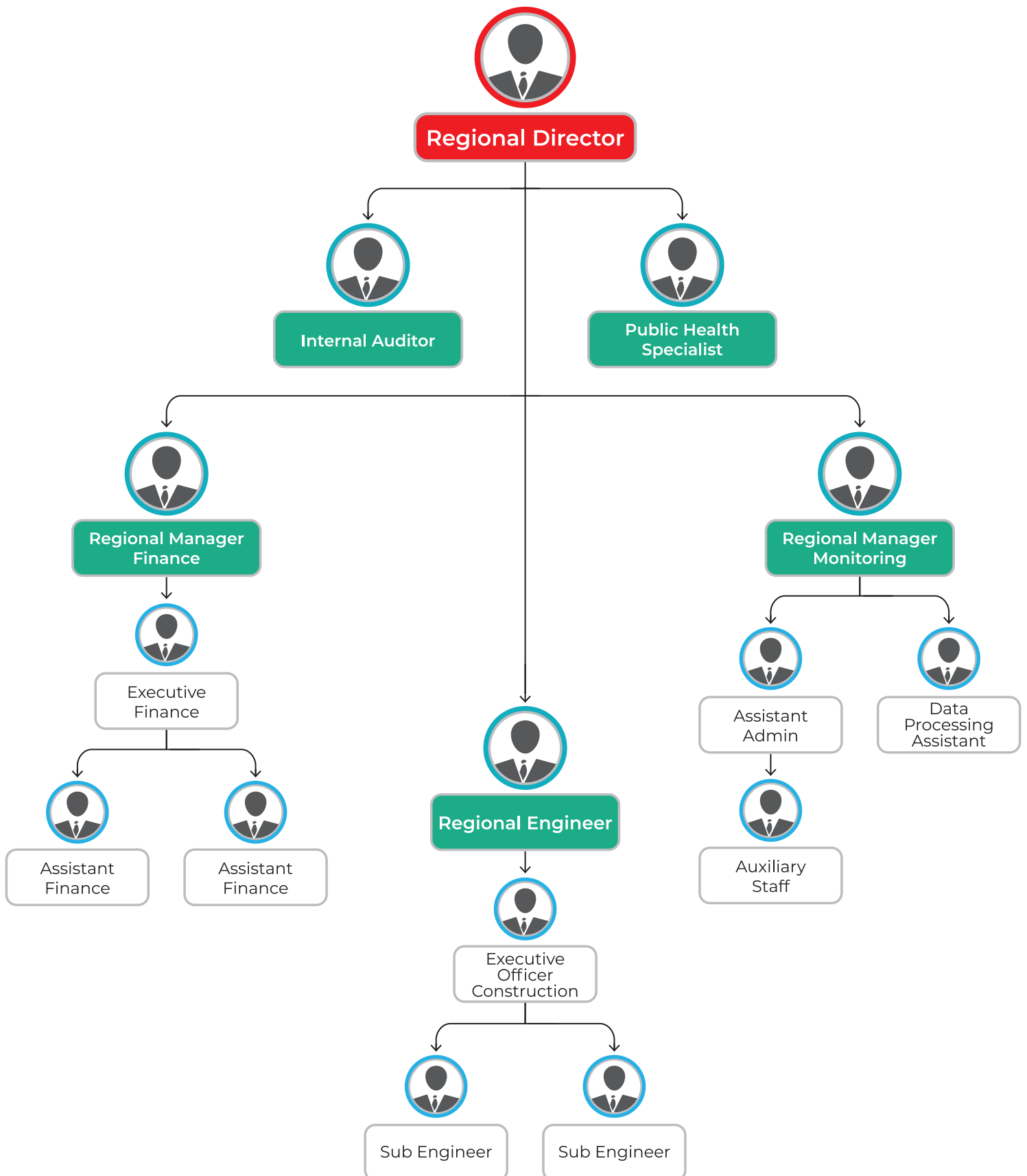


Dr. Nighat Shah
(BoD Member)

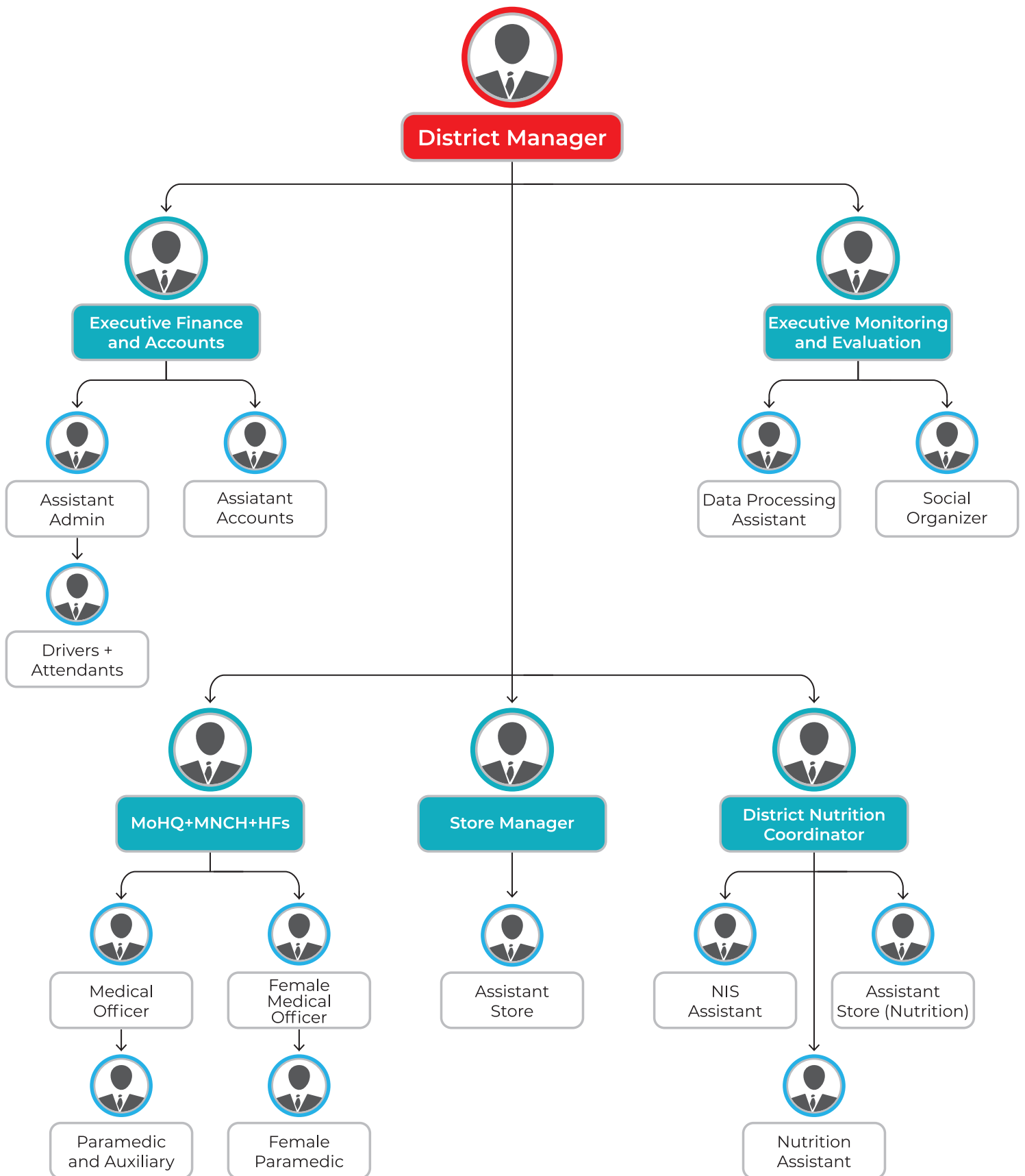
PPHI SINDH ORGANOGRAM HEAD OFFICE



PPHI SINDH ORGANOGRAM REGIONAL OFFICE



PPHI SINDH ORGANOGRAM DISTRICT OFFICE



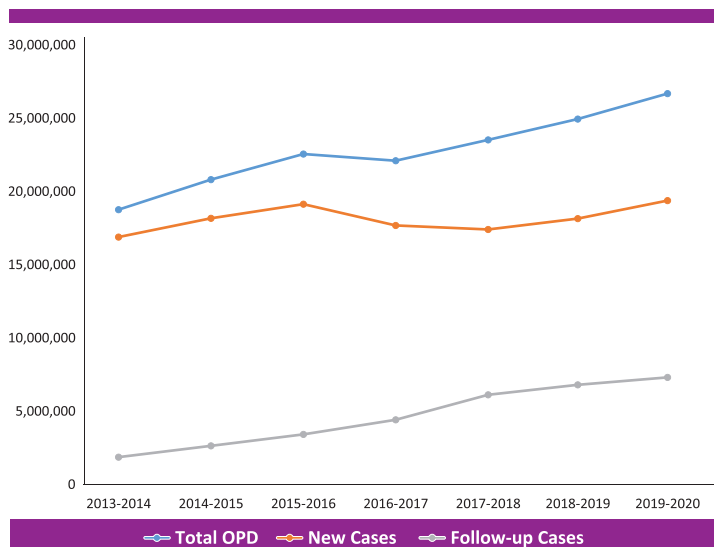
OUR PROGRESS IN 2019-20

In 2007, PPHI Sindh accepted gigantic challenge to uplift the Primary Health Care (PHC) at first level care facilities of the province. PHC refers to "essential health care" that is based on scientifically sound and socially acceptable methods and technology accessible to all.

The comprehensive PHC package includes; treatment of endemic diseases, maternal and newborn care, provision of essential drugs, immunization, family planning, nutrition, health education, mental health, facilitating provision of safe drinking water and sanitation and community participation. These eight PHC services are also represented by the octagon in PPHI Sindh's logo.

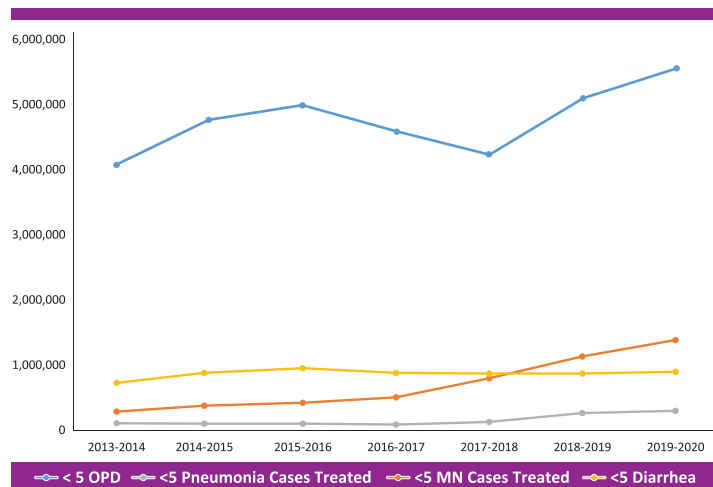
With time, PPHI Sindh has grown enormously and has broadened its scope from 6/6 essential primary health care to 24/7 basic obstetric care on more than 300 health facilities without having any extra resources from the government of Sindh and to better facilitate pregnant women in terms of safe delivery services.

The comparison of yearly trends of the Key Performance Indicators (KPIs) shows that PPHI Sindh has come a long way and the number of the beneficiaries is continuously increasing. The daily OPD has increased from 18.7 million in 2013-14 to 26.7 million patients in 2019-20. Graph 1 also shows that the number of new cases has increased from 16.7 million in 2013-14 to 19.4 million patients in 2019-20. Similarly, the same graph shows that the follow up visits increased from 1.7 million in 2013-14 to 7.3 million in 2019-20.



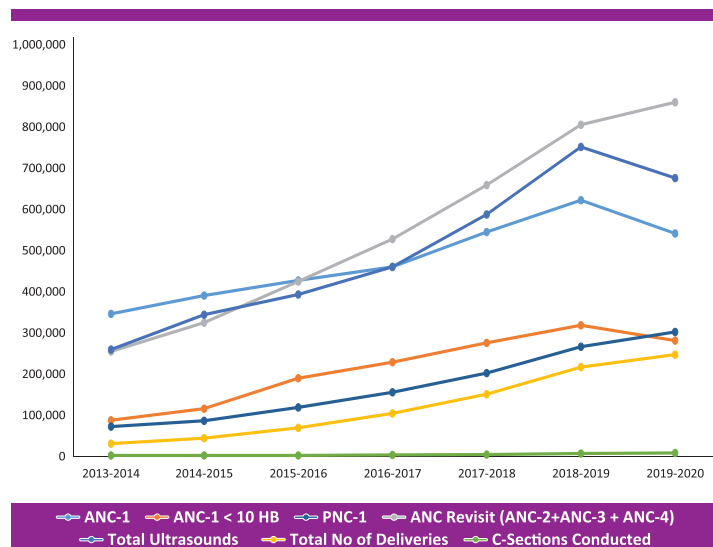
Graph 1: Yearly trend of Daily OPD cases, New and follow up cases

Furthermore, the under 5 years OPD has also increased from 4 million cases in 2013-14 to 5.4 million in 2019-20 (see Graph 2). Likewise, the numbers of under 5 years case of malnutrition, pneumonia and diarrhea in 2013-14 have increased from 0.3 million, 0.1 million, and 0.7 million to 1.4 million, 0.3 million, and 0.9 million in 2019-20, respectively.



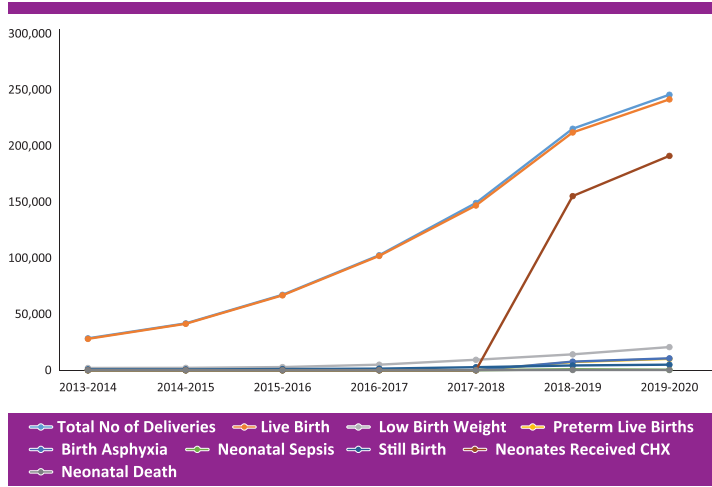
Graph 2: Yearly trend of under 5 (<5) years OPD cases, <5 Malnutrition, <5 Pneumonia, and <5 Diarrhea Cases

The coverage of deliveries, ANC-1 visits, PNC-1 visits and Family Planning Coverage also improved from 28,444, 345,055, 70,034, and 223,927 in the year 2013-14 to 245,603, 541,237, 300,851, and 761,687 in 2019-20, respectively.



Graph 3: Yearly trend of Total Deliveries, ANC (1, <10HB, and Revisits), Total Ultrasounds, C-Sections, and PNC1 Visits

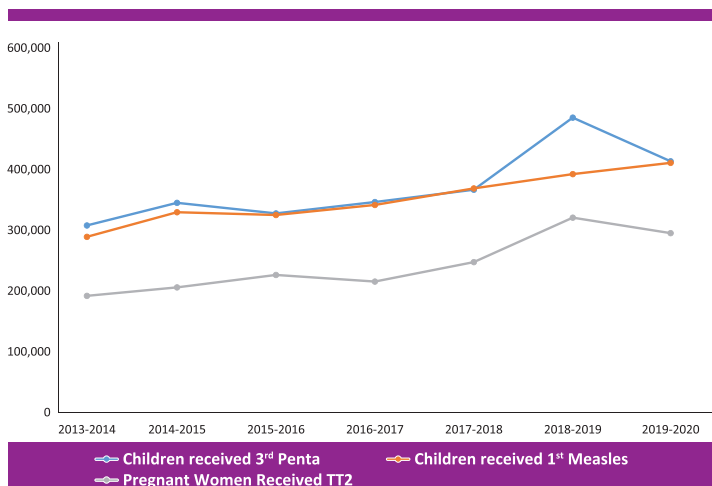
Correspondingly, the indicators of neonatal health services also improved with maternal health's indicators. The number of live births was 27,874 in 2013-14 which increased to 241,513 in 2019-20. Graph 4 gives a detailed information on the increasing trend of key performance indicators related to neonates.



Graph 4: Yearly Trend Key Performance Indicators related to Neonatal Health

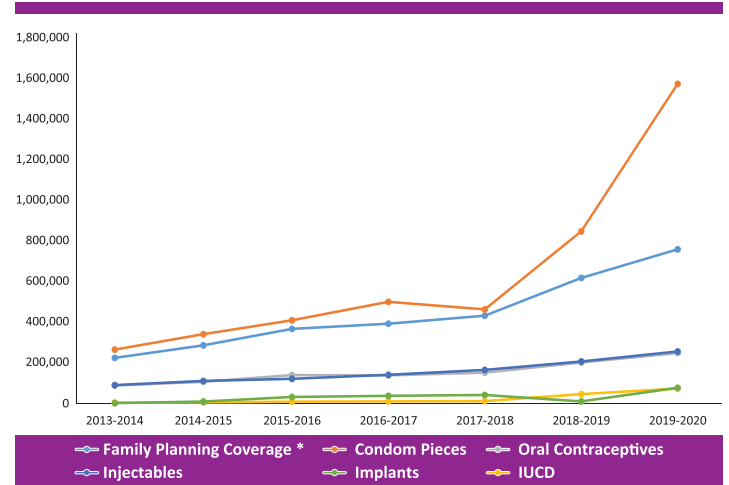
Note: Few of the indicators in the above table were started to be recorded in DHIS in the year 2018-19.

The number of immunizations among children and pregnant women also increased to 295,086 pregnant women who received TT vaccination, and 413,486 and 410,949 children who received 3rd Penta and 1st Measles, respectively, in 2019-20 in comparison to 191,905 pregnant women receiving TT vaccination, and 307,760 and 289,080 children who received 3rd Penta and 1st Measles, respectively, in 2013-14.



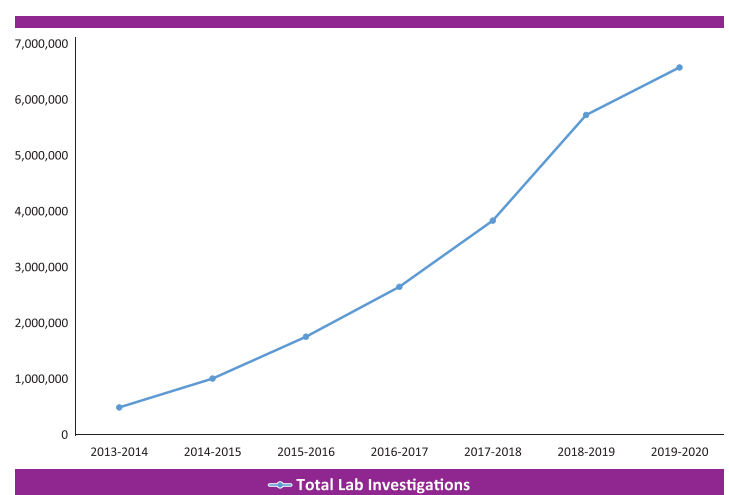
Graph 5: Yearly Trend of Immunization among Pregnant women and Children under 5 years of age

Since Family Planning is an integral part of PPHI Sindh's services, therefore, special focus remained on it and FP related indicators also showed an upward trend. As shown in Graph 6, family planning coverage jumped from 223,927 in 2013-14 to 761,687 in 2019-20, an increase of more than three times in seven years. Similarly, consumption of IUCD and Implants increased from 2,659 and 553 in 2013-14 to 72,621 and 75,884 in 2019-20, respectively.



Graph 6: Yearly Trend of Family Planning Coverage and its related Indicators

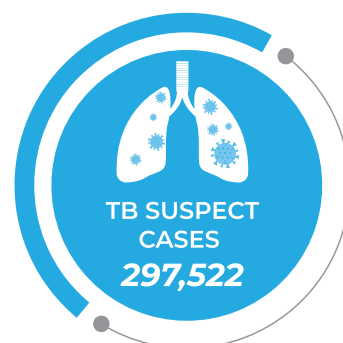
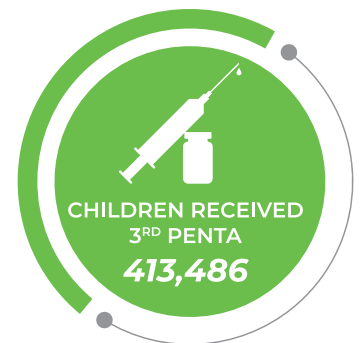
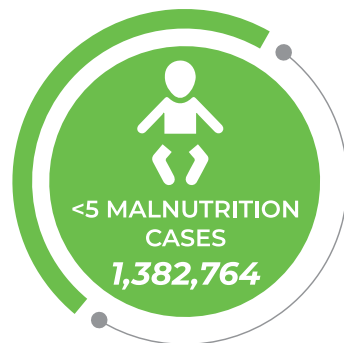
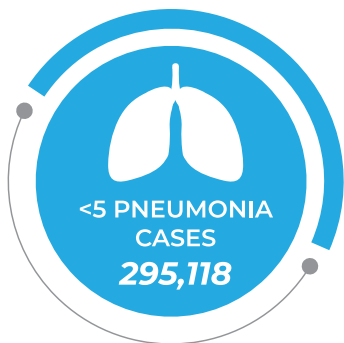
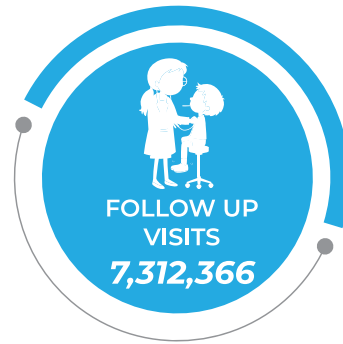
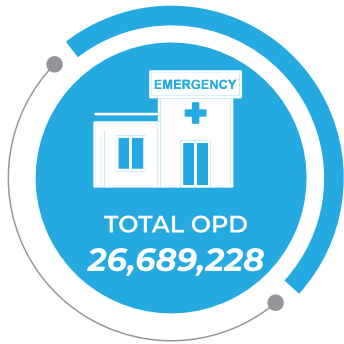
The number of free laboratory investigations done also increased from a mere 491,292 in 2013-14 to 6.6 million in 2019-2020.



Graph 7: Yearly Trend of Free Laboratory Investigations for Pregnant Women and other patients

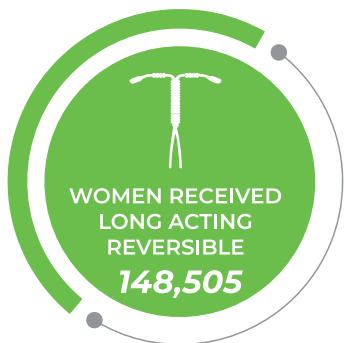
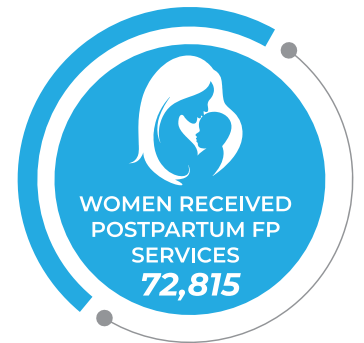
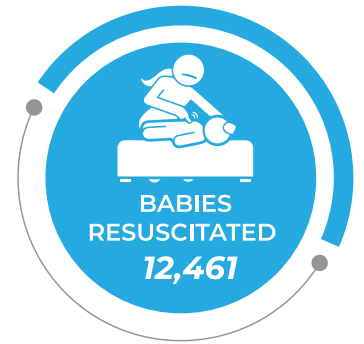
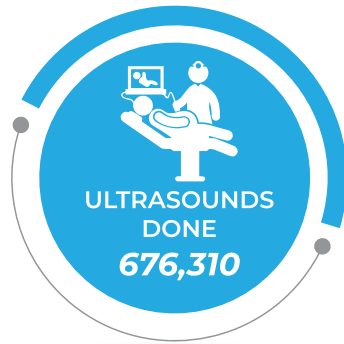
OUR IMPACT IN 2019-20

PPHI Sindh with support of Departments of Health, Finance and Population Welfare, Government of Sindh, provided quality health services to the most deserving communities in Sindh. Below is a sneak peak of those services provided in the year ending on June 2020.



OUR IMPACT IN 2019-20

PPHI Sindh with support of Departments of Health, Finance and Population Welfare, Government of Sindh, provided quality health services to the most deserving communities in Sindh. Below is a sneak peak of those services provided in the year ending on June 2020.



NEWS AND EVENTS



Mr. Tasneem Ahmed Siddiqui, Member BoD, laid the foundation of repair and renovation work at BHU Dadah in District Badin-A. Mr. Ghulam Ali Soomro, COO PPHI Sindh, and Mr. Khalil Saraz, Regional Director Mirpurkhas accompanied Mr. Siddiqui during the inauguration ceremony.



CEO PPHI SINDH, Mr. Abdul Wahab Soomro was the Chief Guest at Dissemination Seminar on Possible Serious Bacterial Infection (PSBI) Implementation Research held in Islamabad.



PPHI Sindh's Sukkur Office organized an Annual Appreciation Awards Distribution Ceremony to appreciate and encourage employees for their hard work.



Mr. Abdul Wahab Soomro-CEO, Mr. Riaz Hussain Rahoojo- DMI, Mr. Islah-Ud-Din-RD and Mr. Asif Nazeer visited Health Facilities of PPHI Kashmore.



WHO's team visited Jannat Gul Hospital in scheme 33, Karachi, to collaborate with PPHI Sindh for Implementation of Gujri Action Plan to increase the coverage of Immunization especially that of OPV0.

NEWS AND EVENTS



Mr. Abdul Wahab Soomro, CEO PPHI Sindh, chaired the Performance Review Meeting of Region I and II to review the progress of service delivery, medicine stock position, repair and renovation, HIV, pathology services and nutrition.



Sindh Health Care Commission arranged a one-day training on Primary Health Care standards for PPHI Sindh's technical team at Head Office. Overall 22 participants were trained.



PPHI Sindh organized a Two-day Training on Death Audit Form at PPHI Sindh's Hyderabad District Office.



PPHI Sindh has trained 29 WMOs so far who were attached to PPHI HF's on Population Council's (PC) request.



PC has also requested PPHI Sindh to train 34 CMWs on IUCD insertion at PPHI HF's for a pilot study supported by UNFPA.



Dr. Azra Fazal Pechuho, Minister for Health and Population Welfare, Government of Sindh, distributed eight ambulances (2 Hilux, 6 APVs) during an Ambulance Distribution Ceremony held at PPHI Sindh Head Office in Karachi.

NEWS AND EVENTS



PPHI Sindh showcased poster presentation on Kangaroo Mother Care, Family Planning services, Possible severe bacterial infections and pay for performances. Furthermore, an oral presentation on increase skill birth attendant births to increase accessibility of maternal health services was also presented by PPHI Sindh during the conference.



PPHI Sindh started a province-wide Plantation Drive led by Mr. Abdul Wahab Soomro, CEO PPHI Sindh as part of Federal Government's Plantation Drive: HAR BASHAR DO SHAJAR: for plantation of 10 billion trees.



PPHI Sindh commemorated Pakistan Defence Day and observed solidarity with Kashmiris in a small ceremony at PPHI Head Office in Karachi.



PPHI Sindh organized a six-day Training of Trainers (ToT) on Integrated Management of Neonatal and Childhood Illness (IMNCI) in collaboration with Child Survival Program Sindh, WHO and UNICEF.



Syed Murad Ali Shah, Chief Minister Sindh, visited the locusts affected area of Taluka Nara, Khairpur. PPHI Sindh had established a free camp for provision of medical and ambulance services.

NEWS AND EVENTS



PPHI Sindh in collaboration with Agha Khan University and World Health Organisation (WHO) organised a dissemination workshop for PSBI Evaluation Study to share findings, challenges and to discuss policy actions to increase a newborn's chance of survival in Pakistan and in developing countries.



WHO Delegation visited PPHI MCHCs of Larkana to investigate the outbreak of HIV at Ratto Dero.

ACF Country Director Jennifer Ankoram visited PPHI Sindh's Regional Office in Hyderabad.



Night shift for Cesarean Sections started at PPHI Sindh's CEmONC Health Facility 'Kausar Hospital, Khaipur'. Four cases were admitted during the first couple of nights.

Member – BoD PPHI Sindh, Mr. Mohammad Nazar Memom inaugurated repair and renovation work for BHU Plus Khanoth

NEWS AND EVENTS



Mr. Tasneem Ahmed Siddiqui, Member BoD, inaugurated BHU Khuda ki Basti, Karachi.



PPHI Sindh organized a meeting with World Health Organization (WHO), National TB Control Program (NTP), and Provincial TB Control Program (PTP) to discuss the outbreak of TB in Sindh and to develop a strategy to control and treat the disease on emergency basis.



UNICEF representatives, National Professional Officer MNCH, WHO, and Program Director, Child Survival Program visited PPHI Sindh to discuss IMNCI Trainings.



EPI Review Meeting (Jan to June 2019) was conducted at PD EPI Office, chaired by Minister Health along with Secretary Health, DG Health, EOC Sindh, PPHI Sindh, UNICEF, WHO, BMGF, ACASUS, LHW Program, NSP Program and all DHOs except Karachi Division.

NEWS AND EVENTS



PPHI Sindh in collaboration with Sindh AIDS Control Program and BRIDGE Research organised a two-day training of trainers on Sexually Transmitted Infections (STIs) and HIV/AIDS at PPHI Sindh Head Office.



PPHI Sindh in collaboration with EPI Sindh Program, WHO and UNICEF successfully conducted 5-day Mid-level Manager (MLM) trainings for PPHI Managerial Staff in Hyderabad and Sukkur.



PPHI Sindh organised training on HIV and other STIs on at Marvi Garden, Hyderabad.



16th round of 3-Day Free Family Planning Camps was organized at 115 health facilities of PPHI Sindh



PPHI Sindh's Laboratory in Mirpurkhas and Hyderabad, received the ISO 9001:2015 Certification from SWISS Approval International.

NEWS AND EVENTS



HIV/AIDS Task Force visiting BHU Plus Hatri



Mirpurkhas Office organized 'Polio Awareness Walk'



Dr. Nighat Shah, member of Board of Directors, visited MCHC Marvi Garden



ToT on Infection Prevention/HIV/AIDS Diagnosis & Management by AKU Experts in Hyderabad



PPHI Sindh started testing for Coronavirus in its Hyderabad District Laboratory. A total of 1,000 kits were received from the DoH, GoS during last week. A training was conducted for the lab staff on how to conduct the tests and personal safety as well. All the employees working in the lab were provided complete PPE.



NEWS AND EVENTS



A Skill Lab was established in Kausar Hospital in June to enhance skills of PPHI technical staff and Khairpur Medical College.



PPHI Sindh's Research Wing held an introductory meeting of Institutional Review Board (IRB).



Mr. Abdul Wahab Soomro, CEO PPHI, accompanied Dr. Azra Pechohu, Health Minister, during a media briefing on helpline handing over to DoH during a FP2020 working group meeting.



Master Trainer PPHI Sindh, Samina Bakhtawar attended World Food Program (WFP)'s meeting on supply logistic management of FP commodities.



PPHI Sindh with collaboration of EPI Sindh Program, WHO and UNICEF successfully conducted 5-day Mid-level Manager training for PPHI Managerial Staff in two Batches at Hyderabad and Sukkur.

MATERNAL HEALTH

Among some of the major global challenges, maternal health remains a priority issue with a majority of related deaths and disability being attributed to preventable causes. Evidence shows that most of these preventable maternal health issues require a proactive approach in order to save not just mother's lives but also to improve quality of their life. Pakistan being a developing nation bears no exception to the burden of extremely high rates of maternal morbidity and mortality.

PPHI Sindh since its inception has kept the goal of reducing both these indicators at its core in order to provide healthier and safer motherhood to all women without any discrimination. Focused strategies to address these issues are being implemented at all PPHI Sindh health facilities to strengthen systems, provide quality services and to increase coverage.

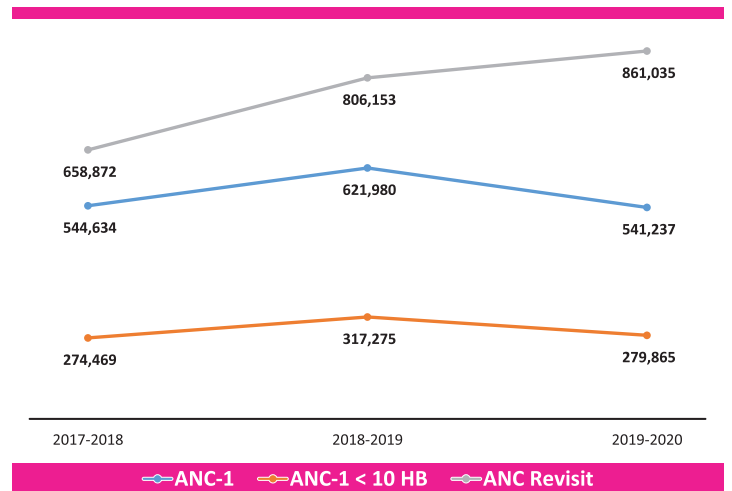
Pregnancy and childbirth are milestones in a women life and its safety is a dependent factor for the wellbeing of the generations to follow. In order to decrease maternal mortality and morbidity PPHI Sindh adopted international guidelines including WHO's evidence-based interventions to improve care of maternal and child health. Resultingly, an increase is seen each year in the reach and utilization of services at PPHI Sindh health facilities reflecting a growing trust in the quality and standards of care.

ANTENATAL CARE SERVICES AS A CONTINUUM OF CARE

Antenatal care (ANC) services offered to mother and unborn child during pregnancy is an essential part of basic primary healthcare and one of the building blocks of safe motherhood. PPHI Sindh focuses on providing quality antenatal care services to prevent, detect and treat risk factors early on in the pregnancy. It is also used as a platform for additional maternal and child health interventions, such as immunization, nutrition, breastfeeding counselling, educating women about the possibilities of family planning and birth spacing.

PPHI Sindh manages 1,239 health facilities and each health facility has a dedicated ANC corner whereby pregnant women are encouraged to have proper health care access leading to provision of institutional delivery by skilled health care professional. With dedicated efforts of the healthcare providers the number of women utilizing these antenatal services has increased from 544,634 in 2017-18 to 621,980 in

2018-19 and the same was 541,237 in the year 2019-2020. Greater utilization of ANC services helps in improving the indicators for morbidity and mortality and has a direct effect on the improved health standards of both mother and her baby.



Comparison between ANC1, ANC1<10HB and ANC revisits done at PPHI Sindh HF's during the last three years

At PPHI Sindh health facilities women coming for antenatal care are facilitated with a comprehensive registration process, history taking, physical examination, laboratory investigation, ultrasound, counselling and timely interventions. Women are counselled regarding adaptation of standard practices of vaccination, following appropriate diet, importance of breast feeding and emphasis on delivery by skilled birth attendant. Each pregnant woman is provided with an ANC card with instructions of care for her pregnancy and is used as a tool for continuous monitoring, early detection, timely intervention and in case of any complication for appropriate referral during her pregnancy.



MATERNAL MORTALITY TRENDS - DECREASING MORTALITY RATIOS

According to the latest Pakistan Maternal Mortality Survey (PMMS) 2019, maternal mortality ratio (MMR) in Pakistan has decreased from 276 deaths per 100,000 live births as per Pakistan Demographic and Health Survey of 2006-7 to 186 deaths per 100,00 live births.



The findings also highlighted that improvements in health services in the last decade and enhanced awareness and utilization of antenatal and postnatal care by women are likely to have contributed to the overall decrease in the MMR.

The maternal mortality ratio (MMR) in Sindh is 224 per 100,000 live births which is still considerably high. The ratio is also 26pc higher in rural areas - 199 deaths - than urban areas - 158 deaths in Pakistan.

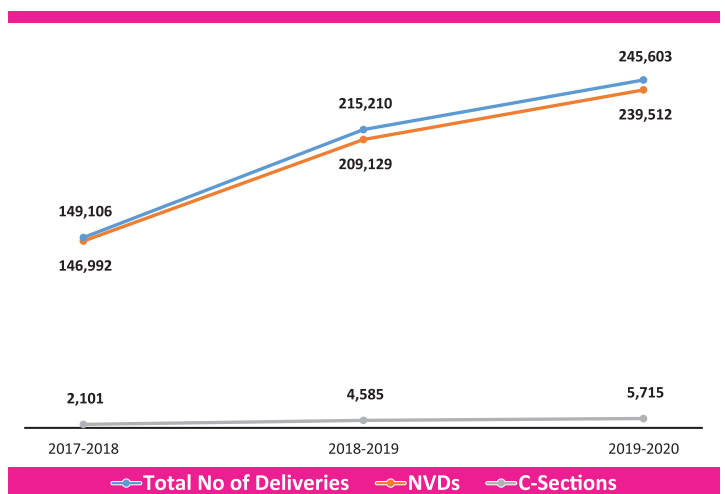


ROUND THE CLOCK BEMONC AND CEMONC MATERNITY SERVICES

Institutionalized deliveries have proven to reduce

morbidities and mortalities related to mothers, infants and neonates. Since its advent PPHI Sindh has aspired for adoption of such best practices and maintains well equipped labor rooms in terms of infrastructure, equipment's and supplies of medicine and other necessities and are manned by skilled birth attendants to provide safe deliveries for women utilizing these services. All **BHUs facilities managed by PPHI Sindh** provide (BEmONC) services which include administration of parenteral antibiotics, administration of parenteral anticonvulsant, administration of parenteral uterotonic agents, removal of retained products (MVA), assisted vaginal delivery; manual removal of placenta and resuscitation of the newborn.

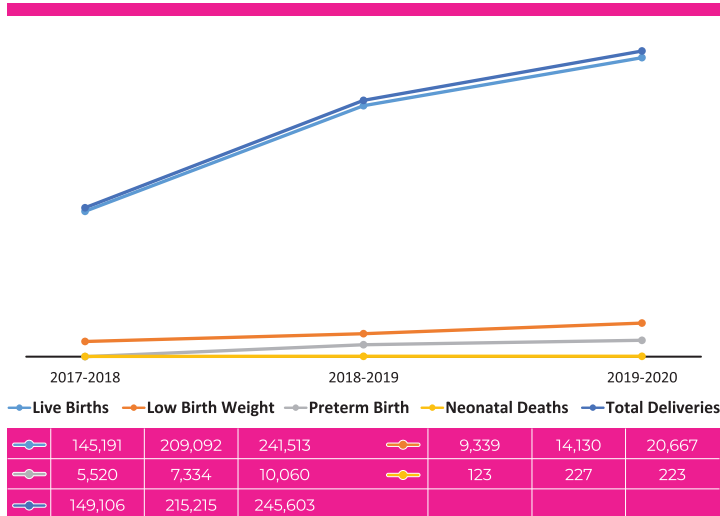
PPHI Sindh focuses on safe deliveries, management of complications and strengthening of referral mechanism with the help of competent staff and well-equipped infrastructure. Resultantly there has been an increase in number of deliveries at PPHI Sindh health facilities from 149,106 in 2017-18 to 215,210 in 2018-19 and then to 245,603 in 2019-2020. Considering the rising trend of deliveries, PPHI Sindh **upgraded** more than 300 health facilities working 6/6 to 24/7 health facilities named as **BHU Plus** to provide round the clock maternity (BEmONC) services.



Comparison of total number of deliveries, C-Sections and NVDs done at PPHI Sindh HF's during the last three years

In order to manage complications arising during pregnancy requiring Caesarean Sections and blood transfusion, PPHI Sindh offers CEmONC services at five of the health facilities, with specialists and gynaecologists available round the clock for expert management.

CEmONC services include Caesarean section and blood transfusion services in addition to BEmONC services. The utilization of services can be seen from the following figures.



Comparison of Live Births, Low Birth Weight, Preterm Birth and Neonatal Deaths against Total Deliveries over the past three years

Overall, 6,862 C-sections were performed in year 2017-18 and in last one and half year this number has reached 7,930.

(For detailed information on CEmONC, please see the CEmONC section on page 33)



MICRONUTRIENT SUPPLEMENTATION FOR PREGNANT WOMEN

PPHI Sindh implements WHO evidence based interventions to improve maternal and neonatal health by improving maternal nutrition during ANC.

Iron Folic Acid supplementation

Maternal Anemia is often the result of iron deficiency which affects fetal growth and results in low birth weight and other adverse outcomes. Therefore, every pregnant woman who comes for ANC at PPHI Sindh HF is checked for hemoglobin levels. As per the data gathered through DHIS up to 50% women in rural Sindh are anemic. Following WHO's recommendation for Iron Folic Acid supplementation for population having more than 40% prevalence of Anemia, all women are given Iron Folic acid during pregnancy and for three months post pregnancy. These anemic women are managed initially by iron folic acid supplements with double dose until their anemia is cured and a follow-up is done by single daily iron dose throughout pregnancy and three months postpartum.



Calcium and Vitamin D supplementation

Calcium and vitamin D supplementation during ANC helps in prevention from severe preeclampsia and eclampsia, which results in the low birthweight babies, premature births, fetal and maternal deaths. PPHI Sindh focuses on women for calcium supplements in second and third trimester of pregnancy during ANC in order to prevent these complications.

NEONATAL HEALTH

IMPLEMENTATION OF WHO EVIDENCE BASED INTERVENTIONS TO SAVE NEWBORN LIVES

Along with maternal health, PPHI Sindh gives equal importance to neonatal health. Starting from the antenatal period interventions aimed at optimal outcomes of pregnancy and further for safe and healthy wellbeing of neonates' best practices are implemented. Assessment of newborn, management of minor ailments and specific interventions for preventable causes are implemented accordingly.

Essential Newborn care

Every newborn born at PPHI Sindh health facilities mandatorily get essential care and appropriate intervention soon after birth like eye care with tetracycline, chlorhexidine 7.1% for cord care, first hour skin to skin contact, early initiation of breast feeding and at birth administration of Oral Polio Vaccine.

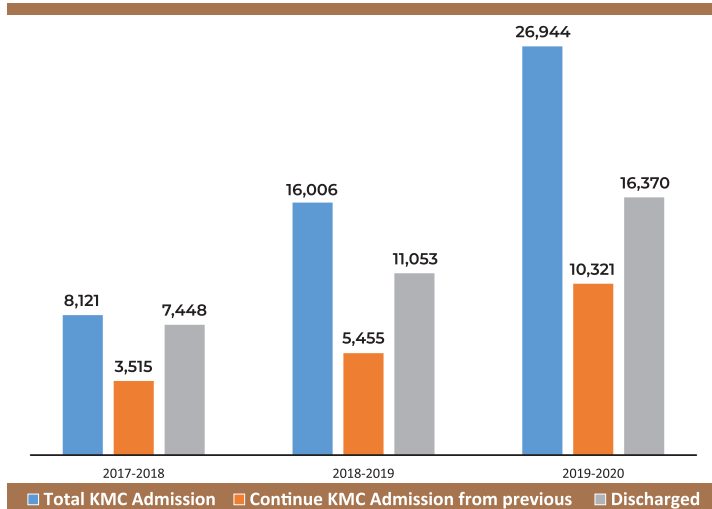
Kangaroo Mother care (KMC)

Low birth weight and prematurity is one of the major newborn killer in Pakistan, to address the neonatal deaths due to low birth weight and prematurity PPHI Sindh has institutionalized KMC services at 344 health facilities. PPHI Sindh has adopted a blend of WHO facility based cum community based KMC guideline. Admission in KMC starts at the facility level by enrolling women whose neonates are either low birth or pre- erm baby in KMC register. Women are encouraged to stay at KMC rooms or corners in order for her to learn techniques to tie the baby for skin-to-skin contact and to teach them to breastfeed or cup feed the baby. Once the woman is accustomed

to the Kangaroo Mother technique, she is sent home with instructions to practice the same at home with the support of her family. The follow up visits are scheduled based on baby's weight or prematurity time (at most four follow ups) which are recorded on KMC register and then is discharged/Graduated from KMC once the baby attains either weight of 2.5kg or Maturity more than 38 weeks of gestation.



During 2019-20, around 26,944 newborns that were born either premature or with low birth weight were admitted to KMC ward, the KMC admission for 10,321 out of 16,006 babies admitted to KMC during 2018-19 continued and around 16,370 babies were discharged from the ward.

