

PPHI SINDH

# Annual REPORT 2025

WWW.PPHISINDH.ORG

PPHISINDHOFFICIAL
(www.facebook.com/pphisndhofficial)

PPHISINDH
(www.linkedin.com/company/pphisindh)

PPHISINDHOFFICIAL
(https://www.youtube.com/@pphisindh)

PPHISINDHOFFICIAL
(www.instagram.com/pphisindhofficial)

PPHIOFFICIAL
(www.twitter.com/pphiofficial)

INFO@PPHISINDH.ORG.PK

Utmost efforts have been made to verify the accuracy of the information contained in this report. All information was deemed to be correct as of December 2025. Nevertheless, PPHI Sindh cannot accept responsibility of the consequences of its use for other purposes.

# Annual REPORT 2025

(Reporting period: Jan 2025 to Dec 2025)



# CONTRIBUTORS

- **Mr. Javed Ali Jagirani**
  Chief Executive Officer
- **Mr. Riaz Hussain Rahoojo**
  Chief Operating Officer
- **Mr. Muhammad Yahya**
  Chief Financial Officer
- **Ms. Aiman Latif**
  Priciple Officer
- **Mr. Israr Sodhar**
  Director M&E / Director HR
- **Mr. Shahid Ali**
  Director Administration
- **Mr. Ashraf Ali**
  Director Procurement
- **Mr. Farrukh Mashhood**
  Director IT
- **Dr. Zakir Ali Punar**
  Director Health Services - I
- **Dr. Kishwer Ali**
  Director Health Services - II
- **Mr. Asadullah Dahri**
  Provincial Engineer
- **Dr. Sajid Shafique**
  Director Nutrition
- **Dr. Tariq Aziz**
  Chief Pathologist
- **Mr. Shoukat Ali Lakho**
  Program Director 1,000 Days
- **Dr. Mehreen Iqbal**
  Program Director - CCT-Mamta
- **Dr. Zeeshan Shaikh**
  Program Director - BNP
- **Ms. Shafaq Fahad**
  Deputy Director Communication & Media Affairs
- **Ms. Nelofar Baig**
  Deputy Director Research
- **Dr. Rabia Ahmed**
  Deputy Director FP/MNCH
- **Dr. Namia Nazir**
  Deputy Director Secondary Care
- **Dr. Samiullah Odho**
  Deputy Director Health Services
- **Mr. Ghulam Akbar**
  Deputy Director Data Cell
- **Mr. Masood Jamali**
  Deputy Chief Finance Officer
- **Mr. Faheem Ahmed**
  Deputy Chief Finance Officer
- **Mr. Muhammad Atif**
  Deputy Director Procurement
- **Mr. Syed Zeeshan Ali**
  Senior Manager Solarization
- **Mr. Alamgeer Khan**
  Manager Monitoring
- **Dr. Huma Fahad**
  Manager Training & Cpacity Building
- **Dr. Hina Murtaza**
  Manager 1,000 Days
- **Dr. Usman Sarwar**
  Manager DPC
- **Dr. Samreen Ismail**
  Manager DHIS
- **Ms. Sourath**
  Graphic Designer
- **Photo Credits & Copyrights:**
  PPHI Sindh
- **Prepared & designed by:**
  Communications & Media Affairs Wing

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

# ACRONYMS

| | |
|---|---|
| **AFB** | Acid Fast Bacilli |
| **AI** | Artificial Intelligence |
| **AMR** | Antimicrobial Resistance |
| **ANC** | Antenatal Care |
| **BEmONC** | Basic Emergency Obstetric and Newborn Care |
| **BHU** | Basic Health Unit |
| **BMUs** | Basic Management Units |
| **BNP** | Benazir Nashonuma Program |
| **BoD** | Board of Directors |
| **BISP** | Benazir Income Support Program |
| **CCT** | Conditional Cash Transfer |
| **CEmONC** | Comprehensive Emergency Obstetric & Newborn Care |
| **CEO** | Chief Executive Officer |
| **CH** | Congenital hypothyroidism |
| **CHWs** | Community Health Workers |
| **CIP** | Costed Implementation Cost |
| **CK** | Clinical Knowledge |
| **cLMIS** | Contraceptive Logistic Management Information System |
| **CMAM** | Community-based Management of Acute Malnutrition |
| **COO** | Chief Operating Officer |
| **CP** | Collection Point |
| **CPR** | Contraceptive Prevalence Rate |
| **CSG** | Community Support Group |
| **DC** | Data Cell |
| **DHO** | District Health Officer |
| **DHQ** | District Headquarters Hospital |
| **DHIS** | District Health Information System |
| **DISC** | Delivering Innovation in Self-Care |
| **DL** | District Lab |
| **DMR** | Daily Monitoring Report |
| **Do** | District Office |
| **DoH** | Department of Health |
| **DR** | Drug Resistant |
| **ECD** | Early Childhood Development |
| **ECPF** | Employees Contributory Provident Fund |
| **ECR** | Electronic Client Record |
| **EOM** | Employees of the Month |
| **ERP** | enterprise resource planning |
| **FC** | Facilitation Centre |
| **FMO** | Female Medical Officer |
| **FP** | Family Planning |
| **GD** | Government Dispensary |
| **GDM** | General Disease Module |
| **GIS** | Geographic Information System |
| **GoS** | Government of Sindh |
| **GRN** | Goods Received Note |
| **HBB** | Helping Babies Breathe |
| **HBV** | Hepatitis B Virus |
| **HCP** | Health Care Provider |
| **HCV** | Hepatitis C Virus |
| **HF** | Health Facilities |
| **HPCP** | Hepatitis Prevention & Control Program |
| **HIV** | Human Immunodeficiency Virus |
| **HTSP** | Healthy Timing and Spacing of Pregnancies |
| **IFA** | Iron – Folic Acid |
| **IMNCI** | Integrated Management of New born and Childhood Illnesses |
| **IPC** | Infection Prevention & Control |
| **IUCD** | Intrauterine Contraceptive Device |
| **IYCF** | Infant, Young Child Feeding |
| **KM** | Kilo Watts |
| **KMC** | Kangaroo Mother Care |
| **KPIs** | Key Performance Indicators |
| **LAMA** | Left Against Medical Advice |
| **LARC** | Long-Acting Reversible Contraceptives |
| **LQAS** | Lot Quality Assurance Sampling |
| **MAM** | Moderate Acute Malnutrition |
| **M&E** | Monitoring and Evaluation |
| **MCH** | Mother and Child Healthcare |
| **MCHC** | Mother and Child Healthcare Centre |
| **MCPC** | Management of Complications of Pregnancy and Childbirth |
| **MDA** | Master Data Audit |

# ACRONYMS

| | |
|---|---|
| **MMR** | Maternal Mortality Rate |
| **MMS** | Multiple Micronutrient Supplementation |
| **MMU** | Minister's Monitoring Unit |
| **MNCH** | Maternal, Neonatal and Child Health |
| **MNP** | Micronutrient Powder |
| **MO** | Medical Officers |
| **MoM** | Monitoring of Monitors |
| **MOU** | Memorandum of Understanding |
| **MPDSR** | Maternal and Perinatal Death Surveillance and Response |
| **MRC** | Medical Reimbursement Cell |
| **MUAC** | Mid Upper Arm Circumference |
| **MW** | Mega Watts |
| **NRSP** | National Rural Support Programme |
| **NICU** | Neonatal Intensive Care Units |
| **NMR** | Neonatal Mortality Rate |
| **NSC** | Nutrition Stabilization Center |
| **NTP** | National TB Control Program |
| **NVD** | Normal Vaginal Delivery |
| **OJC** | On-the-Job Coaching |
| **OJT** | On-the-Job Training |
| **OPD** | Out-Patient Department |
| **OTP** | Out-patient Therapeutic Program |
| **P4P** | Pay for Performance |
| **PAFP** | Post Abortion Family Planning |
| **PCP** | Pakistan Centre of Philanthropy |
| **PCPNC** | Pregnancy, Childbirth, Postpartum and Newborn Care |
| **PDHS** | Pakistan Demographic and Health Survey |
| **PER** | Performance Evaluation Report |
| **PHC** | Primary Health Care |
| **PIMS** | Pakistan Institute of Management Science |
| **PLW** | Pregnant and Lactating Women |
| **PMU** | Program Management Unit |
| **PNC** | Postnatal Care |
| **POC** | Point of Care |
| **PPFP** | Postpartum Family Planning |
| **PPH** | Postpartum Hemorrhage |
| **PSBI** | Possible Serious Bacterial Infection |
| **PTP** | Provincial Tuberculosis Control Program |
| **PWD** | Population Welfare Department |
| **R&R** | Repair and Renovation |
| **RDT** | Rapid Diagnostic Tests |
| **RHC** | Rural Health Centre |
| **RMNCAH+N** | Reproductive, Maternal, Newborn, Child, Adolescent Health, and Nutrition |
| **RO** | Regional Office |
| **RUTF** | Ready to Use Therapeutic Food |
| **SAM** | Severe Acute Malnutrition |
| **SAS** | Summary of Additional Services |
| **SBA** | Shaheed Benazirabad |
| **SBC** | Social and Behavior Change |
| **SDG** | Sustainable Development Goals |
| **SGH** | Sindh Government Hospital |
| **SHCC** | Sindh Healthcare Commission |
| **SI** | Self – Injection |
| **SICHN** | Sindh Institute of Child Health and Neonatology |
| **SIHHP** | Sindh Integrated Health & Population Program |
| **SIOVS** | Sindh Institute of Ophthalmology and Visual Sciences |
| **SMW** | Single Midwife |
| **SNF** | Specialized Nutritious Food |
| **SRSO** | Sindh Rural Support Organization |
| **SSPA** | Sindh Social Protection Authority |
| **TAY** | Tando Allahyar |
| **TB** | Tuberculosis |
| **THQ** | Taluka Headquarter Hospital |
| **TOT** | Training of Trainers |
| **UHC** | Universal Health Coverage |
| **UNFPA** | United Nations Population Fund |
| **UNICEF** | United Nations International Children's Emergency Fund |
| **WFP** | World Food Program |
| **WHO** | World Health Organization |

# TABLE OF Content


- 01 **Message from the Chairman's Desk**
- 03 **Letter from our CEO**
- 05 **About Us**
- 07 **Where We Work**
- 08 **Organizational Information**
  - 10 Board of Directors
  - 13 Head Office Organogram
  - 14 Regional Office Organogram
  - 15 District Office Organogram
- 16 **Our Impact in 2025**
- 23 **Maternal and Child Health**
  - 24 Family Planning
  - 29 Maternal Mortality
  - 31 Kangaroo Mother Care
  - 32 Helping Babies Breathe
  - 33 Integrated Management of Newborn and Child Illness (IMNCI) and Possible Serious Bacterial Infection (PSBI)
  - 35 24/7 SINGLE MIDWIFE (SMW)
- 37 **Advancing Healthcare Access PPHI Sindh's Secondary Care Initiatives**
- 44 **PPHI Sindh Nutrition Services Program**
- 54 **Other Projects with Partners**
  - 55 Benazir Nashonuma Program
  - 67 Mamta CCT Program
  - 72 Sindh Integrated Health & Population Program – 1000 Days
  - 76 Hepatitis Screening, Diagnosis and Prevention Services
  - 77 Tuberculosis
  - 78 Sindh Institute of Ophthalmology & Visual Sciences (SIOVS)
- 79 **Training and Capacity Building**
- 85 **Data cell**
- 91 **Bio Medical Engineering**
- 93 **Pathology Wing**

- **Community Participation** 100
- **Pay for Performance** 102
- **Driving Accountability, Guiding Improvement, Achieving Excellence: M&E Wing** 106
- **IT** 111
  - 112 Customized Dashboard for Top Management
  - 113 Health Facility Profile Web Application Performance Evaluation
  - 113 Nutrition Management Information System (MIS)
  - 114 Implementation and Rollout Of E-Office System
  - 114 Warehouse Complaint Portal
  - 115 Other ERP Achievements
  - 116 Performance Evaluation Report (PER) Web Application
  - 116 PPHI E-Lab Mobile App (Home Sampling + Reports)
  - 117 Procurement Dashboard
  - 117 Vehicle Information Management System Enhancement
  - 118 Secure Digital Connectivity Across PPHI Sindh
- **Repair & Renovation** 119
- **Solarization** 125
- **PPHI Sindh Research Wing** 131
- **Healthcare At The Frontline - Article** 134
- **Medical Reimbursement Cell** 137
- **Progress of PPHI Sindh Employees Contributory Provident Fund (ECPF)** 140
- **PPHI Sindh's Employees of the Month Initiative** 144
- **News & Events** 146
- **Financial Statement** 154






# Mr. Fazal-ur-Rehman

**Chairman, Board of Directors - PPHI Sindh**

# MESSAGE FROM CHAIRMAN'S DESK

**In the name of Allah, the Most Gracious, the Most Merciful.**

It is my privilege to present our Annual Report and to reflect on a year that tested our resilience, strengthened our purpose, and reaffirmed our commitment to advancing primary health care for the communities we serve.