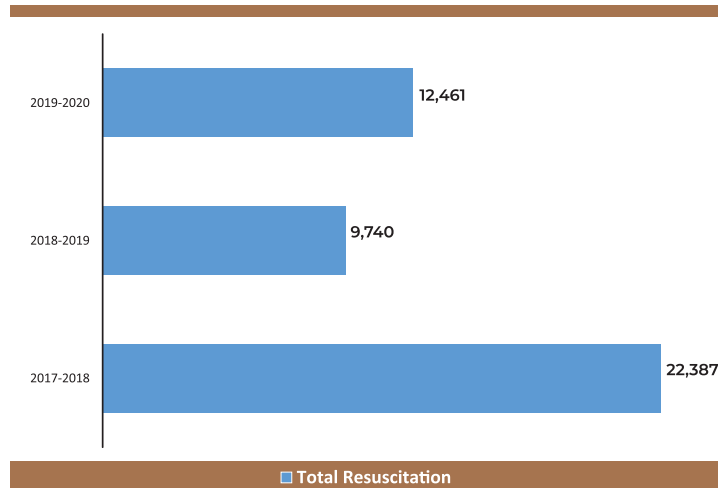


Comparison of total KMC admissions, continued KMC admissions and KMC graduated during the last three years



Helping Babies Breathe

Birth Asphyxia is the second leading cause of neonatal mortality. PPHI Sindh has introduced helping babies breathe (HBB) intervention to address neonatal mortality caused by birth asphyxia. HBB includes techniques to resuscitate baby within the first minute of life also called golden minute to save life. To implement this technique PPHI Sindh has upgraded 313 round the clock health facilities, built staff competency, provided essential equipment, medicines and supplies to health facilities. A total of 22,387, 9,740 and 12,461 neonates were resuscitated in 2017-18, 2018-19, and 2019-20, respectively.

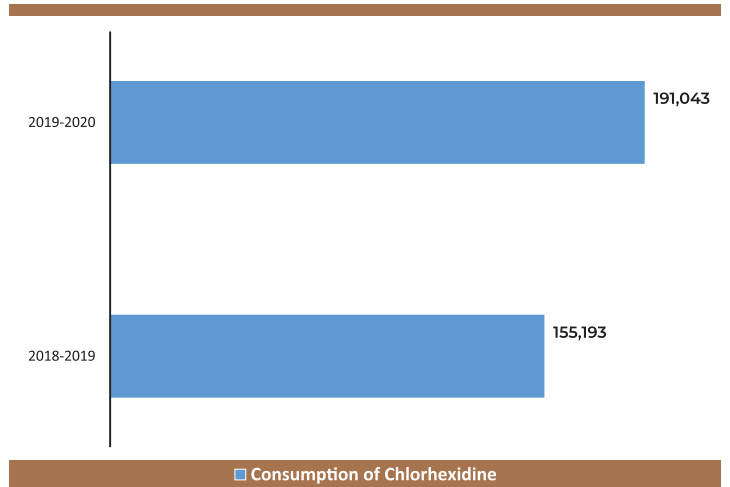


Comparison of total number of babies resuscitated at PPHI Sindh HF's during the last three years



Use of Chlorhexidine

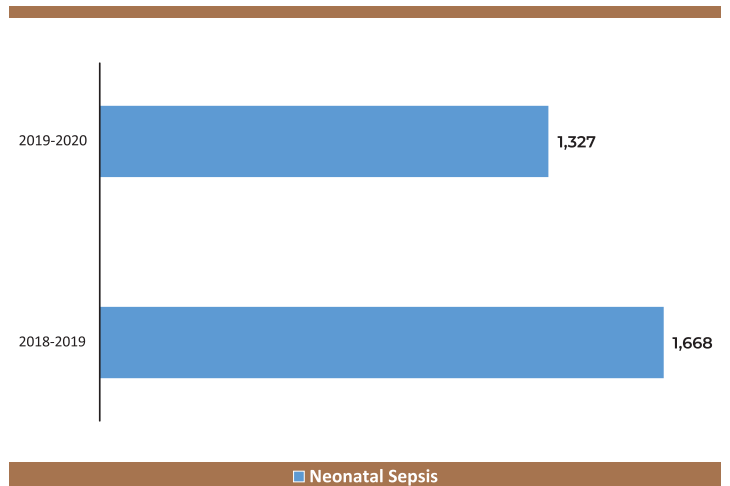
One of PPHI Sindh's effort to reduce neonatal deaths caused from sepsis is the use of Chlorhexidine. Use of 7.1% chlorhexidine digluconate a broad-spectrum antiseptic for cord care is effective in reducing bacterial colonization on the skin and umbilical stump of neonates and is being practiced at all health facilities in order to prevent possible sepsis.



Comparison of Consumption of Chlorhexidine over two years

Implementation of Possible serious Bacterial Infections (PSBI) Protocols

In addition to the use of chlorhexidine, injectable antibiotics protocols are being followed empirically where serious bacterial infections are suspected. Use of injectable antibiotics (Ampicillin & Gentamycin) where referral is not possible and use of Amoxil DT in less severe cases to prevent neonatal deaths due to sepsis at all health facilities of PPHI Sindh is standard practice.



Comparison of number of neonatal sepsis cases treated during the last two years

PPHI SINDH'S FAMILY PLANNING SERVICES ACCESSIBLE TO EVERYONE

Family planning (FP) refers to a conscious effort by a couple to limit or space the number of children they have through the use of contraceptive methods. Contraceptive methods are classified as modern or traditional. Modern methods include female sterilization, male sterilization, intrauterine contraceptive device (IUCD), implants, injectables, the pill, condoms, and lactational amenorrhea method (LAM). Methods such as rhythm, withdrawal, and folk methods are grouped as traditional methods.

In developing countries, the use of family planning methods is scarce due to unawareness, lack of accessibility, cultural, religious beliefs and lack of availability. According to PDHS (2017-18), in Pakistan, 34% of currently married women use a method of family planning, with 25% using a modern method and 9% using a traditional method. The contraceptive prevalence rate (CPR) among married women varies with age, rising from 7% among women age 15-19, peaking at 48% for women age 40-44, and then slightly declining to 37% among women age 45-49.



The lack of awareness is most common issue identified in rural settings of Pakistan i.e. women in urban areas are more likely to use a contraceptive method than women in rural areas (43% and 29%, respectively).

In Sindh, 31% of married women 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.

Although Pakistan initiated FP programs in the private sector in 1953 and in the 1960s in the public sector, the CPR had increased by only 0.25% annually until 1990. The CPR rose more sharply from 12% in 1990 to 33% in 2000; with much of this increase occurring in rural areas and in traditional methods. Pakistan is a signatory to FP 2020 Commitment for working toward achieving universal access to reproductive health and raising the contraceptive prevalence rate to 55% by 2020. For FP 2020, a Costed Implemented Plan (CIP) cell was established. It is headed by Minister of Health and Population Welfare, Dr. Azra Fazal Pechuho in Sindh.



PPHI Sindh considers FP services as one of its major mandate. It has been working collaboratively with Government of Sindh, Cost Implementation Plan and Population Welfare Department to provide FP services in overall Sindh. FP Services are available at all PPHI Sindh Health facilities whereby, all methods are offered along with counseling.

In Sindh, 50% of the demand is fulfilled by modern FP methods. FP services are part of routine practice and numbers are cumulatively reported through District Health Information System (DHIS) of PPHI Sindh on monthly basis.

In order to contribute to government's commitment, PPHI Sindh has introduced various initiatives to assist the government to reach 6.7 million additional users and increase CPR to 50% by 2020.

In order to improve CPR, PPHI Sindh adopted following strategies:

1. Capacity building of
 - male and female paramedic staff on Long-Acting Reversible Contraceptives (LARC)
 - male medical officers in implants insertion to provide LARC services in areas where female medical officers are unavailable
2. Ensuring availability of
 - WHO Medical Eligibility Criteria (MEC wheel) for service providers to counsel and offer choice to clients
 - Contraceptive commodities at the level of all PPHI Sindh managed health facilities
3. Maintenance of contraceptive records on Contraceptive Logistic Management Information system (cLMIS) software in order to take evidence-based policy decision.
4. Special family planning camps are arranged at the level of all BHU Plus (24/7 MCHC) under the management of PPHI Sindh to provide accessibility to

women living in far flung area by providing transportation to reach Health Facilities (HFs). Organising regular Free Family Planning Camps is a strong strategy which helps PPHI Sindh to reach out substantial number of clients.

5. Supportive supervision and on the job coaching by Maternal, Neonatal and Child Health (MNCH) coordinators in each district.
6. Regular tracking of indicators and performance on DHIS to see the progress. Feedback is provided to the HFs, district and regional offices based on this information to improve the services.

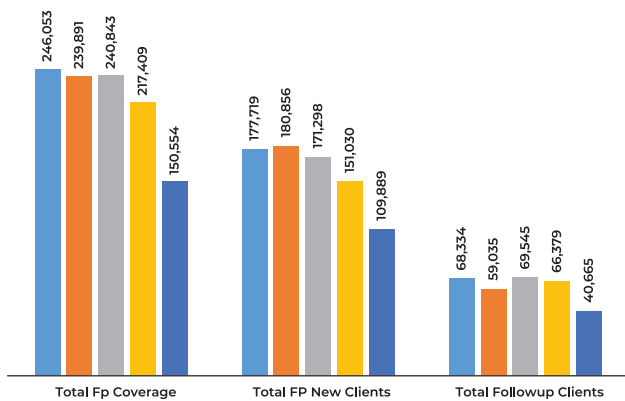
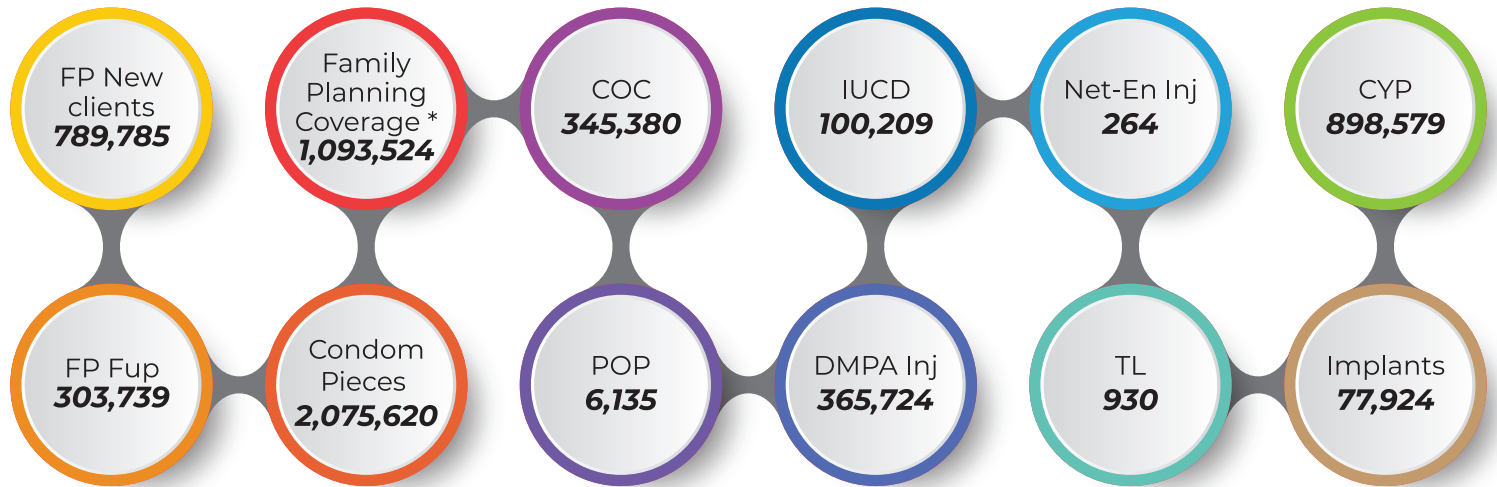
During the previous year (July 2019 to June 2020), a total of 441 male and female medic and paramedics have been trained in inserting IUCDs, PPIUCDs, implants and World Health Organization (WHO) Revised Guidelines. From January 2019 to June 2019, 477 staff members were trained. The number of sessions conducted during July 2019 to June 2020 on Family Planning Counselling and Care (CCFP), Implants, IUCD and PPIUCD were 70, 151, 149 and 71, respectively.

DETAILS OF STAFF TRAINED ON FAMILY PLANNING FROM JANUARY 2019 TO JUNE 2019							
	FMO	WMO	LHVs	MIDWIVES	NURSES	DAI	TOTAL
CCFP	5	0	5	17	0	0	27
IMPLANTS	0	0	2	4	0	0	6
IUCD	40	2	69	113	0	1	225
PPIUCD	20	2	64	131	2	0	219

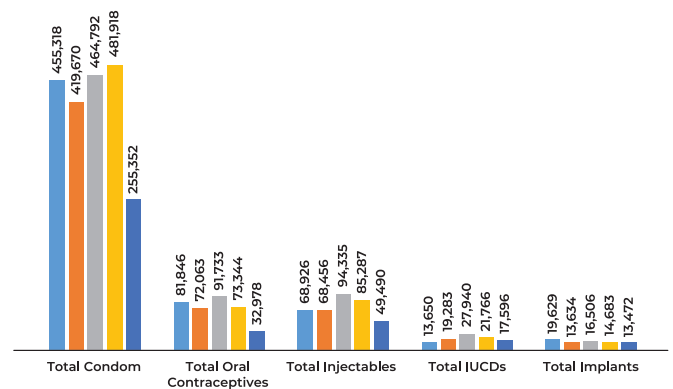
DETAILS OF STAFF TRAINED ON FAMILY PLANNING FROM JULY 2019 TO JUNE 2020										
	FMO	WMO	MO	LHVs	MIDWIVES	NURSES	FEMALE HEATH TECHNICIAN	MNCH COS	VACCINATOR	TOTAL
CCFP	17	3	1	8	34	3	1	1	2	70
IMPLANTS	19	6	1	83	39	2	1	0	0	151
IUCD	17	2	0	39	90	1	0	0	0	149
PPIUCD	9	0	0	15	46	1	0	0	0	71

PPHI Sindh has been providing Routine Family Planning (FP) services through counselling of mothers in antenatal, postpartum, and lactating periods. FP training is regular feature of capacity building activities and is given to all healthcare providers.

Results of Cumulative Routine Family Planning Services by PPHI Sindh (From January 2019 to June 2020)



Region-wise Coverage of Routine FP Services
January 2019 to June 2020



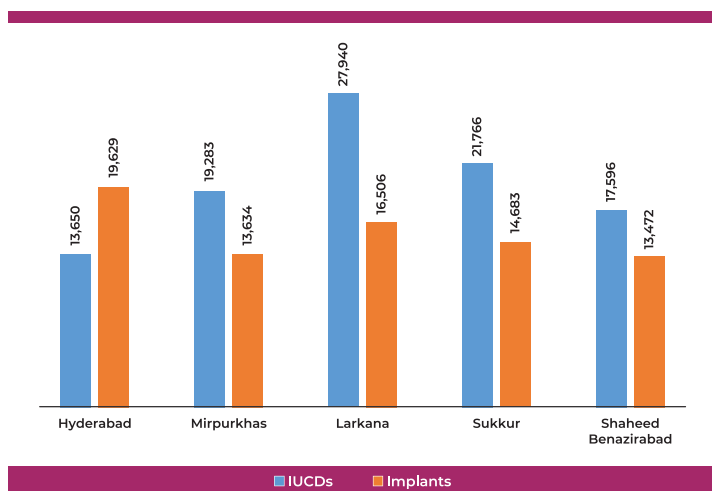
Region-wise Consumption of FP Commodities
January 2019 to June 2020

PPHI Sindh's Contribution in LARC

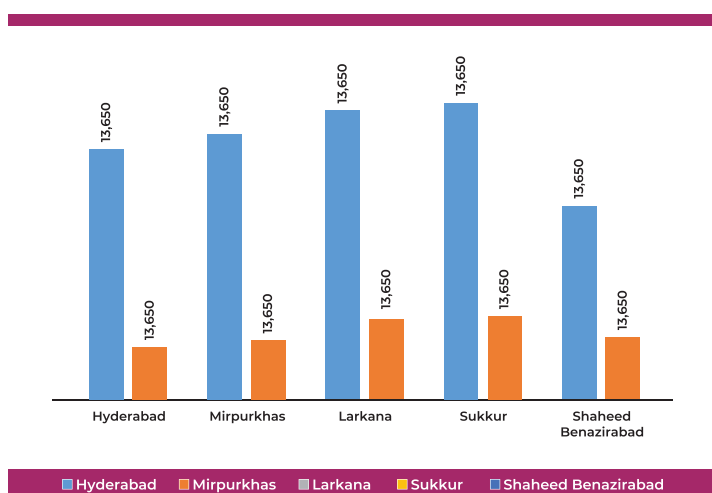
PPHI Sindh's contribution in the area of family planning especially LARC can be recognized from the fact that from January 2019 to June 2020, 77,924 implants and 100,209 IUCDs have been inserted by PPHI Sindh's healthcare providers.

Results of Routine Family Planning Services during the reporting period from January 2019 to June 2020 by PPHI Sindh

In 2019-20 (July 2019 to June 2020), the total number of clients visited PPHI Sindh's HF's for opting FP services reached 761,687 which was 210,859 in the previous six months from January to June 2019. PPHI Sindh focuses on promoting LARC methods. Therefore, in 2020, 72,621 IUCDs and 75,884 implants were inserted. Additionally, PPHI Sindh also facilitated clients with postpartum family planning (PPFP) services. Similarly, out of 345,951 women who delivered at PPHI Sindh's HF's 90579 were provided with Postpartum Family Planning services.



Region-wise Comparison of LARC Consumption during Routine FP Services January 2019 - June 2020



Trend of Region-wise Comparison of Postpartum Family Planning January 2019 - June 2020



FREE FAMILY PLANNING CAMPS

PPHI Sindh arranges special family planning camps on quarterly basis in order to achieve a rapid improvement in CPR. The focus of these camps is on LARC i.e. implant and IUCD. These camps are arranged at PPHI Sindh's BHU Plus (24/7 MCHCs). Both female and male medical officers are available for providing counseling and family planning services to male and female clients. Additionally, free transport is provided to the clients who are interested to get contraceptives but live-in far-flung areas.

Objectives of Family Planning Camps

- To increase community awareness among clients
- To enhance accessibility of FP services
- To promote FP services at door steps
- To reinforce utilization of FP methods
- To reduce myths related to FP methods

Strategies for Promoting and Conducting Free FP Camps

PPHI Sindh organizes awareness campaigns regarding camps through advertising in electronic and print media, by announcements in mosques and community meetings and distributing flyers. Community mobilization through Lady Health Workers (LHWs) also plays an important role in promoting the camps. Community awareness sessions are conducted at different villages.

Transportation is also provided to clients to facilitate them in traveling from their homes in hard-to-reach areas to health care facilities where camps are held. Contraceptive materials are made available in abun-

dance at all PPHI Sindh managed health facilities.

Health care providers are trained before these camps and while performing procedure of FP methods, standard protocols and proper hygienic practices are maintained. WHO Medical Eligibility criteria (MEC wheel) are made available to service providers for counseling and to offer choice to the client. PPHI Sindh's staff at Head Office ensures quality maintenance of contraceptive records on cLMIS software in order to make evidence-based policy decision. Registration and records are maintained to ensure authenticity of data and regular tracking of indicators and performance is also fed in DHIS to see the progress.

Clients counselling sessions are conducted according to the need of clients; they are provided with information on all possible choices; however, client's own preference is prioritized. After procedure side effects and follow up explained to women and furthermore all contact details given to her.

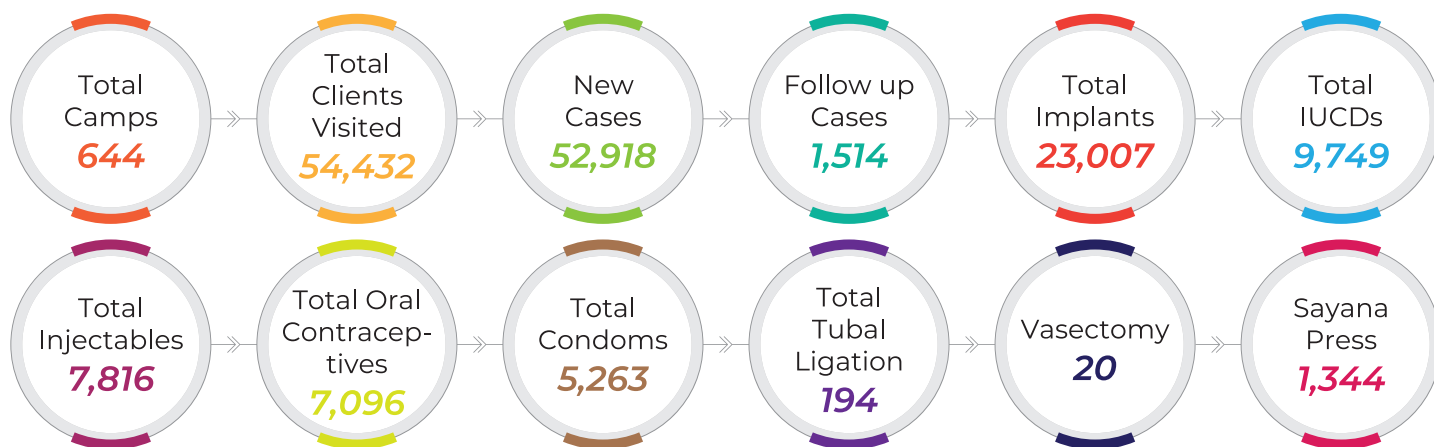
Monitoring of FP services provided in routine and during camps

For monitoring, PPHI Sindh has its very own Smart Phone Monitoring System at health facilities which is used for observing regularity and punctuality of staff, verification of essential equipment's, medicine, vaccine and stock out status. While, for data collection at the primary health care facilities, mainly District Health Information System (DHIS) is used. The technical visits are also monitored through dashboard to see the quality of visits.

Results of Family Planning Camps organized during the reporting period

During the reporting period January 2019 to June 2020, PPHI Sindh organized three Free FP camps

- August 2019
- November 2019
- February 2020



* Done at tertiary

COMPREHENSIVE EMERGENCY OBSTETRIC AND NEWBORN CARE (CEMONC) SERVICES

Comprehensive Emergency Obstetric and Newborn Care services, commonly known as CEmONC services, are the interventions provided to pregnant women and newborns experiencing fatal complications, including severe bleeding, infection, prolonged or obstructed labor, eclampsia, and asphyxia in the newborn. CEmONC interventions include safe blood transfusion, providing oxytocin and antibiotics, performing cesarean sections, manual removal of the placenta, assisted vaginal delivery, safe abortion and resuscitation of the newborn.



The Government of Pakistan launched a series of initiatives during the last decade and made good progress in maternal health indicators (PDHS 2012-13 and PDHS 2017-18). Indirect estimates of MMR through modelling have suggested a substantial decline in MMR, from 276 (PDHS 2006-07) to 178 (Pakistan Economic Survey 2017-18).



The availability of CEmONC services also persuades women to give birth safely while being looked after by trained professionals. A comparison of trends of delivering in a health facility and by a skilled birth attendant (SBA) in Pakistan Demographic and Health Survey PDHS 2012-13 and PDHS 2017-18 shows that delivering at a health facility and ANC check ups and delivery by SBAs is increasing.

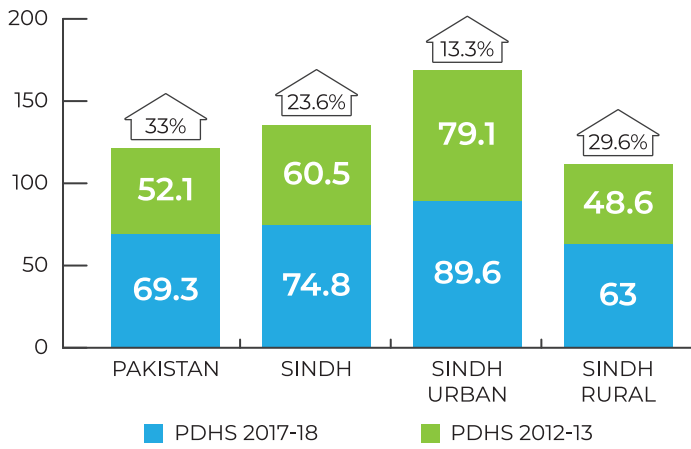
PPHI Sindh provides CEmONC services at its five health facilities which are as follows:

- MCHC Mirupur Mathelo, Ghotki
- Kausar Hospital, Khairpur
- MCHC Tando Jam, Hyderabad
- RHC Bhit Shah, Matiari
- MCHC Mirwah, Mirpurkhas

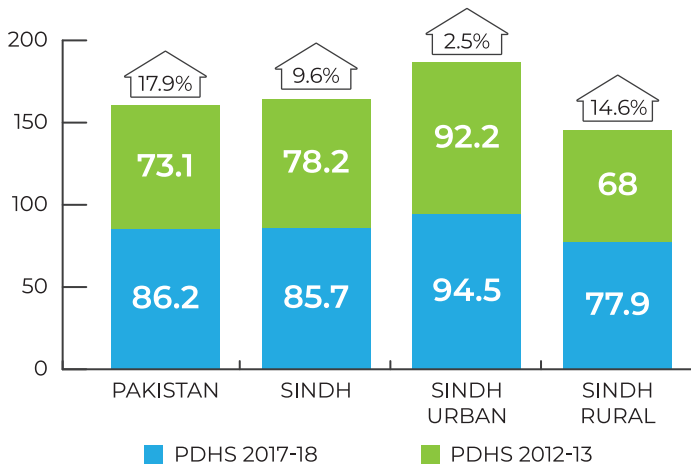
These HFs are also equipped with separate well-maintained Kangaroo Mother Care (KMC) units to facilitate babies which are born prematurely or with low birth weight (LBW). In addition, all PPHI Sindh's CEmONC HFs have well equipped and maintained operation theatres for Caesarean Sections.

PPHI Sindh has hired specialist cadre like gynecologists and pediatricians to provide CEmONC services. Among the five CEmONC MCHCs, Kausar Hospital also has blood transfusion and blood bank facilities along with Newborn Intensive Care Unit (NICU). Two of these MCHCs; namely Kausar Hospital and Mirpur Mathelo provide 24/7 CEmONC services.

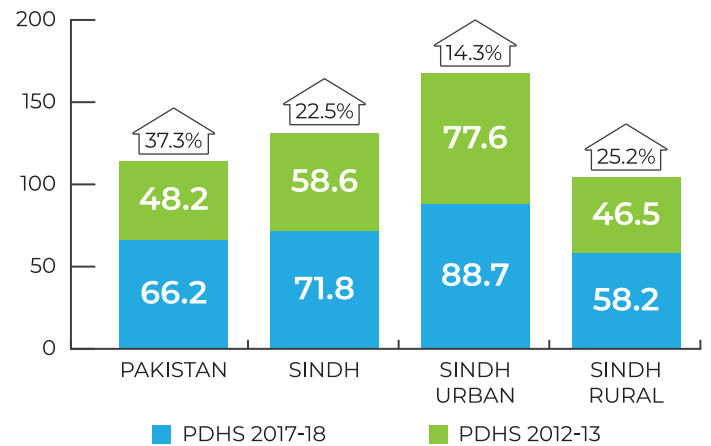




Comparison of trend of Deliveries conducted by Skilled Provider



Comparison of trend of ANC-1 Visits at Health Facilities



Comparison of trend of Deliveries at Health Facilities



FACILITY-WISE NUMBER OF CAESAREAN SECTIONS PERFORMED AT ALL FIVE CEMONC HFS (JAN 2019 - JUNE 2020)

HEALTH FACILITY NAME	NO. OF CAESAREAN
RHC Tando Jam	415
RHC Bhitshah	1,278
MCHC Mirwah	31
MCH Centre Mirpur Mathelo	1,905
MCH Kausar Hospital	4,301

MATERNAL DEATH SURVEILLANCE REVIEWS

Of all the maternal deaths worldwide 99% of deaths occur in developing countries. A vast majority of these deaths are preventable and in order to prevent these deaths, it is essential to have a system that measures and tracks all maternal deaths in real time, helps to understand the underlying factors contributing to the deaths, and stimulates and guides actions to prevent future deaths. In this regard, PPHI Sindh has adopted WHO's Maternal Death Surveillance Review system to gather real time, actionable data on maternal mortality levels, causes of deaths and contributing factors with the focus on using these findings to plan appropriate and effective preventive actions.

PPHI Sindh focuses to identify, notify, and review all maternal deaths in communities and facilities so as to develop effective interventions to reduce maternal mortality and helps in strengthening systems for preventing the near misses.

- Facility-based MDSR systems are “qualitative, in-depth investigations of the causes of, and circumstances surrounding, maternal deaths which occur in health-care facilities”
- Community-based maternal death reviews (verbal autopsies) are “a method of finding out the medical causes of death and ascertaining the personal, family, or community factors that may have contributed to the deaths in women who died outside of a medical facility”

These surveillance indicators are being catered by the ERP system of indicators reporting called (SAS) summary of additional services. The total number of reported maternal and neonatal deaths for the time

period of January 2019- June 2020 are 60 and 501, respectively.

The major causes of maternal and perinatal mortality that were identified as a result of these surveillance reviews include home deliveries, lack of knowledge, inadequate antenatal visits, and cultural inhibitions.



DETAILS OF MATERNAL AND NEONATAL DEATH AS RECORDING THROUGH MATERNAL DEATH SURVEILLANCE REVIEWS

Maternal Deaths Reported at Health facilities	Maternal Deaths Reported from Catchment Area population (delivered at PPHI HF)	Maternal Deaths Reported from Catchment Area Population	Neonatal Deaths Reported at health facility	Neonatal Deaths Reported from Catchment Area Population (Born at PPHI HF)	Neonatal Deaths Reported from Catchment Area Population	Stillbirths Reported
20	40	71	302	199	372	6,846

CAPACITY BUILDING

Building capacity of health care providers is very important to deliver high-quality preventive, promotive, curative and rehabilitative services. This helps in decreasing morbidity and also addresses irrational use of medicines. The newly recruited and existing MOs, FMOs, LHVs, staff Nurses, Midwives, Dispenser and health technicians are the main manpower to address MNCH and general diseases in the community. PPHI Sindh has developed a capacity building strategy to train its frontline healthcare providers and other staff members so that quality of care can be ensured at all levels.

As per PPHI Sindh's strategy, the healthcare workers are provided trainings on topics such as MNCH, FP, DHIS, IMNCI, Communicable, Non-Communicable diseases and community mobilization. Other topics on which the trainings are provided are: Pneumonia, Diarrhea, PSBI 0-5 years, EPI, community mobilization, Nutrition and community case management. The modules of MNCH includes PCPNC, MCPC, KMC, HBB, STDs, FP (PPFP, IUCDs, PPIUCDs, Implants and FP counselling).

Trainings are also conducted through other key stakeholders like Population Welfare Department (PWD) on Family Planning and DHIS Training of Trainers (ToT) by DoH, DG office, UNICEF and WHO, etc.

TYPES OF TRAININGS

PPHI Sindh has included the following types of trainings to build the capacity of its health workers:

Workshop Trainings

- i. Clinical update for Obstetric care trainings of (FMOs, LHVs and Midwives) 2-3 trainings per districts
- ii. Clinical attachments of midwives at the training site supervised by in-charge FMO and other clinical staff like LHVs and Midwives in all three shifts followed by on-the-job coaching and mentoring by MNCH coordinators

Pre-Induction

Pre induction training for newly hired staff of all cadre.

On-the-job Trainings

These training are conducted for all kind of medics and paramedics already posted at the health facilities and are trained in group-based trainings or through on-the-job trainings using OJTs.

QUALITY OF CARE

To achieve and maintain the standard and quality of care at all health facilities, PPHI Sindh has a dedicated team of technical plus management representative at districts level to improve quality of care services through health care providers.

These teams conduct facility quality audit quarterly. This helps each facility identify gaps and improve those gaps by regularly updating facility action plans based on the quality audit. A standard checklist is used for every MNCH service which is duly scored in each area. To support the same, PPHI Sindh has also started pay for performance to improve the individual performance and thus, quality of care.

PPHI Sindh aspires to make these centers ISO certified. Therefore, PPHI Sindh has been implementing QoC strategies at HFs in order to achieve the ISO certification which would be the first ever for PHC facilities in Pakistan.



EVIDENCE BASED PRACTICES IN MNCH

In order to contribute towards the reduction of maternal, newborn and child health mortality, PPHI Sindh introduced many evidence-based practices and trained health care providers of the health facilities. Most of these evidence-based practices were introduced for the first time in province of Sindh. They include:

1. Advance antenatal distribution of misoprostol to reduce the burden of post-partum hemorrhage (PPH).
2. Implementation of infection prevention protocols to decrease puerperal sepsis.
3. 24/7 MNCH services at BHU Plus to increase facility based delivery.
4. Availability of magnesium sulphate at HFs to manage eclampsia.
5. Availability of 204 ambulances to strengthen referrals.
6. Availability and utilization of partograph in all labor rooms to identify obstructed labor
7. Identification of premature births by equipping HFs with ultrasound machines for timely referrals.
8. Established rooms for facility-based Kangaroo Mother Care (KMC) for saving the lives of premature premature babies. This intervention is scaled up to all BHU Plus.
9. Dedicated corners for Helping Babies Breathe to decrease birth asphyxia. Staff was trained and necessary equipment were made available for newborn resuscitation within one golden minute.
10. Free of cost supply of Chlorhexidine to BHU Plus for application on umbilical cord just after cutting the cord post-delivery to reduce neonatal sepsis.
11. Availability of Amoxicillin, Oral Rehydration Salt (ORS) and Zinc to curb Pneumonia and diarrhea in under 5 children.



REFRESHER TRAINING FOR SKILLS OF HEALTH CARE PROVIDERS

PPHI Sindh's experience shows that one-time training of the health care providers is not enough. In order to sustain their skills refresher trainings, follow up after training, clinical mentoring need to be implemented on regular basis. In order to tackle this challenge, PPHI have created a dedicated position of MNCH coordinator whose responsibility is to regularly visit health facilities to provide on the job coaching and training to the health care providers to polish their technical skills. The regular mentoring will not only improve their technical skills but also improve their attitude towards quality of care.



BHU PLUS 24/7 ROUND THE CLOCK SERVICES FOR MANAGEMENT OF DELIVERIES THROUGH PROVISION OF SKILLED BIRTH ATTENDANTS.

PPHI Sindh has recently established more than 300 BHU Plus which are round the clock maternal and child health facilities. Each of these facilities have a female medical officer in morning shift while midwives in evening and night shift. All BHU plus are equipped with necessary supplies, equipment and medicines. Additionally, most of these facilities have ultrasound and ambulance facility available. A number of mobilization activities are done in order to increase deliveries at these health facilities such as community support group meetings with both male and female by PPHI Sindh's community support groups, awareness sessions conducted in the villages by female and male medical officers, announcements on radio, etc.

TRAINING CONDUCTED FROM JAN - JUNE 2019

Training Name	Total no. of Sessions	So far Trained
Additional Summary Sheet	18	230
BLS	4	10
Clmis	5	90
CMAM	1	16
CMAM and IYCF	4	72
DHIS	46	314
Episiotomy and Tear	16	222
CCFP	8	28
FANC	9	38
FP Revised Guidelines	2	15
Helping Baby Breathe	8	80
HBS	7	62
IMNCI	12	114
Infection Prevention	18	148
IUCD	27	226
Kangaroo Mother Care	11	60
Maternal and Neonatal Death	1	16
MCPC	11	173
MVA	24	255
Partograph	17	46
PCPNC Module	2	15

Training Name	Total no. of Sessions	So far Trained
Pneumonia	10	74
Post Abortion Care	8	117
PPH	5	24
PPIUCD	16	219
Prevention and Management of Pre Eclampsia/ Eclampsia	11	15
PSBI	5	18
Rapid Initial Assessment	9	52
STI	10	74
Stillbirth Adit Form	4	17
Syana Press	1	16
TB MIS	9	31
Teaching Skills	1	12
Tuberculosis	3	22
Ultrasound Training	1	16
Vaccum Assisted Vaginal Deliveiries	4	33
Vaginal Bleeding in pregnancy	7	22
Verbal Autopsy	3	87
Others	26	67



TRAINING CONDUCTED FROM JULY 2019 - JUNE 2020

Training Name	Total no. of Sessions	So far Trained
AMTSL	5	40
SAS	9	122
Cemonc	2	20
CMAM	2	39
CMAM & IYCF	10	126
Community Health Session	2	26
COVID Alert and Hleath alert App	34	963
COVID-19	14	312
Covid-19 in pregnancy	4	47
DHIS	41	610
EPI	5	66
Episiotomy and Tear	2	32
CCFP	13	63
FANC	7	38
FP guidelines	2	14
GDM	4	41
HBS	3	53
HBB	15	165
HIV	2	16
IMNCI	5	43
Implants	25	249
Infection prevention	10	84
IPC	53	1326
IUCD	11	149

Training Name	Total no. of Sessions	So far Trained
KMC	12	157
Lab Investigation	19	288
Malaria	5	51
Maternal and Neonatal Death Audit	2	29
Maternal Death Audit	2	15
MCPCC	3	52
Nutrition	2	52
Partograph	12	71
Pathology	4	56
PCPNC	13	283
PPH	11	74
PPIUCD	9	76
Prevention and Management of Pre Eclampsia/ Eclampsia	10	45
Prolonged Labor	2	23
PSBI	2	29
Research	1	10
Still birth audit form	12	99
STI	4	41
Syana Press	36	1207
U/S	2	18
Vacuum assisted vaginal deliveries	3	48
Verbal Autopsy	15	235
Others	27	85



STRENGTHENING AND SUPPORTING MIDWIVES IN SINDH

Midwifery has been considered as an independent profession which constitutes its own accountabilities. Midwives are responsible to provide essential services and meet crucial needs required by women especially in remote areas. They are trained to provide not only basic needs during pregnancy and child birth but also deal with complications to reduce maternal mortality ratios. Midwives have the potential to save many lives when they are able to work in a functional health system - one that continually strives for and recognizes high quality services.

After receiving professional training, midwives are capable enough to run own clinic and also provides first aid to women until gynecologist arrives.

PPHI Sindh has collaborated with Atia Hospital at Koohi Goth to recruit girls who have completed their matriculation from remote areas of Sindh and to provide them professional midwifery diploma after two years' training under a Free Midwifery Training Program. Atia hospital is registered with Pakistan nursing council.

The objective of the program is to produce trained and competent midwives who could work in health care system and provide services in under privileged and remote areas of the province to reduce maternal morbidity and mortality.



Focus on Midwives

PPHI Sindh is working to strengthen midwifery care in a number of ways.

PARTNER WITH ATIA HOSPITAL'S MIDWIFERY SCHOOL AT KOOHI GOTH TO DEVELOP CENTER OF EXCELLENCE IN MIDWIFERY EDUCATION

PPHI Sindh is working with Abu Zafar Institute of Medical Sciences (Koohi Goth) - to strengthen the quality of teaching and clinical practice. Activities include: clinical updates and teaching skills for tutors;



improvements to skills laboratories where students can practice on anatomical models; improvements at clinical practice sites where students learn how to provide high quality and evidence-based care.

Process of Recruitment

To recruit the best and willing candidates, PPHI Sindh advertises in the leading national and local newspapers for applications. After shortlisting, a written test and interviews of the candidates are conducted to maintain transparency. PPHI Sindh selects 50 candidates per batch. For training purpose, PPHI Sindh has signed an MoU with Attia Hospital, according to which the fees of selected candidates are paid by PPHI Sindh. The training curriculum is designed by Pakistan Nursing Council, Islamabad for Community Midwives. They have facilitated this curriculum in English and Urdu both. PPHI Sindh provides them two years' training (theoretical classes) and deposes them for an additional three years (on contracts) at health facilities (after six months hands-on training) that are in or near their residential areas. During the whole course PPHI Sindh provides stipend to them on monthly basis. Atia Hospital provides residential facility and library as well. Successful candidates are also rewarded by Atia Hospital with extra stipend based on their attendance and performance.



ATTACHMENT/DEPUTATION OF MIDWIVES TRAINED BY PPHI SINDH AT ITS HEALTH FACILITIES

PPHI Sindh provides an opportunity to the successful candidates to be a part of the organization by deposing them at its HFs in their respective districts. PPHI Sindh deposes them against existing vacancy and provides 3 years contractual jobs to them.

Since 2014, PPHI Sindh has enrolled 362 candidates in the Free Midwifery Training Program. Out of these 362, around 351 started the course whereas 11 dropped out due to various reasons. So far, 253 students have passed out from the course from 2014 to 2020. In 2020, a total of 49 midwives passed the training who will now be attached to PPHI Sindh's HFs in their respective districts.



Hands on training

Students are trained to conduct deliveries, under the supervision of senior doctors at Atia General Hospital and Koochi Goth Hospital. On completion of successful training, they become capable of conducting deliveries independently.

CREATE DEMAND FOR MIDWIFERY CARE

PPHI Sindh has been conducting a number of community mobilization activities to create awareness of and interest in quality care and to promote health facilities where high quality care is available. Many PPHI Sindh HFs have midwives working alongside doctors and independently in various shifts to meet the demand of quality healthcare.

MIDWIVES BATCH WISE STATUS				
BATCH NO.	SESSION	ENROLLED	PASSED	STATUS
1	2014 - 2016	70	69	Training Completed
2	2015 - 2017	50	47	
3	2016 - 2018	50	45	
4	2017 - 2019	50	43	
5	2018 - 2020	50	49	
6	2019 - 2021	50	Training ongoing	Training Continued
7	2020 - 2022	42	Training ongoing	
GRAND TOTAL		362	253	

PATIENT REFERRAL MECHANISM OF PPHI SINDH

A referral mechanism is a unique and powerful tool for health providers to keep track of their patient referrals throughout the care continuum. Its objective is to improve and streamline communication among primary healthcare physicians, specialists, and healthcare providers involved in a patient's care. Patient referral mechanism constitutes an integral part of any well-functioning health system. In the public health sector in Pakistan, the first level in the referral hierarchy is the Lady Health Worker (LHW) of the National Programme for Family Planning and Primary Health Care. While there are three to four levels at primary healthcare (FLCF, RHC, THQ and DHQs). First Level Care facility (FLCF) includes dispensaries, Basic Health Units (BHUs) and Maternal and Child Healthcare Centers (MCHCs). While second to fourth level are RHCs, THQs and DHQs. The tertiary care level is relatively bigger hospital and are not part of PHC referral mechanism.

PPHI Sindh mostly manages first level referral care facilities. As per health system framework these health facilities do not provide diagnostics health facilities, emergency and indoor services, therefore, there is no requirement of ambulance at FLCF. But as PPHI Sindh has added number of additional services to the first level PHC services including free ambulance services to selected BHUs particularly, at BHU Plus. These ambulances are providing round the clock services to carry out referrals related to maternity care and some roadside emergency assistance to facilitate in road traffic accidents referred.

PPHI Sindh's ambulances are used mostly for transportation of MNCH clients but are also used for other emergencies like heart attacks, serious emergency patients, road accidents and in case of other disasters like bomb blast, etc.

PPHI SINDH NAUSHAHRO FEROZE REFERRAL FORM (HF RECORD)	PPHI SINDH NAUSHAHRO FEROZE REFERRAL FORM (Patient/Client Copy)	PPHI SINDH NAUSHAHRO FEROZE REFERRAL FORM (FEED BACK where patient/client referred)
S.# _____	S.# _____	Name of Institution _____
OPD # _____	OPD # _____	OPD.# _____
Name of Patient/client _____	Name of Patient/client _____	Name of patient /client _____
F/Husband Name _____	F/Husband Name _____	F/Husband Name _____
Contact No _____ / _____	Contact No _____ / _____	Age _____ Sex _____
Address _____	Address _____	Brief History _____
Age _____ Sex _____	Age _____ Sex _____	Clinical findings _____
Name of HF _____	Name of HF _____	Diagnosis _____
Patient/Client Referred to _____	Patient/Client Referred to _____	Lab Reports _____
Brief History _____	Brief History _____	-
Reason for Referral _____	Reason for Referral _____	-
Clinical findings _____	Clinical findings _____	Treatment Provided. _____
Provisional Diagnosis _____	Provisional Diagnosis _____	_____
Vitals: B.P. _____ Pulse _____ Temp _____ R/R _____	Vitals: B.P. _____ Pulse _____ Te _____	_____
Referred By _____	Referred By _____	_____
Designation _____	Designation _____	_____
Date _____	Date _____	_____
Time _____	Time _____	_____
Signature _____	Signature _____	_____
Official stamp. _____	Official stamp. _____	_____

FREE AMBULANCE SERVICE

Free ambulance services are provided to pregnant women for their ANC and PNC who comply all WHO recommended scheduled visits. The service includes free pick and drop for the delivery care, road accidents or transportation due to any calamity.



CHARGED AMBULANCE SERVICE

A minimal fee is charged for the ambulance services if the pregnant women have not paid scheduled visits of ANC and PNC also called booked clients. Transportation from PPHI Sindh BHU/MCHC to secondary or tertiary care hospital of any un-booked clients, for referrals or pick and drop of delivery care clients are provided in routine maternity care and other serious illnesses like cardiac arrest. Stroke, etc.



PPHI SINDH'S RESPONSE TO CORONAVIRUS (COVID-19) OUTBREAK

INTRODUCTION

In early 2020, the coronavirus pandemic (COVID-19) struck Pakistan in the same manner as it did the world. The pandemic is unprecedented in the history and presented enormous challenges to health systems along with other businesses around the world. The whole world was seen fighting together against the virus which has now become a global public health crisis.

Pakistan also responded to COVID-19 by taking immediate actions to scale up resources – emergency funds, medical supplies, equipment and training for staff – to avoid the worst affect and save lives.

Sindh was the first province to develop an emergency plan for detection, and preventive procedures. The Government of Sindh also created a rapid response plan with isolation measures, hygiene improvement and provision of protective materials.

PPHI Sindh also has been at the forefront of the local response. In March, the organization started offering guidance on COVID response. The major effort went into prevention, and supporting the most vulnerable and marginalized communities in Sindh.

In late March 2020, Government of Sindh announced lockdown of the province including OPDs in tertiary hospitals all over the province. However, with strict compliance to SOPs and provision of PPEs, PPHI Sindh continue to provide OPD services, although a decline was seen in the number of patients visiting OPD.

However, PPHI Sindh's management took emergency measures to ensure safe operations at health facilities and to thoroughly sanitise all areas of health facilities including ambulances.

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

ESTABLISHED ISOLATION WARD

PPHI Sindh continued to provide quality healthcare services at all its health facilities in the midst of coronavirus pandemic. The management at all levels



ensured all the necessary SOPs were made compulsory by Department of Health (DoH), Government of Sindh (GoS). PPHI Sindh also established a 30-bedded Isolation Ward at DHQ Mirpurkhas to assist the Health Department in managing the COVID-19 positive patients.

STARTED CORONAVIRUS TESTING

PPHI Sindh started testing for Coronavirus in its Hyderabad District Laboratory. A total of 1,000 kits were received from the DoH, GoS. A training was conducted for the lab staff on how to conduct the tests and personal safety as well. All the employees working in the lab were provided complete PPE.

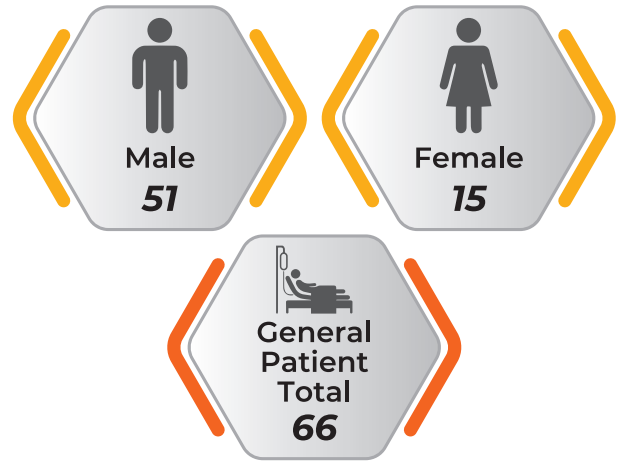




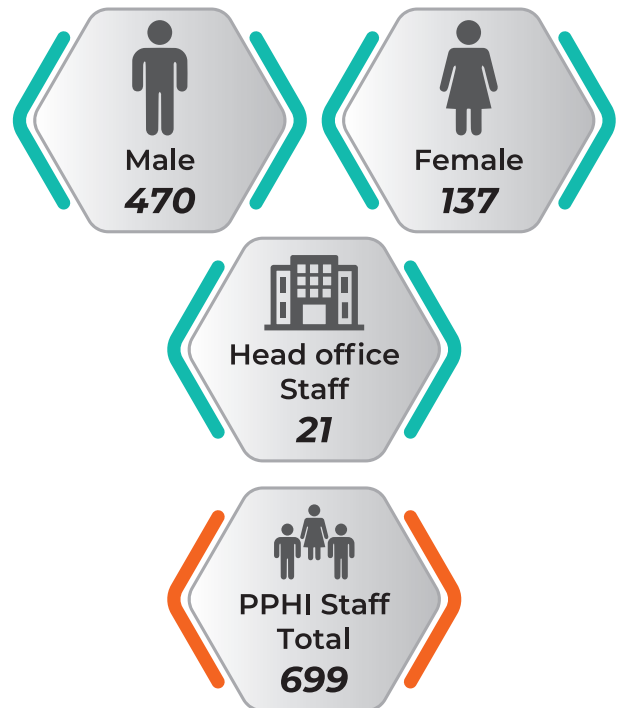
PPHI Sindh's major activities during the period March - June 2020 in response to COVID-19 in 24 districts of Sindh:

- Established **993** desks for screening at **1,238** PPHI Sindh health facilities
- Established **two** screening points/desks outside PPHI Sindh's HFs. One screening point was established at PPHI Sindh district office in Ghotki
- Dedicated **1,622** staff members of PPHI Sindh for screening at centres of PPHI Sindh and **111** staff for screening at screening desks Outreach of PPHI HFs
- Disinfected **1,238** HFs and **203** ambulances **3,145** times with chlorinated water
- Introduced physical distancing measures at **1,159** HFs to prevent spreading
- Organised **1,124** Health Education Sessions by Social Organisers on loud speaker in the community to spread awareness on COVID-19 including hand washing techniques, social distancing and measures needed to be taken if COVID-19 symptoms appear

PPHI Sindh also received Personal Protective Equipment as donations from Government of Sindh and other organisations including UNICEF, Concern Worldwide, RDF Sindh, Reckitt Benckiser Pakistan Limited, AAP, ACF and United Ethanol Industries Limited. The organistaion also procured PPE for its employees with the available funds. Details are as follows:



Details of General Patients Positive with COVID-19 referred by PPHI Sindh Health Facilities



Details of PPHI Sindh Employees Positive with COVID-19 referred by PPHI Sindh Health Facilities



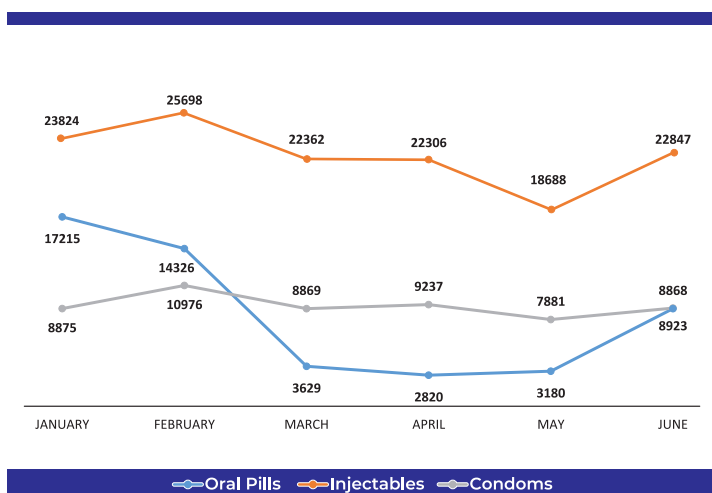
Details of PPE procured and received as donations



IMPACT OF CORONAVIRUS PANDEMIC ON PPHI SINDH'S SERVICE DELIVERY

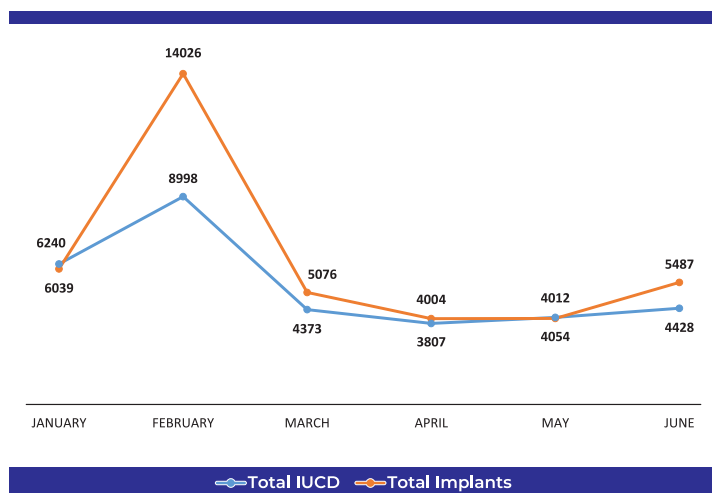
During the pandemic, PPHI Sindh maintained its spectrum of services in overall Sindh including outpatient, family planning services, maternal child health services, nutrition, immunization, provision of laboratory services and ambulances. Among these, trend of all services has declined due to coronavirus or COVID-19 pandemic. As this virus spreads through droplet and hand infection at very high intensity, therefore, people were informed to stay at home by the government as it imposed a lockdown. Ultimately, this lockdown mechanism impacted the number of patients at PPHI Sindh's health facilities resulting a drastic decline in OPD services of PPHI Sindh in the last quarter of the year 2019-20 in comparison to the services in the third quarter of the same year. During coronavirus pandemic, PPHI Sindh continued to provide services at 1,239 health facilities with the same commitment to serve the community.

Following the decline in OPD services, family planning services were also impacted. Graph 1 shows an analysis of FP service during January to June 2020.



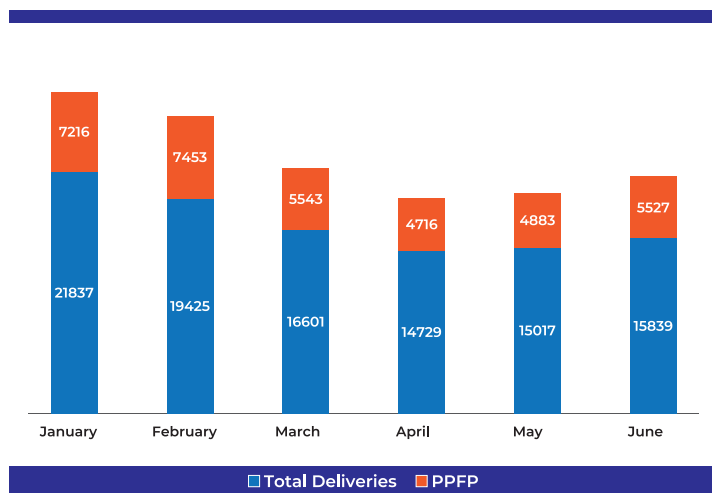
Comparison of Short-term FP Products' Clients from Jan- Jun 2020

Furthermore, the lockdown due to coronavirus also affected consumption of LARC method, as shown in Graph 2, which shows the number of IUCDs inserted in January 2020 was 6,240 which saw a sharp decline in March 2020 where only 4,373 IUCDs were inserted but a slight increase is seen in June 2020 again where 4,428 IUCDs were inserted. Similarly, consumption of implants shows similar trend that in January 2020 the number of implants consumed was 6,036 which peaked in February with 14,026 implants followed by a decline in March 2020, the number dropped to 5,076; it again saw an increase in June 2020 where 5,487 implants were consumed.



Comparison of Long-term reversible methods Clients from Jan- Jun 2020

On the contrary, the percentage of postpartum family planning (PPFP) against the number of total deliveries was not affected. The data shown in Graph 3 shows that the percentage of PPFP provided against the total number of deliveries is 33% in January and March 2020 with a slight increase in June 2020 (35%). This means PPHI Sindh's focus remained on PPFP and the number of total PPFP declined only because the number of deliveries declined during the COVID-19 pandemic but the percent of the patients covered remained the same.



Comparison of PPFP Services from Jan-Jun 2020

Furthermore, during the lockdown due to coronavirus, PPHI Sindh continued to organise health education sessions on coronavirus preventions and personal hygiene. Moreover, screening desks were also arranged at multiple sites and many PPHI Sindh staff members were assigned at these points to ensure proper screening, isolation and further guidance to the suspected patients and community at large.

COMMUNITY PARTICIPATION IN PRIMARY HEALTHCARE

Community participation is an integral and foundational principle of primary healthcare and is the process by which individuals and families take responsibility for their own health and of the community they live in. Optimum curative, preventive or promotional outcomes of any health initiative can never be achieved without the active participation of the communities.

Active community participation in the implementation of any project has proved to improve project design through the use of local knowledge; increase project acceptability; produce a more equitable distribution of benefits; promote local resource mobilization; and help ensure project sustainability.

PPHI Sindh developed a guideline and strategy on community participation in order to engage the community effectively and efficiently. The objectives of community participation strategy of PPHI Sindh are to empower; build beneficiary capacity and to increase effectiveness of various initiatives. To make effective groups for community participation, PPHI Sindh involved both men and women, chieftain of the villages, representatives of various castes, respective councilors, religious clerks, school teachers, lady health supervisors (LHWs) and government representatives.

PPHI Sindh has categorized the community participation in three groups/sessions; Community Support Groups (CSG), Community Health Sessions and School Health Sessions. The members of the community support group (CSGs) were provided training on how to conduct effective meetings and discussions. As per the guidelines, the CSG meetings are conducted on monthly basis and are well planned in terms of topic to be discussed, target audience, clear agenda, proceedings, issues/challenges and the way forward.

The main themes for conducting the community meetings are:

1. Primordial prevention (persuading healthy lifestyle)
2. Control of Top 5 Communicable / Non-communicable Diseases (Curative/Preventive Approach)
3. MNCH services like ASNC, PNC, Safe Delivery, Newborn care, Vaccination and decreasing morbidity and mortality.

4. Importance of Family Planning with Special Focus on PFPF, LTRC with emphasis on side effects counselling.
5. Reinforcing Importance of Nutrition and IYCF Messages.
6. Highlighting Danger Signs of Pregnancy/ Postnatal Care/Schedule of EPI/ANC/PNC.
7. Information on danger signs of Newborn Infections and Kangaroo Mother Care.
8. Importance of Immunization for pregnant women (TT) and newborn.

During the year 2019-20, PPHI Sindh conducted a total of 46,642 community sessions out of which 16,305 were community support group meetings and 30,337 were health education sessions including both community based and in schools. More than one million participants from the community all over Sindh attended these sessions.

DETAILS OF COMMUNITY SESSIONS DURING JULY 2019 TO JUNE 2020		
	No. of Meetings/ Sessions	No. of Male/Female Participants
Community Meetings	16,282	232,015
Health Education Sessions (Community+ Schools)	30,318	801,924
Total	46,600	1,033,939

YEAR-WISE COMPARISON OF HEALTH EDUCATION SESSIONS FROM JULY 2017-JUNE 2020				
Financial Year	No. of Community meetings	CM - M/F Participants	No. of Health Education Sessions	HES - Total M/F Participants
2017-2018	34,262	740,906		
2018-2019	13,633	330,798	19,217	778,206
2019-2020	16,282	223,015	30,318	801,924
Total	64,177	1,294,719	49,535	1,580,130

Note: Before 2018, old DHIS model didn't record the school and Community Health Sessions separately

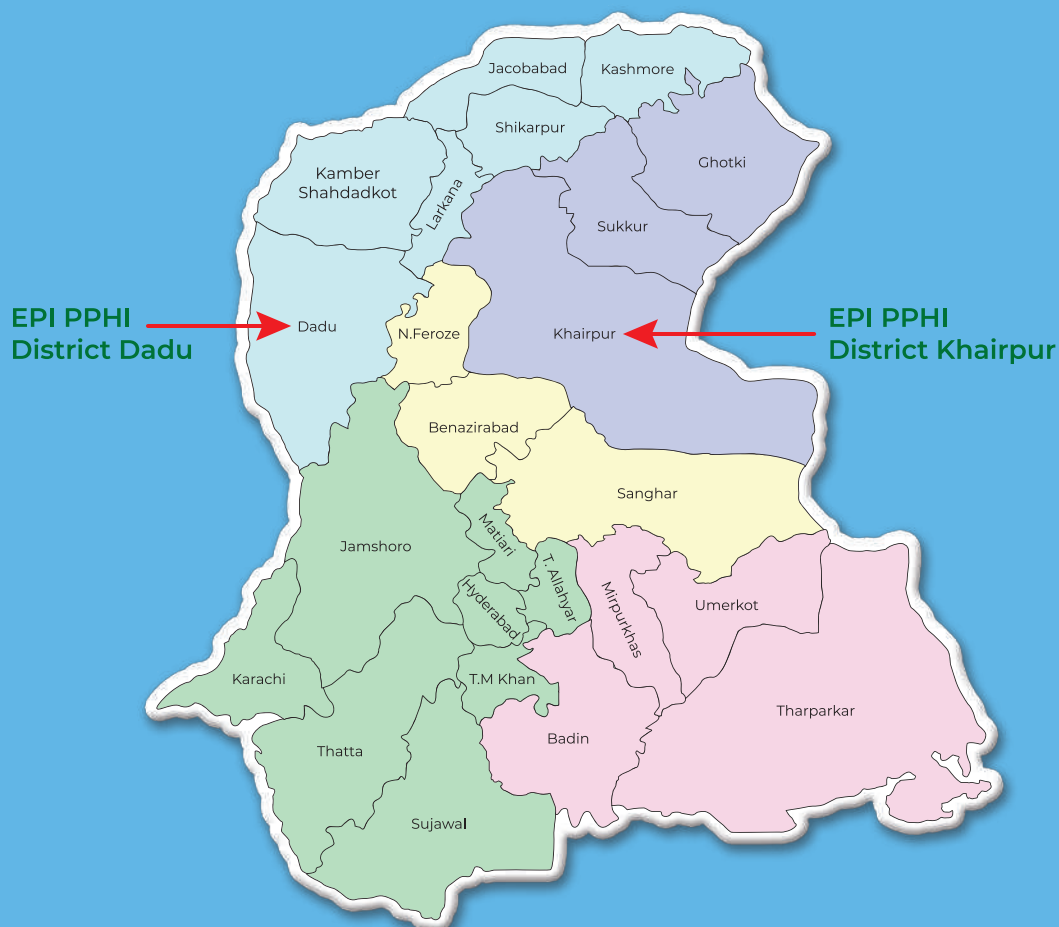
PERFORMANCE OF PPHI SINDH'S IMMUNISATION (EPI) PROGRAM

Immunization has remained as the foremost priority of PPHI Sindh since beginning in coordination with Sindh Government. Currently, the two PPHI Sindh managed EPI districts Khairpur and Dadu have been operating successfully since 2017. As EPI being the integral component of PPHI Sindh's primary and preventive healthcare services, the organization is committed to contribute its role to achieve sustainable development goals.

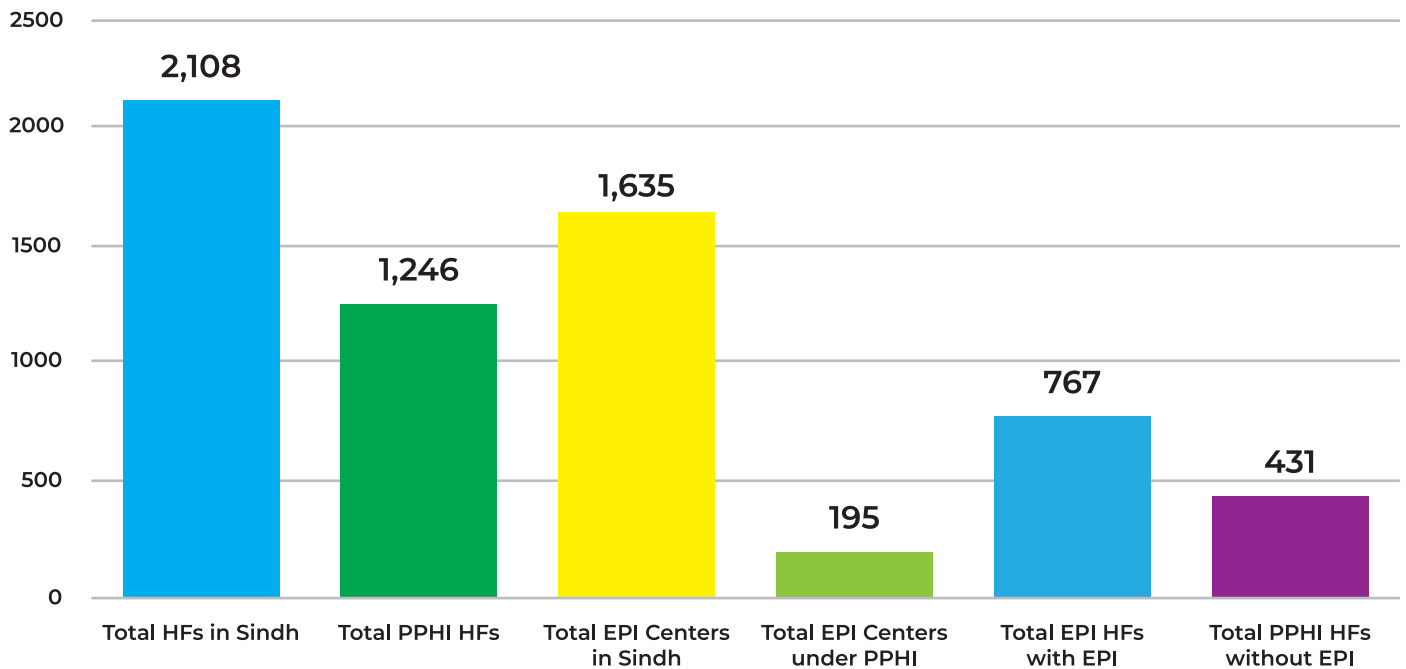
District Khairpur is divided into two parts for better governance and management named Khairpur A and Khairpur B because of its large demographical area along with hard to reach areas.



PPHI SINDH MANAGED EPI DISTRICTS



STATUS OF EPI IN ALL PPHI HEALTH FACILITIES



OBJECTIVES OF PPHI SINDH'S IMMUNISATION (EPI) PROGRAM

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

STRATEGIES OF PPHI SINDH'S IMMUNISATION (EPI) PROGRAM

- Organised Training of Mid-Level Managers (District Managers) for Head Office's technical staff and team members from all the districts of PPHI Sindh to orient them on EPI activities.
- Procured a Four Wheel Drive Vehicle for Nara Taluka of District Khairpur to conduct outreach session of vaccination of routine immunization in hard to reach areas of the desert.
- Ensured pay for performance for the vaccinators,

Taluka Superintendent Vaccination, Additional Superintendent Vaccination and District Superintendent Vaccination.

- Conducted a Household Cluster Survey to assess the Immunization coverage as per WHO protocol in District Khairpur. The same is planned in district Dadu.
- Allocated new motorbikes for vaccinators to conduct outreach vaccination in far flung villages.
- Provided cellular phones to vaccinators to register the children for vaccination.
- Completed recruitment and replacement of supervisory and vaccinating staff in Dadu and Khairpur for proper monitoring of EPI activities.
- Updated the immunization coverage in EPI software (Vaccine Logistic Management Information System and Zindagi Mehfooz Program) on regular basis.
- Launched Zindagi Mehfooz Program in districts Dadu and Khairpur with coordination of Interactive Research and Development (IRD).

DISTRICT PROFILES

TOTAL POPULATION	DADU	KHAIRPUR A	KHAIRPUR B
Total Population	1,644,802	1,385,532	1,194,756
Target Population 0-11M (BCG & OPV0) (3.5%)	58,111	48,494	41,816
Target Population 0-11M (Pental to Measles1) (92.30% of 3.5%)	54,740	44,760	38,597
Target Population 12-23M (3.21%)	53,785	44,476	38,352
Target Population PWs (3.57%)	58,719	49,463	42,653
Target Population CBAs (18.43%)	303,137	255,354	220,194

DISTRICT EPI STRUCTURE

TOTAL POPULATION	DADU	KHAIRPUR A	KHAIRPUR B
Number of Talukas	4	4	4
Number of UCs	52	41	35
Number of EPI Centers	74	66	55
Number of Out Reach Teams	91	67	59
Number of Vaccinators	228	172	137
Number of LHWs	1092	800	757

DISTRICT EPI LOGISTICS

TOTAL POPULATION	DADU	KHAIRPUR A	KHAIRPUR B
Number of ILR (Solarized)	20	61	57
Number of ILR (Electric)	153	54	56
Number of EPI Refrigerators / Freezers	32	4	4
Number of Cold Boxes	45	58	48
Number of Standard Vaccine Carriers	182	131	97
Number of Motor Bikes for Vaccinators	68	-	-

PERFORMANCE INDICATOR FOR ANTIGEN COVERAGE

ANTIGEN	DADU		KHAIRPUR	
	JAN - JUN 2019	JULY - JUNE 2019 - 2020	JAN - JUN 2019	JULY - JUNE 2019 - 2020
BCG	93%	89%	84%	80%
OPV0	90%	87%	78%	78%
Penta1	98%	91%	93%	84%
Penta2	96%	89%	87%	82%
Penta3	94%	88%	82%	81%
IPV	94%	88%	89%	79%
Measles1	95%	90%	91%	84%
Measles2	93%	88%	83%	79%
TT1	89%	81%	82%	74%
TT2	81%	76%	70%	65%

EPI PERFORMANCE INDICATORS

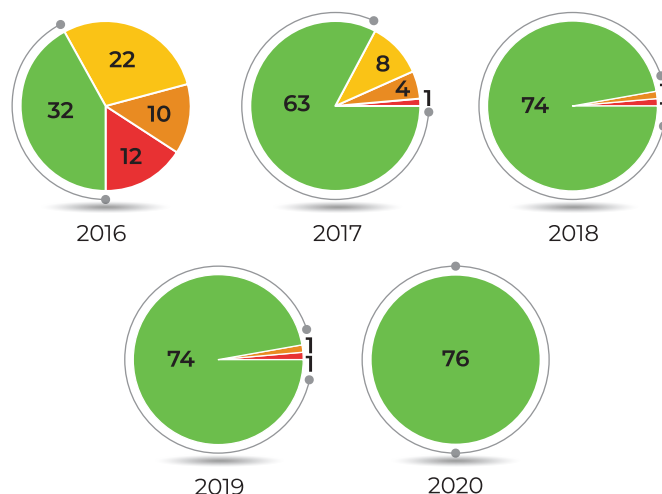
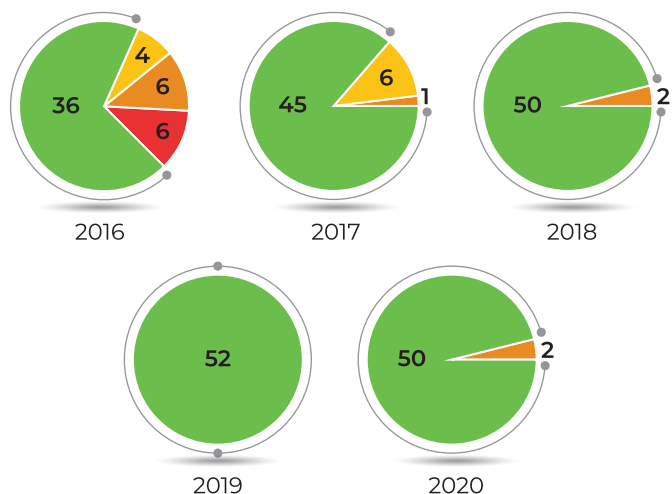
ANNUAL PERFORMANCE CATEGORY BASED ON PENTA 1 - PENTA 3

DADU (Total UCs 52)

KHAIRPUR (Total UCs 76)

■ Cat 1 ■ Cat 2 ■ Cat 3 ■ Cat 4

■ Cat 1 ■ Cat 2 ■ Cat 3 ■ Cat 4



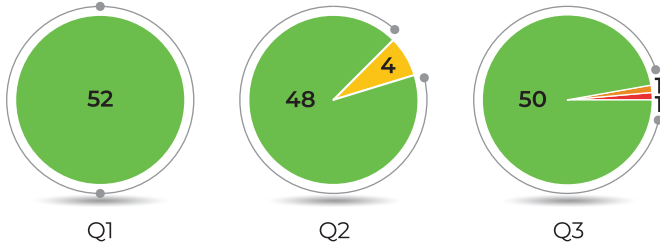
* 2020 data includes from January to November. It will be updated with data of December.

EPI PERFORMANCE INDICATORS

UC CATEGORY IN PPHI MANAGED EPI DISTRICTS 2020

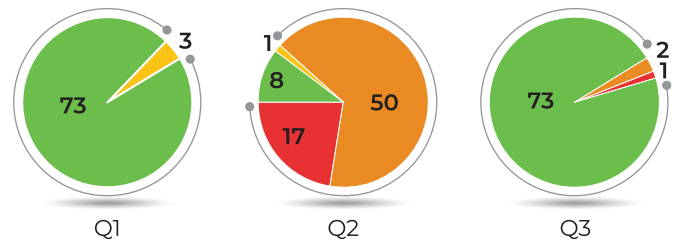
DADU

■ Cat 1 ■ Cat 2 ■ Cat 3 ■ Cat 4



KHAIRPUR

■ Cat 1 ■ Cat 2 ■ Cat 3 ■ Cat 4



ACTIVITIES, UNDER IMMUNISATION

The following trainings were held:

- Training workshop on Vaccine Preventable Diseases and Adverse Event Following Immunization surveillance by PD EPI in March 2019.
- Workshop on Expansion of EPI outreach activity by PD EPI Sindh in April 2019.
- Training for Mid-Level Managers by Program Director (PD) EPI Sindh in June 2019.
- Training on TCV campaign in October 2019.
- AEFI management training at PD EPI office in October 2019.
- Orientation of Doctors on TCV catch-up activity and introduction of TCV in Sindh EPI program at DPCR Dadu and Khairpur in November 2019.
- Provincial TOT on Introduction of TCV in Sindh EPI schedule, development of EPI plan of action 2020 and Enhanced Outreach Activity in December 2019.

Similarly, following meeting were also attended / organised:

- Planning meeting on development of TCV plan at PD EPI office in May 2019.
- Meeting for Action Plan for Integrated Services by EOC Sindh and UNICEF in October 2019.
- Quarterly EPI Review Meeting on Routine Immunization chaired by Health Minister at PD EPI office in October 2019.
- Meeting for launching Zindagi Mehfooz Program of Interactive Research & Development in districts Dadu and Khairpur.
- EPI Review Meeting at PPHI DO Khairpur A in Jan 2020.

Additionally, a campaign on TCV (Typhoid Conjugated Vaccine) campaign was organized in November 2019.



HOUSEHOLD CLUSTER SURVEY

Household cluster survey is one of the well-known types of immunization coverage survey to evaluate and assess the immunization program in given area. Household clustering is done to analyze and check the quality of work done in an area.

Household clustering can be done through different criteria with randomization. Household clustering is done on national level by selecting 210 children with age benchmark 12 to 23 months, in 30 clusters of 7 houses each. Children aged 0–11 months for evaluating the TT coverage among their mothers.

The household cluster survey was conducted in district Khairpur during the first half of financial year 2019-2020 to assess the immunization coverage.

However, considering available resources of PPHI Sindh and for better understanding the real picture of each union council of district Khairpur, this survey was customized by including all UCs as cluster and collecting information from 14 eligible households (2 cluster forms, each containing 7 children).



SURVEY RESULTS OF DISTRICT KHAIRPUR MIR'S

Fully Immunized
930 (89%)

**Incomplete
Vaccination** 103
(10%)

Zero Dose Children
15 (1%)

**Reasons of Zero
Dose or Incomplete
Vaccination
(Total = 118)**

Awareness Problem
41 (36%)

**Service Delivery
Problem** 47 (42%)

Motivation Problem
25 (22%)

**Awareness about
near EPI Center**
1006 (96%)

**Vaccination Card
Retention** 884
(84%)

**Absolute Child
Record** 836 (80%)

SUMMARY RESULTS KHAIRPUR (A VS B)

KHAIRPUR A (UC 40)

- Total Surveyed Children = 560
- Fully Immunized Children = 513 (92%)
- Incompletely Vaccinated Children = 37 (7%)
- Zero Dose Children = 10 (2%)
- Total Incomplete & Zero Dose Children = 47

Reasons:

- Awareness Problem = 23
- Service Delivery = 11
- Motivation = 10
- Vaccination Card Retention = 457 (82%)
- Absolute Child Record = 424 (76%)

KHAIRPUR B (UC 35)

- Total Surveyed Children = 490
- Fully Immunized Children = 417 (85%)
- Incompletely Vaccinated Children = 66 (13%)
- Zero Dose Children = 5 (1%)
- Total Incomplete & Zero Dose Children = 66

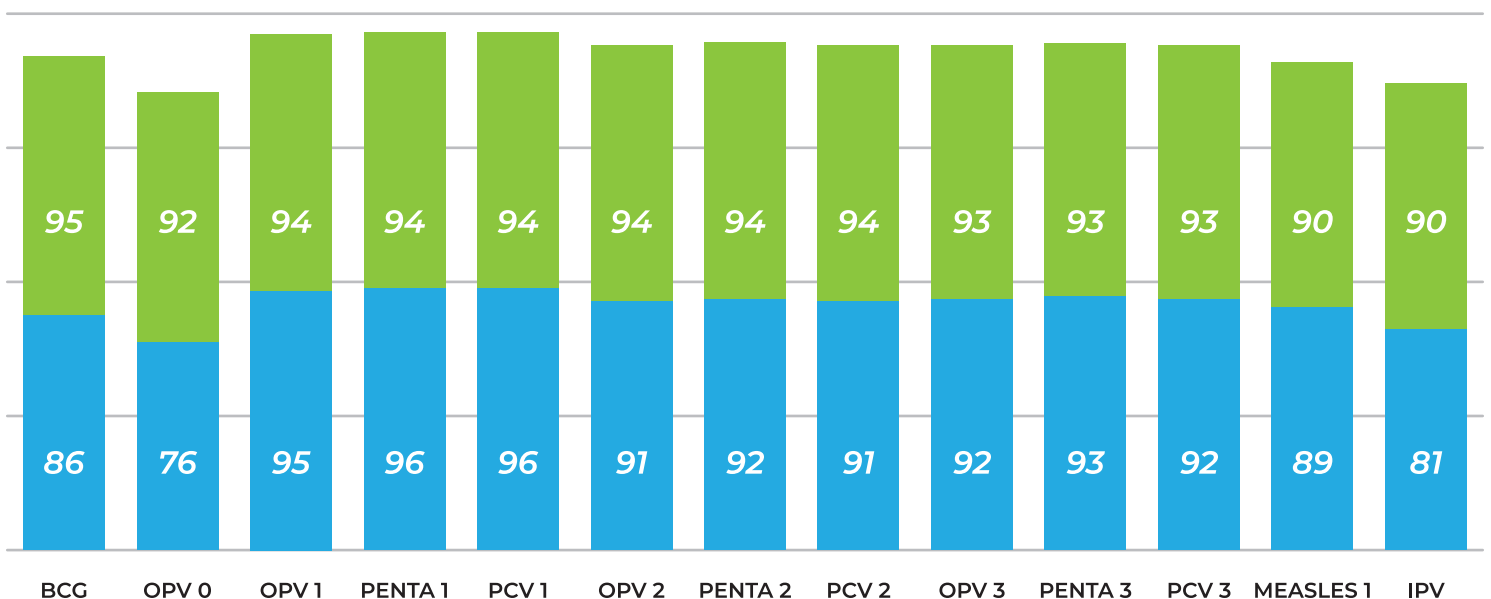
Reasons:

- Awareness Problem = 13
- Service Delivery = 34
- Motivation = 8
- Vaccination Card Retention = 427 (87%)
- Absolute Child Record = 412 (84%)

SUMMARY OF HOUSEHOLD CLUSTERS IN KHAIRPUR

■ Administrative Coverage

■ Household Cluster Coverage



PPHI SINDH HELPLINE



0800 77755

Monday to Friday from 9 am - 5 pm
or

Send your complaints at:



complaints@pphisindh.org



whatsapp @ 03458280743

You can also register your complaints
through our website



www.pphisindh.org

NUTRITION

IMPROVING NUTRITION IN SINDH

In Sindh, malnutrition is widespread among all ages affecting nearly half of children and mothers. According to the National Nutrition Survey (NNS) 2018, the malnutrition levels in Sindh are above the threshold level creating a serious public health problem. The NNS 2018 survey results indicate that more than four out of 10 children under age five are underweight (41.3%). Almost 45.5% of children under five years are chronically under-nourished or stunted, while 23.3% of children are acutely under-nourished or wasted and 5.2% of children are overweight. Moreover, iron deficiency in women and children are at levels of severe public health significance in Sindh, 22.8% and 32.6% respectively. These figures present a critical situation in several key areas linked to malnutrition across the province. The most pervasive and dominant factor underlying this situation is widespread poverty, food insecurity, poor Infant Young Child Feeding (IYCF) and Water Sanitation and Hygiene (WASH) practices.



PPHI Sindh is implementing nutrition specific interventions since March, 2016. Initially, interventions started in partnership with Nutrition Support Programme (NSP) across nine districts of Sindh province, further interventions were extended and taken over by Accelerated Action Plan (AAP) and EU PINS. Currently, AAP is operational in 13 districts and EU PINS in 10. In total, Nutrition program is being executed in 23 districts of Sindh. The interventions are focused on the management of Severely Acute Malnourished (SAM) children under five years of age.

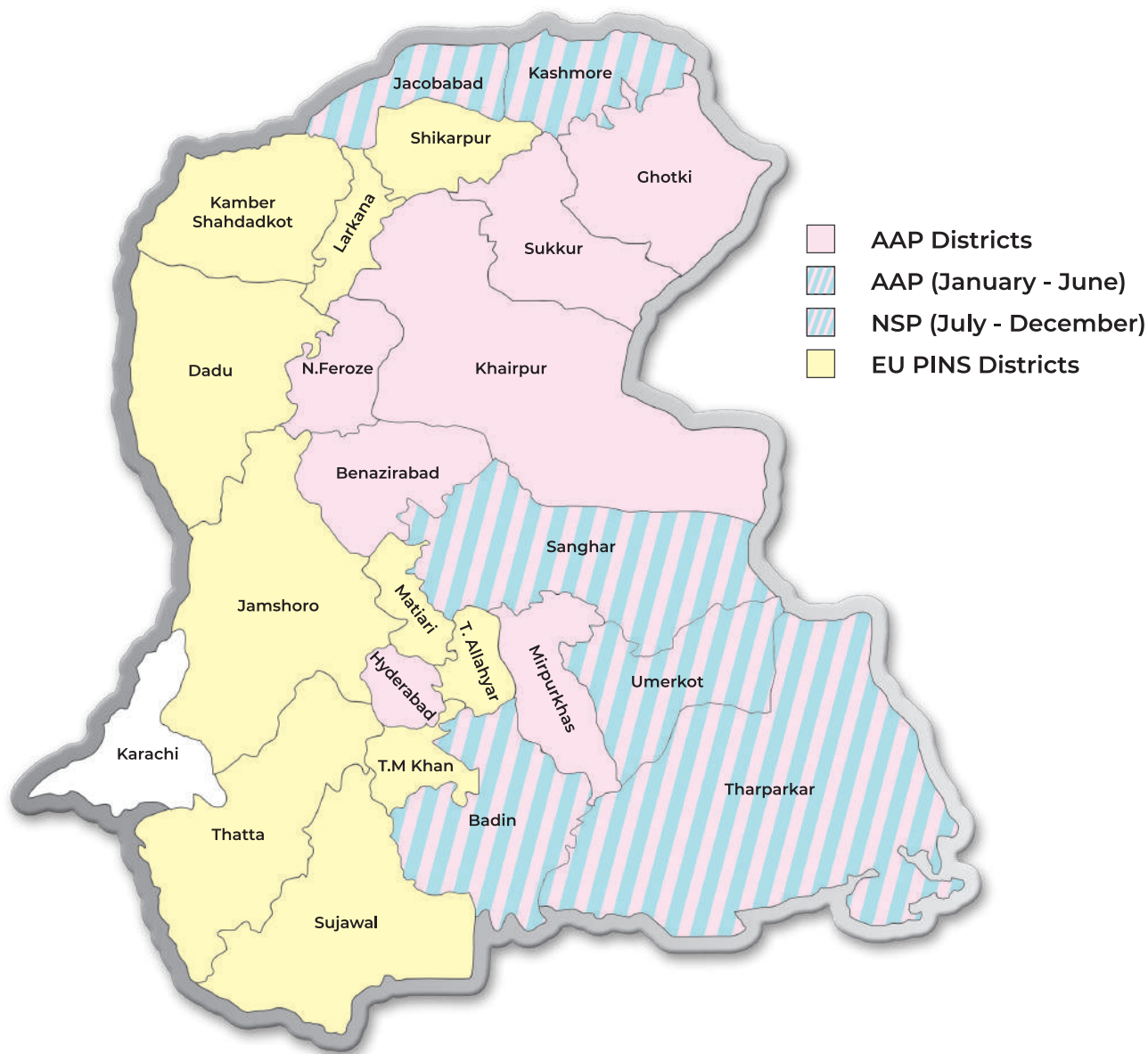


Under nutrition projects PPHI Sindh has established

- 1,108 OTP sites in 23 Districts of Sindh
- 05 functional NSCs in 05 districts of Sindh
- More than 1,500 Nutrition Project staff in 23 districts

The activities carried out at OTPs and NSC are:

- Assessment and identification of Acute Malnutrition of Children, 6 to 59 months of age and PLWs
- Treatment of Acute Malnutrition through specialized nutritious food
- Regular follow ups & brief examination of enrolled malnourished children for progress checkup and timely refer if required
- Identification & referral of complicated malnourished children to Nutrition Stabilization Center for further management of their critical phase of complications
- Provision of Iron Folic Acid to Pregnant & Lactating Women to meet their Iron needs
- Provision of Multi Micro Nutrient Sachets to under 5 years children
- Health facility & Community based health awareness sessions with particular attention to Malnutrition, its consequences and preventive measures



NUTRITION PROJECTS UNDER PPHI IMPLEMENTATION

PROJECT TITLE	PROJECT AREA	PROJECT TIMEFRAME
Enhanced Nutrition for Mother and Children by Nutrition Support Program Sindh (NSP)	Badin, Jacobabad, Kashmore, Larkana, Kamber, Sanghar, Tando Muhammad Khan, Tharparkar and Umerkot	2016-2019
Accelerated Action Plan for reduction of stunting and malnutrition (AAP) by Government of Sindh	Ghotki, Khairpur Mirs, Mirpurkhas, Naushero Feroz, Sukkur, Badin, Jacobabad, Kashmore, Sanghar, Tharparkar, Umerkot, Hyderabad and Shaheed Benazirabad	2018-2020
Program for Improved Nutrition in Sindh (PINS) by European Union	Kambar Shahdadkot, Larkana, Matiari, Shikarpur, Sujawal, Tando Allahyar, T.M. Khan, Thatta, Dadu & Jamshoro	2018-2021

ACCELERATED ACTION PLAN (AAP) FOR REDUCTION STUNTING AND MALNUTRITION BY GOVERNMENT OF SINDH

Recognizing the need of addressing malnutrition as a top priority, Government of Sindh launched the Accelerated Action Plan (AAP) namely "Sehatmand Sindh" in 2018 for the reduction of stunting and malnutrition with an overarching goal for ten years to reduce stunting from 48% to 40% in first five years (2016-2021) and 15% by (2021-2026) in Sindh by increasing and expanding coverage of multi-sectoral interventions (like fisheries, agriculture, education, WASH etc.) which are known to reduce stunting in first five years of children's lives.

Planned Project OTP Sites and Nutrition Stabilization Centers (NSC)



PROJECT PERFORMANCE

SAM Treatment and Performance Indicators

The SAM treatment for U5 children is provided through Outpatient Therapeutic Program (OTP) incorporated in the health facilities and at community centers. The treatment is done through Ready to Use Therapeutic Food (RUTF) in integration with primary healthcare components.



UNDER 5 YEARS CHILDREN ASSESSED FOR MALNUTRITION



1,761,351

CHILDREN ONGOING IN OTP AT BEGINNING OF THE YEAR



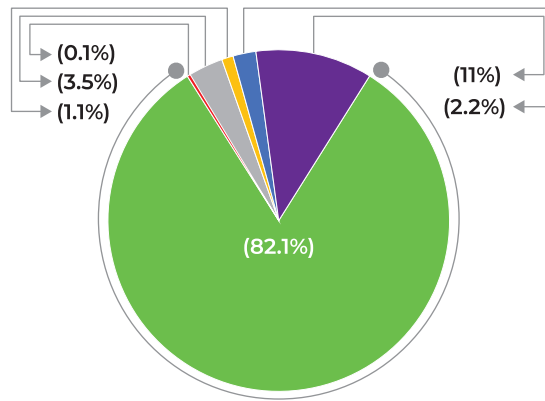
17,202

NO. OF SAM CHILDREN REGISTERED



108,255

OTP PERFORMANCE INDICATORS



Cured	84,606
Death	117
Default	3,570
Non-Cured	1,128
NSC/Medical Transfer	2,238
Moved Out/Others	11,411

Cured	82.1%
Death	0.1%
Default	3.5%
Non-Cured	1.1%
NSC/Medical Transfer	2.2%
Moved Out/ Others	11%

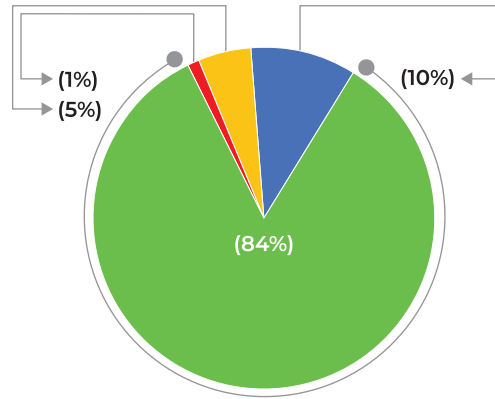


SAM with Medical Complication Treatment and Performance Indicators

SAM children suffered from the Severe Medical Complications are managed under NSC. NSC is in-patient care where Nutritional management is provided through specialized Therapeutic Nutritious Milk called F-75 and F-100. Initially, child stabilizes with F-75 and then rehabilitate with F-100, during these phases children are medically managed according to their medical conditions. All NSCs follow the National Guidelines.