Primary health care remains the foundation of an effective, equitable, and sustainable health system. Over the past year, our Company has continued to focus on delivering accessible, high quality, and patient centered services while adapting to a rapidly evolving healthcare landscape. Through the dedication of our clinical teams, management, and support staff, we have expanded service reach, enhanced care pathways, and maintained continuity of care for millions of patients.

The Board is proud of the progress achieved by CEO and his team against our strategic priorities. We have invested in strengthening clinical governance, improving digital health capabilities, and expanding preventive and community based care. These efforts have not only improved operational efficiency but have also enhanced patient outcomes and experiences—an outcome that remains central to our mission.
This year also underscored the importance of strong governance and prudent stewardship. The Board worked closely with management to ensure financial discipline, risk oversight, and regulatory compliance, while supporting long term growth. Our commitment to ethical practice, transparency, and accountability continues to guide every decision we make.

Sustainability and people development are core to our future success. We have prioritized workforce wellbeing, training, and leadership development, recognizing that our people are our greatest asset. At the same time, we remain committed to responsible environmental practices and to reducing our operational footprint where possible.

I would like to extend my sincere appreciation to our shareholders for their continued trust, to our partners and regulators for their collaboration, and most importantly to our healthcare professionals and employees for their unwavering dedication and compassion. Their work embodies our values and defines who we are as an organization.

We remain confident in our strategy and optimistic about the opportunities to further strengthen primary health care delivery. On behalf of the Board of Directors, , I thank you for your continued support.



# Mr. Javed Ali Jagirani

**Chief Executive Officer - PPHI Sindh**

# LETTER FROM OUR CEO

I am pleased to present this Annual Report and to share reflections on a year defined by purpose, progress, and a renewed commitment to strengthening primary health care delivery. I am struck not only by the scale of what PPHI Sindh has achieved, but by the human stories behind every number in this report — the mother in Kashmore who delivered safely at midnight because a midwife was there; the child in Tharparkar who recovered from severe malnutrition because a nutrition assistant screened her in time; the woman in Badin who received family planning counselling and felt, perhaps for the first time, that her choices mattered.

During the year, our organization remained focused on its core mission: providing accessible, high quality, and patient centered primary health care. In an environment marked by increasing demand, cost pressures, and evolving patient expectations, our teams demonstrated resilience, adaptability, and an unwavering dedication to service excellence.

We made meaningful progress against our strategic priorities. These included expanding access to care, strengthening preventive and chronic disease management, and improving integration across our service network. With increasing number of health facilities, 1439, our teams recorded highest ever 44.9 million OPD consultations. We facilitated 404,172 institutional deliveries, conducted 20,853 caesarean sections, and carried out 1,233,083 ultrasound examinations and 169,134 X-rays. Our laboratories processed over 14.4 million tests, while 1,774,138 individuals were screened for Hepatitis B and C.

Continued investment in digital health solutions enabled more efficient workflows, improved patient engagement, and better use of clinical data to support informed decision making. Quality and safety remained at the heart of everything we did. Throughout the year, we enhanced clinical governance frameworks, reinforced standardized care pathways, and promoted a culture of continuous improvement. These efforts were instrumental in maintaining high standards of care while meeting regulatory and accreditation requirements. Mid-term impact evaluation of the Benazir Nashonuma Programme, conducted by Aga Khan University alongwith monthly reports by Minister's Monitoring Unit show continuous progress by our organization in all key input indicators and their impact upon communities.

Our people are the foundation of our success. I am deeply grateful to our clinicians, frontline staff, and support teams, whose professionalism and compassion define the patient experience every day. My Head office team of all wings under COO and respective directors played all the more effective role in making above achievements.

Demand for strong primary health care will continue to grow, and we are well positioned to respond through innovation, collaboration, and a steadfast commitment to community based care. Our focus will remain on improving health outcomes, enhancing patient experience, and delivering value to all stakeholders.

I would like to express my sincere gratitude to the Board of Directors for their strategic guidance and steadfast support. Their confidence in the organisation's direction has been instrumental in enabling us to pursue ambitious goals and maintain the highest standards of accountability. I would also acknowledge and appreciate support by Department of Health, Government of Sindh, our partners and stakeholders for their continued collaboration, and our patients and communities for the trust they place in us. Together, we will continue to build a healthier future.

# WHO WE Are

## INTRODUCTION:
### Creating a Sindh Healthier Future

PPHI Sindh is a non-profit organization that was founded in 2007 and has remained firm in its commitment to the provision of better and accessible healthcare services and outcomes within the diverse environment of Sindh, Pakistan. As we look back upon the successes and disappointments of 2025, our focus to bolster primary healthcare services with a special emphasis on the requirements of the women, newborns, children, and the disadvantaged groups remains as our guiding principle. Based in 26 districts, PPHI Sindh is dedicated to high-quality, equitable healthcare to all populations offering a healthier and more successful future to the region.

## OUR MISSION:
### To provide Compassionate Quality Healthcare to the Heart of Rural Sindh

We aim to offer high-quality, equitable, and compassionate healthcare services to the rural Sindh population. Our core values are primary healthcare, which is based on prevention, early intervention, and community involvement. We aim at making people manage their well-being and health.

## OUR VALUES:
### Driving our action, defining our influence

**Compassion:** We treat each encounter with respect, compassion and understanding.
Quality: We believe in delivering the best standards of care with constant upgrading of services and processes.
**Equity:** We are of the opinion that all should get to quality healthcare no matter their background or where they are.
**Accountability:** We are transparent and accountable of our actions so that we ensure that resources are spent in an effective and efficient manner.
**Community Focus:** We collaborate with communities where we understand their needs and design our programs to address the needs.
**Innovation:** We are innovative and adopt technology in order to make healthcare provision better and accessible to more individuals.

## OUR JOURNEY:
### A Book of Development and Impact

PPHI Sindh started its work in the District Kashmore as a result of partnership with the Sindh Rural Support Organization (SRSO) and the Government of Sindh. In 2013, the conversion to an independent non-profit organization under Section 42 of The Companies Act 2017 was achieved. This was a historic move, which was further cemented by the Pakistan Centre of Philanthropy (PCP) and this accolade established PPHI Sindh on the path of long-term sustainability and effective growth. The organization is today led by an experienced Board of Directors and this has provided it with strategic direction and sound governance.

## OUR VISION:
### A Healthier Sindh, Where Every Person Prospers

We see a Sindh in which each member of the society is allowed to maximize his or her potential without the burden of inadequate access to quality healthcare. Our mission is to build a healthy province where healthy communities are thriving, and all lives are cherished and cared about.

## OUR STRATEGIC PRIORITIES:
### Together towards a Healthier Future

The strategic priorities of PPHI Sindh are developed to cover the most urgent healthcare issues of the rural population.
**These include:**

- **Enhancing Primary Health Care**
  We will strive to develop a strong primary healthcare system, which is affordable, approachable, and sensitive to the community. The work of our BHUs, RHCs, and dispensaries is the backbone of this initiative, because they offer all the necessary preventive services, curing standard ailments, and making necessary referrals.
- **Improving Maternal and Child Health**
  Our mission is to minimize maternal and child mortality with extensive antenatal, intrapartum, and postnatal care. This is demonstrated by our 24/7 obstetric services at our upgraded BHUs that guarantee safe births and better results to the mothers and newborns.

- **Promoting Family Planning**
  We help people to make informed decisions regarding their reproductive health by availing a variety of family planning services such as LARC methods, and awareness campaigns to facilitate informed decision making.

- **Initiating Secondary Healthcare**
  Given that the patients require specialized care, PPHI Sindh will supplement primary care with various secondary care services, such as access to C-Sections, diagnostic services, eye and dental services, blood transfusions, as well as other advanced care.

- **Combating Malnutrition**
  Through specific initiatives, such as the use of micronutrient supplements, therapeutic feeding, and the promotion of breastfeeding, we are already dealing with the problem of malnutrition. In our opinion, all children should be given a chance to flourish and we will do our best to make sure that they get access to the nutrition they require to achieve their full potential.

- **Controlling Infectious Diseases**
  We are in the forefront on combating the infectious diseases, we have very strong screening, diagnosis, and treatment measures on infectious diseases such as Hepatitis, TB, Malaria, and HIV/AIDS. We will help ensure communities are not exposed to these avoidable diseases.

- **Leveraging Technology**
  We are adopting technology to raise the efficiency, better data gathering and reach. Our E-Office project and monitoring systems are simplifying our operations and providing us with the capacity to make evidence based decisions.

- **Conditional Cash Transfers as a Form of Empowering Women**
  PPHI Sindh uses conditional cash transfer programs as an incentive to encourage the population to seek healthcare, which are provided to families that follow the main health-related instructions, including prenatal, vaccination, and attending health education sessions.

## OUR NETWORK:
### To the Heart of Rural Sindh

Having a representation in 26 districts and have operational control of 1,439 health facilities, such as Basic Health Units (BHUs), Rural Health Centers (RHCs), and Taluka Headquarter Hospitals (THQs), PPHI Sindh is committed to offering a full Essential Primary Healthcare Package and partial secondary care services. It is a mix of community-based initiatives, strategic alliances, and a strict evidence-based strategy that PPHI Sindh has been growing in the scale of its reach and influence, taking quality healthcare to the citizens of Sindh.

## OUR PEOPLE:
### The Going Concern of Our Success

PPHI Sindh is powered by our committed medical workers. We also train and develop them so that they are able to offer quality care that is human centered to the communities we operate in.

## LOOKING AHEAD:
### Bringing the Future to the Most Underserved

As PPHI Sindh embarks on its continued journey, it remains dedicated to innovation, collaboration, and the ongoing strengthening of healthcare delivery in rural areas. By leveraging technology, embracing data-driven strategies, and developing sustainable models, PPHI Sindh aims to further enhance health equity and improve the well-being of communities across Sindh.



# WHERE WE Work




**Region I (Hyderabad)**

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

**Region II (Mirpurkhas)**

- Badin
- Mirpurkhas
- Tharparkar
- Umerkot

**Region III (Larkana)**

- Dadu
- Jacobabad
- Kamber
- Kashmore
- Larkana

**Region IV (Sukkur)**

- Ghotki
- Khairpur
- Sukkur
- Shikarpur

**Region V (Shaheed Benazirabad)**

- Naushahro Feroz
- Sanghar
- Shaheed Benazirabad

**Region VI (Karachi)**

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

# ORGANISATIONAL *Information*

## BOARD OF DIRECTORS

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

## HEAD OF ORGANISATION

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

## OPERATIONS TEAM

- **Chief Operating Officer**
  Mr. Riaz Ahmed Rahoojo
- **Principal Officer**
  Ms. Aiman Latif
- **Legal Advisor**
  Mr. Parvaiz Ahmed Memon
- **Regional Director, RO1, Hyderabad**
  Mr. Maula Bux Solangi
- **Regional Director, RO2, Mirpurkhas**
  Mr. Mazhar Ali Veesar
- **Regional Director, RO3, Larkano**
  Mr. Zuhaib Islam Abbasi
- **Regional Director, RO4, Sukkur**
  Lt. Col. (R) Sirajuddin Channa
- **Regional Director, RO5, Shaheed Benazirabad**
  Dr. Umar Bashir Bajwa
- **Regional Director, RO6, Karachi**
  Mr. Abdul Raheem

## FINANCE WING

- **Chief Financial Officer**
  Mr. Muhammad Yahya
- **Deputy Chief Finance**
  - Mr. Faheem Ahmed
  - Mr. Masood Jamali

## HUMAN RESOURCE WING

- **Director Human Resource**
  Mr. Israr Ali Sodhar
- **Manager Human Resource**
  - Mr. Nafay Ali - Senior
  - Ms. Ayesha
  - Mr. Amar Mustafa
- **Manager MIS**
  Mr. Ayaz Ahmed Memon
- **Manager Medical Claim**
  Mr. Asif Iqbal Channa

## ADMINISTRATION WING

- **Director Administration**
  Mr. Shahid Ali
- **Senior Manager Administration**
  Mr. Imran Chandio
- **Senior Manager Solarization**
  Mr. Syed Zeeshan Ali

## PROCUREMENT WING

- **Director Procurement & Supplies**
  Mr. Muhammad Ashraf
- **Deputy Director Procurement**
  Mr. Atif Abbas
- **Manager Procurement & Supplies**
  Mr. Muhammad Shoaib Sami

## AUDIT WING

- **Chief Audit Executive**
  Mr. Muhammad Faisal

# ORGANISATIONAL *Information*

## TECHNICAL WING

- **Director Health Services - I**
  Dr. Zakir Punar
- **Director Health Services - II**
  Dr. Kishwer Ali
- **Deputy Director MNCH / FP**
  Dr. Rabia Ahmed
- **Deputy Director Secondary Care**
  Dr. Namia Nazir
- **Deputy Director Health Services**
  Dr. Samiullah Odho
- **Deputy Director Data Cell**
  Mr. Ghulam Akbar
- **Manager Training**
  Dr. Huma Fahad
- **Manager Disease Prevention & Control**
  Dr. Usman Sarwar
- **Manager DHIS**
  Dr. Samreen Ismail
- **Senior Manager IT**
  Mr. Abdul Salam
- **Engineer Biomedical**
  Mr. Sanjay Kumar

## NUTRITION WING

- **Director Nutrition**
  Dr. Sajid Shafiq Lakhiar
- **Senior Manager MIS**
  Mr. Akhtar Ali
- **Manager Finance**
  Mr. Mohsin Hussain
- **Manager Program**
  Mr. Sajid Ali Mangi

## PROJECTS WITH PARTNERS

- **Project Director - BNP**
  Dr. Zeeshan Shaikh
- **Project Director 1,000 Days**
  Mr. Shoukat Ali Lakho
- **Project Director CCT-Mamta**
  Dr. Mehreen Iqbal

## LAB & PATHOLOGY WING

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

## REPAIR AND RENOVATION WING

- **Provincial Engineer**
  Mr. Asadullah Dahri

## MONITORING & EVALUATION WING

- **Director Monitoring & Evaluation**
  Mr. Israr Ahmed Sodher
- **Manager Monitoring**
  Ms. Nida Imtiaz
- **Manager Monitoring & Immunization**
  Mr. Alamgeer Khan

## RESEARCH WING

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

## IT WING

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

## COMMUNICATION & MEDIA AFFAIRS WING

- **Deputy Director Communications & Media Affairs**
  Ms. Shafaq Fahad
- **Graphic Designer**
  Ms. Sourath

# BOARD OF Directors



## Mr. Fazal-ur-Rehman
## (CHAIRMAN)

Mr. Fazal-ur-Rehman, a retired Grade 22 civil servant, has dedicated 38 years to public service, beginning in 1972. Holding an MA in International Relations and General History from Karachi University and a degree from the University of Connecticut, he has served as Federal Secretary in various ministries, including Ports & Shipping and Manpower. His extensive experience includes roles as Accountant General Sindh, Chairman Training Corporation of Pakistan, and Controller General of Accounts for the Government of Pakistan. He also served as Finance Secretary and Chief Secretary, Sindh. Actively contributing to PPHI Sindh since 2007, Mr. Fazal-ur-Rehman plays a crucial role in shaping the organization's vision and policies, providing invaluable guidance to its strategic direction.



## Mr. Muhammad Nazar Memon
## (BoD Member)

Mr. Muhammad Nazar Memon holds one Master's degrees in Economics (Karachi University) and another in Regional Planning (Clark University, USA), and also earned diplomas in Regional Planning (UNCRD, Japan) and Child Health (Child Health Institute, UK). His experience includes social planning, women's, and children's issues at UNICEF, where he served as Deputy Head (Karachi) and Head (Peshawar). He assisted the Agha Khan Health Foundation in program evaluation and monitored community-based health initiatives in several African countries. Mr. Memon coordinated women's development programs in Yemen and Papua New Guinea. He contributed to UNDP and World Bank-funded devolution projects in Pakistan. From 2005-2008, he served as CEO of the Sindh Rural Support Organization. Currently, he serves on the board of PPHI Sindh and various rural support program boards.



## Dr. Muhammad Suleman Shaikh
## (BoD Member)

Dr. Muhammad Suleman Shaikh, a senior board member, holds an MBBS, MCPS (Anesthesiology), a Fellowship (Colombo Plan - Singapore), and a PDM (Asian Institute of Management). He serves on the boards of several organizations, including the Pakistan Poverty Alleviation Fund, Pakistan Centre for Philanthropy, Sindh Rural Support Organization, and Sindhi Language Authority. He previously chaired the Thardeep Rural Development Program and the Sindh Rural Support Program's Board of Trustees. Dr. Shaikh is a founding member of the Sindh Graduates Multipurpose Society and the Mehran Educational Foundation. A contributor to anesthesiology and acupuncture, he is currently Secretary to the Board of Trustees at SZABIST. He remains actively involved in various voluntary and philanthropic endeavors.



## Mr. Mushtaq Ahmed Shah
## (BoD Member)

Mr. Mushtaq Ahmed Shah is a retired civil servant belonging to the 9th Common. His qualifications include an M.Com. and a diploma in Public Administration from the University of Sindh. Mr. Mushtaq Shah started his career in the Police Service of Pakistan in 1981 and retired in 2012. During this time, he held some key positions including those of IG Sindh, IG Prisons, Chairman Anti-Corruption and the Chief Security Officer to the Prime Minister. Currently, he is serving as a board member of PPHI Sindh and Alpha Insurance.



## Dr. Nighat Shah
## (BoD Member)

Dr. Nighat Shah holds an MBBS, MCPS, FCPS and MRCOG (UK). She is currently working as a consultant gynecologist at Agha Khan University Hospital where she teaches and trains undergraduate and postgraduate students. She is also a senior consultant at the Sindh Institute of Reproductive Medicine and visiting faculty at Ziauddin Hospital. Dr. Nighat Shah has more than twenty years of clinical experience of saving mothers/ neonates and improving mothers' health. She also worked in Murshid Hospital, located in an underprivileged area of Karachi, where she helped in saving lives of high-risk pregnant women.



## Ms. Nargis Ali Akbar Ghaloo
## (BoD Member)

Ms. Nargis Ali Akbar Ghaloo, a retired senior civil servant, served the Government of Pakistan for 36 years, retiring as Managing Director of the Public Procurement Regulatory Authority. She chaired the State Life Insurance Corporation of Pakistan from 2014 to 2016. Joining the civil services in 1982, she gained extensive experience in diverse fields, including public sector management, administration, finance, judicial affairs, health, insurance, and planning. Holding a Master's in English (University of Sindh), she is a certified Director from PICG, with corporate governance certificates from INSEAD and the Institute of Directors (UK). Appointed to the PPHI Sindh Board in February 2022, she also serves on the boards of JS Bank and Hino Pak Motors Limited.



## Mr. Shafiq Ahmed Khoso
## (BoD Member)

Mr. Shafiq Ahmed Khoso, a retired civil officer with extensive public sector experience, now manages his agricultural land and fish farm in Jacobabad. He actively engages in social work, focusing on education, health, and irrigation. During his service with the Sindh government (1979-2009), he held various positions and participated in numerous national and international training programs in public administration, management, and project planning. He has also attended numerous national and international seminars and conferences. Currently, he serves on the boards of the Fisheries Development Board (Government of Pakistan), Cadet College Pano Aqil (Sindh), and Cadet College Karam Pur (Kashmor, Sindh).

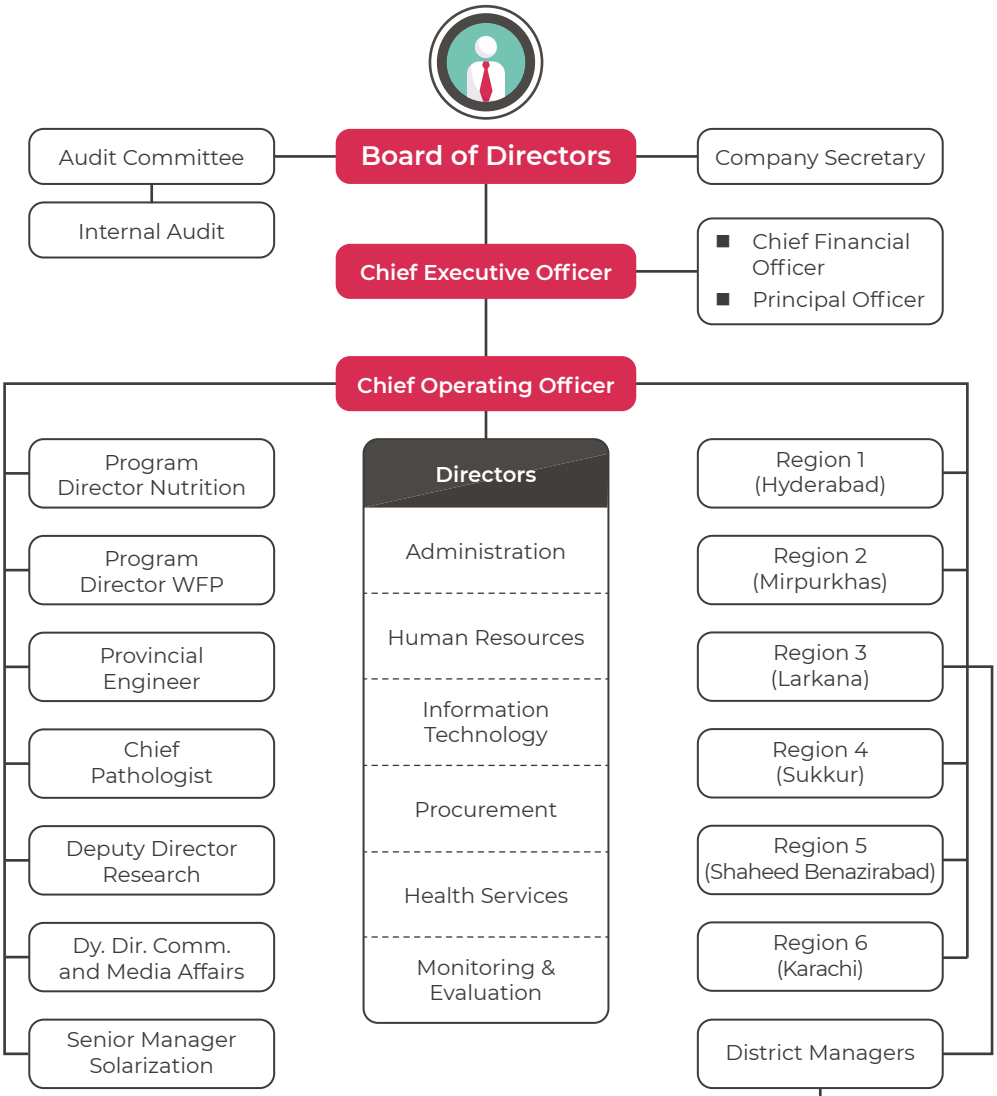


## Dr. Mohammad Saeed Qureshi
## (BoD Member)

Dr. Mohammad Saeed Qureshi, holding an MBBS (Dow Medical College), FRCS (Royal College of Surgeons, Edinburgh), and FCPS (College of Physicians and Surgeons, Pakistan), has a distinguished medical career. He served as Medical Superintendent of Civil Hospital for eight years. His numerous appointments include Chairman (Board of Management, SMBB Trauma Centre), Member BoD (PPHI Sindh), Member (Sindh Healthcare Commission), Member (Health Advisory Board – Private Public Partnership), and Member (Selection Board, Jinnah Sindh Medical University). Currently, he serves as Meritorious Professor of Surgery and Vice Chancellor of Dow University of Health Sciences.