Performance indicators of reporting year is given below;

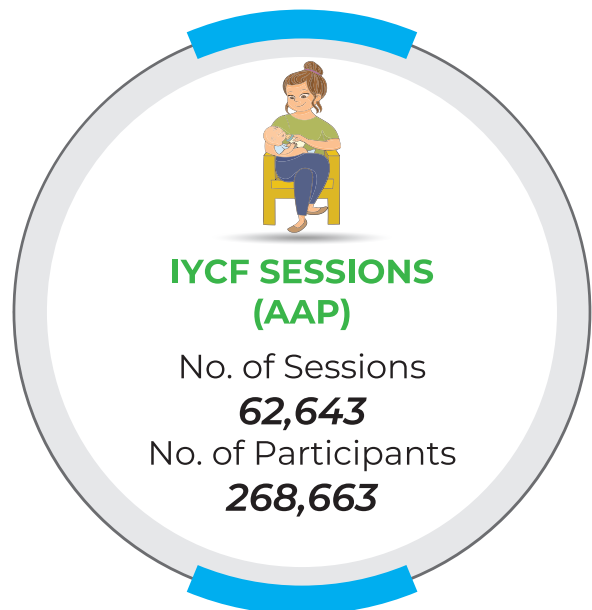
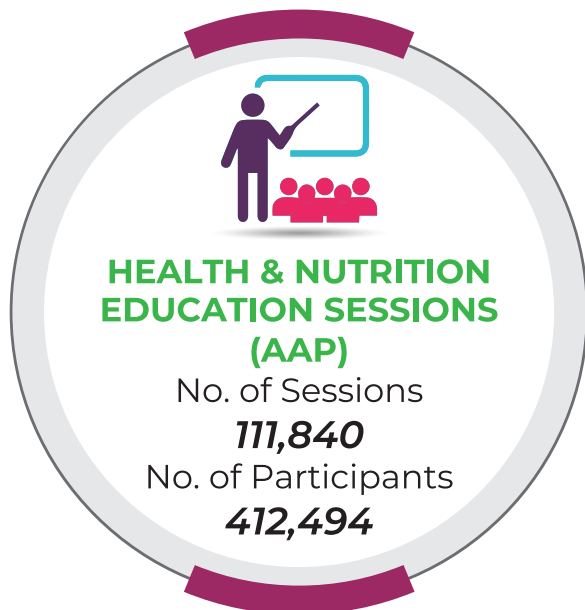
NSC PERFORMANCE INDICATORS



Cured	1,346
Death	14
Non-Cured	0
LAMA	73
Transfer Out	168

Cured	84%
Death	1%
Non-Cured	0%
LAMA	5%
Transfer Out	10%

Participation conducted during the reporting year is given below;



PROGRAM FOR IMPROVED NUTRITION IN SINDH (PINS) BY EUROPEAN UNION

PPHI Sindh signed a contract with Action Against Hunger (ACF) to implement the EU-PINS in December 2018. It aims to reduce the burden of malnutrition through multi-sector approach in 10 districts of Sindh. Initially, the project was started in eight districts, Shikarpur, Larkana, Kamber, Matiari, Tando Allahyar, Tando Muhammad Khan, Thatta & Sujawal in partnership with ACF but later on, in 2020, it was extended to Dadu and Jamshoro with collaboration of Rural Support Program Network (RSPN).

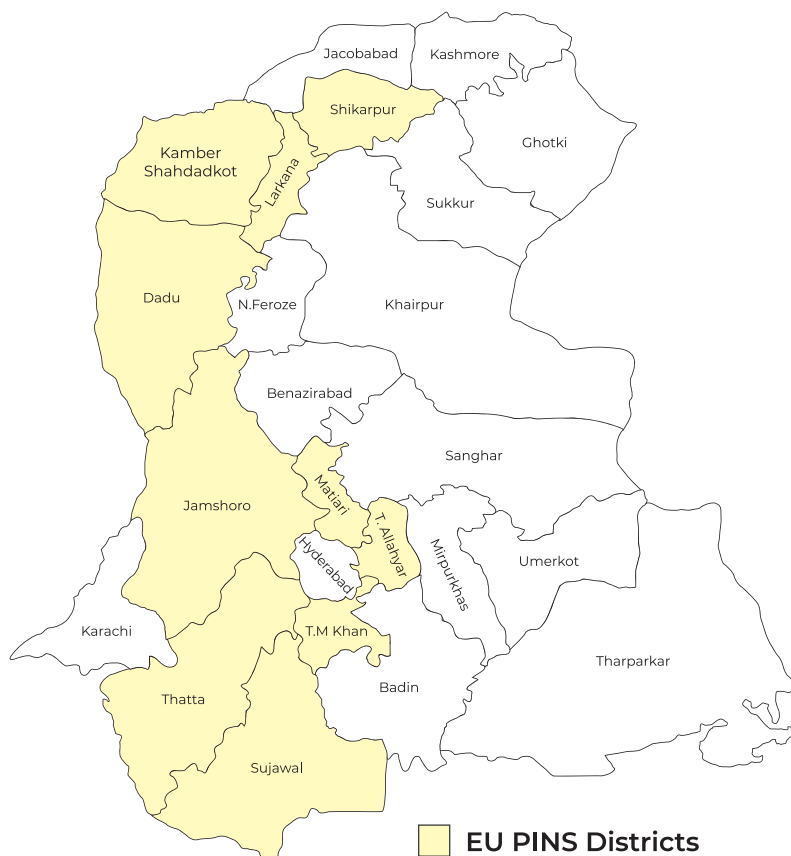
Program Updates (July 2019 - June 2020)

COMMUNITY OUTREACH

Thatta and Tando Muhammad Khan are PPHI PINS Outreach districts

Screening, referral and Multi Micro-nutrient Supplementation

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



SCREENING OF CHILDREN 6-59 MONTHS



New **148,527**
Repeat **53,268**
Total **201,796**

SAM REFERRAL TO OTPS BY CHWS



9,355

CHILDREN 6-23 MONTHS RECEIVED MNP



20,363

PLW SCREENING



New **43,715**
Repeat **37,692**
Total **81,407**

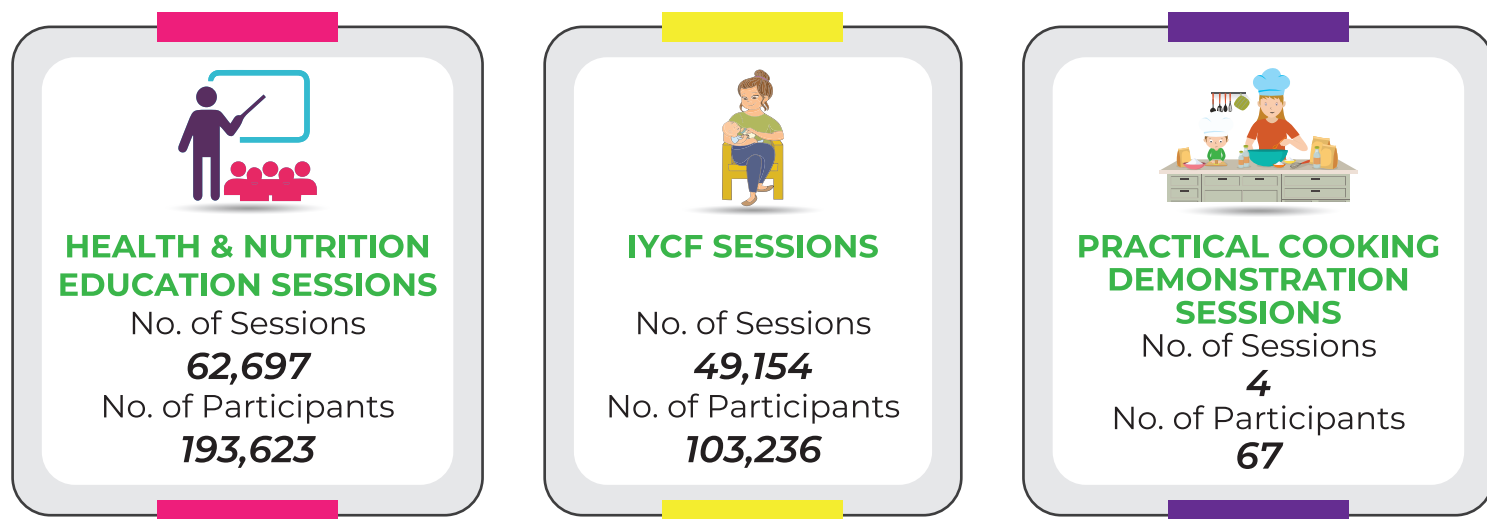
PLW RECEIVED IFA



39,578

Health, Nutrition, IYCF and Practical Cooking Demonstration Sessions

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



Community Support Groups

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



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

Beside Nutrition services Community Health Workers have also utilized for referring for family planning, MCH services, Children with Diarrhea episodes, Immunization and other services from community to respective hospitals and camps. Kitchen garden activities are also initiated at different villages through CHWs under outreach component.

S.NO.	ACTIVITY	NUMBER OF UCs	NUMBER OF CHWs	STARTED AT NUMBER OF VILLAGES	NUMBER OF CLIENTS
1	Kitchen Gardening	17	60	60	
2	FAMILY PLANNING	8	106	120	1358
3	ANC				897
4	Immunization		300	450	4052
5	Diarrhea				524
6	Other PHC Referrals				879

OTP SITE STRUCTURE

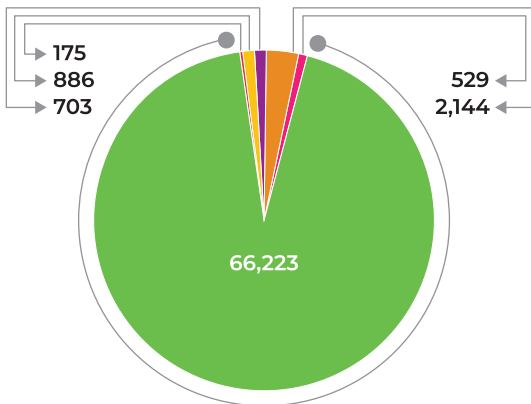
The **262** out of **263** targeted OTP sites have been functional during the reported period. **One** OTP site named 'Garhi Tego' in district Shikarpur is not established due to security issues in the area. Alternate site for that is identified, which will be established soon. The **184** OTP sites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



SAM Treatment and Performance Indicators

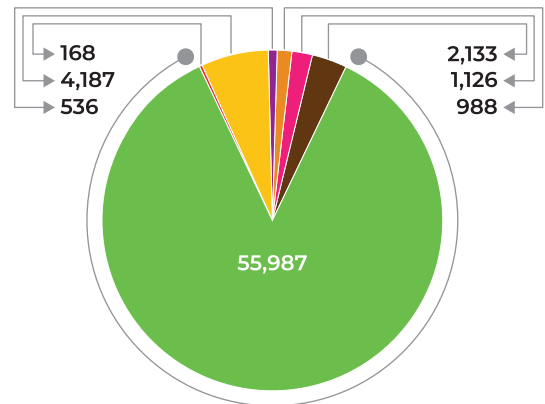
The SAM treatment services integrated with other healthcare components are provided to the targeted population through **262** OTP sites, where Nutrition Assistant treats undernourished children from 6-59 months as per national CMAM guidelines. The **106,547** SAM children have been treated through the period with **88.9%** recovery rate. The below table presents details;

OTP ADMISSIONS
JUL 2019 TO JUN 2020



MUAC based		66,223
Odema based		175
Return after default		886
Transfer from NSC		703
Other		2,144
Relapse		529
Total Admissions		70,677

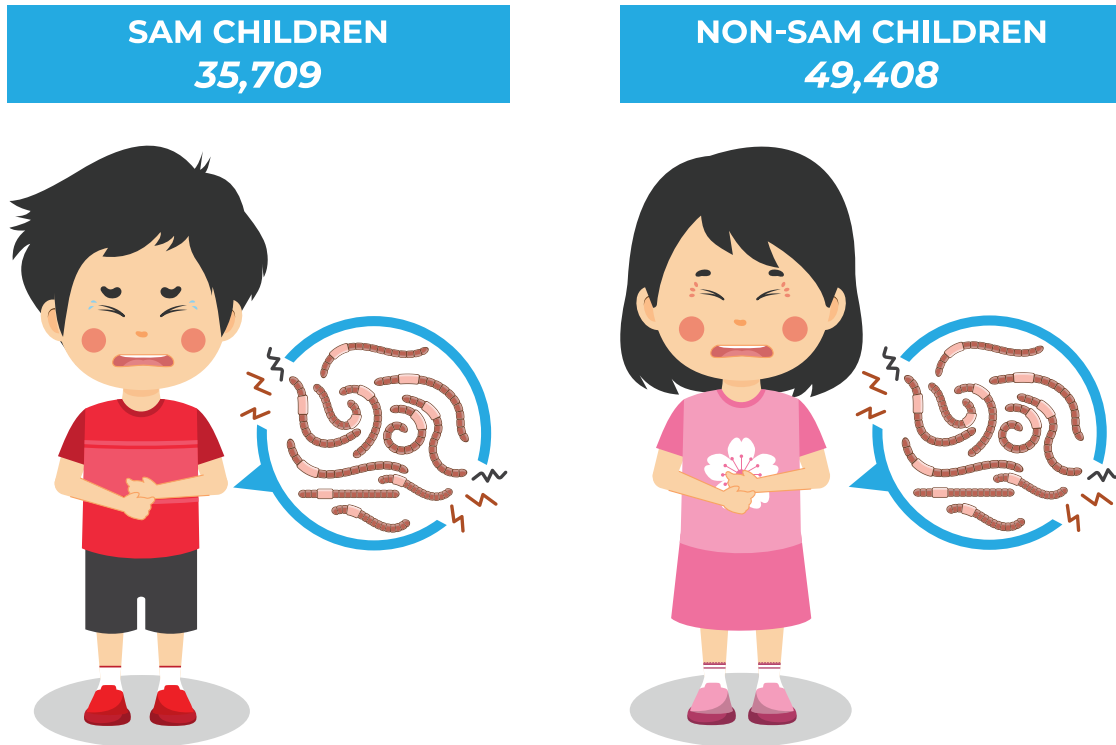
OTP EXITS
JUL 2019 TO JUN 2020



Cured		55,987
Death		168
Default		4,178
Non Respondent		536
Medical Transfer		988
Transfer to NSC		1,126
Others		2,133
Total Exits		65,116

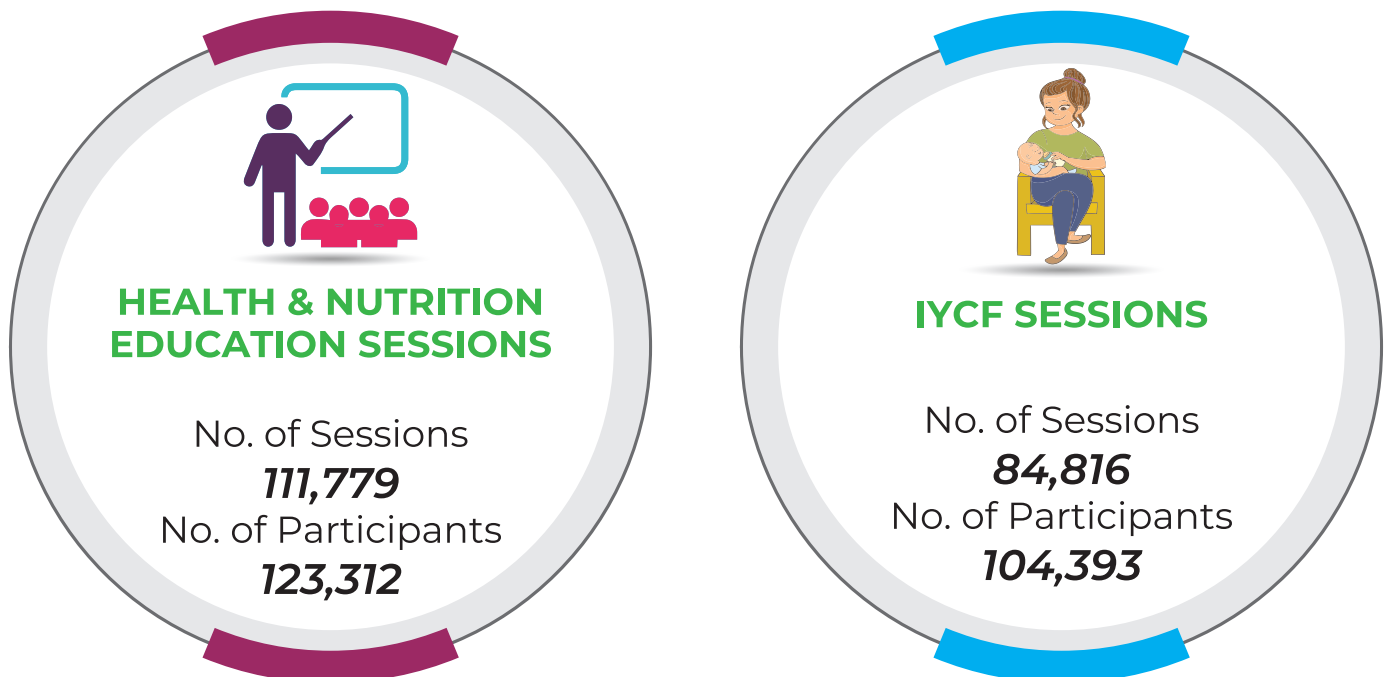
Children Deworming

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



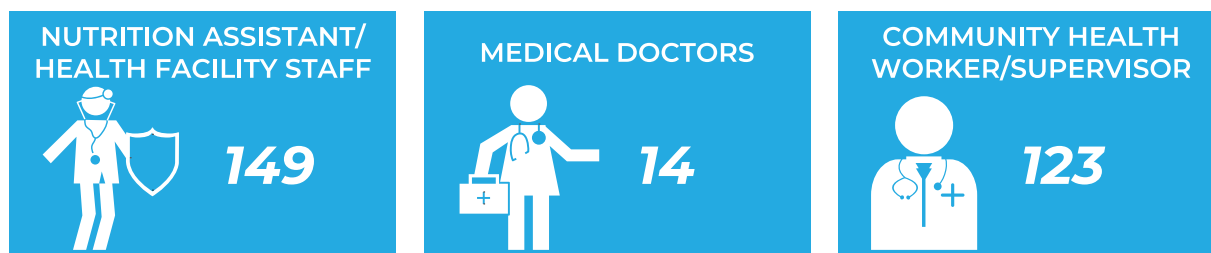
Health, Nutrition & IYCF Session

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



STAFF CAPACITY BUILDING

The table presents number of staff trained on CMAM and IYCF during reported period.

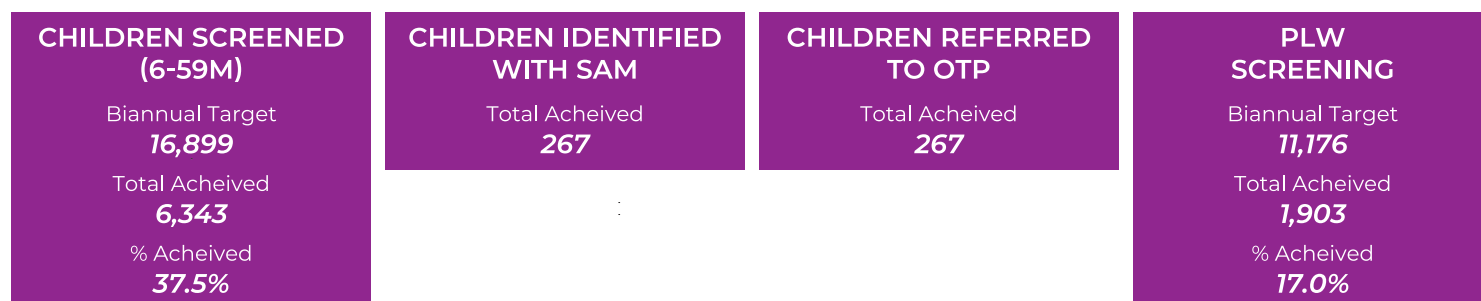


PROGRAM UPDATES (JAN - JUNE 2019)

COMMUNITY OUTREACH

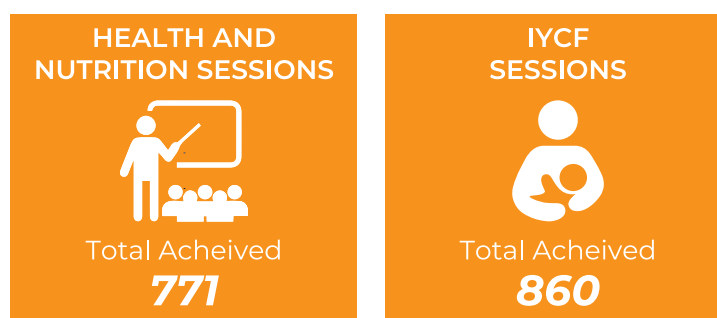
Children (6-59m) and PLW Screening along with Referral by CHWs

The table presents number of children (6-59m) and PLW screening along with referrals by CHWs during the reported period. The district Tando Muhammad Khan shows no activity as project operations are not started there.



SBCC Activities

The SBCC activities except health and nutrition sessions are not conducted as the ToRs for MTMSGs/FTFSGs are not provided by the ACF. Below table presents number of sessions accomplished during the reported period.



OUTPATIENT THERAPEUTIC PROGRAM (OTP)

Successful SAM Referrals

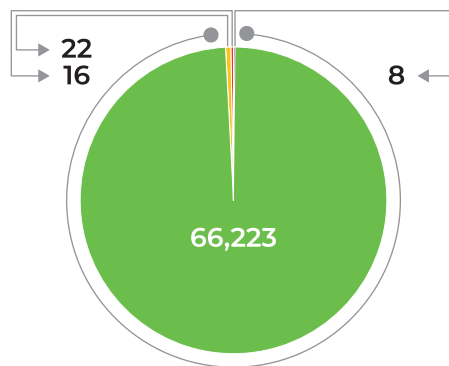
The table presents number of successful referrals to OTP during the reported period.



OTP Admissions

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

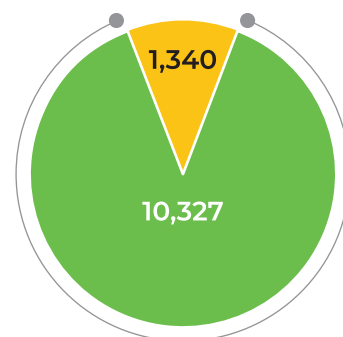
- New Admissions
- Return after default
- Transfer from NSC
- Others



Children Deworming

The table presents data of children dewormed in OTP during the reported period.

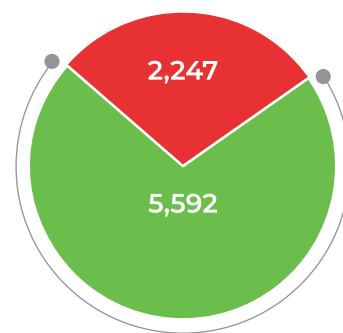
- Target
- Achieved



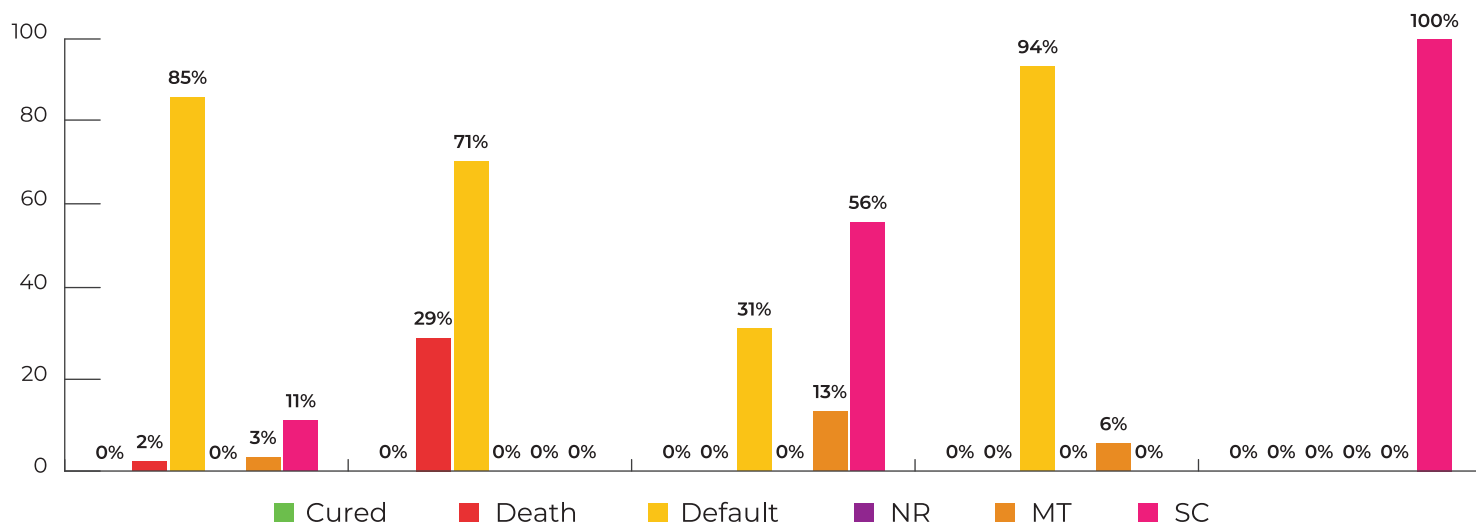
Health, Nutrition and IYCF Sessions

The table presents data of health, nutrition and IYCF sessions conducted at OTPs during the reported period.

- Target
- Achieved



OTP PERFORMANCE INDICATORS

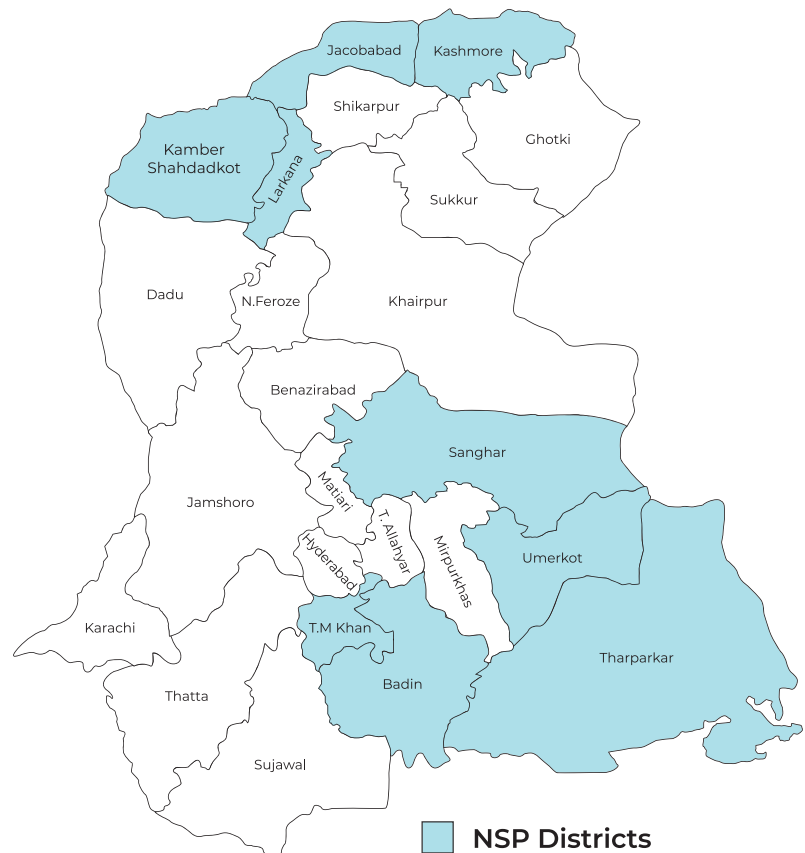


NUTRITION SUPPORT PROGRAM

Nutrition Support Programme (NSP) started its inception in March, 2016 and the journey ended in December, 2019. The NSP has proven as an illustrious debut in the field of Nutrition for the PPHI Sindh. It was the pioneer Nutrition Project, achieve the required milestones and established the fact that PPHI Sindh can successfully implement mega Nutrition Projects. For PPHI Sindh, NSP opened the windows of opportunities and attracted International and National actors for the investment in Nutrition Projects and partnership with PPHI Sindh for different projects. Currently PPHI is implementing mega projects and is in partnership with UNWFP, UNICEF, ACF (EU-PINS), Concern World Wide and RSPN.

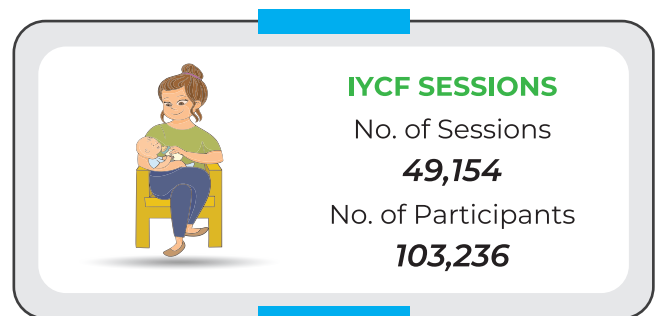
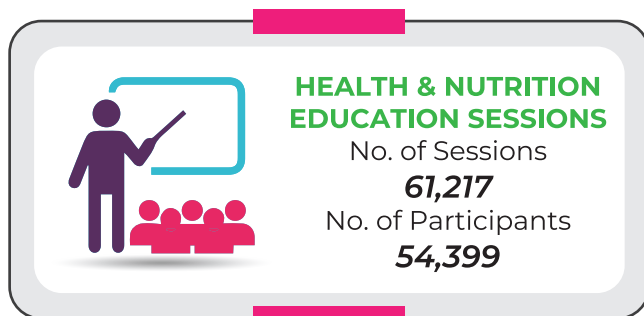
The Project was the arrangement of Health Department, GoS with support of World Bank, through PC-01 with the intention of reduction of high rates of Malnutrition and provision of Nutrition Services in nine (09) districts of Sindh; the districts were Tharparkar, Umerkot, Sanghar, Badin, Tando Muhammad Khan, Jacobabad, Qamber Shahdadkot, Kashmore and Larkana. PPHI Sindh become part of this arrangement with the commitment for the provision of nutritional management to the U5 children suffering from the Severe Acute Malnutrition (SAM) in 256 UCs of all nine districts of Sindh through establishment of OTPs (Nutrition Clinics) in health facilities managed by the PPHI Sindh. The Nutrition Component of the PPHI Sindh was incorporated in the already functional health facilities managed by the PPHI Sindh; these services include general OPD for all age and gender groups, MCNH Services, Family planning, Immunization, Lab services etc.

A total of 256 Union councils were identified in these nine districts, where 299 OTP sites were established to manage the U5 children suffering from Severe Acute Malnutrition (SAM). These sites, primary, were established in the PPHI managed but not limited to it and followed the protocols of OTP, one of component of CMAM. In OTP, SAM children are managed with the RUTF, counselled on the balanced diet, food frequency and diversity, hygiene etc.



Health, Nutrition & IYCF Session

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



PROJECT PROGRESS

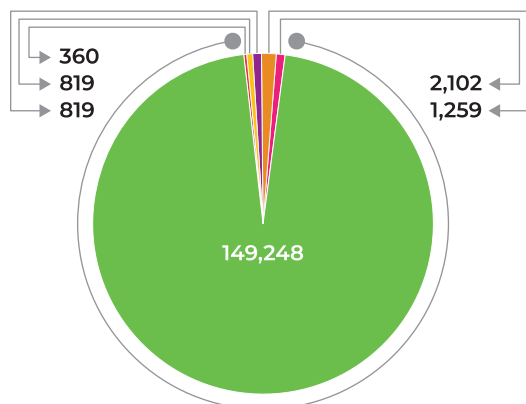
The 299 out of 299 targeted OTP sites have been functional during the reported period. The 280 OTP sites are in PPHI managed health facilities, while 9 in DoH, -- in various NGOs and 10 in different community setups are functional.



SAM Treatment and Performance Indicators

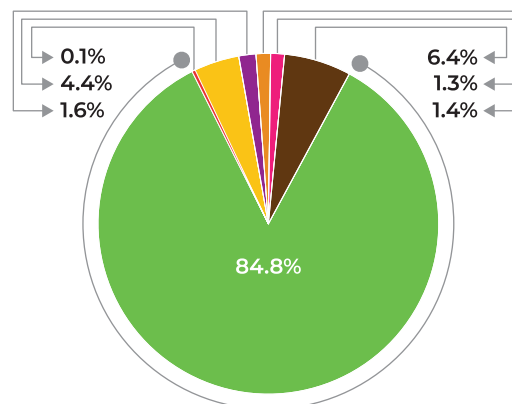
The SAM treatment services integrated with other healthcare components are provided to the targeted population through 299 OTP sites, where Nutrition Assistant treats undernourished children from 6-59 months as per national CMAM guidelines. The 155,167 SAM children have been treated through the period with 84.8% recovery rate. The below table presents details;

OTP ADMISSIONS



MUAC based	149,248
Odema based	360
Return after default	819
Transfer from NSC	1,379
Other	2,102
Relapse	1,259
Total Admissions	155,167

OTP EXITS



Cured	123,409
Death	165
Default	6,410
Non Respondent	2,366
Medical Transfer	2,000
Transfer to NSC	1,911
Others	9,240
Total Exits	145,501

THARPARKAR DISTRICT AT A GLANCE

Tharparkar District is one of the largest districts of Pakistan with an area of 19,638 km² (7,582 sq mi). It has a population of 1,805,424 and subdivided in four Talukas, named: Nagarparkar, Chachro, Mithi, and Diplo. The district has 44 union councils, 2358 villages and 122581 households.

According to NNS 2018, Tharparkar is considered a highly food insecure district, that is because of desert landscape, poor livelihood and non-sustainable

income generation sources. According to NNS 2018, the highest prevalence of underweight was found in district Sujawal (45.2%), followed by Tharparkar (40.4%) and Thatta (36.3%) in Sindh. Moreover Tharparkar is also one of the district having highest prevalence of iron deficiency anemia in Pakistan. Tharparkar district has around 201 health facilities and the number is increasing more. Out of 201 PPHI Sindh has only 21% health facilities for service provision.



DISTRIBUTION OF HEALTH FACILITIES

HEALTH DEPARTMENT					PPHI THARPARKAR	
S. NO.	HEALTH FACILITIES	FUNCTIONAL	NON-FUNCTIONAL	TOTAL	HEALTH FACILITIES	FUNCTIONAL FACILITIES
1	DHQ Hospitals	01	0	01	-	-
2	THQ Hospitals	03	0	03	-	-
3	RHCs	02	0	02	-	-
4	BHUs	06	0	06	BHUs	33
5	Dispensaries	185	04	189	Govt. Disps.	16

THE OVERALL PERFORMANCE OF THARPARKAR DISTRICT ONLY (FROM APRIL, 2016 TO JUNE, 2020)

Severe Acute Malnutrition (SAM)

302,219

6 to 59 months of children were assessed for Malnutrition

35,788

children identified as Severe Acute Malnutrition and same were treated

27,872

children successfully cured from SAM condition, having cured rate of **91.3%** which is above the sphere standards (75>%) of agreed Key Performance Indicators (KPI). Whereas 2,267 children are still under treatment.

1,482

SAM children default the OTP program which is becoming **4.9%**. The default % shows good results in comparison of agreed KPI (<15%)

29

SAM children enrolled in the OTP program died, which is **0.1%**. As per Spheres Standards death rate should be < 3%

Inpatient Care of Severe Acute Malnutrition (SAM) with Medical Complication

149

children identified as Severe Acute Malnutrition with medical complication and same were treated

139

children successfully cured from SAM with medical complication condition, having cured rate of **95.2%** which is above the sphere standards (75>%) of agreed Key Performance Indicators (KPI). Whereas 3 children are still under treatment.

1

SAM children default the OTP program which is becoming **0.6%**. The default % shows good results in comparison of agreed KPI (<15%)

2

SAM children enrolled in the OTP program died, which is **1.3%**. As per Spheres Standards death rate should be < 10%

Moderate Acute Malnutrition (MAM)

45,301

children identified as Moderate Acute Malnutrition and same were treated.

26,911

children successfully cured from MAM condition, having cured rate of **98.3%** which is above the sphere standards (75>%) of agreed Key Performance Indicators (KPI).

320

MAM children default the TSFP program which is becoming **1.1%**. The default % shows good results in comparison of agreed KPI (<15%)

Malnourished Pregnant & Lactating Women (MPLW)

35,536

Pregnant & Lactating Women identified as Malnourished and same were treated

14,814

PLW successfully cured from Malnutrition condition, having cured rate of **96.8%**

320

MAM PLW default the TSFP program which is becoming **1.6%**



KITCHEN GARDENS AN ORGANIC WAY TO A HEALTHY LIFE



Food security and nutrition are basic human rights and fundamental to a healthy and productive life, yet hunger and malnutrition persist in developing countries. Pakistan is a country which faces massive food insecurity and malnutrition, particularly, in the rural areas of the country. The 2017-18 PDHS shows that 38% of children in Pakistan are stunted (short for their age), 7% are wasted (thin for their age). Only 21% of children aged 6-23 months receive meals with the minimum recommended diversity (at least four food groups); 63% receive meals at the minimum frequency; but only 13% meet the criteria of a minimum acceptable diet. An increased number of malnourished babies are being born to malnourished mothers as a vicious cycle being carried on. There are, however, large provincial variations reported where Sindh shows the second highest rates 47% on stunting and wasting after FATA, 50%.



PPHI Sindh recognizes that healthy, well-nourished people are both the outcome of successful social and economic development and constitute an essential

input into the development process. To achieve nutrition-related goals, national and sectoral development policies and programs are required. These policies are complemented by effective community-based actions aimed at improving household food security and promoting the year round consumption of nutritionally adequate diets. These actions need to occur within the framework of promoting sustainable livelihoods and to address the variety of relevant local issues. These issues include chronic and seasonal food shortages, lack of dietary diversity, inadequate family care and feeding practices, and poor living conditions leading to various forms of poverty and malnutrition.



PPHI Sindh in collaboration with EU-PINS, ACF and NRSP has initiated a number of kitchen gardening practices at various OTP sites and health facilities. A health facility kitchen garden is a small food system to address biodiversity, healthy diets and eco-friendly environments. These gardens can be used as platforms for environmental education, nutrition behavior change

"Have fruits & vegetables if you want to lead a fruitful life."



change communication, and to promote community engagement. They will also serve as an advocacy tool for the community members to encourage kitchen gardens at home and enjoy its amazing benefits at the household level.

Currently, more than 20 kitchen gardens are being run at as many health facilities in seven districts, namely, Tando Allahyar, Matiari, Tando Mohammad Khan, Sujawal, Thatta, Shikarpur and Kamber.



PPHI Sindh with other partners, is also building capacity of gardeners/malhis to spread awareness on kitchen gardening and seed distribution. They are also provided information on quality and nature of soil, and suitable vegetables for various seasons.

A gardener has been deployed at each of the primary health care center facility to look after the gardens. The centers hold the production vegetables such as of spinach (palak), cauliflower (gobi), mustard leaves (saag), coriander (dhannia), green chilies (hari mirch) with few trees of fruits like Naseberry (alucha), ziziphus Maritain (bair), Jambul (jamun), guava (am-rood).

The participating health facilities also provided 70 grams packet of multi vegetables seed for cultivation. Names of the seeds that were provided are as follows: Chilies, Eggplant, Apple Gourd, Tomato, Ridged Gourd, Bitter Gourd, and Squash. The vegetables that will grow from these seeds are an important source of nutrition and disease prevention. In-charge Medical Officers of OTPs have also received guidance to play a supervisory role in making the health facility green.



Kitchen gardens are beneficial to the staff of OTPs, provide encouragement to villagers to engage in kitchen gardening and also become the reason of beautification of land. They provide sustainable alternatives to packaged foods available in the market. During these testing times of a global pandemic, food chains have been negatively impacted all over the world. It has hence become even more important to grow our own food if one possesses the necessary means for that. such projects should be seen as a ray of hope in fighting malnutrition along with providing awareness and advocacy regarding best practices associated with kitchen gardening and home gardening.

TUBERCULOSIS

Tuberculosis (TB) is the illness of respiratory system that is the major killer of mainly young adults world-wide. According to global report, about 525,000 persons develop tuberculosis every year that is 267 cases per 100,000 population in Pakistan. The major age group suffering from tuberculosis is >14 year that was around 468,000 out of 525,000 cases.



According to World Health Organization report, Pakistan is ranked 5th among TB high-burden countries. It accounts for 61% of the TB burden in the WHO Eastern Mediterranean Region. Pakistan has an estimated 510,000 new TB cases emerging annually out of which 15,000 developing drug resistant TB cases every year. Moreover, national TB control program highlights prevalence, incidence and mortality per 100,000 population per year from TB as 348, 276 and, 34, respectively. At provincial glance, total incident cases of TB in 2016 were 67,987 and case notification rate was 155 per 100,000.



In Pakistan, proportion of presumptive TB cases that are examined in laboratory is >15%. Increasing number of tuberculosis cases is due to lack of awareness about healthy behaviors within communities. Most of cases come from same communities and the families that mean the single cases at least spreads to one in ten households.

PPHI Sindh has taken extensive measures to have best outcomes regarding tuberculosis and all communicable diseases throughout Sindh.

PPHI Sindh is focused on detecting presumptive TB cases and referring them to BMUs for diagnosis and proper management. Outreach activities have also been strengthened for tracing out secondary cases that lead to further spread of infection within families and communities. The matter of special concern should also be on MDR cases that are more dangerous with lethal outcomes. The factors of developing MDR cases and secondary spread are mandatory to be conveyed to the communities to change their behaviors. Health education has proven as best tool to achieve desired outcomes globally. Our special attention to health education can change the behaviors and lead to the decline in increasing trend of tuberculosis.

PPHI Sindh is contributing its maximum input to stand by with National Tuberculosis Program (NTP) through collaboration with Provincial Tuberculosis control Program (PTP) to have control over this deadly infection. PPHI Sindh is collaborating with PTP Sindh and other NGOs like Mercy Corps, in the wake of control on tuberculosis. Mercy Corps is working on referral system with the support of LHW program in Umerkot and Sanghar districts.



About **108** health facilities, under the management of PPHI Sindh, were selected to be established and designated as TB Care facilities (TCFs) in various districts where the diagnostic laboratories with provision of microscopes and other facilities for the management of TB cases were introduced. The microscopes and trained laboratory technicians were provided by PPHI Sindh, whereas the anti-tuberculosis drugs, microscopes, slides, reagents and other required items were provided by PTP, at all the designated TCFs of PPHI Sindh.

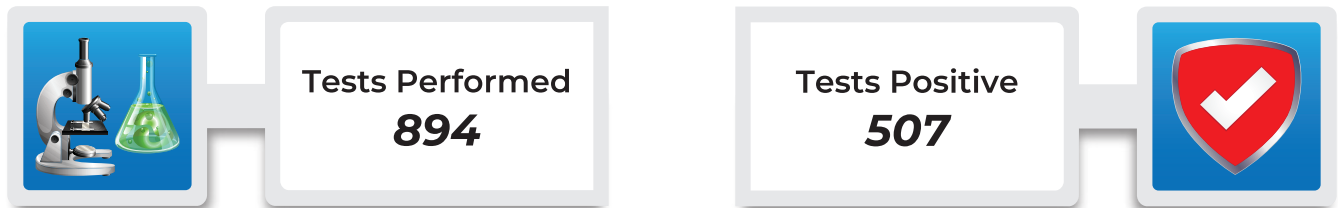
FYs 2018-20	District	TB Suspects	Microscopy Performed of	TB +ve on microscopy (confirmed)	TB cases started treatment during reporting time period	TB cases completed treatment during reporting time period
July 2018-June 2019	Sindh	257,201	51,329	2,739	2,127	1,436
July 2019-June 2020	Sindh	297,852	64,352	2,727	2,411	1,878
Total		555,053	115,681	5,466	4,538	3,314

TB Cases in last two Financial Years

Five of these TCFs were provided with geneXpert machines by PTP. Each one at Jacobabad, Khairpur, Larkana, matari and Hyderabad districts respectively. About 894 geneXpert tests are performed during the reporting period, January 2019 to June 2020 out of which 507 cases were positive.

PPHI with support of PTP, arrange trainings of doctors and para medics. About **256** doctors and **222** paramedics have been trained for specialized TB service delivery.