# PPHI SINDH HEAD OFFICE

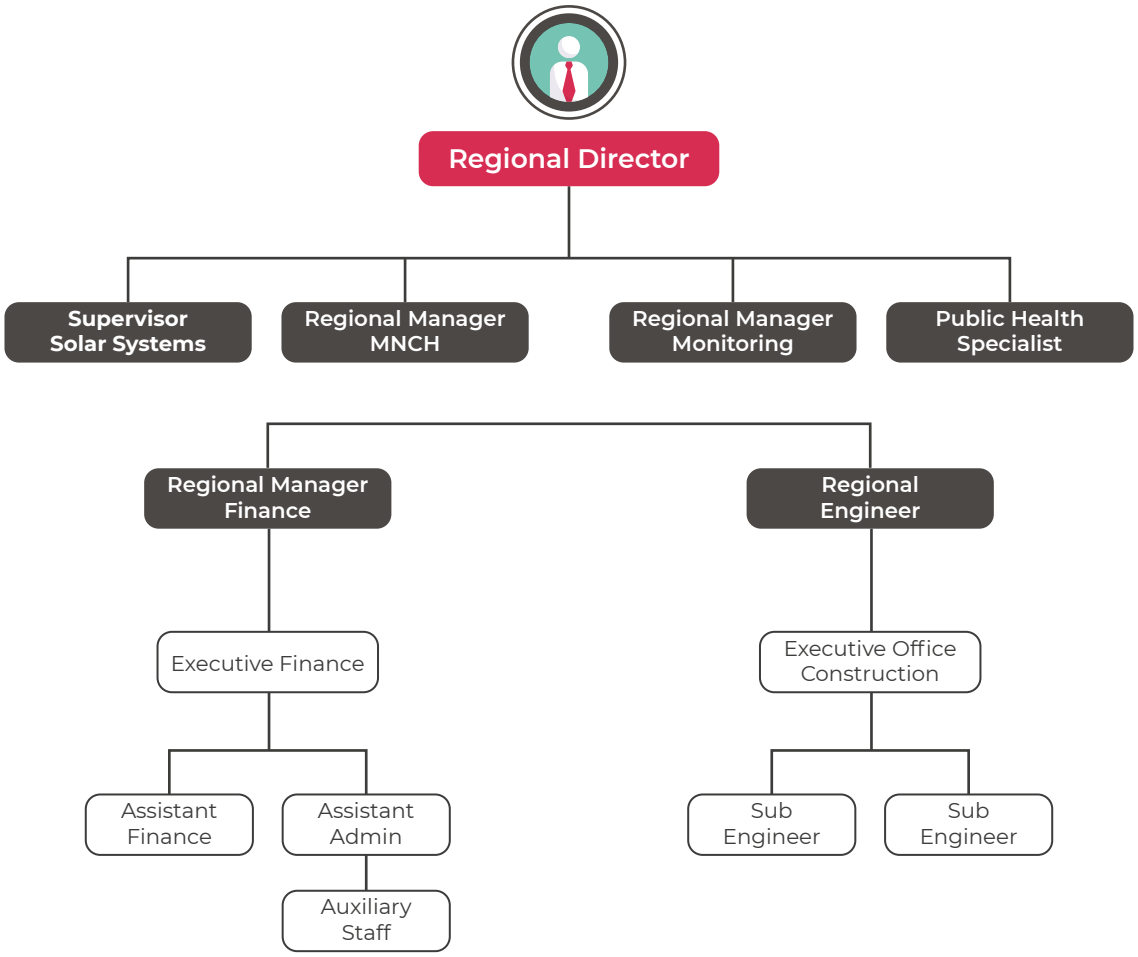
## Organogram




| Region I (Hyderabad) | Region II (Mirpurkhas) | Region III (Larkano) | Region IV (Sukkur) | Region V (Shaheed Benazirabad) | Region VI (Karachi) |
|---|---|---|---|---|---|
| ■ Hyderabad<br>■ Jamshoro<br>■ Matiari<br>■ Tando Allahyar<br>■ Tando Muhammad Khan | ■ Badin<br>■ Mirpurkhas<br>■ Tharparkar<br>■ Umerkot | ■ Dadu<br>■ Jacobabad<br>■ Kamber<br>■ Kashmore<br>■ Larkano | ■ Ghotki<br>■ Khairpur<br>■ Shikarpur<br>■ Sukkur | ■ Naushahro Feroz<br>■ Sanghar<br>■ Shaheed Benazirabad | ■ Karachi (East)<br>■ Karachi (West)<br>■ Keamari<br>■ Malir<br>■ Sujawal<br>■ Thatta |