PPHI arrange TB Camps periodically at the vulnerable areas and health facilities to achieve maximum case detection outcomes. In this concern pre camp advertisements are published in newspapers for awareness and post camp reports are disseminated later on.



Note: The data for geneXpert machine is from January 2019 to June 2020.



PATHOLOGY SERVICES

PPHI Sindh laboratory service is committed to provide high quality diagnostic services to the patients and communities in rural areas of Sindh through primary healthcare system of the province. In pursuit of this commitment, PPHI Sindh opened four state-of-the-art laboratories in Mirpurkhas, Jacobabad, Khaipur and Hyderabad in 2018 with wide network of (30) collection points. The lab offers consultant Pathologist/PHD and qualified medical technologists and is equipped with state-of-the-art fully automated machines.

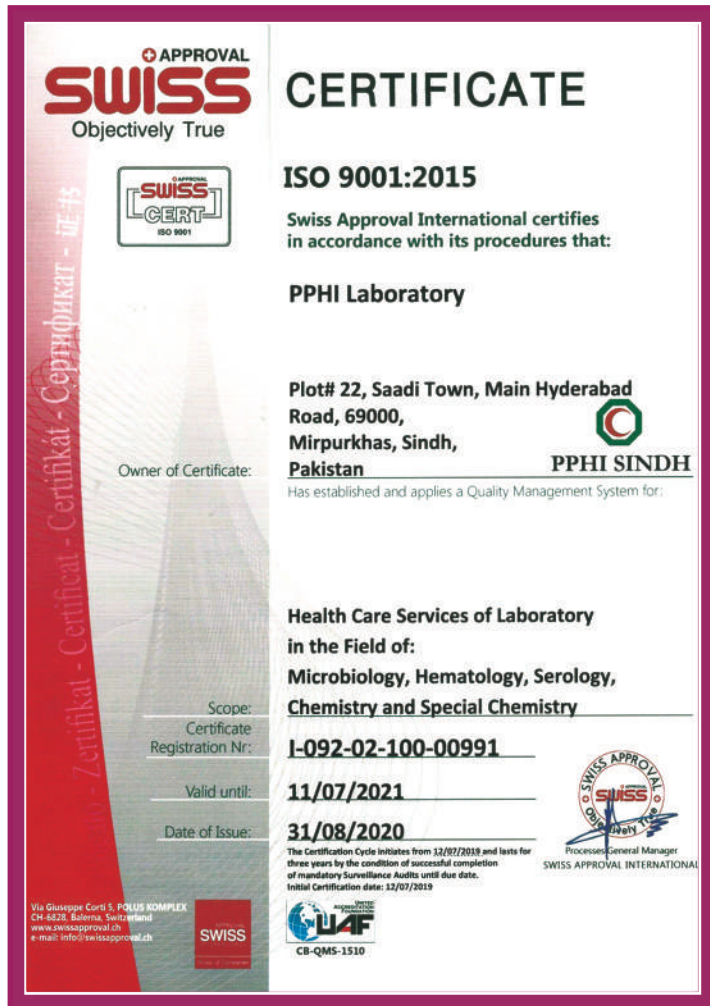
Since its inception PPHI Sindh has been providing excellent quality lab services at affordable cost to the people of Sindh at their door step, which not only saves time and money for those living in far flung areas but also enables patients to get results on smart phones. This is accomplished via an electronic reporting QR code system that facilitates instant commencement of treatment which was developed by the in-house IT software development team of PPHI Sindh.



ACHIEVEMENTS

A major accolade was achieved during 2019-20 as PPHI Sindh gained an ISO certification for its District Labs, which will go a long way in showcasing quality and standards at PPHI Sindh.

In addition to the provided by PPHI Sindh's labs services, a Blood Bank was established at District lab Kausar Hospital to provide safe and quality blood products to the patients and help save lives of many pregnant women at the time of emergencies.



PRIVATE PARTNERSHIPS

During 2019-2020, PPHI Sindh joined hands with Engro Pakistan for provision of COVID-19 testing in Tharparkar and is also working with Engro to provide lab services at their oil fields in Islamkot.



ESTABLISHMENT OF PCR CENTRAL LAB

During 2019-2020, the world experienced an unprecedented event in the form of CoVID-19 Pandemic. In response to the current surge of the COVID-19 pandemic, PPHI Sindh started providing PCR services at its District Lab Hyderabad for COVID-19 patients from across the rural Sindh. Additionally, a COVID-19 antibody testing was started in all district labs to provide COVID-19 related services to the people of Sindh.

NEW ESTABLISHMENTS

To continue the mission of PPHI Sindh that is to provide quality lab services to the communities living in remote areas of Sindh, a new collection point (CP) was established at Kot Ghulam Mohammad.

Furthermore, a state lab at MCHC Mirpur Mathelo was established in order to reduce turnaround time, which helps the doctors in timely commencement of treatment.

Visitor's Note

“Delighted at this milestone facility. Alhamdu-lillah, it is the answer to prayers for this needed facility. May Allah bless all involved in/with this human effort. Inshallah, this will grow to serve the entire periphery and region and maintain its cost-effective standards. Congratulations to and prayers for the entire team of PPHI Sindh. Cannot thank you or compliment you enough. Your dedication is most inspiring and comforting. Prayers for continued success. Allah Pak bless you all.”

Visitor note by Muhammad Mian Soomro, Federal Minister for Privatization & Ex-President, Ex-Chairman Senate, Ex-Governor and CM of Sindh

DISTRICT	JAN - 2019 TO JUNE - 2019		JULY - 2019 TO JUNE - 2020	
	ORDER	INCOME	ORDER	INCOME
Mirpurkhas	38,254	22,082,425	65,862	44,897,766
khairpur	32,310	17,617,795	49,978	35,126,537
Jacobabad	25,178	16,108,955	50,690	36,855,291
Hyderabad	17,184	9,966,885	33,882	23,098,695
TOTAL	112,926	65,776,060	200,412	139,978,289

PPHI Sindh District Lab Wise Order and Income

PAY FOR PERFORMANCE

In 2017, PPHI Sindh initiate the Pay for Performance (P4P) a financial incentive (FI) intervention to motivate its healthcare providers in providing quality primary healthcare services to the communities. The FIs have proven to be key motivator in increasing the outputs of any system. HCPs more readily agree to develop job skills and perform better on their job.

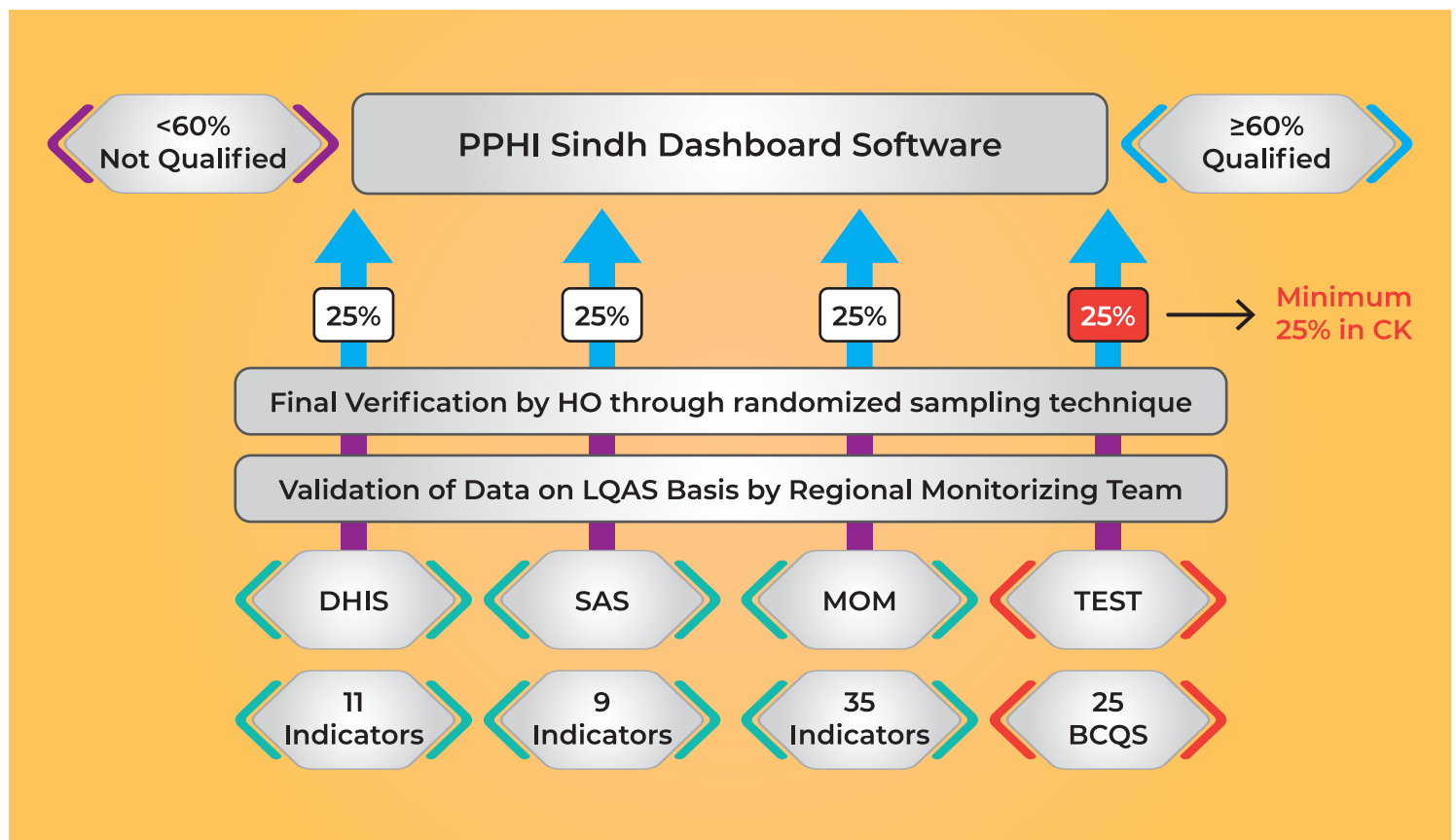
The objectives of P4P were:

- To improve the quality of services delivery up to optimal level.
- To create a competitive environment and sense of ownership among HCPs.
- To engage employees in overall organization's achievements.
- To reward and retain hard working HCPs for their contribution in success of PPHI Sindh.

PPHI Sindh conducts P4P assessments on a quarterly basis for assessing the skills of its healthcare providers and to provide incentives, accordingly. Employees are scored on the basis of their mean performance on key performance indicators from following four components:



- 1) District Health Information System (DHIS);
- 2) Summary of Additional Services (SAS);
- 3) Monitoring of Medics (MOM);
- 4) Clinical Knowledge (CK) assessment.



Each of these components carry equal weight i.e. 25%. Employees scoring cumulative score of more than 60% with a minimum of 25% individual score for the component of CK assessment is necessary to qualify for incentives in each round. The validation of data reported by health facilities on monthly basis is done in two stages. First validation is done by LQAS basis by regional and district monitoring teams of PPHI Sindh and in second stage, the data is verified by P4P committee at Head Office through randomized sampling technique.

The P4P intervention showed a notable increase in performance as well as indicators such as number of TB suspected cases, number of pneumonia cases diagnosed in children less than 5 years of age and number of deliveries attended at PPHI Sindh health facilities have increased.

P4P intervention has created an encouraging and competitive environment which is supporting the organization's performance as a whole. Providing opportunities like academic (Training) and financial

incentives are attracting and retaining more qualified and skilled HCPs for the organization, which will eventually lead to improvement in quality of health care services. By adopting this model, the quantity and quality of health care services has improved noticeably.

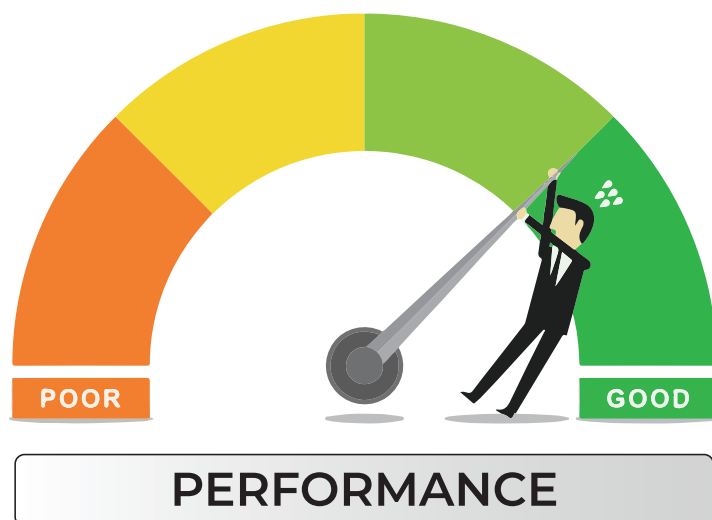


Table 1 and 2 show the results of two P4P assessments conducted during the reporting period.

Sr.	Designation	Total	Qualified	Not Qualified	Qualified %
1	Medical Officer	932	350	582	37.6
2	Female Medical Officer	456	302	154	66.2
3	Medical Superintendent	12	3	9	25.0
4	Women Medical Officer	107	56	51	52.3
5	Female Medical Officer Sonology	26	21	5	80.8
6	Sonologist	2	1	1	50.0
7	Medical Officer Senior	3	1	2	33.3
	Total	1538	734	804	47.7

P4P Summary for First Quarter of FY: 19-20 (July - September 2019)

Sr.	Designation	Total	Qualified	Not Qualified	Qualified %
1	Medical Officer	923	341	582	36.9
2	Female Medical Officer	463	283	180	61.1
3	Medical Superintendent	9	3	6	33.3
4	Women Medical Officer	98	54	44	55.1
5	Female Medical Officer Sonology	25	19	6	76.0
6	Sonologist	2	1	1	50.0
7	Medical Officer Senior	5	1	4	20.0
	Total	1525	702	823	46.0

P4P Summary for Second Quarter of FY: 19-20 (October - December 2019)

SOLARIZATION

In accordance with the Goal 7: Affordable and Clean Energy of Sustainable Development Goal, the Pakistan government formally approved the Alternative and Renewable Energy Policy 2019 in August 2020. The main objective of the policy is to boost the share of electricity generated from renewable sources from around 5 per cent at present to 20 per cent by 2025 and 30 per cent by 2030.



The energy demand in Pakistan is ever increasing whereas the supply is unable to match it from last two decades. The current gap between the demand and production of electricity in Pakistan is approximately 5000–8000 MW with a constant increase of 6–8% per annum. The main reason being the expensive imported oil used to generate the energy in Pakistan. Since Pakistan's national electricity grid is not reliable and doesn't reach the remote areas of the country and causes energy crisis resulting in chronic power shortages, therefore, more sustainable and renewable energy sources are required to overcome this problem.



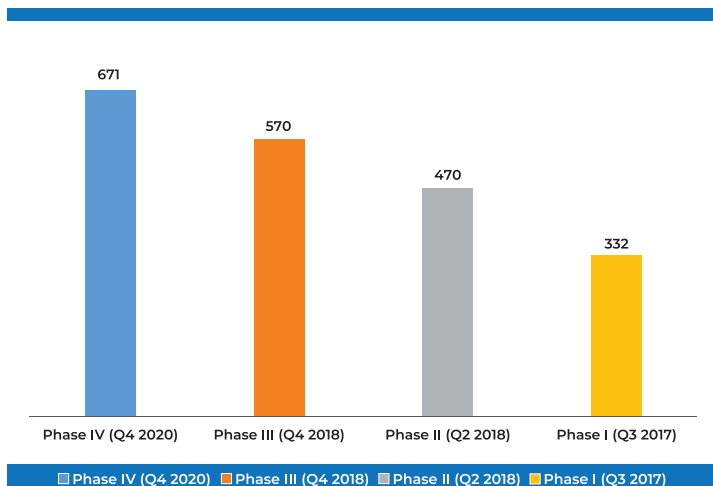
Initially, PPHI Sindh relied on national grid which was the only available option in urban areas and its surroundings whereas, most of the PPHI Sindh HFs are in remote areas where the supply of electricity is either unstable or doesn't exist at all. It was very difficult to provide quality health services in such a harsh environment without electricity. Major drawback of outages is the provision of health services is disrupted since electricity is required for all the equipment in health facilities.

Therefore, PPHI Sindh started exploring other renewable and green energy options because localized fossil-based solutions are almost infeasible and awfully expensive. The Phase I of solarizing the PPHI Sindh HFs started in 2017 and was a successful endeavour. A total of 332 HFs were solarized. This helped in meeting the power requirement of electrical appliances during operational hours of HFs. It was important to maintain an uninterrupted supply of electricity to provide the staff a conducive environment to provide uncompromised and quality health services to the communities and to keep the ice-lined refrigerators (ILRs) and other important equipment such as sterilizing machines, chemistry analyzer, hematology, centrifuge machine, ultrasound machine.



This initiative eased the pressure of electricity outages and PPHI Sindh's management saw a surge in the demand of solarization of the HFs. Considering the demand for solarizing the HFs, the Board of Directors approved Phase II of the initiative during 19th BoD Meeting in which 140 health facilities were to be solarized. During the Phase II, PPHI Sindh was able to solarize 138 HFs bringing the total to 470 HFs in Sindh.

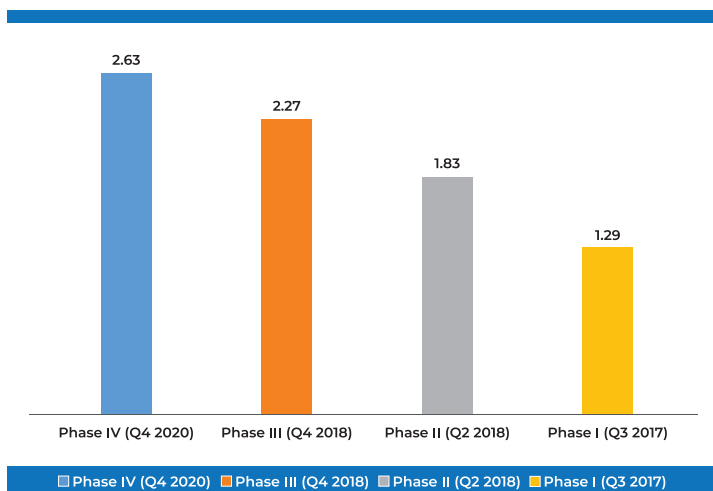
In April 2018, the Phase III was started and the target set was to solarize an additional 100 HF's making the total number of HF's an astounding 570.



ACHIEVEMENTS

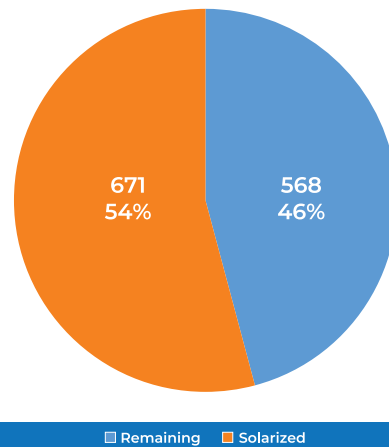
The Phase IV of solarization is still in progress out of 51 solarized systems, more than 30 have already been installed. Furthermore, District Health Office Shaheed Benarizabad, Government of Sindh, provided an additional 50 solar energy systems to PPHI Sindh, that are now installed and operating in Shaheed Benarizabad.

Once the Phase IV is completed, further 21 HF's/DO's would be added in the total number which will make the overall total of **671 HF's** approximately.



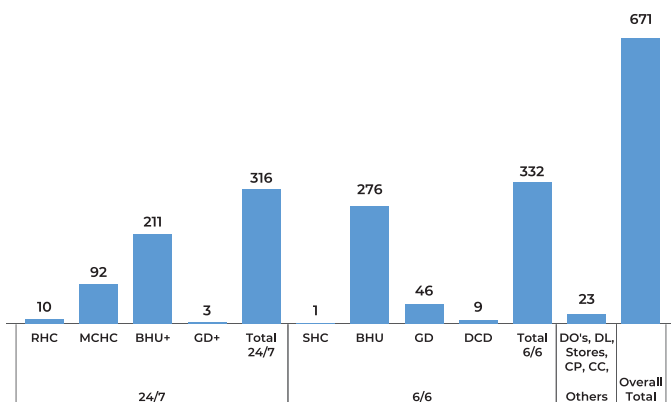
INSTALLED CAPACITY (MEGA WATTS)

All Phases of solarization have been carried out by installing different categories of solar energy system specially designed to meet the power requirement of electrical appliances and operation hours of each health facility. Considering the demand, we worked out to categorise different systems depending upon the working hours (24/7, 6/6 and 6/6 for EPI), general



SOLARIZATION STATUS OF 1239 HF'S

load including (Nebulizer, Icelined Refrigerator, Microscope, Chemistry Analyzer, Hematology, Centrifuge Machine, Ultrasound Machine). Health Facilities were categorized as Category-A, Category-C, Category-D and Category-A+, respectively.



HEALTH FACILITIES SOLARIZATION COVERAGE

HEALTH FACILITIES SOLARIZATION COVERAGE



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

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

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

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

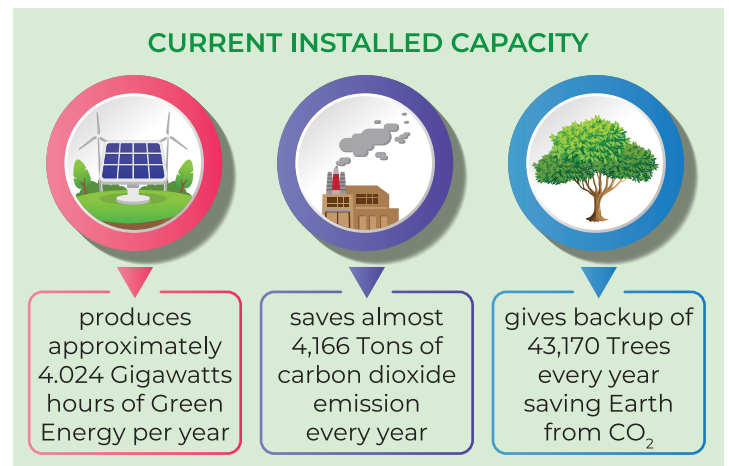
GOING GREEN CONCEPT (CARBON FOOT PRINTS)

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

- Easy breathing
- Healthy heart
- Less infectious diseases
- Reduced acid rain

After solarization of **671 HF's**, the system is capable of self-generating electricity and the total installed system capacity is **2.62 Megawatts** which produces

4.024 Gigawatts hour/year and that too completely pollution free.



PPHI SINDH'S MONITORING & EVALUATION (M&E) WING

Throughout the interventions of PPHI Sindh, the aim of M&E wing is to assure the quality and accountability of primary healthcare system under PPHI Sindh. The monitoring wing is responsible for collecting information to identify gaps and measure the performance over a period of time. It also involves providing feedback about the progress of the activities.

OBJECTIVES OF M&E WING

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

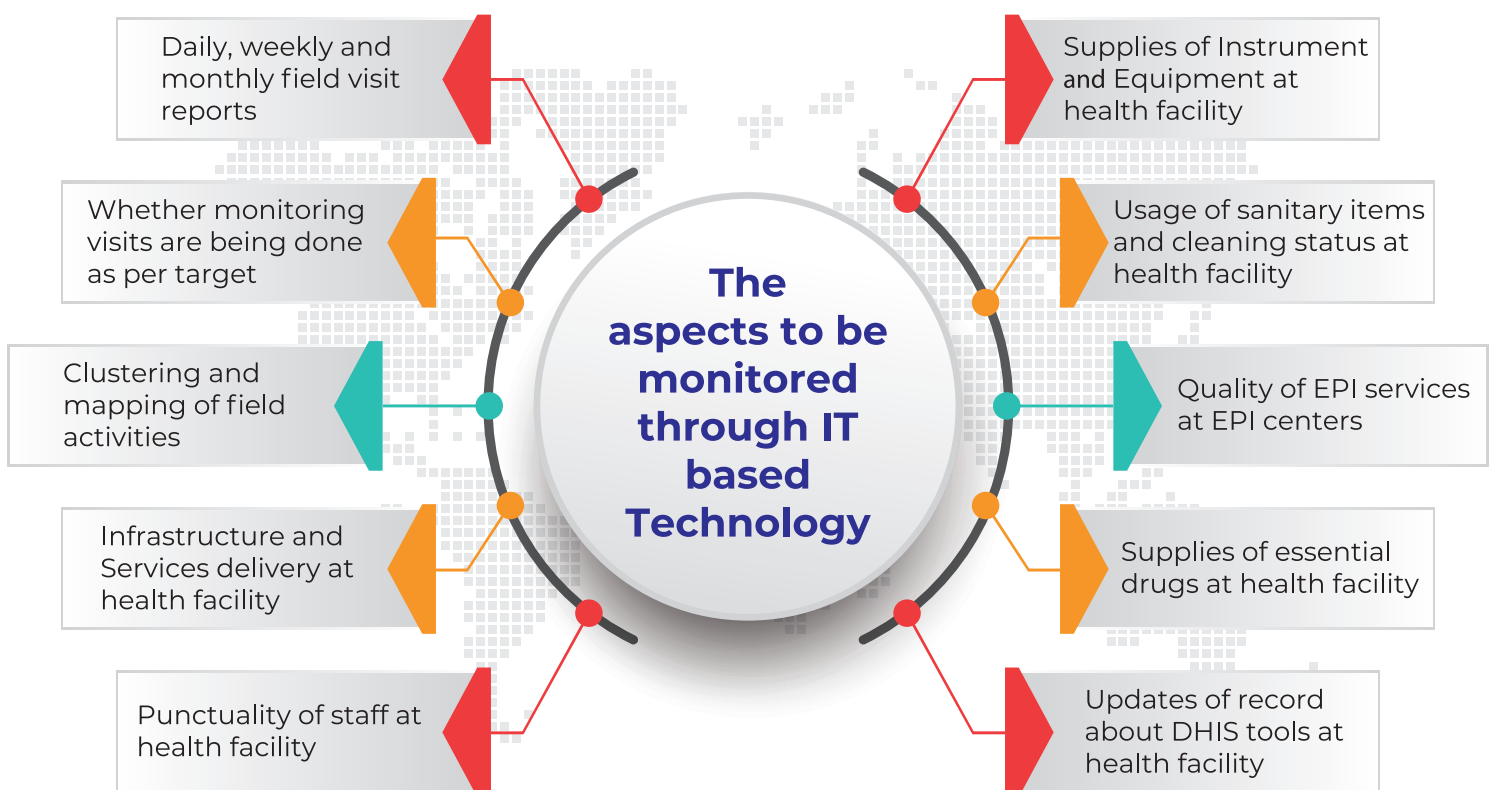
Using IT based smart technology to improve monitoring and reporting system:

PPHI Sindh is using recent advancements in wireless communication and smartphone technology to increase capacity to monitor performance with greater efficiency and timeliness.

IT based smart technology provides the information quickly and accurately. Further, paper-based monitoring systems can be inefficient in monitoring the performance of public health projects because of delays between data collection, processing and reporting, and discrepancies in data. Growth in portable, smart technologies has made "real-time" monitoring of programme performance an attainable goal.

The software was initially developed in 2013-14. In the beginning, it was used to check the functionality of the health facility, punctuality of staff and the status of medicine at a health facility. Later, it was improved with more features. In 2019-20, PPHI Sindh developed an online dashboard M-o-M (Monitoring of Monitors). The dashboard provides real-time performance of health facilities through synchronization of the data.

M-o-M is a server-based dashboard which stores the data and visualize the information that can be further used in decision making process. The dashboard could be accessed by any authorized person from anywhere around the world.



MONITORING FRAMEWORK

The monitoring framework shows the performance indicators of primary healthcare system. The framework consists of four phases. Each phase is further bifurcated into technical and non-technical indicators. Technical data is being collected by Public Health Specialist (PHS)/ Medical Officer Headquarter (MOHQ) and non-technical data is collected by Regional Director (RD), Regional Manager Monitoring (RMM), Executive M&E and Social Organizers. In the first phase of monitoring, all of the input activities will be monitored. The major input activities are monitoring of monitors, the infrastructure of the health facility, punctuality of staff and supplies of general items, medicine and drugs. Later, the monitoring activities will be gradually increased. In the next stage, the focus will be on process, output and impact indicators of primary healthcare services given in the framework below.

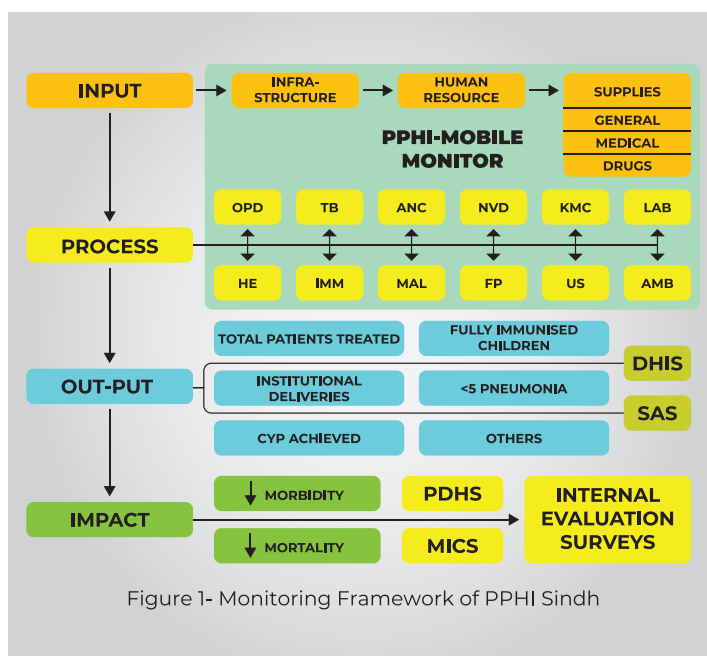


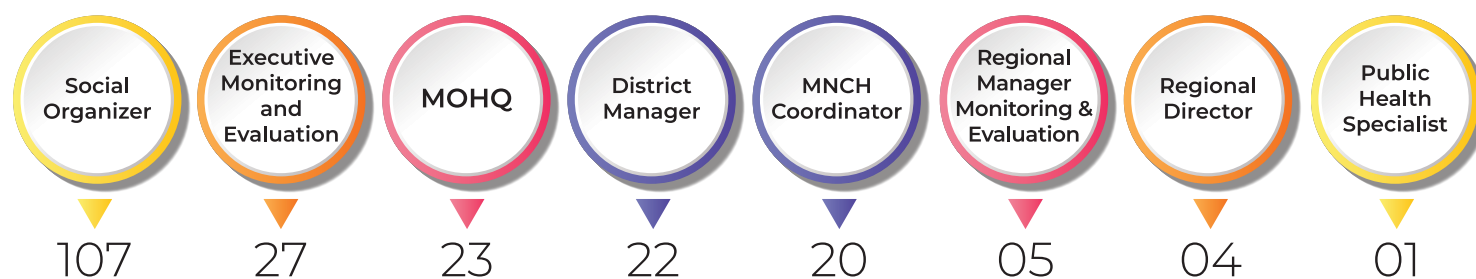
Figure 1- Monitoring Framework of PPHI Sindh

TRAINING OF MONITORS

PPHI Sindh is more focused on promising results. Under the M&E wing of PPHI Sindh, 209 field monitors were hired. Later, the capacity building exercise of the monitors was done through the smart-phone M-o-M training. The training of monitors was conducted during the first quarter of the year. The trainer briefed the monitors about salient features of M-o-M software and how to use the software during the monitoring visit. The purpose of the training was to ensure that the monitors understand about online monitoring system and how they will implement it in the field.



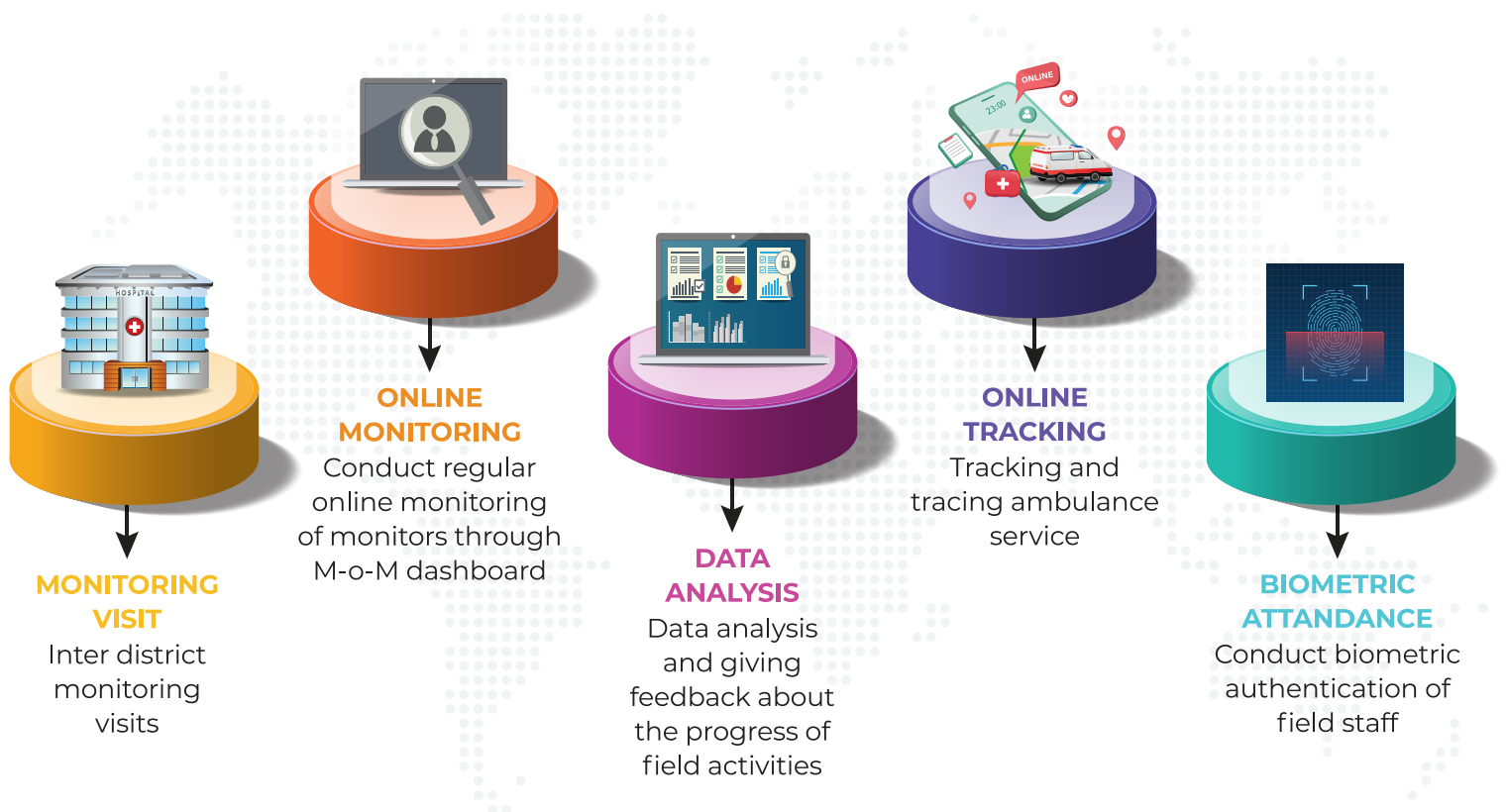
Number of MoM Active Users





PPHI SINDH TO INTRODUCE A TRACKING SYSTEM FOR AMBULANCE SERVICE

PPHI Sindh has decided to introduce a track and trace system of ambulances. The service is offered by Ufone. The M&E wing will conduct online monitoring of ambulances locations through u-track service. Under u-track service, 214 ambulances are registered. The purpose of tracking ambulances is to stop the misuse of the vehicles.



FUTURE ACTIVITIES OF MONITORING AND EVALUATION WING

REPAIR & RENOVATION

Repair & Renovation (R&R) of Health Facilities is one of the key initiatives of PPHI Sindh. When PPHI Sindh took over the management of Health Facilities (HFs), 35% of these were totally collapsed with no service delivery. The remaining HFs also required major repairs in order to continue service provision.

PPHI Sindh has been updating and renovating the health facilities which are under its management to maintain the quality and provision of primary health facilities to the community.

For this purpose, PPHI Sindh allocates a dedicated budget under the repair and renovation head every year which is utilized in upgrading the existing facilities and renovating the newly taken over ones.

Under R&R, PPHI Sindh mainly focuses on the physical restoration of health facility buildings. PPHI Sindh's R&R process involves altering the functionality of health facility buildings, installing new appliances and fixtures, and transforming the space. Renovations may give a building a more modern appearance and add many functional elements to it for an improved and conducive environment to provide quality health services.

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

ACHIEVEMENTS

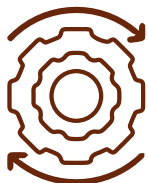
PPHI Sindh initially, with the support of Department of Planning & Development - Sindh Government, started R&R work of such redundant HFs through two PC-IS: Repair & Renovation of District 10 and District 13 with costs of Rs. 264.234 million and Rs. 271.173 million, respectively.

PPHI Sindh has spent a total of Rs. 1,355.059 million on Repair & Renovation so far. Of this total, the funds received from Sindh Government amount to Rs.873.479 million as of 2020.

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

ANNUAL REPORT REPAIR & RENOVATION SCHEMES 2019-20

ONGOING SCHEMES



25

NEW SCHEMES



100

SCHEMES COMPLETED



58

PROGRESS



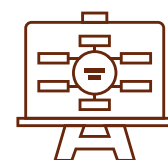
16

RECEIPTS



Rs. 165.181

EXPENDITURE



Rs. 154.018

(Mentioned values are in Millions)

LIST OF HEALTH FACILITIES REPAIRED AND INAUGURATED DURING THE REPORTING PERIOD (JAN 2019 – JUNE 2020)

LIST OF HFs INAUGURATION IN REGIONAL OFFICE MIRPURKHAS

S. NO.	NAME OF HEALTH FACILITY	DISTRICT	CHIEF GUEST	FINANCIAL YEAR
1	BHU Plus Dadah	Badin	Mr. Tasneem Ahmed Siddiqi - Member BoD	2019-20
2	GD Ahmedabad	Umerkot	Dr. Abdul Khaliq Domki, Additional Director TB Control Program Sindh	2019-20
3	GD Plus Lawari Sharif	Badin	Mr. Taj Muhammad Mallah, MPA Sindh	2019-20
4	MCHC Mir Digu	Umerkot	Nawab Muhammad Yousuf MNA and Deputy Commissioner Umerkot	2019-20



Inauguration of BHU Plus Dadah by Mr. Tasneem Ahmed Siddiqi, Member BOD PPHI Sindh



Inauguration of GD Ahmedabad by Dr. Abdul Khaliq Domki, Additional Director TB Control Program Sindh



Inauguration of GD Plus Lawari Sharif by Mr. Taj Muhammad Mallah, MPA Sindh



Inauguration of MCHC Mir Digu by Nawab Muhammad Yousuf, MNA and Deputy Commissioner Umerkot and DHO Umerkot

LIST OF INAUGURATION REGIONAL OFFICE HYDERABAD

S. NO.	NAME OF HEALTH FACILITY	DISTRICT	CHIEF GUEST	FINANCIAL YEAR
1	DCD Sadique Memon (Additional Rooms)	Tando Allahyar	Mr. Nazar Memon, Member BOD	2018 - 19
2	DCD Tando Saindad	T.M. Khan	Pir Sajjad Saeed Jan Sarhandi, (member of District Council Tando Muhammad Khan)	2018 - 19
3	Establishment of Pathology Lab at District Hyderabad	Hyderabad	Mr. Tasneem Ahmed Siddiqui, Member BOD and Mr. Muhammad Abbas Baloch, Commissioner Hyderabad	2018 - 19
4	MCHC Jhando Khoso	Hyderabad	Mr. Nazar Memon, Member BOD	2019 - 20
5	Mo Bungalow RHC Tando Jam	Hyderabad	Mr. Muhammad Abbas Baloch, Commissioner Hyderabad	2019 - 20
6	MO Bungalow BHU Khanoth	Jamshoro	Mr. Nazar Memon, Member BOD	2019 - 20
7	BHU Plus Khuda Ki Basti	Jamshoro	Mr. Tasneem Ahmed Siddiqui, Member of BOD	2019 - 20
8	GD LSB (Additional Rooms)	Jamshoro	Cap. R. Fariduddin Mustafa, Deputy Commissioner Jamshoro	2019 - 20



Inauguration of DCD Sadique Memon (Additional Rooms) by Mr. Nazar Memon, Member BoD PPHI Sindh



Inauguration of MCHC Jhando Khoso by Mr. Nazar Memon, Member BoD PPHI Sindh



Inauguration of GD LSB (Additional Rooms) by Cap. R. Fariduddin Mustafa, Deputy Commissioner Jamshoro



Inauguration of BHU Plus Khuda Ki Basti
by Mr. Tasneem Ahmed Siddiqui, Member of BOD PPHI Sindh



Inauguration of MO Bungalow BHU Khanoth
by Mr. Nazar Memon, Member BoD PPHI Sindh

LIST OF INAUGURATION REGIONAL OFFICE LARKANA

S. NO.	NAME OF HEALTH FACILITY	DISTRICT	CHIEF GUEST	FINANCIAL YEAR
1	LHV Quarter Makhdom Bilawal	Dadu	DC Dadu, Mr. Shah Zaman Khuhro, and DM Dadu, Mr. Gul Rehman Abbasi	2018 - 19
2	GD Dhing	Kamber	DC Kamber Shahdad Kot, Mr. Javed Ahmed Jagirani, RD RO III Larkano, Mr. Asif Khan Rajput, and DM Kamber, Mr. Ghulam Mustafa Soomro	2018 - 19
3	GD Ghai Khan	Kamber	DC Kamber Shahdad Kot, Mr. Javed Ahmed Jagirani, RD RO III Larkano Mr. Asif Khan Rajput, and DM Kamber, Mr. Ghulam Mustafa Soomro	2018 - 19

LIST OF INAUGURATION REGIONAL OFFICE SUKKUR

S. NO.	NAME OF HEALTH FACILITY	DISTRICT	CHIEF GUEST	FINANCIAL YEAR
1	R&R Work of BHU Phatt	Khairpur-A	Mr. Ahmed Ali Qureshi, Deputy commissioner Khairpur	2018 - 19
2	R&R Work of BHU Dhoro	Khairpur-A	Mr. Shafeeq Ahmed Mahesar, Commissioner Sukkur	2018 - 19
3	R&R Work of BHU Kot Mir Muhammad	Khairpur-B	Mr. Abdul Wahab Soomro, CEO PPHI SINDH	2018 - 19
4	R&R Work of Additional Ward at Kausar Hospital	Khairpur	Pir Syed Qaim Ali Shah Jillani, Ex Chief Minister Sindh	2019 - 20
5	R&R Work of MCHC Patni	Sukkur	Mr. Rana Adeel Tasawar, Deputy commissioner Sukkur	2019 - 20

RESEARCH WING, PPHI SINDH

JANUARY 2019 – JUNE 2020

AIMS & OBJECTIVES

Aim

To establish PPHI Sindh as a leading research organization in Pakistan.

Goal

To establish a research environment in at PPHI with a primary purpose to produce high-quality, evidence-based data that can enable PPHI to endorse research work at the national and international level.

Objectives

The overall objective to establish PPHI Sindh Research Wing is to play a vital role in research and development in Pakistan. The mission of the Research Wing is to improve the quality of health care services by conducting quality research to identify gaps in health-care services delivery.

Main Objectives of Research Wing, PPHI Sindh are:

- To produce evidence-based findings through community and facility-based research & disseminate findings at the national and international level.
- To identify gaps through continuous research activities for developing strategies on scientific evidence
- To publish research findings in national & international journals
- To cultivate research partnerships with other leading research institutions & organizations
- To provide capacity-building of existing staff regarding research activities

RATIONALE

PPHI, Sindh is providing primary health care (PHC) services like routine care, MNCH services, immunization, nutrition interventions, TB screening and management, modern family planning methods, KMC across Sindh province for almost two decades. There was a desperate need to create a research wing to further improve the quality of health care services and to identify gaps in healthcare service delivery by conducting regular surveys, health system evaluations and health facility assessments. By generating evidence-based quality research and producing scholarly publications, PPHI Sindh foresee its Research Wing to

become a leading research organization at national and international levels.

RESEARCH MILESTONES

During this short reporting period, the Research Wing has successfully conducted and completed the following research projects, established PPHI Institutional Review Board (IRB), submitted multiple manuscripts in different national and international peer-review journals, and additionally applied for five grants.