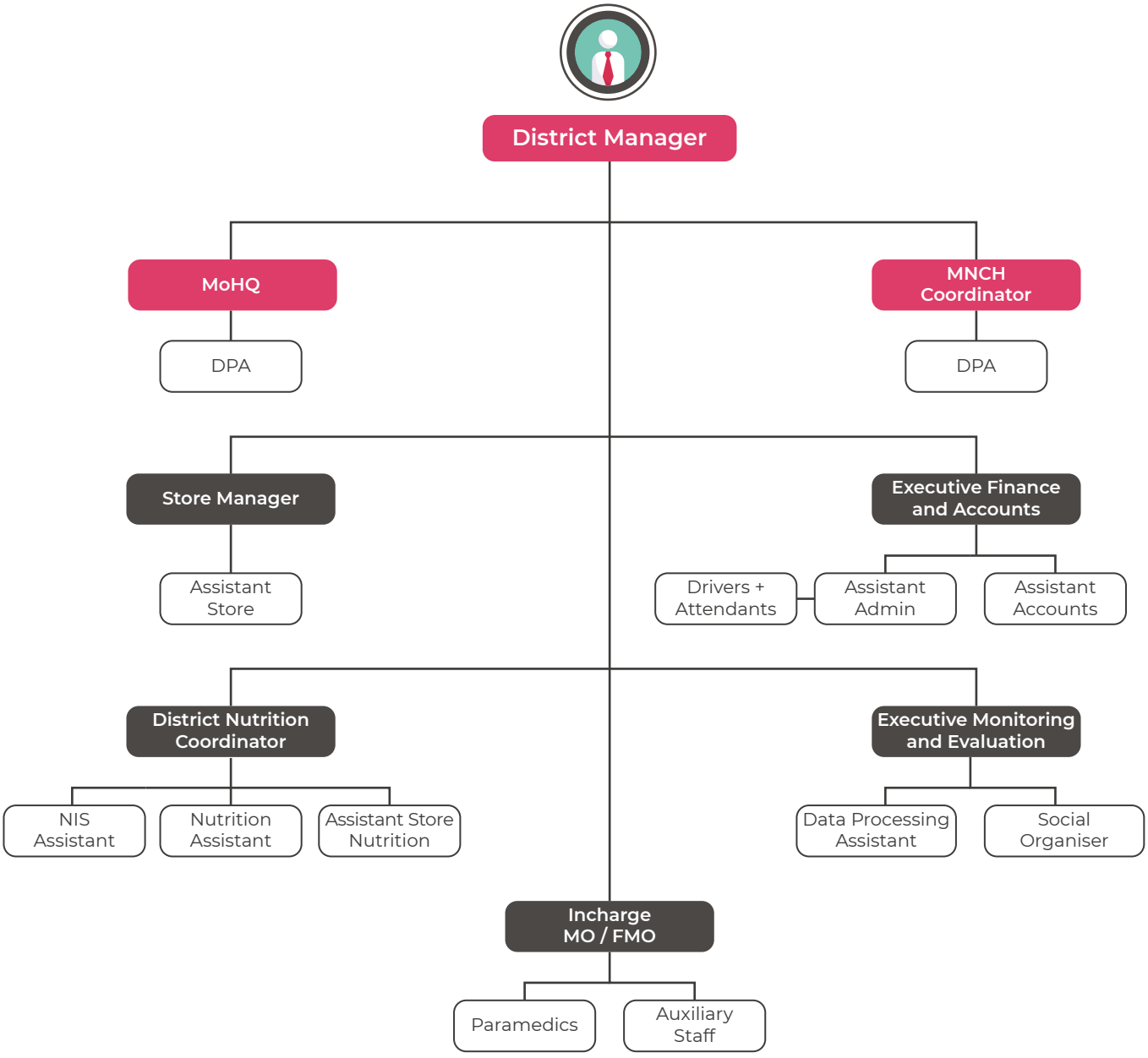
# PPHI SINDH REGIONAL OFFICE

## Organogram



# PPHI SINDH DISTRICT OFFICE

## Organogram

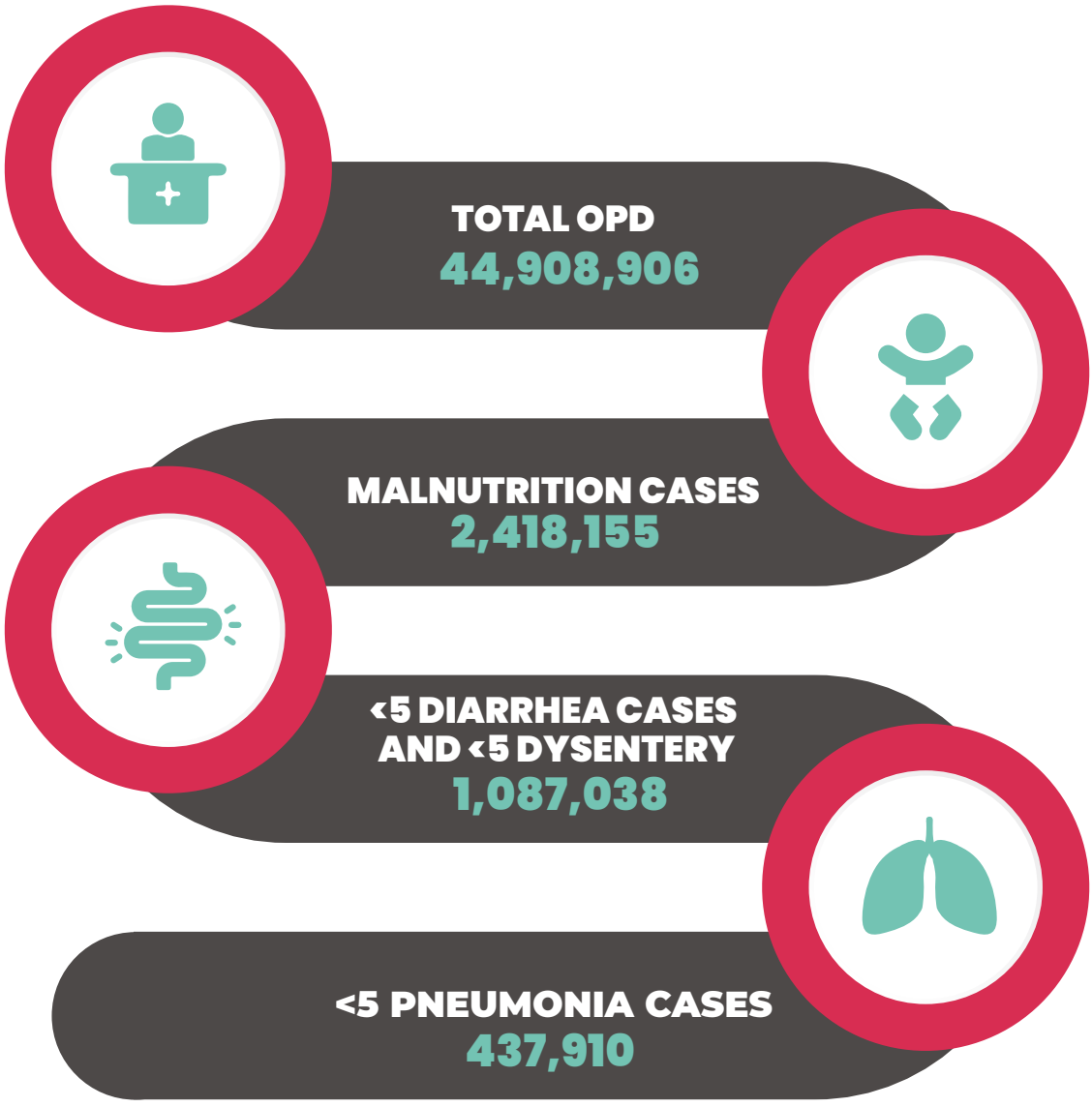


# Our IMAPCT



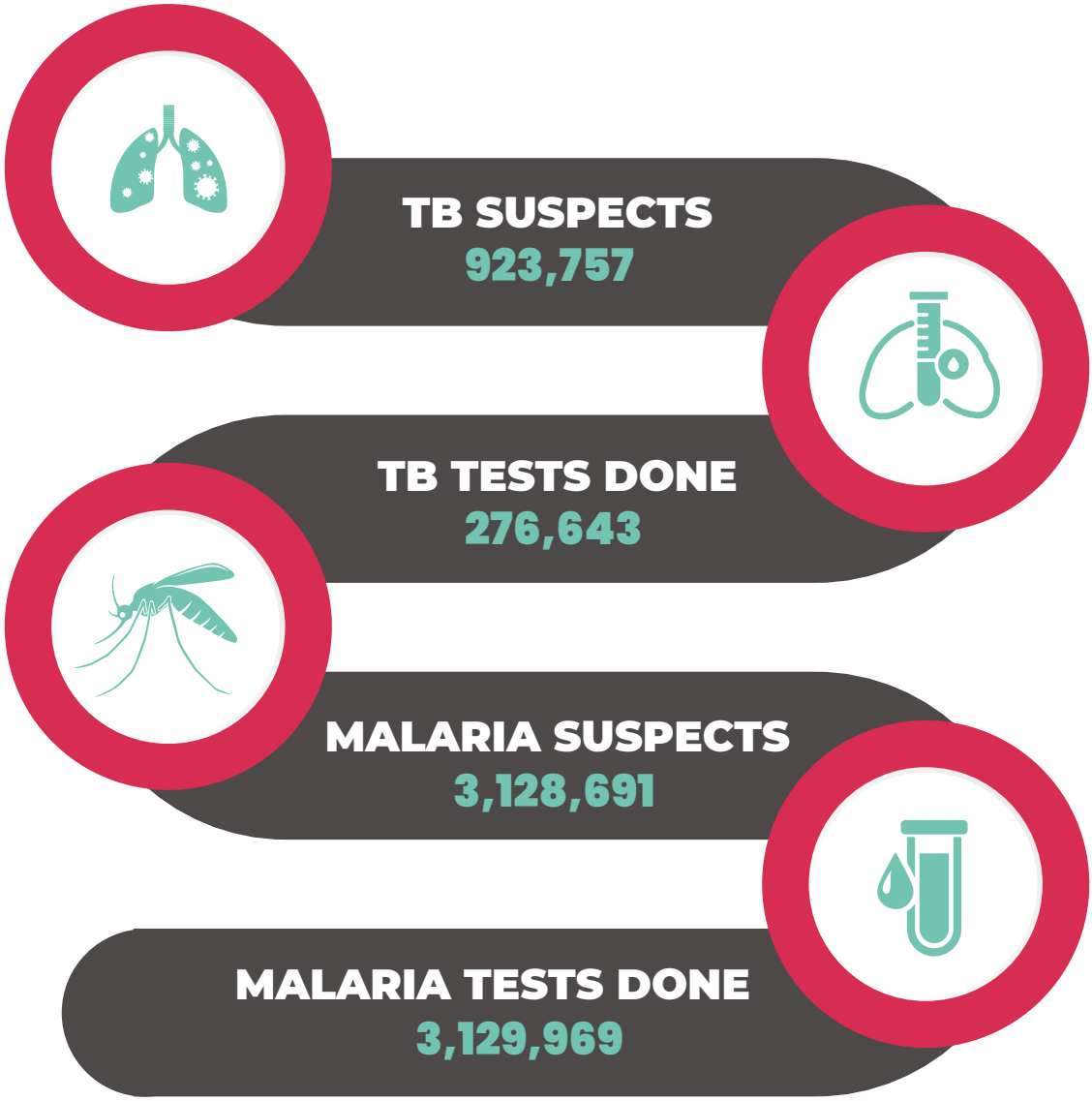
# OPD Services

Outpatient Department (OPD) services form the cornerstone of primary healthcare delivery in Pakistan, providing accessible and affordable care that is particularly vital for underserved rural populations. These services enable early diagnosis and effective management of common and chronic illnesses while simultaneously reducing the burden on secondary and tertiary healthcare facilities through minimized unnecessary referrals. By prioritizing preventive care alongside curative interventions, OPD services contribute significantly to achieving Universal Health Coverage and advancing Sustainable Development Goals, thereby strengthening the healthcare system's capacity to deliver equitable, quality care to all populations.



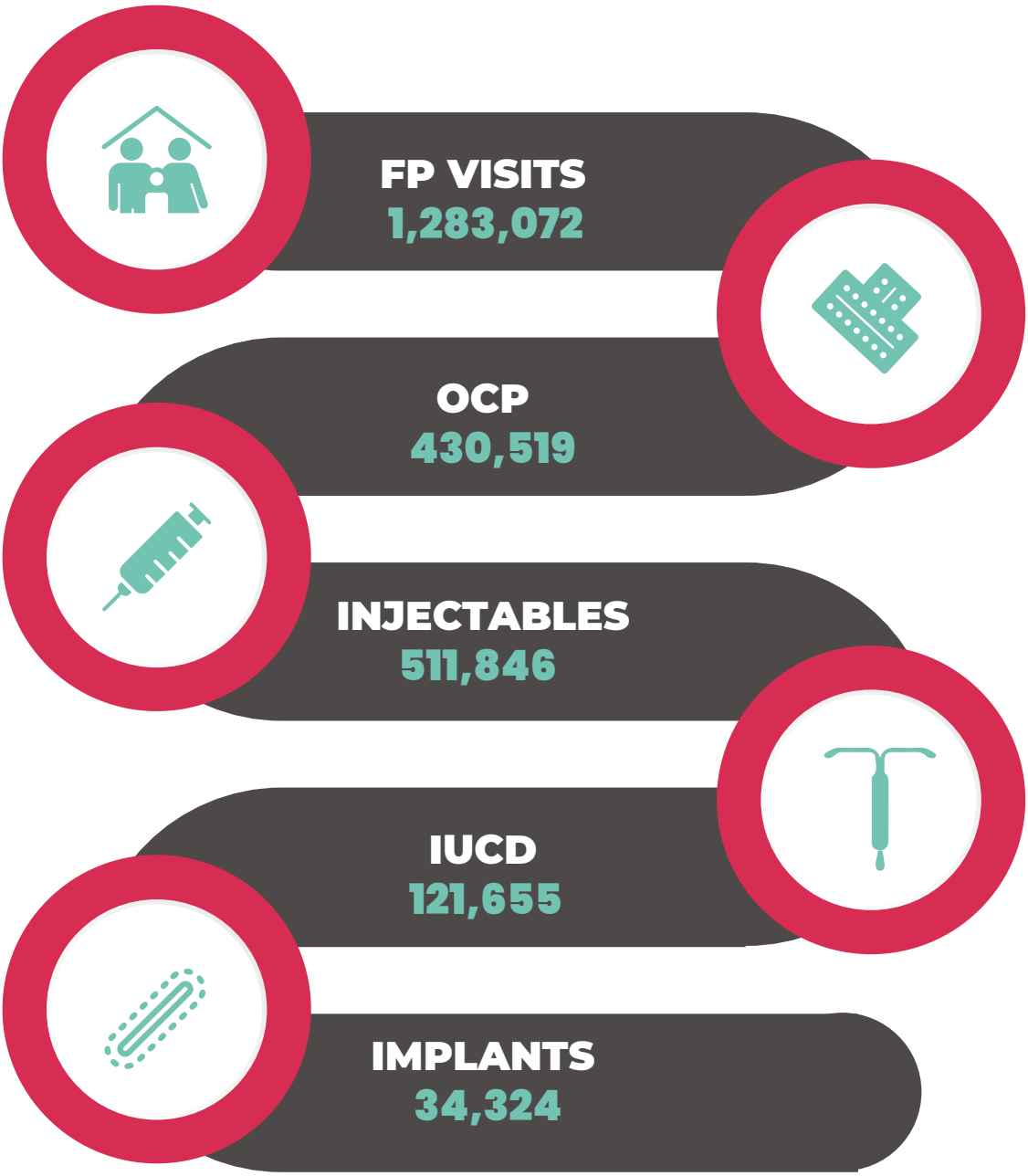
# TUBERCULOSIS AND MALARIA *screening*

While TB and malaria screening form part of routine OPD services, their significant public health burden in Pakistan necessitates dedicated focus and specialized interventions. As a high TB-burden country, PPHI Sindh prioritizes early detection and treatment at the PHC level through community-based follow-up programs, supported by partnerships with Pakistan's National and Provincial TB Control Programs and Similarly, in malaria-endemic and flood-affected regions, PPHI Sindh facilities play a vital role through rapid diagnostic testing (RDTs), timely treatment initiation, and community education efforts, in collaboration with partners including NRSP and Indus. These integrated disease control efforts strengthen surveillance systems, reduce transmission, and contribute to achieving national TB and malaria elimination targets while improving health outcomes across vulnerable populations in Sindh.



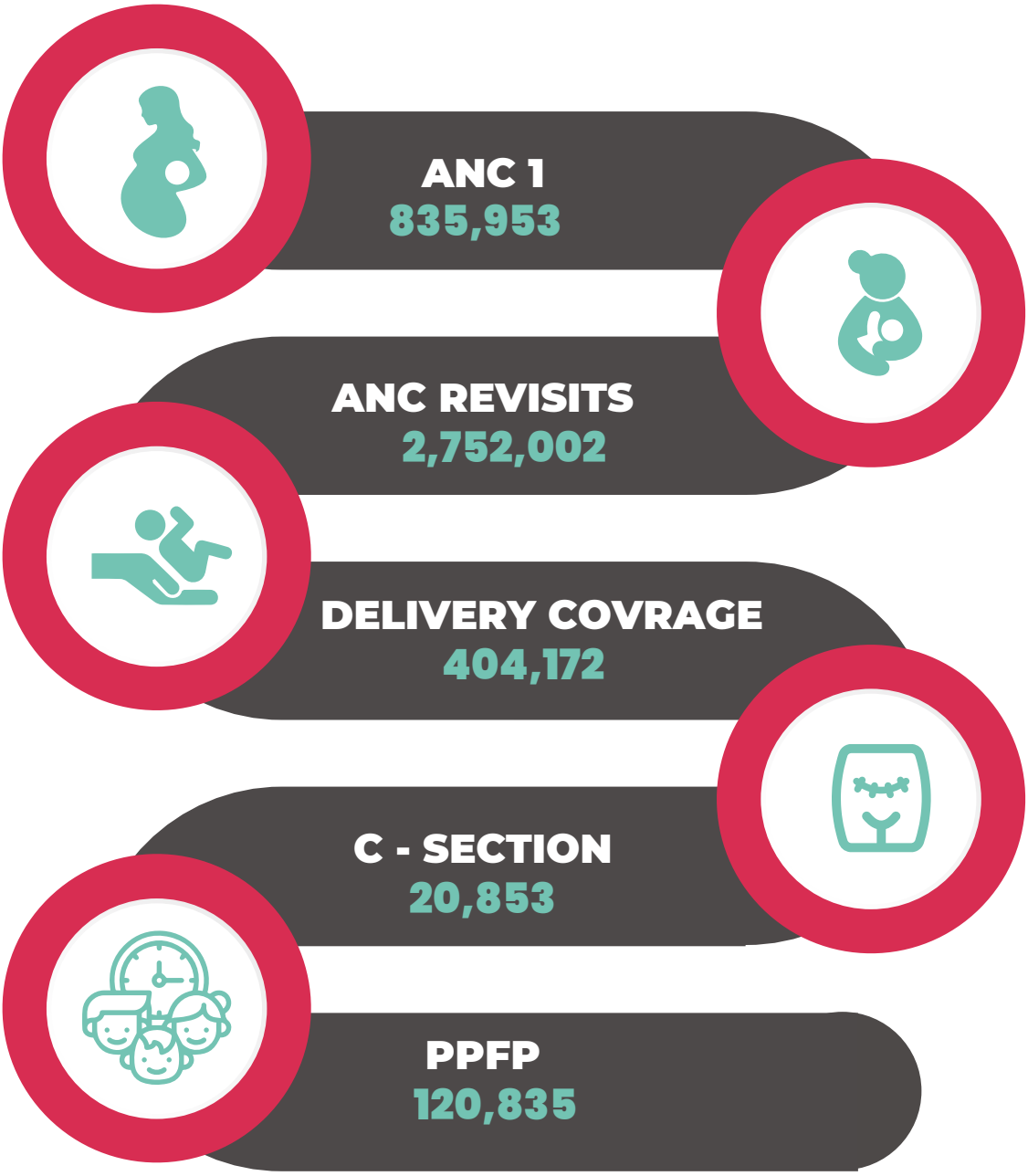
# FAMILY PLANING *Services*

FP services at the Primary Health Care (PHC) level in Sindh are essential for enhancing MNCH, reducing unintended pregnancies, and upholding reproductive rights. Through accessible, culturally sensitive counseling, contraceptives, and follow-ups, PHC empowers informed choices on birth spacing and family size—helping lower fertility rates, reduce maternal mortality, and advance national goals aligned with Universal Health Coverage (UHC) and SDGs 3 and 5.



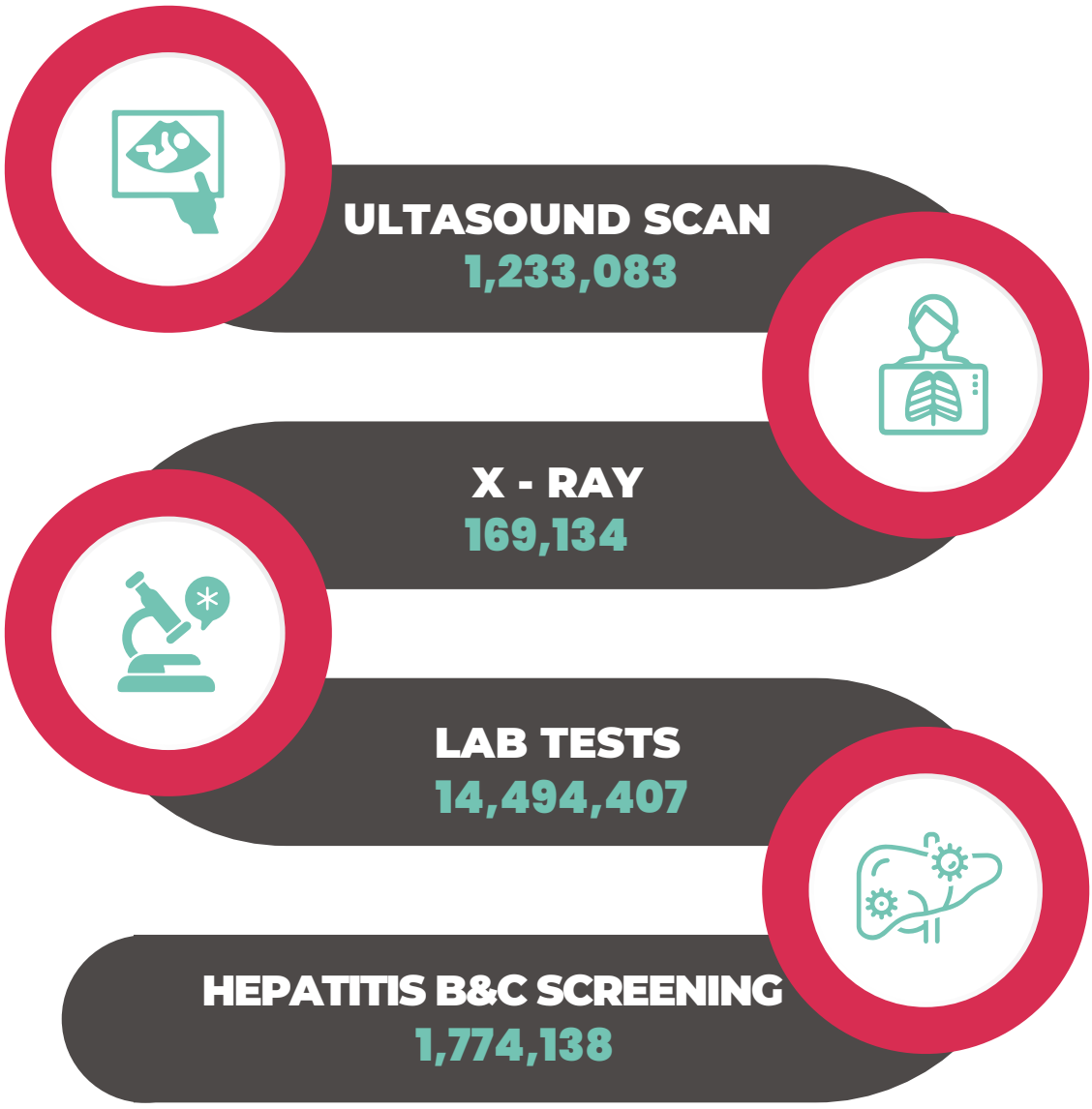
# MATERNAL & CHILD HEALTH *Services*

PPHI Sindh's Maternal and Child Health (MNCH) services play a critical role in reducing maternal and child mortality by providing comprehensive, evidence-based care throughout the pregnancy, childbirth, and postpartum periods. Operating 24/7 delivery services across Primary Health Centers (PHCs) and equipped with skilled birth attendants, the program ensures accessible maternal healthcare for mothers and children, particularly in remote and underserved areas. Through integrated immunization, nutrition support, and skilled birth attendance at PHC facilities, MNCH services address the critical health needs of vulnerable populations while simultaneously reducing the burden on secondary and tertiary healthcare systems, thereby advancing maternal and child health outcomes and contributing to broader public health and development objectives.



# RADIOLOGY AND DIAGNOSTIC *Services*

PPHI Sindh provides essential radiology and diagnostic services at the Primary Healthcare (PHC) level. These services encompass a range of offerings, including lab tests, ultrasounds, and rapid point-of-care tests (POCTs) for conditions such as malaria, hepatitis, diabetes, tuberculosis (TB), and virology. By offering these free and accessible services, PPHI Sindh aims to facilitate timely diagnosis, enhance treatment outcomes, and reduce unnecessary referrals, particularly within rural and underserved communities.



# COMMUNITY MEETINGS & HEALTH *Sessions*

PPHI Sindh organizes regular community meetings and health education sessions through its health facilities. These initiatives are designed to raise awareness about crucial topics such as maternal and child health, family planning, nutrition, hygiene, and disease prevention. By fostering these efforts, PPHI Sindh aims to promote healthy behaviors, enhance community engagement, improve health-seeking practices, and ultimately contribute to overall well-being within the communities it serves.



# MATERNAL AND CHILD *Health*

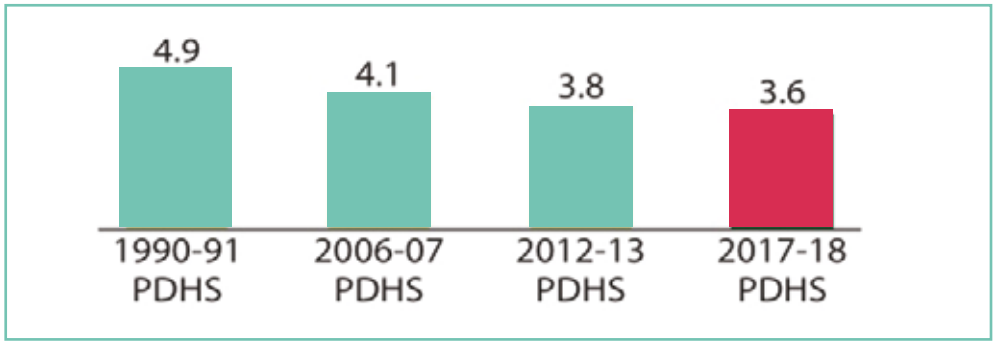


# FAMILY PLANNING SERVICES:
## EMPOWERING CHOICES AND SECURING FUTURES

### THE DEMOGRAPHIC LANDSCAPE: A Call for Action

With Pakistan's population exceeding 240 million and an annual growth rate of 2.5%, the pressure on resources and healthcare infrastructure is unprecedented. PPHI Sindh recognizes that the path to a prosperous and healthy society begins with empowered individuals who can determine the timing and number of their children.

According to the World Health Organisation (WHO) (2024), family planning is a fundamental human right that allows people to attain their desired family size and determine the spacing of pregnancies. For PPHI Sindh, this is not just a statistical goal but a life-saving intervention. The Pakistan Demographic and Health Survey (PDHS) notes a high unmet need for family planning in Sindh (17.7%), particularly in rural areas where the fertility rate remains at 4.4%. PPHI Sindh is bridging this gap by bringing modern contraceptive choices to the doorstep of those who need them most.







### Healthy Timing and Spacing of Pregnancies (HTSP)

PPHI Sindh advocates for Healthy Timing and Spacing of Pregnancies (HTSP)—a UNICEF-backed intervention where a woman waits at least 24 months after a live birth before attempting a next pregnancy. This practice significantly reduces the risk of maternal mortality and improves the survival rates of newborns. By integrating Family Planning into the maternal health continuum, PPHI Sindh ensures that the "Postpartum" window is utilized to offer immediate protection and peace of mind to new mothers.

High-Impact Interventions: The Shift Toward LARCs

A key priority for PPHI Sindh is the promotion of Long-Acting Reversible Contraceptives (LARCs), such as Intrauterine Contraceptive Devices (IUCDs) and Implants. These methods are highly effective, require little user action, and provide years of protection, making them ideal for women in remote settings.

PPHI Sindh has witnessed a significant uptake in LARCs through the Postpartum Family Planning PPFP and Post-Abortion Family Planning (PAFP) initiatives. By providing these services immediately after delivery, PPHI Sindh captures the "golden hour" of motivation and accessibility.

## STRATEGIC INITIATIVES FOR FP SERVICE DELIVERY

To realize the FP2030 objectives, PPHI Sindh has implemented a multi-dimensional strategy focused on capacity, resources, and data integrity:

### A. Comprehensive Capacity Building

PPHI Sindh prioritizes the continuous professional development of its clinical workforce to ensure high-quality service delivery:

- **LARC Mastery:** Specialized training programs for both male and female medical and paramedical staff on Long-Acting Reversible Contraceptives (LARCs).

- **Addressing Gender Gaps:** In areas where female medical officers are unavailable, PPHI Sindh has equipped Male Medical Officers with the skills necessary for implant insertion and Vasectomy (NSV) , ensuring that contraceptive access is never restricted by personnel shortages or without male engagement. MoU with Willows international has been done to engage male in family planning. Trainings of Medical officers have been done while clinical trainings are under way.

- **Clinical Safety:** Rigorous training on Infection Prevention and Control (IPC) protocols is conducted to ensure that all family planning procedures meet international safety standards.

### B. Resource Provision & Clinical Support

PPHI Sindh ensures that every service provider is equipped with the tools needed for effective client counseling and care:

- **Evidence-Based Counseling:** The provision of WHO Medical Eligibility Criteria (MEC) wheels across facilities assists providers in offering scientifically sound, personalized contraceptive counseling.

- **Uninterrupted Supply Chain:** PPHI Sindh maintains a "Zero Stock-out" policy, ensuring a constant supply of a wide range of contraceptive commodities at every managed health facility.

### C. Advanced Data Management & Digitalization

Leveraging technology to inform policy, PPHI Sindh has digitalized the contraceptive landscape:

- **cLMIS Integration:** Contraceptive records are managed through the Contraceptive Logistic Management Information System (cLMIS), enabling data-driven procurement and policy decisions.

**Real-Time Tracking:** PPHI Sindh utilizes the Electronic Client Record (ECR) system for real-time data entry of all FP clients, ensuring high data integrity and better follow-up care. Transitioning to digital Electronic Client Records (ECR) has enhanced efficiency, accuracy, and client care as well as helped in forecasting and improving service delivery, and ensuring data security. Districts like Hyderabad, Jamshoro, Badin, Tando Muhammad Khan, and Tando Allahyar, Mirpurkhas , Thatta ,Sujawal have adopted ECR, leading to improved data management and service outcomes. While trickle down to other districts is in process.

**2025 Performance:** Impact in Numbers
During the 2025 calendar year, PPHI Sindh facilitated over 1,282,612 family planning visits, demonstrating the massive scale of its outreach and the community's growing demand for reproductive health services.

**Family Planning Performance Summary**

| S.No | Type | FP Services | PPFP | (%) | PFAP | (%) |
|---|---|---|---|---|---|---|
| 1 | COC | 371,633 | 66,214 | 18% | 5,971 | 2% |
| 2 | POP | 58,762 | 27,920 | 48% | 513 | 1% |
| 3 | DMPA inj | 509,582 | 114,986 | 23% | 6,837 | 1% |
| 4 | Condom | 184,002 | 35,885 | 22% | 2,181 | 1% |
| 5 | IUCD | 121,364 | 98,486 | 81% | 1,423 | 1% |
| 6 | Implant | 34,194 | 22,177 | 65% | 608 | 2% |
| 7 | Tubal Ligation | 3,075 | 1860 | 60% | 7 | 0% |
| 8 | Total FP Visits | 1,282,612 | 367,528 | 29% | 17,540 | 1% |
| 9 | Counselling provided on FP | 153,145 | | | | |

## OVERCOMING BARRIERS: QUALITY AND RESPECT

The success of PPHI Sindh's family planning program is rooted in its ability to address the "Four As": Accessibility, Availability, Affordability, and Awareness. By training providers to offer counselling that respects socio-cultural and religious beliefs, PPHI Sindh has fostered an environment where family planning is viewed as a tool for family prosperity rather than just a medical requirement.