ACCOMPLISHED RESEARCH STUDIES

i. Impact Assessment Survey (IAS)

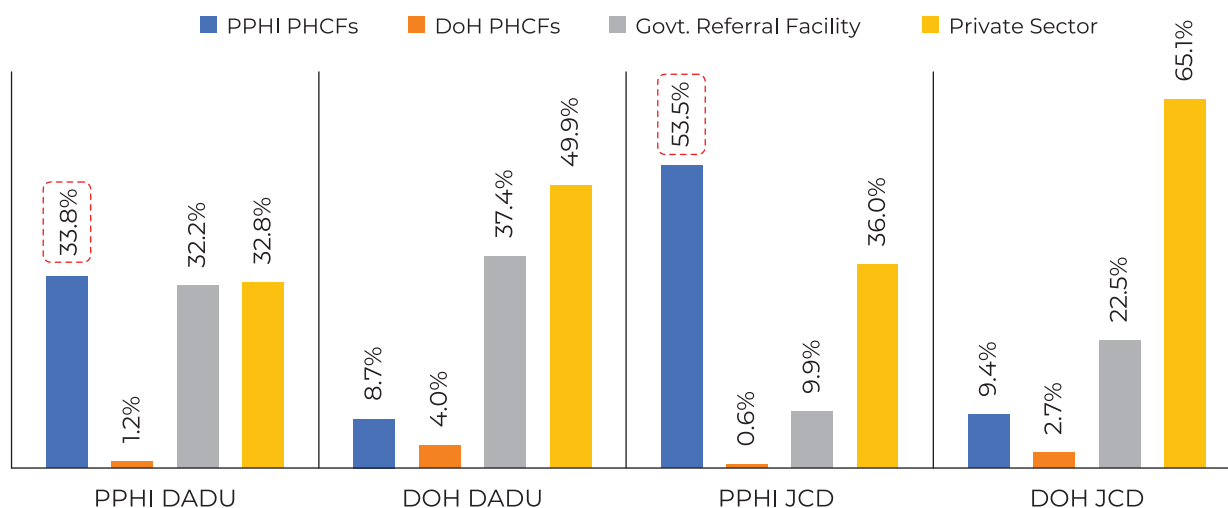
During the year 2019, Research Wing conducted a household survey with the objective to assess the impact of PPHI Sindh-led services on the health status and outcomes of its beneficiaries. The survey was conducted in two districts i.e, Dadu & Jacobabad. We surveyed the catchment population of PPHI as well as Health Department-managed health facilities to see the difference in health status among the catchment population of both models of care. The study results concluded that providing accessibility, functionality, availability of essential supplies, and trained health care providers played a vital role in providing quality MNCH services, routine care, nutrition intervention, and immunization for the most marginalized rural community and reducing the burden on referral facilities. It is evident from the findings of the study that PPHI is the leading organization in providing quality primary health care services,



especially MNCH services like increased and improved ANC care, a significant increase in institutional deliveries, and also improvement in postnatal care services in rural areas of Sindh province. PPHI Sindh manages the EPI program in Dadu. Immunization results for Dadu have also shown promising effects towards achieving SDG targets of full immunization coverage. Extending Public-Private Partnerships (PPP) in EPI will further improve routine immunization coverages in other districts. The study also assessed the impact of converting some PPHI BHUs into BHU Plus. BHU Plus facilities run 24x 7 providing

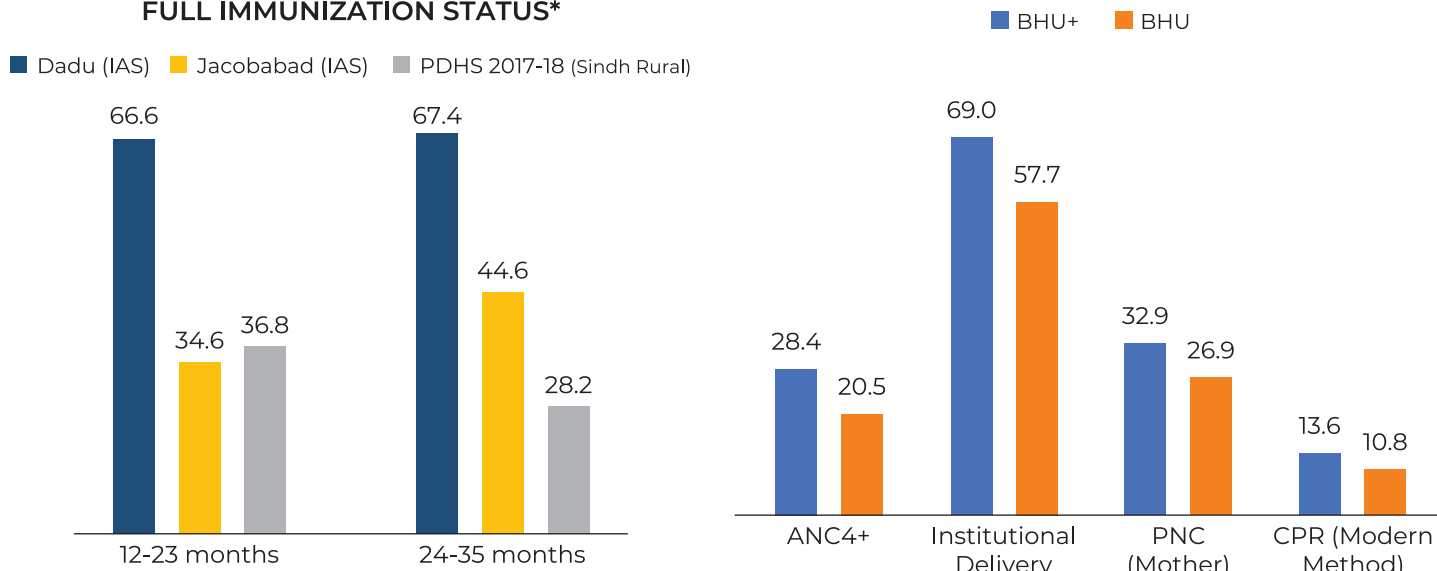
round-the-clock MNCH services to the rural communities; we found that increasing functionality, accessibility, and availability of MNCH services led to the considerable improvement in women and child health, particularly institutional delivery outcomes. Therefore, up-grading BHUs to BHU Plus is imperative and would be a step ahead for achieving Sustainable Development Goals (SDGs) targets by 2030 to lower maternal, neonatal, infant, and under-5 mortality rates and increasing ANC, institutional deliveries, and postnatal care.

DELIVERY SERVICE PROVIDER



The chart shows the proportion of mothers from PPHI and Health Department (DoH) catchment areas of Dadu & Jacobabad who delivered at PPHI, DoH, Govt Referral facility (THQ/DHQ), or at private sector (Hospital/Maternity Clinic). It is evident from the chart that PPHI is the leading delivery services provider in its catchment areas.

FULL IMMUNIZATION STATUS*



The chart Full immunization status for children 12-23 months old and 24-35 months old for district Dadu & Jacobabad. The chart further compares the study results with those reported by PDHS 2017-18 for rural Sindh. The results conclude that immunization coverage in Dadu is far better than that of Jacobabad.

The chart compares MNCH services coverage indicators between the catchment population of BHU health facilities with BHU Plus (24/7) health facilities. A significant improvement is observed in all indicators for BHU plus health facilities.

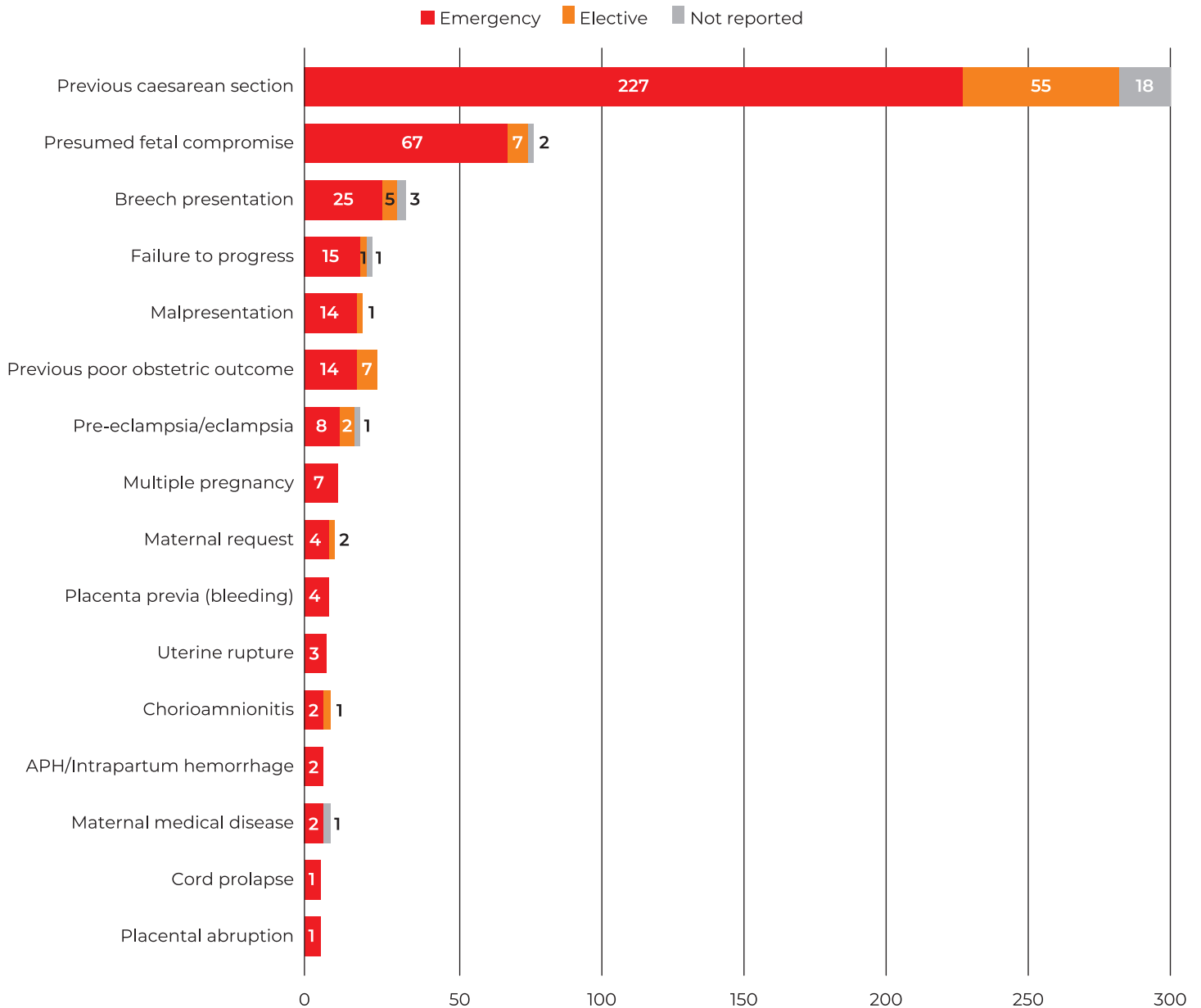
ii. Caesarian Section Audit (CSA)

The objective of the study was to identify reasons and indications (justifiable/unjustifiable) to improve the quality of care further and to avoid unnecessary Cesarean sections (CS) at Kausar Hospital, Khairpur (KHK). A three months medical record (September – November 2018) was received from KHK. A senior gynecologist from LUMHS critically reviewed the medical records on designed proforma developed using “The National Sentinel Caesarean Section Audit Report (RCOG, 2011)”. The findings revealed that a substantial number (35%) of CS cases were being conducted without sound clinical justification. Three most common indications for CS in this audit were having two or more previous CS, fetal compromise, and breech presentation. The most prominent gap found in the audit was the poor documentation of

patient records. The study in its report recommended various strategies and policy advice that will help improve the overall quality of health care provision at KHK and will help avert unnecessary CS.

iii. Health Facility Assessment (HFA)

Research Wing, by adopting Standard WHO tool “Service Availability and Readiness Assessment (SARA)” has conducted health facilities assessment (HFA) of various PPHI health facilities to identify gaps and to determine the state of readiness, service availability, and to identify strengths, processes, and challenges. These assessments have helped find gaps and seek improvement in infrastructure, HR, logistics, and service availability.





WAREHOUSE ASSESSMENT STUDY

PPHI currently owns 23 warehouses i.e., one in each PPHI working district for storage of medicines and equipment required by their respective healthcare facilities. The main objective of establishing these warehouses is to enhance and improve the storage capacity of procured goods and function as a temporary holding facility, where they receive and forward district-level supply requisitions from healthcare facilities. This setup reduces inefficiencies in handling medical supplies, prevents expired medicines from reaching healthcare facilities, and acts as a buffer against the sudden change in supply from vendors and demand from healthcare facilities. Thus, when properly managed and appropriately stocked, these warehouses enable a consistent supply of medical commodities as they are required. Since the beginning, PPHI has taken a professional and systematic approach to warehouse; recognizing its crucial role in delivering healthcare services. Nevertheless, it has faced a multitude of challenges in doing so. Challenges like an increase in the variety of health commodities, demand for reducing processing time, and

inventory management.

Therefore, Research Wing conducted an assessment of all PPHI Sindh warehouses to identify strengths and weaknesses in current warehouse practices in the following areas: **Infrastructure planning, Layout planning and operations efficiency, Equipment, Special storage requirements, Inventory management, Security & safety, and Human resources.**

The study revealed that most of the indicators used to measure warehouse efficiency were aligned with the company's vision; all warehouses had basic capabilities for running warehouse operations. However, several inefficiencies have been highlighted, which may hinder the smooth functioning of these warehouses. A detailed report highlighting gaps and recommendations for each warehouse was shared with the central, regional, and district management to overcome the shortcomings identified during this study. It is recommended to repeat this assessment after a certain amount of time to assess the improvement.

PICTURE OF A WAREHOUSE AT DISTRICT JAMSHORO DURING ASSESSMENT

	Warehouse Infrastructure Planning	Layout Planning and Operations Efficiency	Warehouse Equipment	Special Storage Requirements	Inventory Management	Security and Safety	Human Resources	All Sections
Ghotki	33.3	33.3	37.5	25	50	28.6	42.9	35.8
TMK	50	44.4	37.5	20	45.5	57.1	35.7	41.5
Badin-B	38.1	44.4	62.5	0	58.3	50	50	43.3
Mirpurkhas	42.1	33.3	37.5	40	41.7	73.3	35.7	43.4
Sujawal	64.3	44.4	37.5	30	36.4	68.8	28.6	44.3
TAY	64.3	33.3	37.5	50	45.5	46.7	35.7	44.7
Mirpurkhas-B	66.7	33.3	37.5	30	58.3	38.5	50	44.9
Sukkur	61.9	55.6	37.5	70	36.4	80	28.6	52.8
Khairpur-B	68.4	55.6	50	50	54.6	50	42.9	53.1
Khairpur-A	70.4	55.6	25	50	58.3	73.3	50	54.7
Kashmore	76.2	33.3	75	40	58.3	50	50	54.7
Hyderabad	78.6	33.3	37.5	60	63.6	60	50	54.7
Jacobabad	81	66.7	75	0	66.7	61.5	53.3	57.7
Tharparkar	63.2	77.8	62.5	0	75	64.3	64.3	58.1
Thatta	71.4	55.6	50	40	66.7	75	57.1	59.4
Sanghar-B	63.2	44.4	50	40	75	80	64.3	59.6
Sangghar-A	57.9	77.8	37.5	25	75	80	64.3	59.6
Shikarpur	61.9	44.4	37.5	70	75	71.4	64.3	60.7
Jamshoro	69.2	77.8	50	60	63.6	73.3	50	63.4
Larkana	67.9	77.8	50	60	75	53.9	64.3	64.1
Umerkot	61.9	66.7	62.5	70	75	57.1	64.3	65.4
Badin-A	71.4	77.8	50	50	75	73.3	64.3	66
Matiali	67.9	66.7	62.5	60	83.3	71.4	66.7	68.4
Dadu	66.7	88.9	50	70	83.3	64.3	71.4	70.7
N. Feroze	75	88.9	50	60	72.7	100	53.3	71.4
Kamber	61.9	88.9	50	80	83.3	73.3	71.4	72.7

The table shows the status and gaps (those with less than 60% score) of existing district warehouses regarding their Infrastructure planning, Layout planning, and operations efficiency, Equipment, Special storage requirements, Inventory management, Security & safety, and Human resources.

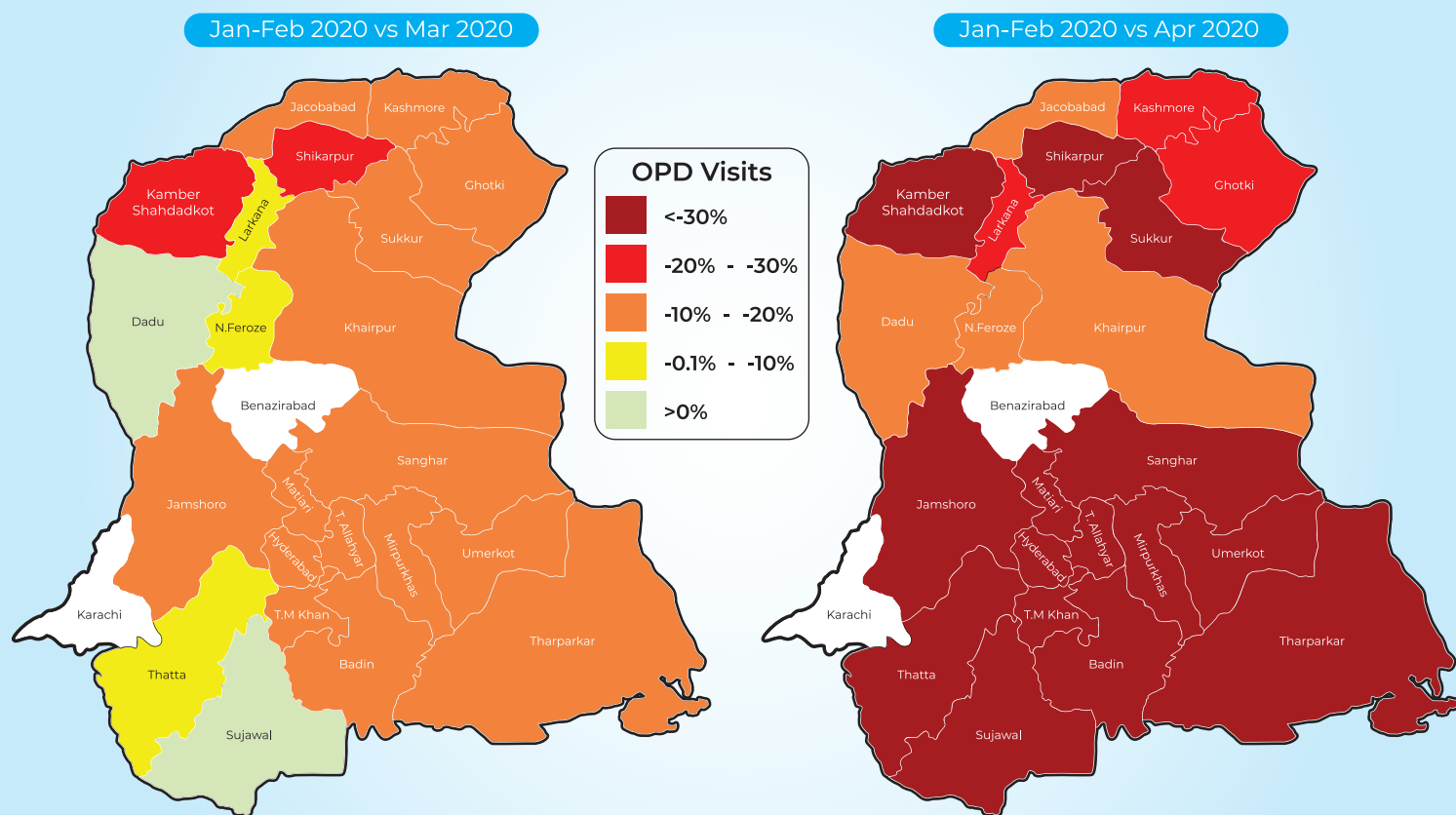
COVID 19

IMPACT ON ACCESSIBILITY & UTILIZATION OF PRIMARY HEALTH CARE (PHC) SERVICES IN PAKISTAN

The current pandemic has disrupted almost all sectors of life. Health systems and services are the ones with the most severe adverse impact directly caused by this pandemic. During the first half of 2020, Pakistan experienced its first wave of Covid-19 outbreak, and subsequently, the government imposed a lockdown from March till May. Due to the mobility restrictions and widespread fear among the masses, a significant drop in health care seeking at the primary health care level was observed. The study analyzed PHC seeking patterns amid the COVID-19 outbreak in Pakistan to provide a baseline for future studies concerning how and to what extent the public's health is being affected by this pandemic. Our findings are noteworthy in that we propose that COVID-19 pandemic health impacts are beyond those who are being infected. The associated dismay, terror,

consternation have significantly changed general populations' care-seeking behaviors and jeopardized the health status of rural communities and the utilization of essential health services and access to PHC services in many areas. It is possible to safeguard and strengthen community health resilience by fighting this pandemic, but knowing the risks and vulnerabilities in the general population is the key. Scaling community awareness campaigns by focusing on necessary preventive techniques and addressing myths and unnecessary fears will play a key role in restoring regular demand for PHC services in rural communities. Furthermore, holistic, evidence-based decision-making is the most critical factor in such a situation to prioritize the preparedness and response strategies at all levels and limit the damages caused by public health emergencies.

DISTRICT SPECIFIC MAP SHOWING % CHANGE IN OPD TURNOVER



Thematic maps of Sindh showing district-wise percentage change in OPD visits during Covid-19 outbreak (March-April 2020) in comparison to pre-Covid-19 average (Jan-Feb 2020)

STUDY TO IDENTIFY FACTORS OF LOW PERFORMING (DELIVERY COVERAGE) BHU PLUS HEALTH FACILITIES

Generally, most PPHI BHU plus health facilities (HF) conduct an average of 60 Normal Vaginal Deliveries (NVDs) per month. However, there are some HFs with consistent low performance in term of average monthly NVDs. Therefore, Research Wing designed a mix-method multi-component study to identify factors/reasons for constant low-performance, identify gaps, and recommend strategies for performance improvement. We adopted Three-Pronged Approach;

1. Health Facility Assessment (HFA) of both good and low-performing facilities for comparison to test the hypothesis that low performance is due to infra-structure, service availability, and processes related to poor performing health facilities.
2. Knowledge & Skills Assessment of Health Care Providers (HCPs) from both good & low-performing facilities for comparison to test the hypothesis that low performance is due to the gap in knowledge and skills of health care providers working at these facilities.

3. Household survey by conducting interviews with MWRA (15-49 years) living in the catchment area who delivered in last 12 months prior to study at a non-PPHI HF (Govt/Private) or at home to identify reasons for not availing delivery care services from PPHI health facility in their neighborhood.

Following are the overall conclusions and recommendations from the above assessment;

- We did not find the availability and scope of diagnostic and laboratory services in poor-performing HFs at par with those of good-performing HF; this may have contributed to low turnover for poor-performing HFs. So these services may be provided to improve the overall HFs performance and its functionality.
- The knowledge level and skills competencies of HCPs from poor performing HF were inferior to HCPs from good performing HF; this may also have

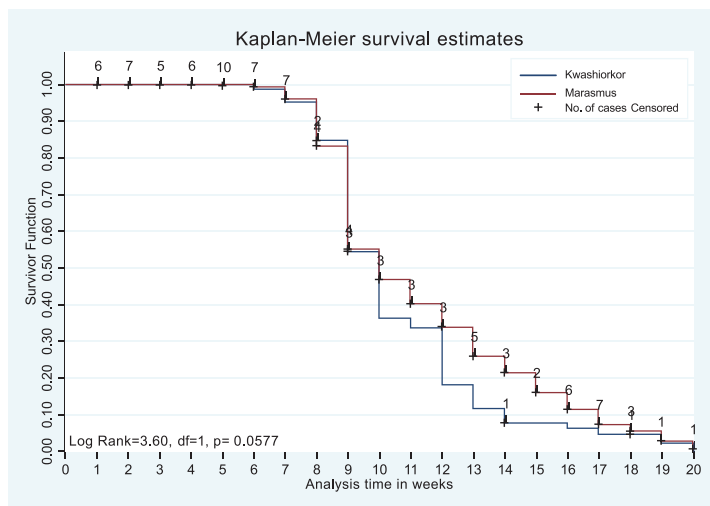
played a significant role in low turnover of the clients. The gap in knowledge & skills may be correlated with less number of trainings provided to HCPs from low-performing health facilities during the last two years compared to good performing HF.

- The unavailability of ambulances may also have significantly impacted service provision and contributed to low utilization or low performance of facilities compared to the good performing facilities.
- Some low-performing HFs have a small catchment area population and/or their locations are conflicting with other good performing or referral facilities in the area, resulting in low turnover.

ONGOING STUDY

Retrospective Cohort Study of SAM Children (Nutrition)

PPHI Sindh in collaboration with the Accelerated Action Plan (AAP) project of the Government of Sindh has been providing nutrition services for children under-5 years with Severe Acute Malnutrition (SAM) since 2016 in various districts of Sindh. Although the CMAM project's efficiency and outcomes have been studied worldwide, there is a lack of evidence on the treatment outcomes and time of recovery of SAM children treated at Outpatient Therapeutic Program (OTP) sites under CMAM project in local context. The study aims to determine the factors affecting the rate and time of recovery of SAM U5 children admitted in OTP sites of District Jacobabad. The study is currently in its data analysis phase, and soon the findings will be submitted in a peer-review journal for publication.



The Kaplan-Meier survival analysis demonstrates more than 50% probability of recovery of a SAM child enrolled at OTP site by 9-10th week of enrollment. The probability of recovery increases to more than 90% by the 17th week.

OTHER ACHIEVEMENTS

1. Establishment of Institutional Review Board (IRB)

PPHI Sindh has successfully established an Institutional Review Board (IRB) in order to protect the rights and welfare of human subjects and to ensure the highest quality of research conducted from the platform of the organization. In June 2019, PPHI Sindh invited a multidisciplinary group of renowned experts and scholars to become members of its IRB. Thereafter, the establishment of a functional IRB, all the research project and activities by PPHI Sindh move through its IRB for its approval. Currently, Dr. Nusrat Shah Kamal, Professor Obstetrics and Gynecology at Dow University of Health Sciences, is the Chair of the IRB, PPHI Sindh.

2. Publications

- Evaluating the implementation of "Management of Possible Serious Bacterial Infection (PSBI) when referral is not feasible" at primary health care facilities in Sindh Province, Pakistan (Published in PLOS One Journal).
- Impact on the utilization of reproductive, maternal, newborn and child health care services at primary health care level during COVID-19 outbreak in Pakistan (Submitted in Peer-review journal for publication)
- 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 (Submitted in peer-review journal for publication)
- Women's health on stake! Trend analysis on family planning services in selected health facility during pre and on-going COVID-19 crisis in rural Sindh (Submitted in peer-review journal for publication)

3. Research Training & Workshops

Apart from project specific trainings for research staff. Research Wing also conducts workshops for PPHI staff on different research areas and methods. The main objective of these types of research workshop is to develop skills and build capacity of existing PPHI technical staff in research methods and implementation. In this regard, a Training of Trainer (ToT) from all regions of Sindh was conducted in March 2019 at Hyderabad on WHO tool of "Verbal Autopsy" for Maternal, Neonatal and Child death and stillbirth. Another, work shop was conducted in November 2019, on 'Writing a Research Proposal' to train Public Health Specialist (PHS), MOHQs and M&E Officers from Region 1 Hyderabad.



Information, Education & Communication Material: COVID 19

The Research Wing also developed IEC material on COVID-19 pandemic for the local HCPs, patients and general public to be disseminated and used across PPHI Sindh HFs. The material covered following topics;

- Basic information regarding COVID-19
- How can I protect myself?
- What to do if you are sick with COVID 19?
- Covid-19 in pregnancy & breastfeeding
- COVID 19 and funerals
- When and how to use a mask?
- COVID 19 Myth busters

4. Grant Writing and Submissions

The Research Wing developed and submitted the following grant proposals during the reporting time period.

- Strengthening ANC & PNC delivery and Innovation – Bill & Melinda Gates Foundation
- A Community based Cluster Randomized Trial - Grand Challenges Explorations (Canada) in collaboration with AKU and Bempu Health (India)
- Establishment/Strengthening of Nutrition Stabilization Centers (NSCs), Sindh, Pakistan 2019 – 2021. ACF Pakistan Call for Proposal
- TB Associated Stigma Assessment Project - STOP TB Partnerships call for proposal for Challenge Facility for Civil Society round 9 applications.
- Joint EMRO/TDR Small Grants Scheme - Joint EMRO/TDR Small Grants Scheme, an Implementation Research on Communicable Diseases

PROGRESS OF MEDICAL REIMBURSEMENT CELL

IN-HOUSE MEDICAL REIMBURSEMENT CELL OF PPHI, SINDH

PPHI Sindh believes in prioritizing its employees' health and wellness. That's why in 2015-16, PPHI Sindh introduced provision of reimbursement of Medical Expenses of employees and their spouses in which medical coverage including hospitalization and maternity is provided to all its employees, regardless of their level, tenure, or position.

Initially, the policy included reimbursement of amount spent on hospitalization of employees and maternity of their spouses, against small amount of contribution recovered on monthly basis from the salaries of employees. Later on, it was extended to cover the hospitalization of spouses and children along with neonatal stays in Financial Year 2016-17 and 2018-19, respectively. In Financial Year 2016-17, PPHI Sindh decided to discontinued the deduction of premium from the salaries of the employees and to pay category wise premium amount for all its employees.

The inclusion of hospitalization of spouses, neonates and dependent children served benefit to a large number of employees from 156 in the 2015-16 to 376 cases in 2018-19. The amount of reimbursement



jumped from Rs.5 Million to Rs.13.2 Million, within the span of four years. While 536 employees have benefited in 2019-20 with reimbursement expense amounting Rs. 22.4 Million, the following table depicts the details of category wise yearly reimbursement expenditures along with number of cases reimbursed in 2019-20.

FINANCIAL YEAR	HOSPITALIZATION	MATERNITY	KID	TOTAL
FY 2015-16	1,608,557	3,489,104	-	5,097,661
FY 2016-17	3,476,848	6,837,155	-	10,314,000
FY 2017-18	3,439,686	8,673,621	-	12,113,307
FY 2018-19	4,252,173	8,583,708	332,395	13,168,276
FY 2019-20	8,281,473	12,317,709	1,775,619	22,374,801
TOTAL	21,058,737	39,901,297	2,108,014	63,068,045

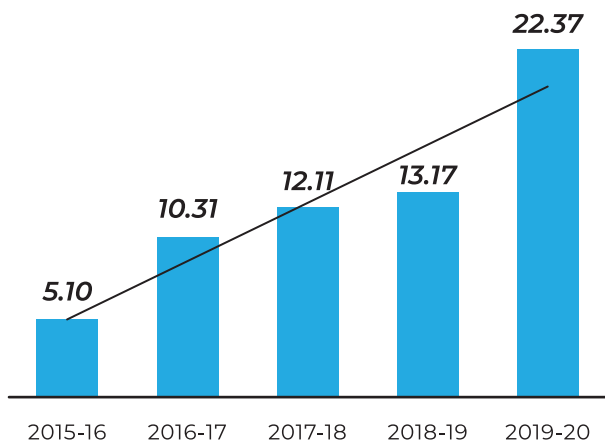
Amount paid during last five years

FINANCIAL YEAR	HOSPITALIZATION	MATERNITY	KID	TOTAL
FY 2015-16	34	122	-	156
FY 2016-17	77	256	-	333
FY 2017-18	89	311	-	400
FY 2018-19	74	286	16	376
FY 2019-20	121	379	36	536
TOTAL	395	1,354	52	1,801

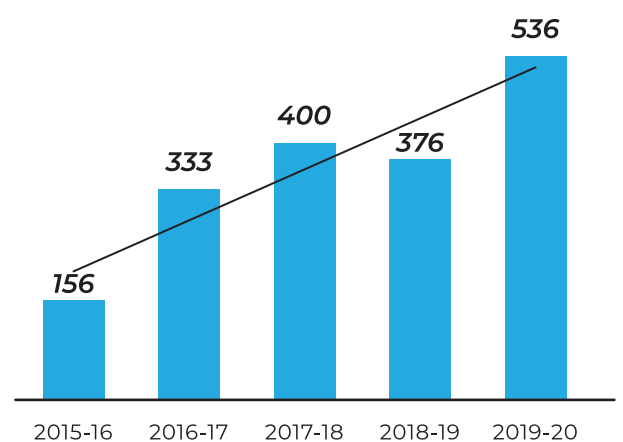
Number of employees benefited during last five years



Amount in Million



No. of Cases



PERFORMANCE OF PROVIDENT FUND

PROGRESS OF PPHI SINDH EMPLOYEES CONTRIBUTORY PROVIDENT FUND (ECPF)

A provident fund is post-retirement benefit fund that is jointly established by the employer and employee to serve as a longterm savings to support an employee upon retirement disassociation from organisation.

on 3rd June 2016, in the 12th Meeting of PPHI Sindh Board of Directors, approved the establishment of PPHI Sindh Employees Contributory Provident Fund (ECPF). Consequently, PPHI Sindh introduced Provident Fund in Financial Year 2017 with the purpose to provide employees lump sum payment at the time of exit from organization. Provident fund is a direct additional benefit to employees, and funded by both employees and employer. The PPHI Sindh ECPF was also registered with Sindh Board of Revenue (SBR) as "Rules and Trust Deed of PPHI Sindh ECPF" in January 2017.

In accordance with the rules, the operations of the ECPF are managed by a Board of Trustees (BoT) of ten members, representatives of employees and organization. Board of Trustees representing PPHI Sindh are nominated by the CEO of PPHI Sindh and representatives of employees are elected through election for a three-year tenure.

Since the introduction of the trust, PPHI Sindh has contributed Rs. 173 Million and 4,417 employees have benefited from it.

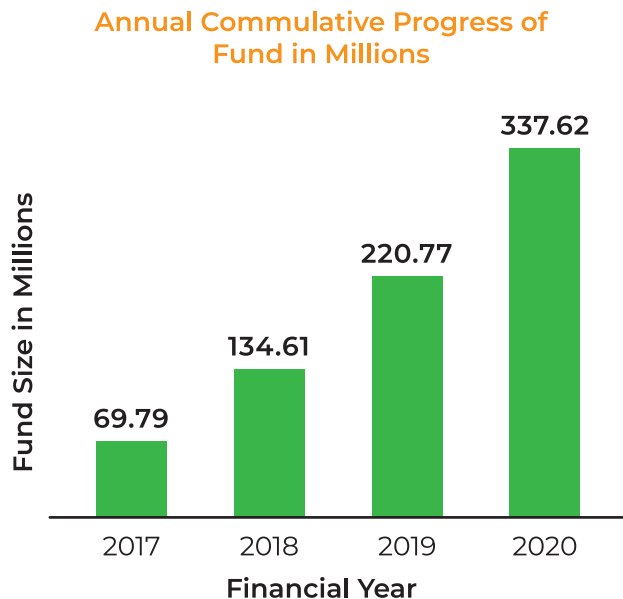
As of 30 June 2020, the total number of active members contributing to the ECPF and eligible to receive benefits was 4,417, as compared to 3,928 on 30 June 2019.

At the end of the financial period on 30 June 2020, the ECPF's total net assets were valued at Rs. 337.62 Million in comparison to Rs. 220.8 Million at the end of previous financial year.

Further more, an amount of Rs. 56.6 Million had been paid to 611 outgoing members during the last four financial years.

Annual consolidate financial position and strength of registered active members are graphically presented in graph 1 and 2.

Graph-1: Financial Position up to Financial Year 2020



Graph-2: Active Registered Members up to Financial Year 2020

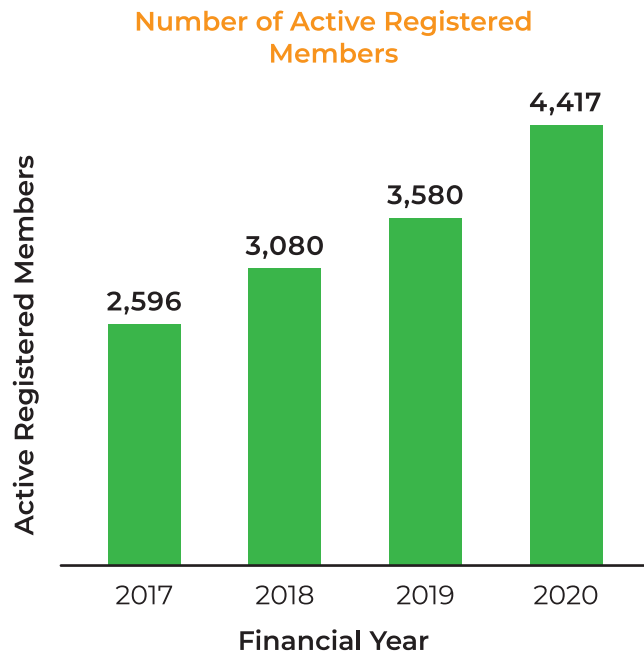




TABLE 1: GROWTH OF PPHI SINDH EMPLOYEE CONTRIBUTORY PROVIDENT FUND OVER FOUR YEARS FROM 2017 TO 2020

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
	Total	173,493,303	173,493,511	47,196,899	394,183,713
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
	Total	26,318,576	26,318,615	3,742,524	56,561,606
Net Balance		147,174,726	147,174,897	43,454,375	337,622,107

INITIATIVES BY INFORMATION TECHNOLOGY WING

PPHI Sindh believes in innovation, digitalization and improving its systems constantly. To achieve this, the following initiatives were started by the in-house IT Wing of the organization.

MoM Application (Version 2.0)

A Monitoring of Monitors (MoM application/dashboard) was developed for the PPHI Sindh monitoring team to make a significant way forward in data standardization and collection through the in-house developed application. Apart from this, the application also enabled the decision makers to focus on the avenues or initiatives where the funds have to be diverted for capitalizing the impact on the key indicators of the primary healthcare services provided by PPHI Sindh.



ITSS (Information Technology Support System)

The ITSS was developed to manage the end-to-end delivery of IT services to users. This service desk has a broader, user-centered approach and is designed to provide the user with an informed single point of contact for all IT requirements. It is a Single Point of Contact ("SPOC") to meet the communication needs of both users and IT staff. It issues a ticket for every request from the team received by the IT Wing regarding any issue or development related to IT.



COVID-19 Application

COVID-19 Application was developed to keep PPHI Sindh's Senior Management and Directors updated about the total affected person by COVID-19. This application displays patient related information on the dashboards to assist the authorities in identifying communities with a high prevalence of COVID-19 symptoms and to facilitate targeted testing and treatment interventions.



Healthcare Management System (HCMS)

The HCMS is a huge initiative to put in place a system on international standards for recording the information of patients electronically. It will make tracking a patient's record, history of diseases and previously prescribed medicines easy for the service providers. This will be made possible by issuing a unique Medical Record number to each patient. This initiative is subsequent to tendering and shortlisting process; the evaluation of solution proposals by the candidate implementation partners is in the process.



Business Intelligence / Dashboards for Senior Management / Directors

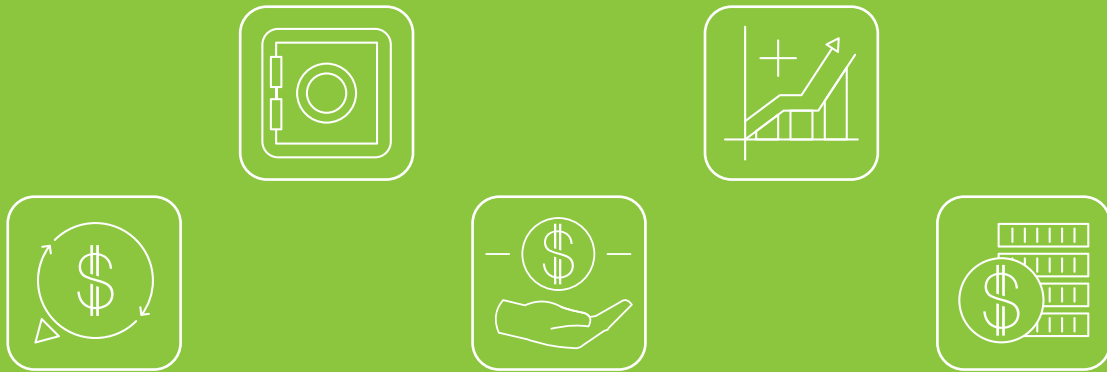
Collecting, converging, presenting data analysis and visualizations from different IT Systems and other sensor network has always remained a nightmare for senior management and directors. PPHI Sindh's IT Wing has enabled the organisation's Senior Management and Directors to accelerate and improve decision making, increase operational efficiency, pinpoint gaps in health services delivery and report genuine KPIs to bring the data to life in easy-to-understand visuals through this dashboard.



Data Connectivity

To overcome contemplated hurdle in implementation of IT Systems down to health facilities level of PPHI Sindh located in remote areas of Sindh province, an evaluation of different connectivity solutions was conducted. IT Wing successfully tested one of the options for data connectivity. This solution on implementation will prove to be an important milestone for PPHI Sindh and will open the avenue for fast-track digitalization and real-time data transfer.





PPHI SINDH
**FINANCIAL
STATEMENT**
2020





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Chartered Accountants
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INDEPENDENT AUDITOR'S REPORT

Report on the Audit of the Financial Statements

Report on the Audit of the Financial Statements

Opinion

We have audited the annexed financial statements of **PPHI Sindh** (the Company), which comprise the statement of financial position as at **30 June 2020**, and the income and expenditure statement, the statement of cash flows, the statement of changes in reserves for the year then ended, and notes to the financial statements, including a summary of significant accounting policies and other explanatory information, and we state that we have obtained all the information and explanations which, to the best of our knowledge and belief, were necessary for the purposes of the audit.

In our opinion and to the best of our information and according to the explanations given to us, the statement of financial position, the income and expenditure statement, the statement of cash flows, the statement of changes in reserves together with the notes forming part thereof conform with the accounting and reporting standards as applicable in Pakistan and give the information required by the Companies Act, 2017 (XIX of 2017), in the manner so required and respectively give a true and fair view of the state of the Company's affairs as at 30 June 2020 and of the surplus, its cash flows and changes in reserves for the year then ended.

Basis for Opinion

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

Responsibilities of Management and Board of Directors for the Financial Statements

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

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

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



Auditor's Responsibilities for the Audit of the Financial Statements

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

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

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

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

Report on Other Legal and Regulatory Requirements

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

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

LMR



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

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

EY Feroz Khan
Chartered Accountants

Place: Karachi

Date: 29 April 2021

**PPHI SINDH
STATEMENT OF FINANCIAL POSITION
AS AT JUNE 30, 2020**

	Note	2020 (Rupees)	2019 (Rupees)
<u>ASSETS</u>			
NON-CURRENT ASSETS			
Property and equipment	6	2,248,558,126	2,256,500,203
Right-of-use assets	7	123,251,016	-
Long-term investments	8	5,476,491,446	4,521,731,478
		<u>7,848,300,588</u>	<u>6,778,231,681</u>
CURRENT ASSETS			
Medicine inventory	9	997,853,052	644,712,257
Office supplies and petty articles		4,954,529	6,433,410
Advances, deposits, prepayments and other receivables	10	11,661,647	32,524,285
Accrued mark-up on long-term investments		270,328,493	245,581,153
Short-term investments	11	1,142,705,913	205,842,465
Cash and bank balances	12	1,333,336,272	2,184,425,071
		3,760,839,906	3,319,518,641
		<u>11,609,140,494</u>	<u>10,097,750,322</u>
<u>RESERVES AND LIABILITIES</u>			
Reserves		10,772,724,462	9,626,593,334
NON-CURRENT LIABILITIES			
Lease liabilities	13	84,827,254	-
CURRENT LIABILITIES			
Trade and other payables	14	686,536,529	459,429,985
Current portion of lease liabilities	13	47,934,689	-
Provision for super tax		17,117,560	11,727,003
		751,588,778	471,156,988
		<u>11,609,140,494</u>	<u>10,097,750,322</u>
CONTINGENCIES AND COMMITMENTS			
	15		

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



CHIEF EXECUTIVE OFFICER

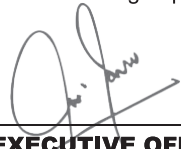


DIRECTOR

**PPHI SINDH
STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED JUNE 30, 2020**

	Note	2020 (Rupees)	2019 (Rupees)
CASH FLOWS FROM OPEARATING ACTIVITIES			
Surplus for the year		1,161,968,986	770,791,341
Adjustments for:			
Depreciation related to operating fixed assets	6.2	324,931,469	279,164,352
Depreciation related to right-of-use assets		42,432,433	-
Gain on disposal of operating fixed assets	20	(3,540,935)	(4,414,563)
Mark-up on Pakistan Investment Bonds and Treasury Bills	20	(681,120,651)	(70,911,568)
Mark-up on Term Deposit Receipts	20	(12,064,617)	(318,819,236)
Finance cost	19	27,728,089	12,352,974
Mark-up on deposit accounts	20	(186,542,650)	(196,619,336)
		(488,176,862)	(299,247,377)
(Increase) / decrease in current assets			
Medicine inventory	9	(353,140,795)	58,020,502
Office supplies and petty articles		1,478,881	44,706,380
Advances, deposits, prepayments and other receivables	10	3,788,941	(8,678,608)
		(347,872,973)	94,048,274
Increase / (decrease) in current liabilities			
Trade and other payables	14	227,106,544	(4,535,884)
Cash generated from operations		553,025,695	561,056,354
Mark-up on Pakistan Investment Bonds received		573,454,000	60,564,000
Mark-up on Term Deposit Receipts received		12,907,082	439,438,440
Mark-up on Deposit accounts received		185,338,225	193,628,740
Finance cost paid		(10,065,239)	(12,352,974)
		761,634,068	681,278,206
Net cash generated from operating activities		1,314,659,763	1,242,334,560
CASH FLOWS FROM INVESTING ACTIVITIES			
Capital expenditure		(318,364,913)	(604,691,421)
Sale proceeds on disposal of operating fixed assets		4,916,456	8,619,144
Investment made in Pakistan Investment Bonds		(871,232,222)	(4,243,238,618)
Investment made in Treasury Bills		(2,114,246,280)	-
Investment made in Term Deposit Receipts		-	(7,959,613,451)
Investment redeemed from Treasury Bills		1,085,500,000	-
Investment redeemed from Term Deposit Receipts		205,000,000	12,905,756,451
Net cash (used in) / generated from investing activities		(2,008,426,959)	106,832,105
CASH FLOWS FROM INVESTING ACTIVITIES			
Lease payments		(43,361,970)	-
Net (decrease) / increase in cash and cash equivalents during the year		(737,129,166)	1,349,166,665
Cash and cash equivalents at the beginning of the year		2,184,425,071	835,258,406
Cash and cash equivalents at the end of the year		1,447,295,905	2,184,425,071

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


CHIEF EXECUTIVE OFFICER


DIRECTOR

**PPHI SINDH
STATEMENT OF CHANGES IN RESERVES
FOR THE YEAR ENDED JUNE 30, 2020**

	<u>(Rupees)</u>
Balance at June 30, 2018	8,867,528,996
Net surplus for the year	759,064,338
Balance at June 30, 2019	<u>9,626,593,334</u>
Net surplus for the year	1,146,131,128
Balance at June 30, 2020	<u>10,772,724,462</u>

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CHIEF EXECUTIVE OFFICER



DIRECTOR

PPHI SINDH
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED JUNE 30, 2020

1. THE COMPANY AND ITS OPERATIONS

- 1.1** PPHI Sindh (the Company) was incorporated on October 08, 2013 as a public company limited by guarantee and not having a share capital under section 42 of the repealed Companies Ordinance, 1984 (the Ordinance). The Company is assigned the responsibility to take over primary health care system in the Province of Sindh. The registered office of the Company is situated at C-27/1, Block 2, Clifton, Karachi, Sindh.
- 1.2** In pursuance of the directives by the Board of Directors (BoD), the Company has bifurcated its operations in five Regions by constituting Regional Offices (ROs) which are further sub divided into twenty three District Offices (DOs). The responsibility of the DOs is to provide healthcare facility to the needy people in their respective districts, by utilizing the funds received from the Provincial Government. The composition of the ROs is as under:

RO-1 (Hyderabad)	RO-2 (Mirpurkhas)	RO-3 (Larkana)	RO-4 (Sukkur)	RO-5 (SBA)
Hyderabad	Mirpurkhas (A & B)	Larkana	Khairpur (A & B)	Shaheed Benazirabad
Matiari	Badin (A & B)	Dadu	Sukkur	Naushehro Feroz
Tando Mohammad	Umerkot	Jacobabad	Ghotki	Sanghar (A & B)
Tando Allahyar	Tharparkar	Kamber / Shahdadkot		
Jamshoro		Kashmore / Kandhkot		
Thatta		Shikarpur		
Sujawal				

- 1.3** On January 27, 2014, an agreement was entered into between Sindh Rural Support Organization (SRSO) and the Company, whereby, it was agreed that all assets and liabilities valued as on December 31, 2013 relating to a project named People's Primary Healthcare Initiative - Sindh (PPHI Sindh / the Project) will be transferred from SRSO to the newly formed company under section 42 of the Ordinance, namely, "PPHI Sindh". The value of such assets and liabilities is determined mutually by SRSO and the Company in terms of the said agreement. The decision was made consequent to the agreement dated December 06, 2013, entered into between the Government of Sindh and the Company and resolution made by the Board of Directors of SRSO in their 38th meeting. Accordingly, the project ceased to operate on December 31, 2013, as all the related assets and liabilities were transferred to the Company.

2. BASIS OF PREPARATION

2.1 Statement of compliance

These financial statements have been prepared in accordance with the accounting and reporting standards as applicable in Pakistan. The accounting and reporting standards as applicable in Pakistan comprise of International Financial Reporting Standards (IFRSs), issued by International Accounting Standard Board (IASB) and the Accounting Standard for Not for Profit Organizations (NPOs) issued by Institute of Chartered Accountants of Pakistan (ICAP) as notified under Companies Act, 2017 (the Act) and, provisions of and directives issued under the Act. Where the provisions of and directives issued under the Act differ from the IFRS standards, the provisions of and directives issued under the Act have been followed.

2.2 Accounting convention

These financial statements have been prepared under historical cost convention, unless otherwise specifically stated.

2.3 Functional and presentation currency

These financial statements have been presented in Pakistani Rupees which is the Company's functional and presentation currency.

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3. SIGNIFICANT ACCOUNTING ESTIMATES AND JUDGMENTS

The preparation of financial statements in conformity with the approved accounting and reporting standards requires the use of certain critical accounting estimates. It also requires management to exercise its judgment in the process of applying the Company's accounting policies. Estimates and judgments are continually evaluated and are based on the historic experience and other factors, including expectations of future events that are believed to be reasonable under the circumstances. In the process of applying the accounting policies management has made the following estimates and judgments which are significant to the financial statements:

- a) Determining the method of depreciation, useful lives, impairment and residual values of operating fixed assets and right of use assets (note: 6.1 & 7.1);
- b) Allowance for expected credit losses, if any: (note: 8,10,11 & 12); and
- c) Leases (4.1.1,5.2 & 5.6).

4. STANDARDS, AMENDMENTS, INTERPRETATION AND IMPROVEMENTS APPLICABLE TO THE FINANCIAL STATEMENTS

4.1 New standards, amendments, interpretation and improvements effective during the current year

The Company has adopted the following standards, amendments, interpretation and improvements to International Financial Reporting Standards (IFRSs) which became effective for the current year:

Standards, Amendments or Interpretation

- IFRS 9 - Prepayment Features with Negative Compensation (Amendments)
- IFRS 14 - Regulatory Deferral Accounts
- IFRS 16 - Leases
- IFRS 16 - COVID 19 Related Rent Concessions (Amendments)
- IAS 19 - Plan Amendment, Curtailment or Settlement (Amendments)
- IAS 28 - Long-term Interests in Associates and Joint Ventures (Amendments)
- IFRIC 23 - Uncertainty over income tax treatments

Improvements to Accounting Standards Issued by the IASB (2015-2017 cycle)

- IFRS 3 - Business Combinations - Previously held Interests in a joint operation
- IFRS 11 - Joint Arrangements - Previously held Interests in a joint operation
- IAS 12 - Income Taxes - Income tax consequences of payments on financial instruments classified as equity
- IAS 23 - Borrowing Costs - Borrowing costs eligible for capitalisation

The adoption of the above standards, amendments, interpretations and improvements to the accounting standards did not have any effect on the Company's financial statements except for IFRS 16. The impact of adoption of IFRS 16 and its amendments are described below:

4.1.1 IFRS 16 Leases

IFRS 16 supersedes IAS 17 Leases, IFRIC 4 Determining whether an Arrangement contains a Lease, SIC-15 Operating Leases-Incentives and SIC-27 Evaluating the Substance of Transactions Involving the Legal Form of a Lease. The standard sets out the principles for the recognition, measurement, presentation and disclosure of leases and requires lessees to account for all leases under a single note on statement of financial position model.

The Company adopted IFRS 16 using the modified retrospective approach with the date of initial application of July 01, 2019. Under this method, the standard is applied retrospectively with the cumulative effect of initially applying the standard recognised at the date of initial application. Accordingly the information presented for prior years has not been restated. The Company elected to use the transition practical expedient allowing the standard to be applied only to lease contracts that were previously identified as leases applying IAS 17 at the date of initial application. The Company also elected to use the recognition exemptions for lease contracts that, at the commencement date, have a lease term of 12 months or less and do not contain a purchase option ('short-term leases').

The new accounting policy in respect of leases is disclosed in note 5.2 & 5.6 to these financial statements. The impact of adoption of IFRS 16 on recognition and classification as at July 01, 2019 on the statement of financial position is summarised below:

	(Rupees)
Assets	
Right-of-use assets	153,448,840
Prepayments	(7,222,386)
	146,226,454
Liabilities	
Lease Liabilities	146,226,454

The right-of-use assets were recognised based on the amount equal to the lease liabilities adjusted for related prepayments. Lease liabilities were recognised based on the present value of the remaining lease payments, discounted using the incremental borrowing rate at the date of initial application. The Company did not have any sub-lease as at July 01, 2019.

The impact of adoption of IFRS 16 on the income and expenditure statement for the year ended June 30, 2020 is summarized below:

	(Rupees)
Decrease in rent expenses	43,843,140
Increase in depreciation expense	(42,432,433)
Increase in finance costs	(17,662,850)
	<u>(16,252,143)</u>

The lease liabilities as at July 01, 2019 can be reconciled to the operating lease commitments as of June 30, 2019 as follows:

	(Rupees)
Operating lease commitments as at June 30, 2019	193,393,635
Impact of discounting	(42,131,335)
Short-term leases	(5,035,846)
Total lease liability as at July 01, 2019	<u>146,226,454</u>
Weighted average incremental borrowing rate as at July 01, 2019	<u>13.97%</u>

4.2 Standards, amendments and improvements to the approved accounting standards that are not yet effective

Amendments	Effective date (annual periods beginning on or after)
IFRS 3 -- Definition of a Business (Amendments)	01 January 2020
IFRS 3 -- Reference to the Conceptual Framework (Amendments)	01 January 2022
IFRS 9 / IAS 39 / IFRS 7 -- Interest Rate Benchmark Reform (Amendments)	01 January 2020
IFRS 10 / IAS 28 -- Sale or Contribution of Assets between an Investor and its Associate or Joint Venture (Amendment)	Not yet finalized
IAS 1 / IAS 8 -- Definition of Material (Amendments)	01 January 2020
IAS 1 -- Classification of Liabilities as Current or Non-current (Amendments)	01 January 2022*
IAS 16 -- Proceeds before Intended Use (Amendments)	01 January 2022
IAS 37 -- Onerous Contracts – Costs of Fulfilling a Contract (Amendments)	01 January 2022

*The IASB has issued an exposure draft proposing to defer the effective date of the Amendments to IAS 1 to 01 January 2023.

Improvements to Accounting Standards Issued by the IASB (2018-2020 cycle)

IFRS 9 -- Financial Instruments – Fees in the '10 percent' test for derecognition of financial liabilities	01 January 2022
IAS 41 -- Agriculture – Taxation in fair value measurements	01 January 2022

The IASB has also issued the revised Conceptual Framework for Financial Reporting (the Conceptual Framework) in March 2018 which is effective for annual periods beginning on or after 01 January 2020 for preparers of financial statements who develop accounting policies based on the Conceptual Framework. The revised Conceptual Framework is not a standard, and none of the concepts override those in any standard or any requirements in a standard. The purpose of the Conceptual Framework is to assist IASB in developing standards, to help preparers develop consistent accounting policies if there is no applicable standard in place and to assist all parties to understand and interpret the standards.

Further, the following new standards have been issued by IASB which are yet to be notified by the SECP for the purpose of applicability in Pakistan.

Standard or Interpretation	IASB effective date (annual periods beginning on or after)
IFRS 1 -- First time adoption of IFRSs	01 January 2004
IFRS 17 -- Insurance Contracts	01 January 2023

5. SIGNIFICANT ACCOUNTING POLICIES

5.1 Property and equipment

Operating fixed assets

These are stated at cost less accumulated depreciation and impairment, if any. Such costs include the cost of replacing parts of property and equipment when that cost is incurred. Maintenance and normal repairs are charged to income and expenditure statement as and when incurred. Depreciation is charged over the useful life of the asset using the straight line method at the rates specified in note 6.1 to the financial statements.

Operating fixed assets are assessed for impairment whenever there is an indication that the same are impaired. Depreciation is charged from the month in which the asset is available for use and no depreciation is charged in the month of disposal. An item of operating fixed asset is derecognised upon disposal or when no future economic benefits are expected from its use or disposal. Gains and losses on disposals, if any, of operating fixed assets are included in income and expenditure statement in the period in which they arise.

Capital work-in-progress

These are stated at cost less accumulated impairment losses, if any. All expenditure connected with specific assets incurred during installation and construction period, including advances are carried under this head. These are transferred to specific assets as and when these assets are available for use.

5.2 Right-of-use assets

The Company recognises right-of-use assets at the commencement date of the lease (i.e., the date the underlying asset is available for use). Right-of-use assets are measured at cost, less any accumulated depreciation and impairment losses, and adjusted for any remeasurement of lease liabilities. The cost of right-of-use assets includes the amount of lease liabilities recognised, initial direct costs incurred, and lease payments made at or before the commencement date less any lease incentives received as applicable. Unless the Company is reasonably certain to obtain ownership of the leased asset at the end of the lease term, the recognized right-of-use assets are depreciated using straight line method over the lease term. Right-of-use assets are subject to impairment.

5.3 Medicine inventory

Medicine inventory is stated at the amount of consideration paid at the time of purchase. These are charged to operational / project expenses as and when the stock is distributed to the health facility centre.

5.4 Financial instruments

5.4.1 Financial assets

The financial assets of the Company mainly include long-term investments, short-term investments, deposits, other receivables and cash and bank balances.

On initial recognition, a financial asset is classified as measured at: amortised cost; Fair Value through Other Comprehensive Income (FVOCI) – debt investment; FVOCI – equity investment; or Fair Value through Profit or Loss (FVTPL). The classification of financial assets under IFRS 9 is generally based on the business model in which a financial asset is managed and its contractual cash flow characteristics. Based on the business model of the Company, the financial assets of the Company are measured and classified under IFRS-9 as follows:

Long-term investments, short-term investments, deposits and other financial assets are classified as 'amortised cost'. These assets are measured at amortised cost using the effective interest rate method less an allowance for expected credit losses, if any.

5.4.2 Financial liabilities

All financial liabilities are recognized initially at fair value and, in the case of loans and borrowings, net of directly attributable transaction costs. For the purpose of subsequent measurement financial liabilities are either classified at amortized cost or fair value through profit or loss. The Company does not have any financial liability at fair value through profit or loss.

5.4.3 Impairment of financial assets - allowance for expected credit losses

ECLs are based on the difference between the contractual cash flows due in accordance with the contract and all the cash flows that the Company expects to receive. The shortfall is then discounted at an approximation to the asset's original effective interest rate. The expected cash flows will include cash flows from the sale of collateral held or other credit enhancements that are integral to the contractual terms.

A financial asset is written off when there is no reasonable expectation of recovering the contractual cash flows. However, in certain cases, the Company may also consider a financial asset to be in default when internal or external information indicates that the Company is unlikely to receive the outstanding contractual amounts in full before taking into account any credit enhancements held by the Company.

At each date of statement of financial position, the Company assesses whether financial assets are credit-impaired. A financial asset is 'credit-impaired' when one or more events that have a detrimental impact on the estimated future cash flows of the financial asset have occurred. Loss allowances for financial assets measured at amortised cost are deducted from the gross carrying amount of the respective asset.

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The Company uses the standard's simplified approach and calculates ECL based on life time ECL on its financial assets. The Company has established a provision matrix that is based on the Company's historical credit loss experience, adjusted for forward-looking factors specific to the financial assets and the economic environment.

5.4.4 Offsetting of financial instruments

Financial assets and financial liabilities are offset and the net amount is reported in the statement of financial position if there is a currently enforceable legal right to offset the recognised amounts and there is an intention to settle on a net basis, to realise the assets and settle the liabilities simultaneously.

5.5 Impairment of non-financial assets

The carrying value of non-financial assets are assessed at each reporting date to determine whether there is any indication of impairment. If any such indications exist, then the recoverable amount is estimated. An impairment loss is recognised, as an expense in the income and expenditure statement, for the amount by which an asset's carrying amount exceeds its recoverable amount. The recoverable amount is the higher of an asset's fair value less cost to sell and value in use. Value in use is determined through discounting of the estimated future cash flows using a discount rate that reflects current market assessments of the time value of money and risks specific to the assets.

The Company's corporate assets do not generate separate cash inflows. If there is an indication that a corporate asset may be impaired, then the recoverable amount is determined for the CGU to which the corporate asset belongs. An impairment loss is recognised if the carrying amount of an asset or its CGU exceeds its estimated recoverable amount. Impairment losses are recognised in income and expenditure statement.

Impairment losses recognised in prior periods are assessed at each reporting date for any indications that the loss has decreased or no longer exists. An impairment loss is reversed if there has been a change in the estimates used to determine the recoverable amount. An impairment loss is reversed only to the extent that the asset's carrying amount does not exceed the carrying amount that would have been determined, net of depreciation or amortisation, if no impairment loss had been recognised.

5.6 Lease liabilities

The Company assesses at contract inception whether a contract is, or contains, a lease, i.e. if the contract conveys the right to control the use of an identified asset for a period of time in exchange for consideration.

The Company applies a single recognition and measurement approach for all leases, except for short-term leases. The Company recognises lease liabilities to make lease payments and right-of-use assets representing the right to use the underlying assets.

At the commencement date of the lease, the Company recognises lease liabilities measured at the present value of lease payments to be made over the lease term. The lease payments include fixed payments (including in-substance fixed payments) less any lease incentives receivable, variable lease payments that depend on an index or a rate, and amounts expected to be paid under residual value guarantees. The lease payments also include the exercise price of a purchase option reasonably certain to be exercised by the Company and payments of penalties for terminating a lease, if the lease term reflects the Company exercising the option to terminate. The variable lease payments that do not depend on an index or a rate are recognised as expense in the period on which the event or condition that triggers the payment occurs.

In calculating the present value of lease payments, the Company uses the incremental borrowing rate at the commencement date of the lease if the interest rate implicit in the lease is not readily determinable. After the commencement date, the amount of lease liabilities is increased to reflect the accretion of interest and reduced for the lease payments made. In addition, the carrying amount of lease liabilities is remeasured if there is a modification, a change in the lease term, a change in the in-substance fixed lease payments or a change in the assessment to purchase the underlying asset.

5.6.1 Short-term leases

The Company applies the short-term lease recognition exemption to its short-term leases (i.e., those leases that have a lease term of 12 months or less from the commencement date and do not contain a purchase option). Lease payments on such leases are recognised as expense on a straight-line basis over the lease term.

5.6.2 Significant judgement in determining the lease term of contracts with renewal options

The Company determines the lease term as the non-cancellable term of the lease, together with any periods covered by an option to extend the lease if it is reasonably certain to be exercised, or any periods covered by an option to terminate the lease, if it is reasonably certain not to be exercised.

5.7 Advances, deposits, prepayments and other receivables

These are stated at cost which is the fair value of the consideration and subsequently measured at amortised cost using the effective interest rate method less an allowance for expected credit losses, if any. Allowance for expected credit losses is based on lifetime ECLs that result from all possible default events over the expected life of the financial assets.

5.8 Cash and cash equivalents

For the purpose of the statement of cash flow, cash and cash equivalents comprise of cash in hand and cash at bank balances.

5.9 Trade and other payables

Liabilities for trade and other amounts payable are carried at cost which is the fair value of the consideration to be paid in future for goods and services received, whether or not billed to the Company.

5.10 Taxation

The Company is allowed a tax credit equals to one hundred percent of the tax payable under Section 100C of the Income Tax Ordinance, 2001, and falls under the definition of Section 2(36)(c) of the Income Tax Ordinance, 2001, being a non-profit organization. The Company accounts for super tax under section 4(B) of the Income Tax Ordinance, 2001.

5.11 Reserves

Unutilized funds from ongoing operations, without any restriction on utilization, are classified as reserves. These reserves are at the discretion of Board of Directors of the Company.

5.12 Foreign currency transactions

Transactions in foreign currencies are translated into Pak Rupees (presentation currency) at the rates of exchange prevailing on the date of transactions. Monetary assets and liabilities denominated in foreign currencies are translated into Pak Rupees at the rates ruling at the statement of financial position date. Exchange differences on foreign currency translations are included in the income and expenditure statement

5.13 Income

- a) Funds received for ongoing operations under different schemes are classified as grants. These grants are recognised as income when received without restriction on utilization. The expenses incurred against such funds are recognised in the income and expenditure statement as and when incurred.
- b) Income on long-term and short-term investments are recognised using the effective interest rate method.
- c) Return on deposit accounts is recognised on accrual basis taking into account the effective yield.
- d) Other income, if any is recognised on accrual basis.

5.14 Provisions

Provisions are recognised when the Company has a present obligation (legal or constructive) as a result of a past event, if it is probable that an outflow of resources embodying economic benefits will be required to settle the obligation and a reliable estimate can be made of the amount of obligation. Provisions are reviewed at each statement of financial position date and adjusted to reflect the current best estimate.

5.15 Staff provident fund - defined contribution plan

The Company operates a recognised provident fund for all eligible employees. Equal monthly contributions are made to the fund at the rate of 8.33% of employees monthly basic salaries both by the Company and the employees in accordance with the rules of the scheme. Investments of provident fund have been made in accordance with the provisions of section 218 of the Companies Act, 2017 and the rules formulated for this purpose. The contributions from the Company are charged to income and expenditure statement for the year.

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	Note	2020 (Rupees)	2019 (Rupees)
6. PROPERTY AND EQUIPMENT			
Operating fixed assets	6.1	2,176,620,811	2,176,472,711
Capital work-in-progress	6.3	71,937,315	80,027,492
		<u>2,248,558,126</u>	<u>2,256,500,203</u>

6.1 Operating fixed assets

	Leasehold land, buildings and improvements*	Furniture and fittings	Vehicles	Equipments	Total
	(Rupees)				
Cost					
Balance as at July 01, 2019	1,439,002,430	204,250,303	414,191,694	881,088,896	2,938,533,323
Additions during the year	-	37,436,889	16,636,097	67,620,410	121,693,396
Transfers from					
capital work-in-progress	174,750,044	2,771,900	26,388,670	851,080	204,761,694
Disposals during the year	-	-	(6,235,047)	(115,000)	(6,350,047)
As at June 30, 2020	<u>1,613,752,474</u>	<u>244,459,092</u>	<u>450,981,414</u>	<u>949,445,386</u>	<u>3,258,638,366</u>
Accumulated depreciation					
Balance as at July 01, 2019	182,587,622	52,422,469	175,176,299	351,874,222	762,060,612
Charge for the year	76,254,821	22,354,029	57,960,455	168,362,164	324,931,469
On disposals	-	-	(4,941,958)	(32,568)	(4,974,526)
As at June 30, 2020	<u>258,842,443</u>	<u>74,776,498</u>	<u>228,194,796</u>	<u>520,203,818</u>	<u>1,082,017,555</u>
Written down value					
As at June 30, 2020	<u>1,354,910,031</u>	<u>169,682,594</u>	<u>222,786,618</u>	<u>429,241,568</u>	<u>2,176,620,811</u>
Depreciation rate (%)	<u>0 to 5</u>	<u>10</u>	<u>20</u>	<u>20 - 33</u>	

	Leasehold land, buildings and improvements*	Furniture and fittings	Vehicles	Equipments	Total
	(Rupees)				
Cost					
Balance as at July 01, 2018	1,067,464,009	155,111,830	318,686,600	701,551,346	2,242,813,785
Additions during the year	141,164,731	49,138,473	59,400,594	109,841,778	359,545,576
Transfers from					
capital work-in-progress	230,373,690	-	49,993,390	69,957,719	350,324,799
Disposals during the year	-	-	(13,888,890)	(261,947)	(14,150,837)
As at June 30, 2019	<u>1,439,002,430</u>	<u>204,250,303</u>	<u>414,191,694</u>	<u>881,088,896</u>	<u>2,938,533,323</u>
Accumulated depreciation					
Balance as at July 01, 2018	121,359,379	35,503,961	131,717,416	204,261,760	492,842,516
Charge for the year	61,228,243	16,918,508	53,313,748	147,703,853	279,164,352
On disposals	-	-	(9,854,865)	(91,391)	(9,946,256)
As at June 30, 2019	<u>182,587,622</u>	<u>52,422,469</u>	<u>175,176,299</u>	<u>351,874,222</u>	<u>762,060,612</u>
Written down value					
As at June 30, 2019	<u>1,256,414,808</u>	<u>151,827,834</u>	<u>239,015,395</u>	<u>529,214,674</u>	<u>2,176,472,711</u>
Depreciation rate (%)	<u>0 to 5</u>	<u>10</u>	<u>20</u>	<u>20 - 33</u>	

*Government of Sindh has transferred management and operations of various government health facilities in various district of Sindh including attached pieces of Land to the Company under Memorandum of Understanding (MoU) signed with the Health Department, Government of Sindh for the period specified in the MoU.

	Note	2020 (Rupees)	2019 (Rupees)
6.2 Allocation of depreciation			
Operational / project expenses	17	273,474,981	228,471,827
General and administrative expenses	18	39,476,235	39,747,198
Other operating expenses	21.1	11,980,253	10,945,327
		<u>324,931,469</u>	<u>279,164,352</u>

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	Note	2020 (Rupees)	2019 (Rupees)
6.3 Capital work-in-progress			
Civil works		34,126,885	53,638,823
Advance against purchase of vehicles and equipment		37,810,430	26,388,669
	6.3.1	<u>71,937,315</u>	<u>80,027,492</u>
6.3.1 Movement in capital work-in-progress			
As at July 01		80,027,492	185,206,446
Additions during the year		196,671,517	245,145,845
Transferred to operating fixed assets		(204,761,694)	(350,324,799)
As at June 30		<u>71,937,315</u>	<u>80,027,492</u>
7. RIGHT-OF-USE ASSETS			
As at July 01		-	-
Impact of initial application of IFRS 16 (note 4.1.1)		153,448,840	-
Additions during the year		12,234,609	-
Depreciation charged during the year	7.1	(42,432,433)	-
As at June 30		<u>123,251,016</u>	-
7.1 Depreciation charge for the year has been allocated as follows			
Operational / project expenses	17	31,689,681	-
General and administrative expenses	18	3,737,350	-
Other operating expenses	21.1	7,005,402	-
		<u>42,432,433</u>	-
8. LONG-TERM INVESTMENTS			
Amortized cost			
Pakistan Investment Bonds (PIBs)	8.1	<u>5,476,491,446</u>	<u>4,521,731,478</u>
8.1 These PIBs have yield ranging from 11.26% to 13.70% (2019: 13.30% to 13.70%) per annum and having maturity dates ranging from July 2024 to September 2029.			
		2020 (Rupees)	2019 (Rupees)
9. MEDICINE INVENTORY			
Medicine, life saving drugs, medical supplies & diagnostic materials		<u>997,853,052</u>	<u>644,712,257</u>
10. ADVANCES, DEPOSITS, PREPAYMENTS AND OTHER RECEIVABLES			
- unsecured and considered good			
	Note	2020 (Rupees)	2019 (Rupees)
Advances to suppliers		164,542	2,466,578
Security deposits		7,984,276	7,464,089
Prepaid rent		-	8,556,387
Other receivables		3,512,829	14,037,231
		<u>11,661,647</u>	<u>32,524,285</u>
11. SHORT-TERM INVESTMENTS			
Amortized cost			
Term Deposit Receipts (TDRs)		-	205,842,465
Treasury Bills (T-Bills)	11.1	<u>1,142,705,913</u>	-
		<u>1,142,705,913</u>	<u>205,842,465</u>

11.1 These T-Bills have yields ranging from 10.67% to 13.10% (2019: Nil) per annum and having maturity up to March 2021. It includes accrued interest as at the year-end amounting to Rs. 51.4 million (2019: Nil).

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	Note	2020 (Rupees)	2019 (Rupees)
12. CASH AND BANK BALANCES			
Cash in hand		1,173,600	1,849,544
Cash at banks			
Current accounts		17,665,224	8,182,639
Deposit accounts	12.1	1,314,497,448	2,174,392,888
		1,332,162,672	2,182,575,527
		<u>1,333,336,272</u>	<u>2,184,425,071</u>
12.1 These carry profit ranging from 5.25% to 11.50% (2019: 4.50% to 10.25%) per annum.			
	Note	2020 (Rupees)	2019 (Rupees)
13. LEASE LIABILITIES			
Lease liabilities		84,827,254	-
Current maturity of lease liabilities		47,934,689	-
	13.1	<u>132,761,943</u>	<u>-</u>
13.1 Movement of lease liabilities:			
As at July 01		-	-
Impact of initial application of IFRS 16 (note 4.1.1)		146,226,454	-
Additions during the year		12,234,609	-
Finance cost during the year	19	17,662,850	-
Payments during the year		<u>(43,361,970)</u>	<u>-</u>
As at June 30		132,761,943	-
Current maturity of lease liabilities		47,934,689	-
		<u>84,827,254</u>	<u>-</u>
13.2 The maturity analysis of lease liabilities as at the reporting date is as follows:			
		2020 (Rupees)	2019 (Rupees)
Up to one year		47,934,689	-
After one year		84,827,254	-
Total lease liabilities		<u>132,761,943</u>	<u>-</u>
13.3 Expenses relating to short-term leases amounted to Rs. 5.04 million (2019: Nil) during the year.			
		2020 (Rupees)	2019 (Rupees)
14 TRADE AND OTHER PAYABLES			
Trade creditors		308,959,277	175,760,011
Accrued and other liabilities		303,197,308	205,255,211
Security deposits taken from contractual employees		60,730,928	57,581,047
Security deposits taken from contractors		13,152,525	20,709,347
Withholding tax payable		496,491	124,369
		<u>686,536,529</u>	<u>459,429,985</u>
15 CONTINGENCIES AND COMMITMENTS			
15.1 Contingencies			

For the tax year 2016, monitoring of withholding order under section 161/205/182(1) of the Ordinance for the tax year 2016 has been passed by Assistant Commissioner Inland Revenue as Ex-Parte on 31 October 2019 without providing an opportunity, despite of Company's various submission / justifications and created demand at Rs. 409.74 million. Thereafter, the Company filed an application for rectification of mistakes under section 221 of the Ordinance dated 25 November 2019. Furthermore, for the tax year 2017, monitoring of withholding order under section 161/205 of the Ordinance was started and subsequently show cause notice under section 161(1A) of the Ordinance dated 9 August 2018 was issued along with estimated balance tax payable at Rs. 376.55 million.

In response to the above matter, the Company has submitted required details and documents and submitted that the Company has properly deducted and deposited the applicable tax in the government treasury as required under the applicable laws. The management based on the opinion of their tax advisor is confident that the case will be decided in favour of the Company. Accordingly, no provision has been made in these financial statements in this regard.

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	Note	2020 (Rupees)	2019 (Rupees)
15.2 Commitments			
Capital commitments - civil works	15.2.1	<u>28,823,442</u>	<u>34,292,310</u>
15.2.1 Civil works contract commitments are subject to change due to change in material prices and variation in future requirements in respect of work carried out at particular health facility.			
16 GRANTS			
Basic Rural Health Facility		3,920,879,675	3,262,978,262
Mother Child Health Center		1,726,846,283	1,525,554,508
Management Cost		537,037,367	445,795,000
Repair and Renovation		121,878,900	88,653,480
Kausar		68,250,000	63,700,000
Nutrition Programs - net	16.1	<u>901,642,999</u>	<u>726,913,371</u>
		<u>7,276,535,224</u>	<u>6,113,594,621</u>
16.1 Grant for nutrition programs is net of Rs. 40,475,787 (2019: Nil) being Sindh Sales Tax on services which has been deducted at source.			
17 OPERATIONAL / PROJECT EXPENSES			
Medicine inventory consumed	17.1	1,192,860,469	1,020,852,833
Salaries and other benefits	17.2	4,575,673,132	3,713,597,449
Rent, rates and taxes		5,554,149	26,352,586
Office supplies and petty articles consumed		109,138,368	95,046,676
Uniforms		7,651,660	16,508,857
Utilities		27,770,193	17,253,777
Vehicle running expenses		92,970,823	59,115,123
Repairs and maintenance		56,010,422	75,332,866
Insurance		34,717,231	22,376,600
Telephone, courier and postage		3,846,689	3,705,324
Printing and stationery		17,845,264	18,253,453
Depreciation on operating fixed assets	6.2	273,474,981	228,471,827
Depreciation on right-of-use-assets	7.1	31,689,681	-
Capacity building / training		20,199,903	21,763,156
Travelling and conveyance		9,993,730	14,542,436
Reception, meetings and functions		3,267,651	4,894,869
Advertisement, marketing and development		8,476,240	10,396,299
Other expenses		42,483,518	49,797,302
		<u>6,513,624,104</u>	<u>5,398,261,433</u>
17.1 Medicine inventory consumed is netted of by an amount of Rs. 46,400,633 (2019: 45,559,696) on account of collections from mini laboratories.			
17.2 Includes Rs. 52,858,143 (2019: 36,079,189) in respect of staff provident fund.			
18 GENERAL AND ADMINISTRATIVE EXPENSES			
Salaries and other benefits	18.1	410,586,032	342,240,321
Rent, rates and taxes		497,475	4,301,590
Office supplies and petty articles consumed		9,420,021	7,533,242
Utilities		6,020,063	4,420,292
Vehicle running expenses		41,242,489	41,677,054
Repairs and maintenance		14,672,976	13,942,504
Insurance		5,144,870	3,880,632
Telephone, courier and postage		7,783,541	7,176,708
Printing and stationery		323,845	793,928
Auditors' remuneration	18.2	2,192,650	1,875,000
Legal and professional		2,686,287	2,646,057
Depreciation on operating fixed assets	6.2	39,476,235	39,747,198
Depreciation on right-of-use assets	7.1	3,737,350	-
Travelling and conveyance		8,165,414	10,356,748
Reception, meetings and functions		99,807	128,867
Advertisement, marketing and development		2,455,684	2,808,704
Other expenses		3,433,718	3,332,170
		<u>557,938,457</u>	<u>486,861,015</u>
18.1 Includes Rs. 7,293,562 (2019: 5,237,537) in respect of staff provident fund.			

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		2020	2019
		(Rupees)	(Rupees)
18.2	Auditors' remuneration		
	Audit fee	1,700,000	1,500,000
	Out of pocket expenses including services sales tax on audit fee	492,650	375,000
		<u>2,192,650</u>	<u>1,875,000</u>
19	FINANCE COST		
	Bank charges	10,065,239	12,352,974
	Financial charges on lease	17,662,850	-
		<u>27,728,089</u>	<u>12,352,974</u>
20	OTHER OPERATING INCOME		
	Income from financial assets		
	Mark-up on deposit accounts	186,542,650	196,619,336
	Mark-up on Pakistan Investment Bonds (PIBs)	681,120,651	70,911,568
	Mark-up on Treasury Bills (T-Bills)	113,959,633	-
	Mark-up on Term Deposit Receipts (TDRs)	12,064,617	318,819,236
		<u>993,687,551</u>	<u>586,350,140</u>
	Income from non-financial assets		
	Gain on disposal of operating fixed assets	3,540,935	4,414,563
	Ambulance receipts	1,951,878	2,649,784
	Others	5,914,571	8,226,371
		<u>11,407,384</u>	<u>15,290,718</u>
		<u>1,005,094,935</u>	<u>601,640,858</u>
21	OTHER OPERATING EXPENSES		
	Net deficit in operations of pathological labs	20,370,523	46,968,716
21.1	Break-up of net deficit in operations of pathological labs		
	Collections from pathological labs	(142,929,768)	(121,401,622)
	Expenses related to pathological labs		
	Medicine inventory consumed	68,406,374	76,247,436
	Salaries and other benefits	63,750,226	59,418,720
	Depreciation on operating fixed assets	11,980,253	10,945,327
	Depreciation on right-of-use assets	7,005,402	-
	Other expenses	12,158,036	21,758,855
		<u>163,300,291</u>	<u>168,370,338</u>
	Net deficit in operations of pathological labs	<u>20,370,523</u>	<u>46,968,716</u>
21.1.1	Includes Rs. 240,593 (2019: 147,398) in respect of staff provident fund.		
22	TAXATION - SUPER TAX		
	- for the year	-	11,727,003
	- prior year	15,837,858	-
		<u>15,837,858</u>	<u>11,727,003</u>
22.1	Through Finance Act, 2015 new section 4B "Super Tax for Rehabilitation of Temporarily Displaced Persons" was introduced wherein the super tax was made applicable. The said tax is to be paid on income equal to or exceeding Rs. 500 million at the rates prescribed in that section.		
23	REMUNERATION OF CHIEF EXECUTIVE OFFICER, DIRECTORS AND EXECUTIVES		
	The aggregate amount charged in the financial statements for the year in respect of remuneration to the CEO and executives are as follows:		
		Chief Executive Officer	Executives
		2020	2019
		(Rupees)	(Rupees)
	Managerial remuneration	9,728,954	3,559,464
	Reimbursement of expenses	373,256	55,675
	Staff provident fund - defined contribution plan	-	50,315
		<u>10,102,210</u>	<u>3,665,454</u>
		<u>960,180,219</u>	<u>575,464,042</u>
		<u>572,142</u>	<u>542,073</u>
		<u>16,124,705</u>	<u>10,114,248</u>
		<u>976,877,066</u>	<u>586,120,363</u>
	Number	<u>1</u>	<u>1</u>
		<u>602</u>	<u>353</u>
23.1	There are seven directors of the Company as at 30 June 2020, however, no remuneration or benefits are paid to any director of the Company.		

24 TRANSACTIONS WITH RELATED PARTIES

24.1 Related parties comprise of companies with common directorship, directors, key management personnel and staff retirement benefit fund. Details of transactions with related parties during the year, other than those which have been disclosed elsewhere in these financial statements, are as follows:

	2020 (Rupees)	2019 (Rupees)
Staff provident fund		
Defined contribution plan	<u>60,392,298</u>	<u>41,464,124</u>

25 FINANCIAL RISK MANAGEMENT OBJECTIVES AND POLICIES

The Company finances its operations through grants received from the Government of Sindh and others. Taken as a whole, the Company may be exposed to market risk (including interest rate risk, currency risk and other price risk), credit risk and liquidity risk. The Company's principal financial liabilities comprise trade and other payables. The Company has various financial assets including long-term investments, short-term investments and cash and bank balances, which are directly related to its operations.

The Board of Directors has overall responsibility for the establishment and oversight of Company's risk management framework. The Board is also responsible for developing and monitoring the Company's risk management policies. The Company's overall risk management program focuses to counter financial exposure and seeks to minimize potential adverse effects on the financial performance. No changes were made in the objectives, policies or processes and assumptions during the year ended 30 June 2020 which are summarized below:

25.1 Market risk

Market risk is the risk that fair value of future cash flows will fluctuate because of changes in market prices. Market risk comprises three types of risk: interest rate risk, currency risk and other price risk, such as equity risk.

25.1.1 Interest rate risk

Interest rate risk is the risk that the fair value or future cash flows of the financial instruments will fluctuate because of changes in the market interest rates. The Company's exposure to the risk of changes in market interest rates relates primarily to the funds placed in deposit accounts. The Company presently has no borrowings as at June 30, 2020. The Company places most of its funds with commercial bank having good credit rating. The management of the Company estimates that 1% increase in the market interest rate, with all other factors remaining constant, would increase the Company's surplus for the year by Rs. 13.144 million (2019: Rs. 21.743 million) and a 1% decrease would result in the decrease in the Company's surplus for the year by the same amount. However, in practice, the actual result may differ from the sensitivity analysis.

25.1.2 Foreign currency risk

Foreign currency risk is the risk that the fair value or future cash flows of a financial instruments will fluctuate because of the changes in foreign exchange rates. There is no exposure to the risk of changes in foreign exchange rates as there were no transactions in foreign currency during the year.

25.1.3 Other price risk

Other price risk is the risk that the fair value of future cash flows of the financial instruments will fluctuate because of changes in market prices such as equity price risk. Equity price risk is the risk arising from uncertainties about future values of investments securities. As of the reporting date there is no exposure of other price risk on the financial statements.

25.2 Credit risk

Credit risk is the risk that one party to a financial instrument will fail to discharge an obligation and cause the other party to incur a financial loss. The Company manages credit risk by limiting significant exposure to any individual parties and consider credit rating, payback history, political and economical factors while making short-term or long-term investments. As of the reporting date, the Company is exposed to credit risk on the following assets:

	2020 (Rupees)	2019 (Rupees)
Long-term investments	5,476,491,446	4,521,731,478
Accrued mark-up on long-term investments	270,328,493	245,581,153
Deposits	8,580,265	7,464,089
Short-term investments	1,142,705,913	205,842,465
Bank balances	<u>1,332,162,672</u>	<u>2,182,575,527</u>
	<u>8,230,268,789</u>	<u>7,163,194,712</u>

Credit quality of financial assets

The table below provides the analysis of credit quality of financial assets on the basis of external credit rating.

Bank balances

	2020 (Rupees)	2019 (Rupees)
Rating		
A-1+	617,958,560	1,169,927,346
A-1	<u>714,204,112</u>	<u>1,012,648,181</u>
	<u>1,332,162,672</u>	<u>2,182,575,527</u>

Short-term investments

A-1	-	<u>205,842,465</u>
-----	---	--------------------

25.3 Liquidity risk

Liquidity risk is the risk that an enterprise may encounter difficulty in raising funds to meet commitments associated with financial instruments. Management closely monitors the Company's liquidity and cash flow position. This includes maintenance of financial position liquidity ratios. The Company applies the prudent risk management policies by maintaining sufficient cash and bank balances. The Company is not materially affected by liquidity risk as grants are awarded by the Provincial Government regularly. Table below summarises the maturity profile of the Company's financial liabilities at the following reporting dates based on contractual undiscounted payments.

	On demand	Less than 12 months	1 to 5 years	Total
	-----Rupees-----			
2020				
Trade and other payables	60,730,928	322,111,802	-	382,842,730
Lease liabilities	-	47,934,689	84,827,254	132,761,943
	<u>60,730,928</u>	<u>370,046,491</u>	<u>84,827,254</u>	<u>515,604,673</u>
2019				
Trade and other payables	57,581,047	196,469,358	-	254,050,405
Lease liabilities	-	-	-	-
	<u>57,581,047</u>	<u>196,469,358</u>	<u>-</u>	<u>254,050,405</u>

26 FAIR VALUE OF FINANCIAL INSTRUMENTS

Fair value is the amount for which an asset could be exchanged, or a liability can be settled, between knowledgeable willing parties in an arm's length transaction. The carrying amounts of all the financial instruments reflected in these financial statements approximate to their fair value.

27 NUMBER OF EMPLOYEES

Total number of persons employed as at the year-end were 9,217 (2019: 8,918) and average number of employees during the year were 9,068 (2019: 8,303).

28 COVID-19 OUTBREAK AND ITS IMPACT ON FINANCIAL STATEMENTS

COVID-19 does not have any financial impact on the carrying amounts of assets and liabilities and on income and expenses of the Company except for increased cost of providing surgical masks and other preventive items to health care providers and employees of the Company while performing their duties. Accordingly, there are no significant financial and accounting implications arising out of the effects of COVID-19 that are required to be disclosed in the financial statements of the Company.

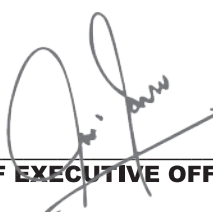
29 GENERAL

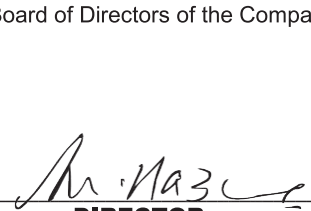
29.1 Figures have been rounded off to the nearest rupee, unless stated otherwise.