## THE ROAD AHEAD:

### Towards a Sustainable Sindh

PPHI Sindh remains committed to the FP2030 goals. By continuing to scale LARC services and strengthening the referral chain for permanent methods, PPHI Sindh is ensuring that the women of Sindh have the agency to plan their lives, protect their health, and secure a brighter future for their children.

# MEETINGS OF SINDH FP2030 WORKING GROUP

PPHI Sindh collaborates with the Population Welfare Department (PWD), Department of Health (DoH), and various development partners to enhance stakeholder performance through strategic, integrated efforts and quarterly progress reviews. In this regard Meeting of Sindh FP 2030 chaired by Madam Dr.Azra Afzal Pechuho Minister for health and population is held quarterly with following objectives:






### Objectives of Sindh FP2030 Working Group

**1.** Review of progress on FP2030 goals commit ments made by public sector, private sector and development partners

**2.** Set strategic direction for implementation of FP initiatives through integrated efforts by PWD, DoH, PPHI and development partners

**3.** Implementation of decisions made during the quarterly meeting

### Strengthening Self-Care Through District-Level Collaboration

During the reporting period, PPHI Sindh, in collaboration with PSI Pakistan under the Delivering Innovation in Self-Care (DISC) project, continued to strengthen district-level systems to expand access to self-care services in 9 districts with 80 Health Care Facilities. Through coordinated planning, capacity building of service providers, and structured knowledge sharing, self-injection was progressively integrated as a sustainable and accessible family planning option for women across Sindh.



## PARTICIPATION IN FOCAL PERSONS MEETINGS

PPHI Sindh actively participated in three focal persons' meetings, bringing together respective district focal persons to strengthen coordination and alignment at the district level. These sessions reinforced the importance of shared ownership, effective collaboration, and sustained commitment among stakeholders—key enablers in advancing a more responsive, integrated, and women-centered health system across Sindh.



## STRENGTHENING CAPACITY THROUGH COLLABORATIVE LEARNING

PPHI staff actively engaged in Master Trainings, Training of Trainers (ToT), and facility-based trainings focused on an empathy-based counselling approach, equipping government trainers with the skills needed to guide service providers in delivering supportive and client-centered care. Through hands-on practice, participants strengthened their understanding of clinical techniques, data reporting, and supportive supervision, enabling them to effectively cascade these learnings to facility-level teams. As a result of this comprehensive capacity-building effort, trained staff are now better prepared to guide women through the DMPA-SC self-injection process—providing clear, step-by-step support and fostering confidence in the choice and use of self-care methods.



## COORDINATED EFFORTS TO IMPROVE SERVICE DELIVERY AND DATA

PPHI Sindh, in close coordination with PSI under the DISC project, maintained consistent engagement with health facilities and district focal persons across all focus districts. During the reporting period, particular emphasis was placed on strengthening data quality and reporting practices. Facility staff were supported through on-site counselling on the monthly data collection tools, complemented by detailed orientations during routine visits and monthly review meetings. These group and one-on-one interactions enhanced providers' capacity to accurately record and report service data. As a result of these sustained efforts, total DMPA-SC visits have shown a steady increase, with self-injection (SI) visits rising from 9% in September to 12% in October, and reaching 32% over time, reflecting growing confidence among women in self-care options.





# STAKEHOLDER COORDINATION MEETINGS

PPHI Sindh, in collaboration with PSI under the DISC project, participated in the Stakeholder Coordination Meeting convened by the Population Welfare Department (PWD). The meeting brought together key stakeholders from the Department of Health and the CIP to strengthen alignment and joint efforts in advancing self-care services.

During the session, PPHI shared updates on provider engagement and facility-level coordination, highlighting improved access to self-care options and a steady increase in self-injection visits. The forum also facilitated constructive dialogue among partners, enabling the exchange of field-level insights and actionable recommendations to further enhance project implementation across the districts.

## TECHNICAL COMMITTEE ON FAMILY PLANNING SERVICES

A Technical Committee was constituted on the directives of the Honorable Minister for Health & Population Welfare, Sindh with the mandate to strengthen the integration of Family Planning services at the lower level particularly focusing on PPFP and PAFP. The Committee is tasked with ensuring coordinated service delivery, improving data systems, commodities security and last mile assurance and aligning district-level operations with provincial FP2030 goals.

Technical Committee meetings were conducted across all six divisions i.e Karachi, Hyderabad, Mirpurkhas, Shaheed Benazirabad, Sukkur and Larkana with active participation from DPWOs, DHOs, and representatives of PPHI and SHCC. These meetings were organized to strengthen coordination among PWDS, DoH, PPHI and SHCC, ensuring that all stakeholders remain aligned for the effective integration of Family Planning services. The officials were advised to maintain close liaison and work collaboratively to improve service delivery, data reporting and monitoring at the district and facility levels.



REFERENCES


- **WHO (2024):** Transitioning to midwifery models of care: a global framework. (ISBN: 9789240098268).
- **WHO (2023):** Fact Sheet: Family Planning/ Contraception.
- **UNICEF (2023):** Healthy Timing and Spacing of Pregnancy: A Global Review.
- **PDHS (2017-2018):** Pakistan Demographic and Health Survey Key Findings.
- **PPHI Sindh Internal Data Registry:** SMW & FP Performance Metrics

# MATERNAL MORTALITY

## GLOBAL LANDSCAPE

Maternal health continues to be a critical global priority, prominently featured under Sustainable Development Goal (SDG) Target 3.1. Recent estimates from WHO and UNICEF (2024-2025) indicate a global Maternal Mortality Ratio (MMR) of approximately 223 deaths per 100,000 live births, signifying that a woman tragically dies every two minutes from pregnancy-related complications. A staggering over 95% of these deaths occur in low and lower-middle-income countries, with nearly all being preventable through access to skilled care.

## PAKISTAN NATIONAL CONTEXT

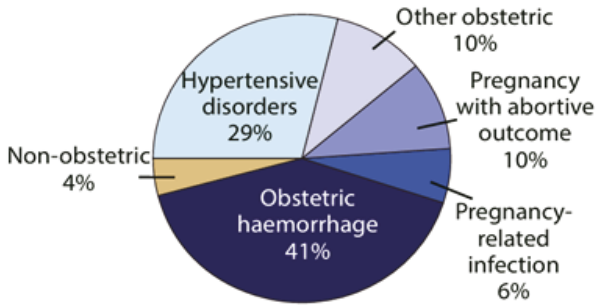
While Pakistan has demonstrated notable progress in reducing maternal mortality, the burden remains substantial when compared to regional counterparts. The latest WHO estimates (2024/25) reveal an improvement in Pakistan's MMR to approximately 155 per 100,000 live births, down from 186 in 2019. Despite this progress, an average of 27 mothers still die daily in Pakistan due to complications arising from pregnancy and childbirth. Within this national context, Sindh faces significant regional disparities, with an MMR of 224 per 100,000 live births (PMMS 2019), where rural areas experience considerably higher risks owing to persistent barriers in access to healthcare and inadequate infrastructure.

## CAUSES OF MATERNAL MORTALITY IN PAKISTAN

Data from the Pakistan Maternal Mortality Survey (PMMS) consistently identifies direct obstetric causes as the primary drivers of maternal deaths:

- **Obstetric Hemorrhage (41%):** This remains the leading cause, predominantly occur ring during the postpartum period.
- **Hypertensive Disorders (29%):** Including severe conditions such as pre-eclampsia and eclampsia.
- **Abortive Outcomes (10%):** Complications stemming from unsafe or incomplete abortions.
- **Other Obstetric Causes (10%):** Encompass ing issues like obstructed labor and surgi cal complications.
- **Pregnancy-related Infection (6%):** Sepsis continues to be a critical, though declin ing, threat.
- **Non-obstetric (4%):** Indirect causes, includ ing anemia and cardiac disease, also con tribute to maternal mortality.





# MPDSR:
# THE STRATEGIC RESPONSE

The Maternal and Perinatal Death Surveillance and Response (MPDSR) system serves as the primary quality-improvement mechanism implemented by PPHI Sindh. This strategic framework operates through a cyclical process:

**1. IDENTIFICATION & NOTIFICATION:** Every maternal and neonatal death is designated as a notifiable event, requiring reporting within 24 hours.

**2. REVIEW:** Multidisciplinary committees meticulously analyze the medical and social determinants, often referred to as the "Three Delays" (delay in deciding to seek care, delay in reaching a health facility, and delay in receiving adequate care at the facility), associated with each death.

**3. RESPONSE:** Action plans are subsequently developed and implemented to address identified gaps, which may include staff training, ensuring equipment availability, or optimizing referral logistics.

PPHI Sindh has proactively redesigned WHO Maternal Death Audit (MDA) forms to better suit local contexts:

- **Facility-Based Maternal Death Audit Form:** This form captures comprehensive clinical and social determinants, involving district MNCH teams and facility staff.
- **Analytical Maternal Death Audit Form:** Utilized at the regional level for in-depth investigations and analysis.

During the reporting period, approximately 112 maternal deaths were reported. Following thorough analysis by the maternal death audit committee, recommendations are approved and disseminated to district teams to strengthen the healthcare system.

### COMMUNITY ENGAGEMENT & AWARENESS

At the community level, PPHI Sindh actively fosters awareness through Community Support Group (CSG) sessions. These sessions are specifically designed to encourage families to seek early care during pregnancy, childbirth, and the postnatal period, thereby effectively reducing the "first delay" in the decision-making process to seek care.

### PHC STRENGTHENING AND FACILITY REFORMS

PPHI Sindh is dedicated to providing essential services directly to rural populations through key initiatives:

- **BEmONC and CEmONC Scaling:** Managing 350 BHU Plus facilities for Basic Emergency Obstetric and Newborn Care (BEmONC) and 51 RHCs for Comprehensive Emergency Obstetric and Newborn Care (CEmONC) to ensure 24/7 skilled birth attendance.
- **Referral Infrastructure:** Strengthening the referral system through a dedicated 24/7 ambulance service to mitigate the "second delay" in reaching health facilities.
- **Service Quality:** Redesigning WHO Maternal Death Audit (MDA) forms to align more effectively with the local context, enabling precise identification of gaps within the primary care chain.

### PPHI Sindh Interventions

In 2025, PPHI Sindh implemented several key interventions to address maternal mortality:

- **Safe Deliveries:** Conducted 404,172 deliveries in 2025.
- **Emergency Care**: Enhanced CEmONC services at 51 RHCs and BEmONC at over 350 BHU Plus facilities.
- **Referral Systems:** Maintained dedicated 24/7 ambulance services to significantly reduce "Delay 2" (reaching the facility)



REFERENCES & VERIFIED RESOURCES


- **WHO News (April 2025):** World Health Day - Reducing Maternal Deaths in Pakistan
- **UNICEF Data (2025):** Maternal Mortality Rates and Statistics
- **UNFPA Pakistan (2024):** State of the World Population - Pakistan Profile

# KANGAROO MOTHER CARE (KMC):
## PROGRESS & IMPLEMENTATION

Kangaroo Mother Care (KMC) continues to be recognized as the most effective, evidence-based intervention for significantly reducing neonatal mortality among preterm and low-birth-weight (LBW) infants. As of 2025, the global paradigm has decisively shifted from a "stabilization-first" approach to Immediate KMC (iKMC), advocating for its initiation within the critical "Golden Hour" of birth. This strategic shift underscores the profound impact of early skin-to-skin contact and breastfeeding on infant survival and well-being.

### GLOBAL EVIDENCE & THE NEW WHO STANDARD

New guidelines released by WHO and UNICEF (2024-2025) unequivocally emphasize that KMC is not merely an alternative to conventional incubator care but represents the primary standard of care for preterm and LBW infants.

### KEY FINDINGS AND RECOMMENDATIONS INCLUDE:

**Impact on Mortality:** Conventional KMC has been shown to reduce mortality by 40% among stable infants. Crucially, initiating KMC immediately after birth (iKMC) provides an additional 25% reduction in mortality, highlighting the benefits of early intervention.