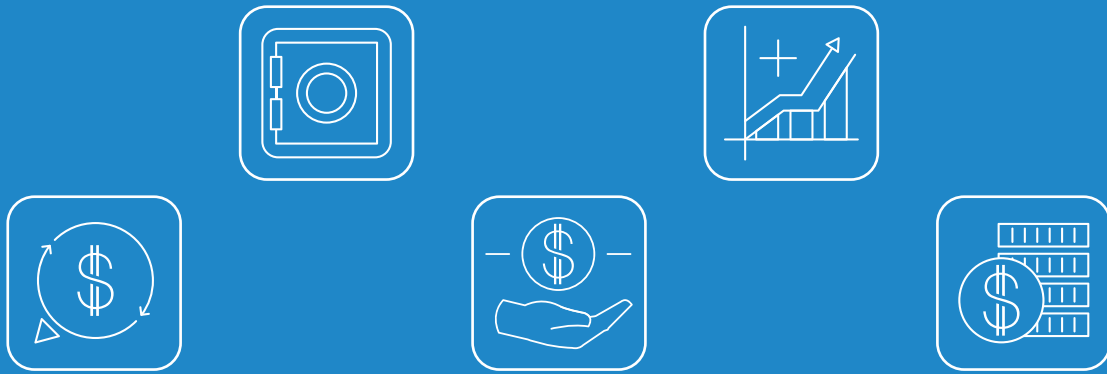
29.2 Certain prior year figures have been reclassified and rearranged for better presentation and comparison. However, there are no material reclassifications to report except for

	From	To	-----Rupees-----
29.2.1 Expenses related to operations of pathological labs			
Operational / project expenses (note 17)		Other operating expenses (note 21.1)	<u>168,370,338</u>
29.2.2 Collections from mini and pathological labs			
Other operating income (note 20)		Other operating expenses (note 21.1)	<u>(121,401,622)</u>
Other operating income (note 20)		Operational / project expenses (note 17.1)	<u>(45,559,696)</u>
			<u>(166,961,318)</u>
29.2.3 Capacity building / training			
General and administrative expenses (note 18)		Operational / project expenses (note 17)	<u>21,763,156</u>
29.2.4 Insurance			
General and administrative expenses (note 18)		Operational / project expenses (note 17)	<u>12,372,102</u>

29.3 These financial statements were authorised for issue on 24 APR 2021 by the Board of Directors of the Company.


CHIEF EXECUTIVE OFFICER


DIRECTOR



PPHI SINDH
**FINANCIAL
STATEMENT**
2019





EY Ford Rhodes
Chartered Accountants
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INDEPENDENT AUDITOR'S REPORT

To the members of PPHI Sindh

Report on the Audit of the Financial Statements

Opinion

We have audited the annexed financial statements of PPHI Sindh (the Company), which comprise the statement of financial position as at **30 June 2019**, and the income and expenditure statement, the statement of cash flows, the statement of changes in reserves for the year then ended, and notes to the financial statements, including a summary of significant accounting policies and other explanatory information, and we state that we have obtained all the information and explanations which, to the best of our knowledge and belief, were necessary for the purposes of the audit.

In our opinion and to the best of our information and according to the explanations given to us, the statement of financial position, the income and expenditure statement, the statement of cash flows, the statement of changes in reserves together with the notes forming part thereof conform with the accounting and reporting standards as applicable in Pakistan and give the information required by the Companies Act, 2017 (XIX of 2017), in the manner so required and respectively give a true and fair view of the state of the Company's affairs as at 30 June 2019 and of the surplus, its cash flows and changes in reserves for the year then ended.

Basis for Opinion

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

Responsibilities of Management and Board of Directors for the Financial Statements

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

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

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

EY



Auditor's Responsibilities for the Audit of the Financial Statements

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

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

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

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

Report on Other Legal and Regulatory Requirements

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

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

EY



- 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**.

A handwritten signature in black ink that reads 'EY Feroz Khan'.

Chartered Accountants

Place: Karachi

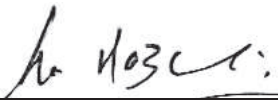
Date: 16 January 2020

**PPHI SINDH
STATEMENT OF FINANCIAL POSITION
AS AT JUNE 30, 2019**

<u>ASSETS</u>	Note	<u>2019 (Rupees)</u>	<u>2018 (Rupees)</u>
NON-CURRENT ASSETS			
Property and equipment	6	2,256,500,203	1,935,177,715
Long-term investments	7	<u>4,733,331,616</u>	<u>486,516,320</u>
		6,989,831,819	2,421,694,035
CURRENT ASSETS			
Medicine inventory	8	580,749,726	702,732,759
Stores, spares and office supplies		70,395,941	51,139,790
Advances, deposits, prepayments and other receivables	9	32,524,285	20,354,847
Accrued profit on long-term investments		33,981,015	27,212,318
Short-term investments	10	205,842,465	5,273,102,710
Cash and bank balances	11	<u>2,184,425,071</u>	<u>835,258,406</u>
		3,107,918,503	6,909,800,830
		<u>10,097,750,322</u>	<u>9,331,494,865</u>
RESERVES AND LIABILITIES			
Reserves		9,626,593,334	8,867,528,996
CURRENT LIABILITIES			
Trade and other payables	12	459,429,985	463,965,869
Provision for super tax		<u>11,727,003</u>	<u>-</u>
		471,156,988	463,965,869
		<u>10,097,750,322</u>	<u>9,331,494,865</u>
CONTINGENCIES AND COMMITMENTS	13		

The annexed notes 1 to 25 form an integral part of these financial statements.

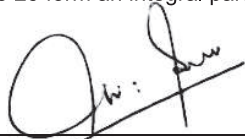

CHIEF EXECUTIVE OFFICER

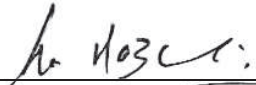

DIRECTOR

**PPHI SINDH
STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED JUNE 30, 2019**

	Note	2019 (Rupees)	2018 (Rupees)
CASH FLOWS FROM OPEARATING ACTIVITIES			
Surplus for the year		770,791,341	876,191,081
Adjustments for:			
Depreciation	6.2	279,164,352	203,013,135
Gain on disposal of operating fixed assets	17	(4,414,563)	(855,154)
Mark-up / profit on Pakistan Investment Bonds	17	(70,911,568)	(63,508,475)
Mark-up / profit on Term Deposit Receipts	17	(318,819,236)	(292,690,112)
Mark-up / profit on Mutual Funds		-	(7,503,802)
Mark-up / profit on deposit accounts	17	(196,619,336)	(76,193,294)
		(311,600,351)	(237,737,702)
(Increase) / decrease in current assets			
Medicine inventory	8	121,983,033	(185,260,716)
Stores, spares and office supplies	15.2	(19,256,151)	(37,334,158)
Advances, deposits, prepayments and other receivables	9	(8,678,608)	(12,739,704)
		94,048,274	(235,334,578)
Increase / (decrease) in current liabilities			
Trade and other payables	12	(4,535,884)	108,148,038
Cash generated from operations		548,703,380	511,266,839
Mark-up / profit on Pakistan Investment Bonds received		60,564,000	60,564,000
Mark-up / profit on Term Deposit Receipts received		439,438,440	302,687,238
Mark-up / profit on Mutual Funds received		-	10,841,847
Mark-up / profit on deposit accounts received		193,628,740	75,697,452
		693,631,180	449,790,537
Net cash generated from operating activities		1,242,334,560	961,057,376
CASH FLOWS FROM INVESTING ACTIVITIES			
Capital expenditure		(604,691,421)	(685,664,262)
Sale proceeds against disposal of operating fixed assets		8,619,144	2,440,928
Investment redeemed from mutual funds		-	700,000,000
Investment made in Pakistan Investment Bonds		(4,243,238,618)	-
Investment made in Term Deposit Receipts		(7,959,613,451)	(5,861,888,000)
Investment redeemed from Term Deposit Receipts		12,905,756,451	5,223,099,469
Net cash generated from / (used in) investing activities		106,832,105	(622,011,865)
Net increase in cash and cash equivalents during the year		1,349,166,665	339,045,511
Cash and cash equivalents at the beginning of the year		835,258,406	496,212,895
Cash and cash equivalents at the end of the year		2,184,425,071	835,258,406

The annexed notes 1 to 25 form an integral part of these financial statements.


CHIEF EXECUTIVE OFFICER


DIRECTOR

**PPHI SINDH
STATEMENT OF CHANGES IN RESERVES
FOR THE YEAR ENDED JUNE 30, 2019**

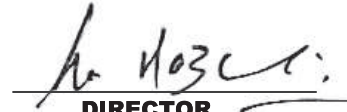
	<u>(Rupees)</u>
Balance at June 30, 2017	7,991,337,915
Net surplus for the year	876,191,081
Balance at June 30, 2018	<u>8,867,528,996</u>
Net surplus for the year	759,064,338
Balance at June 30, 2019	<u><u>9,626,593,334</u></u>

The annexed notes 1 to 25 form an integral part of these financial statements.

BY



CHIEF EXECUTIVE OFFICER



DIRECTOR

**PPHI SINDH
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED JUNE 30, 2019**

1. THE COMPANY AND ITS OPERATIONS

- 1.1 PPHI Sindh (the Company) was incorporated on October 08, 2013 as a public company limited by guarantee and not having a share capital under section 42 of the repealed Companies Ordinance, 1984 (the Ordinance). The Company is assigned the responsibility to take over primary health care system in the Province of Sindh. The registered office of the Company is situated at C-27/1, Block-2, Clifton, Karachi, Sindh.

In pursuance of the directives by the Board of Directors (BoD), the Company has bifurcated its operations in four Regions by constituting Region Offices (ROs) which are further sub divided into twenty two District Offices (DOs). The responsibility of the DOs is to provide healthcare facility to the needy people in their respective districts, by utilizing the funds received from the Provincial Government. The composition of the ROs is as under:

RO-1 (Hyderabad)	RO-2 (Mirpurkhas)	RO-3 (Larkana)	RO-4 (Sukkur)
Hyderabad	Mirpurkhas	Larkana	Sukkur
Matiari	Sanghar (A & B)	Dadu	Ghotki
Tando Mohammad Khan	Umerkot	Jacobabad	Khairpur (A & B)
Tando Allahyar	Tharparkar	Kamber / Shahdadkot	Naushehro Feroz
Jamshoro	Badin (A & B)	Kashmore / Kandhkot	
Thatta		Shikarpur	
Sujawal			

- 1.2 On January 27, 2014, an agreement was entered into between Sindh Rural Support Organization (SRSO) and the Company, whereby, it was agreed that all assets and liabilities valued as on December 31, 2013 relating to a project named People's Primary Healthcare Initiative - Sindh (PPHI Sindh / the Project) will be transferred from SRSO to the newly formed company under section 42 of the Ordinance, namely, "PPHI Sindh". The value of such assets and liabilities is determined mutually by SRSO and the Company in terms of the said agreement. The decision was made consequent to the agreement dated December 06, 2013, entered into between the Government of Sindh and the Company and resolution made by the Board of Directors of SRSO in their 38th meeting. Accordingly, the Project ceased to operate on December 31, 2013, as all the related assets and liabilities were transferred to the Company.

2. BASIS OF PREPARATION

2.1 Statement of compliance

These financial statements have been prepared in accordance with the accounting and reporting standards as applicable in Pakistan. The accounting and reporting standards as applicable in Pakistan comprise of International Financial Reporting Standards (IFRSs), issued by International Accounting Standard Board (IASB) and the Accounting Standard for Not for Profit Organizations (NPOs) issued by Institute of Chartered Accountants of Pakistan (ICAP) as notified under Companies Act, 2017 (the Act) and, provisions of and directives issued under the Act. Where the provisions of and directives issued under the Act differ from the IFRS standards, the provisions of and directives issued under the Act have been followed.

2.2 Accounting convention

These financial statements have been prepared under historical cost convention, unless otherwise specifically stated.

2.3 Functional and presentation currency

These financial statements have been presented in Pakistani Rupees which is the Company's functional and presentation currency.

BYU

3. SIGNIFICANT ACCOUNTING ESTIMATES AND JUDGMENTS

The preparation of financial statements in conformity with the approved accounting and reporting standards requires the use of certain critical accounting estimates. It also requires management to exercise its judgment in the process of applying the Company's accounting policies. Estimates and judgments are continually evaluated and are based on the historic experience and other factors, including expectations of future events that are believed to be reasonable under the circumstances. In the process of applying the accounting policies management has made the following estimates and judgments which are significant to the financial statements:

- a) Determining the method of depreciation, useful lives, impairment and residual values of operating fixed assets (notes 5.1 & 6.1); and
- b) Allowance for expected credit losses if any: (note:7, 9, 10 & 11)

4. STANDARDS, INTERPRETATIONS AND AMENDMENTS APPLICABLE TO FINANCIAL STATEMENTS

The accounting policies adopted in the preparation of these financial statements are consistent with those of the previous financial year except as described below:

New standards, amendments and improvements effective during the year

The Company has adopted the following standards, amendments and improvements of International Financial Reporting Standards (IFRSs) which became effective for the current year:

- IFRS 2 Share-based Payments: Classification and Measurement of Share Based Payments Transactions (Amendments)
- IFRS 9 Financial instruments
- IFRS 15 Revenue from Contracts with Customers
- IAS 40 Investment Property: Transfers of Investment Property (Amendments)
- IFRIC 22 Foreign Currency Transactions and Advance Consideration

Improvements to IFRSs Issued by IASB in December 2016

IAS 28 — Investment in Associates and Joint Ventures: Clarification that measuring investees at fair value through profit or loss in an investment-by-investment choice.

The adoption of the above standards, amendments and improvements to IFRSs did not have any effect on these financial statements, except for IFRS 9 as explained below:

IFRS 9 Financial instruments

The Company has applied IFRS 9 using modified retrospective approach with initial application date of 1 July 2018 as notified by the SECP. IFRS 9 sets out requirements for recognising and measuring financial assets, financial liabilities and some contracts to buy or sell non-financial items. The adoption of IFRS 9 has fundamentally changed the Company's accounting for impairment losses for financial assets by replacing IAS 39's incurred loss approach with a forward-looking expected credit loss (ECL) approach.

The management of the Company has assessed and concluded that the Company is in compliance with the requirements of IFRS 9. The new accounting policy in respect of financial instruments along with the impact on the classification of financial assets and impairment of financial assets is stated in note 5.3.1 and note 5.3.3 to these financial statements respectively.

The following standards, amendments and improvements with respect to the IFRSs as applicable in Pakistan would be effective from the dates mentioned below against the respective standard or interpretation:

Standard or interpretation	Effective date (annual periods beginning on or after)
IFRS 3 - Definition of a Business (Amendments)	January 1, 2020
IFRS 3 - Business Combinations: Previously held interests in a joint operation	January 1, 2019
IFRS 9 - Prepayment Features with Negative Compensation (Amendments)	January 1, 2019
IFRS 10 / IAS 28 - Consolidated Financial Statements and Investment in Associates	Not yet finalized
IFRS 11 - Joint Arrangements: Previously held interests in a joint operation	January 1, 2019
IFRS 14 - Regulatory Deferral Accounts	July 1, 2019
IFRS 16 - Leases	January 1, 2019
IAS 1 / IAS 8 - Definition of Material (Amendments)	January 1, 2020
IAS 12 - Income Taxes: Income tax consequences of payments on financial instruments	January 1, 2019
IAS 19 - Plan Amendment, Curtailment or Settlement (Amendments)	January 1, 2019
IAS 23 - Borrowing Costs - Borrowing costs eligible for capitalisation	January 1, 2019
IAS 28 - Long-term Interests in Associates and Joint Ventures (Amendments)	January 1, 2019
IFRIC 23 - Uncertainty over Income Tax Treatments	January 1, 2019

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The above standards and amendments are not expected to have any impact on the Company's financial statements in the period of initial application, except for IFRS 16 - 'Leases'. The management of the Company is currently evaluating the impact of this standard on the financial statements of the Company.

In addition to the above standards, amendments and improvements to various IFRSs have also been issued by the IASB in December 2017. Such improvements are generally effective for accounting periods beginning on or after 01 January 2019 respectively. The Company expects that such improvements to the standards will not have any material impact on the Company's financial statements in the period of initial application.

The IASB has also issued the revised Conceptual Framework for Financial Reporting (the Conceptual Framework) in March 2018 which is effective for annual periods beginning on or after 1 January 2020 for preparers of financial statements who develop accounting policies based on the Conceptual Framework. The revised Conceptual Framework is not a standard, and none of the concepts override those in any standard or any requirements in a standard. The purpose of the Conceptual Framework is to assist IASB in developing standards, to help preparers develop consistent accounting policies if there is no applicable standard in place and to assist all parties to understand and interpret the standards.

Further, following new standards have been issued by IASB which are yet to be notified by the SECP for the purpose of applicability in Pakistan. The management of the Company expects that below new standards will not have any material impact on the Company's financial statements in the period of initial application.

	IASB Effective date (annual periods beginning on or after)
IFRS 1 - First adoption of IFRSs	January 01, 2004
IFRS 17 - Insurance Contracts	January 01, 2021

5. SIGNIFICANT ACCOUNTING POLICIES

5.1 Property and equipment

Operating fixed assets

These are stated at cost less accumulated depreciation and impairment, if any. Such costs include the cost of replacing parts of property and equipment when that cost is incurred. Maintenance and normal repairs are charged to income and expenditure statement as and when incurred. Depreciation is charged over the useful life of the asset using the straight line method at the rates specified in note 6.1 to the financial statements.

Operating fixed assets are assessed for impairment whenever there is an indication that the same are impaired. Depreciation charged from the month in which the asset is available for use and no depreciation is charged in the month of disposal. An item of operating fixed asset is derecognised upon disposal or when no future economic benefits are expected from its use or disposal. Gains and losses on disposals, if any, of operating fixed assets are included in income and expenditure statement in the period in which they arise.

Capital work-in-progress

These are stated at cost less accumulated impairment losses, if any. All expenditure connected with specific assets incurred during installation and construction period, including advances are carried under this head. These are transferred to specific assets as and when these assets are available for use.

5.2 Medicine inventory

Medicine inventory is stated at the amount of consideration paid at the time of purchase. These are charged to operational/project expenses as and when the stock is distributed to the health facility centre.

5.3 Financial instruments

A financial instrument is any contract that gives rise to a financial asset of one entity and a financial liability or equity instrument of another entity.

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5.3.1 Financial assets

The financial assets of the Company mainly include long-term investments, short-term investments, deposits, other receivables and cash and bank balances.

Under IFRS 9, on initial recognition, a financial asset is classified as measured at: amortised cost; Fair Value through Other Comprehensive Income (FVOCI) – debt investment; FVOCI – equity investment; or Fair Value through Profit or Loss (FVTPL). The classification of financial assets under IFRS 9 is generally based on the business model in which a financial asset is managed and its contractual cash flow characteristics. Based on the business model of the Company, the financial assets of the Company are measured and classified under IFRS-9 as follows;

Long-term investments and short-term investments previously classified as 'held to maturity' are now classified as 'amortised cost'. These assets are measured at amortised cost using the effective interest rate method less an allowance for expected credit losses, if any.

Deposits and other financial assets previously classified as 'loans and receivables' are now classified as 'amortised cost'. These assets are measured at amortised cost using the effective interest rate method less an allowance for expected credit losses, if any.

5.3.2 Financial liabilities

The Company has not designated any financial liabilities at fair value through profit or loss. There are no changes in classification and measurement for the Company's financial liabilities on the adoption of IFRS-9.

5.3.3 Impairment of financial assets

IFRS 9 replaces the 'incurred loss' model in IAS 39 with an 'expected credit loss' (ECL) model. The new impairment model applies to financial assets measured at amortised cost, contract assets and debt investments at FVOCI, but not to investments in equity instruments.

ECLs are based on the difference between the contractual cash flows due in accordance with the contract and all the cash flows that the Company expects to receive. The shortfall is then discounted at an approximation to the asset's original effective interest rate. The expected cash flows will include cash flows from the sale of collateral held or other credit enhancements that are integral to the contractual terms. However, in certain cases, the Company may also consider a financial asset to be in default when internal or external information indicates that the Company is unlikely to receive the outstanding contractual amounts in full before taking into account any credit enhancements held by the Company.

At each reporting date, the Company assesses whether financial assets are credit-impaired. A financial asset is 'credit-impaired' when one or more events that have a detrimental impact on the estimated future cash flows of the financial asset have occurred. Loss allowances for financial assets measured at amortised cost are deducted from the gross carrying amount of the respective asset.

5.3.4 Offsetting of financial instruments

Financial assets and financial liabilities are offset and the net amount is reported in the statement of financial position if there is a currently enforceable legal right to offset the recognised amounts and there is an intention to settle on a net basis, to realise the assets and settle the liabilities simultaneously.

5.4 Non-financial assets

The carrying value of non-financial assets are assessed at each reporting date to determine whether there is any indication of impairment. If any such indications exist, then the recoverable amount is estimated. An impairment loss is recognised, as an expense in the statement of profit or loss, for the amount by which an asset's carrying amount exceeds its recoverable amount. The recoverable amount is the higher of an asset's fair value less cost to sell and value in use. Value in use is determined through discounting of the estimated future cash flows using a discount rate that reflects current market assessments of the time value of money and risks specific to the assets.

The Company's corporate assets do not generate separate cash inflows. If there is an indication that a corporate asset may be impaired, then the recoverable amount is determined for the CGU to which the corporate asset belongs. An impairment loss is recognised if the carrying amount of an asset or its CGU exceeds its estimated recoverable amount. Impairment losses are recognised in income and expenditure statement.

Impairment losses recognised in prior periods are assessed at each reporting date for any indications that the loss has decreased or no longer exists. An impairment loss is reversed if there has been a change in the estimates used to determine the recoverable amount. An impairment loss is reversed only to the extent that the asset's carrying amount does not exceed the carrying amount that would have been determined, net of depreciation or amortisation, if no impairment loss had been recognised.

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5.5 Advances, deposits, prepayments and other receivables

These are stated at cost which is the fair value of the consideration and subsequently measured at amortised cost using the effective interest rate method less an allowance for expected credit losses, if any. Allowance for expected credit losses is based on lifetime ECLs that result from all possible default events over the expected life of the financial assets.

5.6 Cash and cash equivalents

For the purpose of the statement of cash flow, cash and cash equivalents comprise of cash in hand and cash at bank balances.

5.7 Trade and other payables

Liabilities for trade and other amounts payable are carried at cost which is the fair value of the consideration to be paid in future for goods and services received, whether or not billed to the Company.

5.8 Taxation

The Company is allowed a tax credit equals to one hundred percent of the tax payable under Section 100C of the Income Tax Ordinance, 2001, and falls under the definition of Section 2(36)(c) of the Income Tax Ordinance, 2001, being a non-profit organization. The Company accounts for super tax under section 4(B) on its income from financial assets as disclosed in note 18 to the financial statements

5.9 Reserves

Unutilized funds from ongoing operations, without any restriction on utilization, are classified as reserves. These reserves are at the discretion of Board of Directors of the Company.

5.10 Foreign currency transactions

Transactions in foreign currencies are translated into Pak Rupees (presentation currency) at the rates of exchange prevailing on the date of transactions. Monetary assets and liabilities denominated in foreign currencies are translated into Pak Rupees at the rates ruling at the statement of financial position date. Exchange differences on foreign currency translations are included in the income and expenditure statement

5.11 Income

- a) Funds received for ongoing operations under different schemes are classified as grants. These grants are recognised as income when received without restriction on utilization. The expenses incurred against such funds are recognised in the income and expenditure statement as and when incurred.
- b) Income on long-term and short-term investments are recognised using the effective interest rate method.
- c) Return on deposit accounts is recognised on accrual basis taking into account the effective yield.
- d) Income from laboratory and income from ambulances is recognised on accrual basis.

5.12 Provisions

Provisions are recognised when the Company has a present obligation (legal or constructive) as a result of a past event, if it is probable that an outflow of resources embodying economic benefits will be required to settle the obligation and a reliable estimate can be made of the amount of obligation. Provisions are reviewed at each statement of financial position date and adjusted to reflect the current best estimate.

5.13 Staff provident benefit - defined contribution plan

The Company operates a recognised provident fund for all eligible employees. Equal monthly contributions are made to the fund at the rate of 8.33% of employees monthly basic salaries both by the Company and the employees in accordance with the rules of the scheme. The contributions from the Company are charged to income and expenditure statement for the year.

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	Note	2019 (Rupees)	2018 (Rupees)
6. PROPERTY AND EQUIPMENT			
Operating fixed assets	6.1	2,176,472,711	1,749,971,269
Capital work-in-progress	6.3	80,027,492	185,206,446
		<u>2,256,500,203</u>	<u>1,935,177,715</u>

6.1 Operating fixed assets

	Leasehold land, buildings and improvements*	Furniture and Fittings	Vehicles	Equipments	Total
	------(Rupees)-----				
<u>Cost</u>					
Balance as at July 01, 2018	1,067,464,009	155,111,830	318,686,600	701,551,346	2,242,813,785
Additions during the year	141,164,731	49,138,473	59,400,594	109,841,778	359,545,576
Transfers from capital work-in-progress	230,373,690	-	49,993,390	69,957,719	350,324,799
Disposals during the year	-	-	(13,888,890)	(261,947)	(14,150,837)
As at June 30, 2019	<u>1,439,002,430</u>	<u>204,250,303</u>	<u>414,191,694</u>	<u>881,088,896</u>	<u>2,938,533,323</u>
<u>Accumulated depreciation</u>					
Balance as at July 01, 2018	121,359,379	35,503,961	131,717,416	204,261,760	492,842,516
Charge for the year	61,228,243	16,918,508	53,313,748	147,703,853	279,164,352
On disposals	-	-	(9,854,865)	(91,391)	(9,946,256)
As at June 30, 2019	<u>182,587,622</u>	<u>52,422,469</u>	<u>175,176,299</u>	<u>351,874,222</u>	<u>762,060,612</u>

Written down value

As at June 30, 2019	<u>1,256,414,808</u>	<u>151,827,834</u>	<u>239,015,395</u>	<u>529,214,674</u>	<u>2,176,472,711</u>
Depreciation rate (%)	<u>5</u>	<u>10</u>	<u>20</u>	<u>20 - 33</u>	

	Leasehold land, buildings and improvements*	Furniture and Fittings	Vehicles	Equipments	Total
	------(Rupees)-----				
<u>Cost</u>					
Additions during the year	737,890,973	93,535,337	271,684,805	425,153,947	1,528,265,062
Transfers from capital work-in-progress	134,541,595	29,354,437	8,515,774	200,912,389	373,324,195
Disposals during the year	195,031,441	32,222,056	42,479,465	75,485,010	345,217,972
As at June 30, 2018	<u>1,067,464,009</u>	<u>155,111,830</u>	<u>318,686,600</u>	<u>701,551,346</u>	<u>2,242,813,785</u>
<u>Accumulated depreciation</u>					
Balance as at July 01, 2017	76,472,104	22,684,592	94,157,656	98,922,699	292,237,051
Charge for the year	44,887,275	12,819,369	39,967,430	105,339,061	203,013,135
On disposals	-	-	(2,407,670)	-	(2,407,670)
As at June 30, 2018	<u>121,359,379</u>	<u>35,503,961</u>	<u>131,717,416</u>	<u>204,261,760</u>	<u>492,842,516</u>
<u>Written down value</u>					
As at June 30, 2018	<u>946,104,630</u>	<u>119,607,869</u>	<u>186,969,184</u>	<u>497,289,586</u>	<u>1,749,971,269</u>
Depreciation rate (%)	<u>5</u>	<u>10</u>	<u>20</u>	<u>20 - 33</u>	

* Government of Sindh has transferred administrative control of various government health units and buildings including attached pieces of Land to the Company under an agreement signed with the Government of Sindh, at free of cost to provide healthcare facility to the needy people in various districts of Sindh.

	Note	2019 (Rupees)	2018 (Rupees)
6.2 Allocation of depreciation			
Operational / project expenses	15	239,417,154	168,669,528
General and administrative expenses	16	39,747,198	34,343,607
		<u>279,164,352</u>	<u>203,013,135</u>

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	Note	2019 (Rupees)	2018 (Rupees)
6.3 Capital work-in-progress			
Civil works		53,638,823	116,593,344
Advance against purchase of vehicles and equipment		26,388,669	68,613,102
	6.3.1	<u>80,027,492</u>	<u>185,206,446</u>
6.3.1 Movement in capital work-in-progress			
Opening balance		185,206,446	218,084,351
Additions		245,145,845	312,340,067
Transferred to operating fixed assets		(350,324,799)	(345,217,972)
Closing balance		<u>80,027,492</u>	<u>185,206,446</u>
7. LONG-TERM INVESTMENTS			
Amortized cost			
Pakistan Investment Bonds (PIBs)	7.1	<u>4,733,331,616</u>	<u>486,516,320</u>
7.1 Represents PIBs having a yield of 13.30% to 13.7% (2018: 13.30%) and maturing in July 2024 and 2028.			
8. MEDICINE INVENTORY			
Medicines and life saving drugs		<u>580,749,726</u>	<u>702,732,759</u>
8.1 Includes medicines and life saving drugs amounting to Rs. 68.72 million (2018: 159.53 million) under lab testing from central drugs laboratory of Pakistan.			
9. ADVANCES, DEPOSITS, PREPAYMENTS AND OTHER RECEIVABLES - unsecured and considered good			
Advances to suppliers		2,466,578	764,188
Security deposits		7,464,089	2,331,684
Prepaid rent		8,556,387	6,742,118
Other receivables	9.1	14,037,231	10,516,857
		<u>32,524,285</u>	<u>20,354,847</u>
9.1 Includes an amount of Rs. 10.45 million withdrawn from the bank accounts of PPHI Sindh on 21 June 2018 by FBR on account of super tax as more fully explained in note 13.1.1 to the financial statement.			
10. SHORT-TERM INVESTMENTS			
Amortized cost			
Term Deposit Receipts (TDRs)	10.1	<u>205,842,465</u>	<u>5,273,102,710</u>
10.1 Represents TDRs placed with commercial banks carrying profit at the rate of 12.50% (profit ranging from 2018:6.20% to 6.90%) per annum and having maturity up to Dec 2019. It includes accrued interest as at the year-end amounting to Rs.842,466 (2018: Rs.121,959,710).			
11. CASH AND BANK BALANCES			
Cash in hand		1,849,544	1,386,022
Cash at banks			
Current accounts		40,935	77,168,061
Deposit accounts	11.1	2,182,534,592	756,704,323
		<u>2,182,575,527</u>	<u>833,872,384</u>
		<u>2,184,425,071</u>	<u>835,258,406</u>
11.1 These carry profit ranging from 4.50% to 10.25% (2018: 3.75% to 5.90%) per annum.			

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	2019 (Rupees)	2018 (Rupees)
12. TRADE AND OTHER PAYABLES		
Trade creditors	175,760,011	267,561,550
Accrued liabilities	182,851,194	115,651,425
Security deposits taken from contractual employees	57,581,047	50,413,120
Withholding tax payable	124,369	940,534
Other liabilities	43,113,364	29,399,240
	<u>459,429,985</u>	<u>463,965,869</u>

13. CONTINGENCIES AND COMMITMENTS

13.1 Contingencies

13.1.1 In respect of Tax Year 2017, Assistant / Deputy Commissioner Inland Revenue (ACIR) passed an order under Section 4B (4) of the Income Tax Ordinance 2001 (the Ordinance) and created demand at Rs. 33.26 million. Out of said demand, FBR has already withdrawn an amount of Rs. 10.45 million from the bank accounts of PPHI as disclosed in note 9.1 to the financial statements. The remaining amount of Rs. 22.81 million is still due to the Company. An appeal was filed within due date at the Office of the CIR (Appeals), Karachi. However, the CIR (Appeals) maintained the decision of the ACIR dated 23 May, 2019. Thereafter, subsequent to the year end, the Company filed an appeal before the Income Tax Appellate Tribunal (ITT), Karachi on 22 July 2019 against the Order in Original of the CIR (Appeals). Subsequently, the Company submitted an application for stay against balance demand on 25 September 2019 and stay was granted to Company dated 30 September, 2019 by ITT. However, the main decision of the case against illegal demand under Section 4B of the Ordinance is pending at the ITT. The tax advisor of the company believes that Super Tax under section 4B (2) is applicable only to profit on debt / return on investments and not on the total surplus for the year, as the Company is a not for profit organization and is subject to tax credit under section 100C. The management based on the opinion of their tax advisor is confident that the case will be decided in favour of the Company and the amount already withdrawn as disclosed in note 9.1 will be refunded. Accordingly, no provision has been made in this financial statement in this regard.

13.1.2 For tax year 2018, the ACIR passed the Ex-Parte order under section 4B (4) of the Ordinance and created demand at Rs. 28.99 million on 30 march 2019. The Company filed an application for rectification of mistakes under section 221 of the Ordinance on 30 april 2019 against the order passed by the ACIR and the decision is pending. The management based on the opinion of their tax advisor is confident that the case will be decided in favour of the Company on the same grounds as stated in note 13.1.1 above. Accordingly, no provision has been made in this financial statement in this regard.

13.1.3 Subsequent to the year end, for the tax year 2016 monitoring of withholding order under section 161/205/182(1) of the Ordinance for the tax year 2016 has been passed as Ex-Parte on 31 october 2019 without providing an opportunity to being heard and incorporation of company's various submission/ justifications and created demand at Rs. 409.74 million. Thereafter, the Company filed an application for rectification of mistakes under section 221 of the Ordinance dated 25 november 2019. Furthermore, for the tax year 2017 monitoring of withholding order under section 161/205 of the Ordinance has also been started for Tax Year 2017 and subsequently show cause notice under section 161(1A) of the Ordinance dated 9 august 2018 was issued along with estimated balance tax payable at Rs. 376.55 million.

In response to the above matter, the Company has submitted required details and documents within due dates and confirmed that the Company has properly deducted and deposited the applicable tax in the government treasury as required under the applicable laws. The management based on the opinion of their tax advisor is confident that the case will be decided in favour of the Company. Accordingly, no provision has been made in this financial statement in this regard.

	Note	2019 (Rupees)	2018 (Rupees)
13.2 Commitments			
Outstanding letters of credit		-	67,354,463
Capital commitments - Civil works	13.2.1	34,292,310	65,936,329

13.2.1 Civil works contract commitments are subject to change due to change in material prices and future requirements at particular health facility.

14. GRANTS

Provincial government

	2019 (Rupees)	2018 (Rupees)
Basic Rural Health Facility	3,262,978,262	3,095,171,000
Mother Child Health Center	1,525,554,508	1,342,000,000
Management Cost	445,795,000	400,000,000
Repair and Renovation	88,653,480	100,000,000
Kausar	63,700,000	60,000,000
Nutrition Support Program	717,765,302	153,203,866
	<u>6,104,446,552</u>	<u>5,150,374,866</u>

Others

World Food Program	9,148,069	9,778,292
	<u>6,113,594,621</u>	<u>5,160,153,158</u>

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		PPHI SINDH	
		2019	2018
		(Rupees)	(Rupees)
15.	OPERATIONAL / PROJECT EXPENSES	Note	
	Medicines and drugs consumed	15.1	904,455,580
	Salaries and other benefits	15.3	3,773,016,169
	Rent, rates and taxes		33,870,413
	Stores, spares and office supplies	15.2.1	336,084,232
	Uniforms		16,600,677
	Utilities		20,370,281
	Vehicle running expenses		60,121,473
	Repairs and maintenance		76,956,931
	Insurance		10,085,945
	Telephone, courier and postage		6,629,393
	Printing and stationery		19,855,943
	Depreciation	6.2	239,417,154
	Travelling and conveyance		14,647,691
	Reception, meetings and functions		4,913,979
	Advertisement, marketing and development		10,812,216
	Other expenses		50,218,132
			<u>5,578,056,209</u>
			<u>4,371,538,986</u>
15.1	Medicines and drugs consumed		
	Opening balance		702,732,759
	Purchases		782,472,547
	Closing stock	8	(580,749,726)
	Consumption		<u>904,455,580</u>
15.2	Stores, spares and office supplies		
	Opening balance		51,139,790
	Purchases		362,873,625
	Closing stock		(70,395,941)
	Consumption	15.2.1	<u>343,617,474</u>
15.2.1	Allocation of consumption of stores, spares and office supplies		
	Operational / project expenses	15	336,084,232
	General and administrative expenses	16	7,533,242
			<u>343,617,474</u>
			<u>208,251,966</u>
15.3	Includes Rs. 36,226,587 (2018: 31,244,659) in respect of staff provident fund.		
16.	GENERAL AND ADMINISTRATIVE EXPENSES		
	Salaries and other benefits	16.1	342,240,321
	Rent, rates and taxes		4,301,590
	Stores, spares and office supplies	15.2.1	7,533,242
	Utilities		4,420,292
	Vehicle running expenses		41,677,054
	Repairs and maintenance		13,942,504
	Insurance		16,252,734
	Telephone, courier and postage		7,176,708
	Computer communication internet etc.		-
	Printing and stationery		793,928
	Auditors' remuneration	16.2	1,875,000
	Legal and professional		2,646,057
	Depreciation	6.2	39,747,198
	Travelling and conveyance		10,356,748
	Reception, meetings and functions		128,867
	Capacity building / training		21,763,156
	Advertisement, marketing and development		2,808,704
	Other expenses		3,332,170
			<u>520,996,273</u>
			<u>443,308,951</u>
16.1	Includes Rs. 5,237,537 (2018: 4,358,850) in respect of staff provident fund.		
16.2	Auditors' remuneration		
	Audit fee		1,500,000
	Other certifications		-
	Out of pocket expenses		375,000
			<u>1,875,000</u>
			<u>1,695,700</u>

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	2019 (Rupees)	2018 (Rupees)
17. OTHER OPERATING INCOME		
Income from financial assets		
Mark-up on deposit accounts	196,619,336	76,193,294
Mark-up on Pakistan Investment Bonds (PIBs)	70,911,568	63,508,475
Mark-up on Term Deposit Receipts (TDRs)	318,819,236	292,690,112
Mark-up on Mutual Funds	-	7,503,802
	586,350,140	439,895,683
Income from non-financial assets		
Income from laboratory	166,961,318	76,279,686
Gain on disposal of operating fixed assets	4,414,563	855,154
Income from ambulances	2,649,784	3,547,931
Others	8,226,371	16,925,959
	182,252,036	97,608,730
	768,602,176	537,504,413
18. TAXATION - SUPER TAX		
- for the year	11,727,003	-

Through Finance Act, 2015 new section 4B "Super Tax for Rehabilitation of Temporarily Displaced Persons" was introduced wherein the super tax was made applicable. The said tax is to be paid by the banking companies at the rate of four percent of income and by all other tax payers having income equal to or exceeding Rs. 500 million at the rates prescribed in that section.

The Company is allowed tax credit equals to one hundred percent of the tax payable under Section 100C of the Income Tax Ordinance, 2001, and falls under the definition of Section 2(36)(c) of the Income Tax Ordinance, 2001, being a non-profit organization. However, since it has earned income from financial assets which is in excess of Rs. 500 million, therefore on a prudent basis, the management of the Company has recognised provision of super tax on income from financial assets for the year.

19. REMUNERATION OF CHIEF EXECUTIVE OFFICER, DIRECTORS AND EXECUTIVES

The aggregate amount charged in the financial statements for the year in respect of remuneration to the CEO and executives are as follows:

	Chief Executive Officer		Executives	
	2019 (Rupees)	2018 (Rupees)	2019 (Rupees)	2018 (Rupees)
Managerial remuneration	3,559,464	8,156,348	575,464,042	359,900,268
Reimbursement of expenses	55,675	121,234	542,073	1,460,844
Retirement benefit	50,315	321,577	10,114,248	4,653,024
	3,665,454	8,599,159	586,120,363	366,014,136
Number	1	1	353	205

19.1 There are seven directors of the Company as at 30 June, 2019, however, no remuneration or benefits are paid to any director of the Company. The Chief Executive Officer is also provided with a Company maintained car.

20. TRANSACTIONS WITH RELATED PARTIES

20.1 Related parties comprise of companies with common directorship, directors, key management personnel and staff retirement benefit fund. Details of transactions with related parties during the year, other than those which have been disclosed elsewhere in these financial statements, are as follows:

	2019 (Rupees)	2018 (Rupees)
Staff retirement benefits		
Contribution to provident fund	41,464,124	35,603,509

544

21. FINANCIAL RISK MANAGEMENT OBJECTIVES AND POLICIES

The Company finances its operations through grants received from the Government of Sindh and others. Taken as a whole, the Company is exposed to market risk (including interest rate risk, currency risk and other price risk), credit risk and liquidity risk. The Company's principal financial liabilities comprise trade and other payables. The Company has various financial assets such as long-term investments, other receivables, short-term investments and cash and bank balances, which are directly related to its operations.

The Board of Directors has overall responsibility for the establishment and oversight of Company's risk management framework. The Board is also responsible for developing and monitoring the Company's risk management policies. The Company's overall risk management program focuses to counter financial exposure and seeks to minimize potential adverse effects on the financial performance. No changes were made in the objectives, policies or processes and assumptions during the year ended 30 June 2019 which are summarized below:

21.1 Market risk

Market risk is the risk that fair value of future cash flows will fluctuate because of changes in market prices. Market risk comprises three types of risk: interest rate risk, currency risk and other price risk, such as equity risk.

21.1.1 Interest rate risk

Interest rate risk is the risk that the fair value or future cash flows of the financial instruments will fluctuate because of changes in the market interest rates. The Company's exposure to the risk of changes in market interest rates relates primarily to the funds placed in deposit accounts. The Company presently has no borrowings as at June 30, 2019. The Company places most of its funds in commercial bank having good credit rating. The management of the Company estimates that 1% increase in the market interest rate, with all other factors remaining constant, would increase the Company's surplus for the year Rs. 21.82 million (2018: Rs. 7.58 million) and a 1% decrease would result in the decrease in the Company's surplus for the year by the same amount. However, in practice, the actual result may differ from the sensitivity analysis.

21.1.2 Foreign currency risk

Foreign currency risk is the risk that the fair value or future cash flows of a financial instruments will fluctuate because of the changes in foreign exchange rates. There is no exposure to the risk of changes in foreign exchange rates as there were no transactions in foreign currency during the year.

21.1.3 Other price risk

Other price risk is the risk that the fair value of future cash flows of the financial instruments will fluctuate because of changes in market prices such as equity price risk. Equity price risk is the risk arising from uncertainties about future values of investments securities. The Company manages the price risk through diversification and placing limits on instruments. As of the reporting date there is no exposure of other price risk on the financial statements.

21.2 Credit risk

Credit risk is the risk that one party to a financial instrument will fail to discharge an obligation and cause the other party to incur a financial loss. The Company manages credit risk by limiting significant exposure to any individual parties and consider credit rating, payback history, political and economic factors while making short-term or long-term investments. As of the reporting date, the Company is exposed to credit risk on the following assets:

	2019 (Rupees)	2018 (Rupees)
Long-term investments	4,733,331,616	486,516,320
Accrued profit on long-term investments	33,981,015	27,212,318
Deposits	7,464,089	2,331,684
Other receivables	3,589,930	69,556
Short-term investments	205,842,465	5,273,102,710
Bank balances	<u>2,182,575,527</u>	<u>833,872,384</u>
	<u>7,166,784,642</u>	<u>6,623,104,972</u>

Credit quality of financial assets

The table below provides the analysis of credit quality of financial assets on the basis of external credit rating.

Bank balances

	2019 (Rupees)	2018 (Rupees)
Rating		
A-1+	1,169,927,346	833,872,384
A-1	<u>1,012,648,181</u>	-
	<u>2,182,575,527</u>	<u>833,872,384</u>

Short-term investments

A-1+	-	5,273,102,710
A-1	<u>205,842,466</u>	-
	<u>205,842,466</u>	<u>5,273,102,710</u>

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21.3 Liquidity risk

Liquidity risk is the risk that an enterprise may encounter difficulty in raising funds to meet commitments associated with financial instruments. Management closely monitors the Company's liquidity and cash flow position. This includes maintenance of financial position liquidity ratios. The Company applies the prudent risk management policies by maintaining sufficient cash and bank balances. The Company is not materially affected by liquidity risk as grants are awarded by the Provincial Government regularly. Table below summarises the maturity profile of the Company's financial liabilities at the following reporting dates based on contractual undiscounted payments.

	On demand	Less than 3 months	3 to 12 months	1 to 5 years	Over 5 years	Total
-----Rupees-----						
2019						
Trade and other payables	155,717,886	103,352,319	194,212,872	6,146,908	-	459,429,985
2018						
Trade and other payables	152,306,230	108,791,374	200,362,973	1,564,758	-	463,025,335

22. DEFINED CONTRIBUTION PLAN - STAFF PROVIDENT FUND

Investments of provident fund have been made in accordance with the provisions of section 218 of the Companies Act, 2017 and the rules formulated for this purpose.

23. FAIR VALUE OF FINANCIAL INSTRUMENTS

Fair value is the amount for which an asset could be exchanged, or a liability can be settled, between knowledgeable willing parties in an arm's length transaction. The carrying amounts of all the financial instruments reflected in these financial statements approximate to their fair value.

24. NUMBER OF EMPLOYEES

Total numbers of persons employed as at the year-end were 8,918 (2018: 7,687) and average number of employees during the year were 8,303 (2018: 7,204).

25. GENERAL

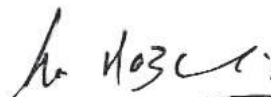
25.1 Figures have been rounded off to the nearest rupee.

25.2 Certain prior year figures are reclassified for better comparison. However, there is no material reclassification to report except for an amount of Rs. 51,139,790 reclassified to stores, spares and office supplies from medicine inventory.

25.3 These financial statements were authorised for issue on 16 JAN 2020 by the Board of Directors of the Company.




CHIEF EXECUTIVE OFFICER




DIRECTOR



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A company registered under Section 42 of the companies act 2017