**The "Zero Separation" Policy:** Current WHO recommendations strongly advocate for maintaining continuous mother-baby contact, promoting a 24/7 "Zero Separation" policy. Separation, even for intensive care, is now discouraged unless the infant is in severe shock or requires mechanical ventilation, prioritizing the benefits of sustained skin-to-skin contact.

**Global Burden:** With over 13 million preterm births annually worldwide, scaling KMC is identified as the leading global strategy to achieve Sustainable Development Goal (SDG) 3.2, which aims to reduce neonatal mortality to 12 per 1,000 live births.

### INTEGRATION OF KMC INTERVENTION AT PPHI SINDH HEALTH FACILITIES

PPHI Sindh has successfully integrated KMC into its extensive "BHU Plus" and Rural Health Centre (RHC) network, ensuring that vulnerable rural populations have access to this life-saving intervention. Our operational performance in 2025 demonstrates a robust commitment to KMC implementation.



### COMPONENTS OF THE KMC INTERVENTION

The KMC intervention, as implemented by PPHI Sindh, comprises several critical components:

- **Continuous Skin-to-Skin Contact:** This involves placing the baby in an upright position directly on the mother's (or father's) bare chest, providing essential warmth and regulating the infant's heart rate and breathing.
- **Exclusive Breastfeeding:** KMC strongly promotes the early initiation and continuation of exclusive breastfeeding, which delivers critical antibodies and nutrients vital for preventing infections, particularly sepsis.
- **Early Discharge & Follow-up:** The program facilitates earlier discharge from health facilities by empowering mothers to confidently continue KMC care at home, supported by regular supervision from community health workers.
- **Continued Community KMC:** Mothers are encouraged to continue KMC practices at home and adhere to advised follow-up visit schedules to ensure sustained benefits.

### Key STATISTICS, 2025:

| S.No | Variable | Number |
|---|---|---|
| 1 | Total No. of new premature babies admitted in KMC | 13355 |
| 2 | Total No. of new LBW babies admitted in KMC | 25152 |
| 3 | Total No. of cases graduated from KMC in 02 weeks | 13642 |
| 4 | Total No of cases graduated from KMC in 04 weeks | 17880 |

REFERENCES & RESOURCE LINKS


- **WHO Clinical Practice Guide (2024):** Kangaroo Mother Care for Preterm/LBW Infants
- **UNICEF Pakistan (2025):** Scaling KMC to Save 150,000 Lives Annually
- **PPHI Sindh DHIS (Jan-Dec 2025):** Neonatal Care Indicators
- **The Lancet (2024):** Immediate KMC for Sick and Small Neonates - Trial Results

# HELPING BABIES BREATHE (HBB)

## GLOBAL AND NATIONAL CONTEXT

The first month of life remains the most vulnerable period for child survival globally. According to the latest data from WHO and UNICEF (2024-2025), approximately 2.3 million newborns died in 2023, a marginal decrease from 2.4 million in 2020. Despite this slight improvement, neonatal deaths continue to account for roughly 48% of all under-five deaths worldwide. Prematurity, birth asphyxia, and neonatal infections persist as the leading causes of mortality during the critical first 28 days of life.

Pakistan continues to bear a significant burden in this global challenge, maintaining one of the highest neonatal mortality rates (NMR) in South Asia. Recent estimates place the NMR at approximately 40–42 per 1,000 live births, contributing to nearly 7% of global newborn deaths. This alarming statistic underscores the urgent necessity for scaled interventions such as the Helping Babies Breathe (HBB) program, specifically designed to address birth asphyxia, a primary contributor to early neonatal mortality.

## PPHI SINDH: IMPACT AND INITIATIVES

PPHI Sindh is at the forefront of enhancing maternal and neonatal health outcomes across the province. By managing an extensive network of over 1,440 health facilities, including 350 BHU Plus and 46 RHCs, PPHI Sindh has substantially increased access to skilled birth attendance, particularly in rural and underserved areas.

## KEY ACHIEVEMENTS:

The HBB initiative has proven vital in saving newborn lives. Last year, 13,951 newborns were successfully resuscitated through timely airway clearance and life-saving ventilation using the bag-and-mask technique.



| S.No | Variable | Number |
|---|---|---|
| 1 | Birth Asphyxia cases recovered with CC airway | 7484 |
| 2 | Birth asphyxia cases recovered with bag & Mask | 6467 |

## STRATEGIC FRAMEWORK

The "HBB" curriculum is strategically centered on the "Golden Minute"—the crucial first 60 seconds after birth during which a baby must initiate breathing independently or receive immediate assistance. PPHI Sindh ensures that every birth attendant within its extensive network is rigorously trained in these life-saving skills, thereby equipping them to respond effectively to birth asphyxia.


REFERENCES & RESOURCE

- **UNICEF Child Mortality Report (March 2025):** UNIGME 2024/2025 Child Mortality Data
- **WHO Neonatal Mortality Indicators:** WHO Global Health Observatory - Neonatal Mortality
- **UNICEF Pakistan Annual Report 2024:** State of Children in Pakistan
- **PPHI Sindh Monthly Progress Reports (2025):** PPHI Sindh Performance Bulletins
- **The Lancet - Neonatal Mortality in Rural Pakistan:** Cross-sectional Analysis on Predictors and Disparities

# INTEGRATED MANAGEMENT OF NEWBORN AND CHILDHOOD ILLNESS (IMNCI) & POSSIBLE SERIOUS BACTERIAL INFECTION (PSBI)

## GLOBAL BURDEN AND TECHNICAL CONTEXT

Childhood infections continue to be a leading cause of mortality worldwide. According to the latest data from WHO and UNICEF (2024–2025), over 500,000 newborns die annually from serious bacterial infections (SBI), such as sepsis, meningitis, and pneumonia, within the first 59 days of life. The challenge of Possible Serious Bacterial Infection (PSBI) is particularly acute in resource-limited settings. While referral to a hospital is the gold standard for treating sick young infants, nearly 60% of families in these regions are unable to access or accept referral due to significant financial, logistical, or social barriers. The Integrated Management of Newborn and Childhood Illness (IMNCI) strategy, developed by WHO and UNICEF, provides a structured, integrated approach to triage children under five into three distinct categories: Urgent Referral (Red), Treat in Clinic (Yellow), and Treat at Home (Green).

## SITUATION IN PAKISTAN

Pakistan continues to grapple with high rates of neonatal and under-five mortality, with infectious diseases being major contributors to this burden. Neonatal sepsis alone accounts for approximately 20% of neonatal deaths in the country. In rural Sindh, the significant distances to secondary care facilities often lead to critical delays in treatment, turning manageable infections into fatal cases. In response, the government, with the support of UNICEF, has set a national target to institutionalize PSBI management in all primary healthcare facilities by the end of 2025, a crucial step toward meeting the Sustainable Development Goal (SDG) 3.2 targets.



## PPHI SINDH STRATEGY: SCALING PSBI AND IMNCI

PPHI Sindh has been instrumental in transforming the management of childhood illness from a centralized, hospital-based model to a decentralized, community-linked primary health care (PHC) framework.

### A. The Thatta Pilot Success

In a landmark collaboration with Aga Khan University (AKU) and the Sindh Maternal, Newborn, and Child Health (MNCH) Department, PPHI Sindh successfully piloted WHO-adapted PSBI guidelines in the Thatta district. This pilot program trained healthcare providers to use a simplified antibiotic regimen (Injectable Gentamicin + Oral Amoxicillin) when hospital referral was not feasible. The impact was profound, demonstrating a significant increase in the survival rate of young infants with sepsis and leading to the strategic decision for a province-wide scale-up of the program.

### B. Province-Wide Scaling (27 Districts)

As of February 2025, PPHI Sindh has successfully integrated IMNCI and PSBI protocols across its entire network of health facilities. This comprehensive scaling effort includes:

- **Facility Readiness:** 350 BHU Plus facilities are now fully equipped with IMNCI assessment tools, color-coded charts for easy reference, and essential PSBI antibiotic kits.
- **Community Health Worker (CHW) Integration:** CHWs in selected health facilities have been trained to identify critical "Danger Signs" (such as fast breathing, convulsions, and hypothermia) during home visits, ensuring early detection and intervention at the community level.

## TECHNICAL FRAMEWORK: IMNCI-PSBI SYNERGY

PPHI Sindh ensures that the "Syndromic Approach" of IMNCI is strictly adhered to, a measure aimed at preventing the irrational use of antibiotics and combating the growing threat of antimicrobial resistance (AMR).

**The triage and action protocol is as follows:**

| Triage Category | Action Required | PPHI Sindh Protocol |
|---|---|---|
| Urgent Referral (Red) | Pre-referral dose and immediate transfer | 24/7 Ambulance support to CEmONC/RHC |
| Treat in Clinic (Yellow) | Specific treatment and counseling; PSBI Simplified Regimen (if referral failed) | Administer treatment and provide counseling at the facility |
| Treat at Home (Green) | Home management and follow-up | CHW community follow-up within 48 hours |

## TECHNICAL FRAMEWORK: IMNCI-PSBI SYNERGY

PPHI Sindh ensures that the "Syndromic Approach" of IMNCI is strictly adhered to, a measure aimed at preventing the irrational use of antibiotics and combating the growing threat of antimicrobial resistance (AMR). The triage and action protocol is as follows:


| Triage Category | Action Required | PPHI Sindh Protocol |
|---|---|---|
| Urgent Referral (Red) | Pre-referral dose and immediate transfer | 24/7 Ambulance support to CEmONC/RHC |
| Treat in Clinic (Yellow) | Specific treatment and counseling; PSBI Simplified Regimen (if referral failed) | Administer treatment and provide counseling at the facility |
| Treat at Home (Green) | Home management and follow-up | CHW community follow-up within 48 hours |


## CHALLENGES AND FUTURE OUTLOOK

Despite the significant progress, challenges remain. Antimicrobial Resistance (AMR) is a growing concern, and PPHI Sindh is focused on ensuring that antibiotics are administered only after strict IMNCI classification to promote responsible use. Additionally, referral compliance continues to be a challenge, particularly in remote areas like Tharparkar, where the "second delay" (reaching the facility) persists. This necessitates the further strengthening of the 24/7 ambulance network to ensure timely access to higher-level care.


REFERENCES & VERIFIED RESOURCES (2024-2025)

- **WHO Guideline (2024):** Managing Possible Serious Bacterial Infection (PSBI) in Young Infants
- **UNICEF Child Survival Data (2025):** Neonatal and Under-Five Mortality Trends
- **The Lancet Global Health (2024):** Simplified Antibiotic Regimens for PSBI: A Multi-Country Analysis
- **PPHI Sindh data (Feb 2025):** IMNCI and PSBI Monthly Coverage Statistics

# 24/7 SINGLE MIDWIFE (SMW) LED BIRTHING STATIONS: A BRIDGE TO SAFE MOTHERHOOD

## INTRODUCTION: PUTTING WOMEN AT THE CENTRE OF CARE

PPHI Sindh operates on the fundamental belief that every woman deserves a safe, dignified, and supported journey into motherhood, irrespective of her geographical location. In its pursuit of Universal Health Coverage (UHC), PPHI Sindh has successfully transitioned towards Midwifery Models of Care—a strategy consistently recommended by WHO as one of the most cost-effective approaches to optimize health outcomes for both mothers and newborns while minimizing unnecessary medical interventions.

As defined by WHO (2024), a midwifery model of care is characterized by a person-centered, respectful, and high-quality approach delivered by licensed midwives who operate autonomously. By fostering a deep bond between the woman and her caregiver, PPHI Sindh ensures that care is provided with empathy and clinical excellence, spanning from the first prenatal visit through to the postnatal period.

## THE CHALLENGE: REACHING THE "LAST MILE"

While Sindh has made significant strides in maternal health, many families in underserved and remote regions continue to encounter the "triple threat": distance to health facilities, limited financial resources, and a critical shortage of skilled personnel during crucial hours. Traditional three-shift midwife deployment models often prove unsustainable in these remote areas due to the scarcity of human resources.

To effectively address this persistent gap, PPHI Sindh pioneered the 24/7 Single Midwife (SMW) Led Birthing Station. This innovative model optimizes the reach and impact of trained midwives by strategically placing them at the heart of selected communities, thereby ensuring that professional help is consistently accessible.

## THE SMW MODEL: A COMMITMENT BEYOND THE CLOCK

The SMW model is meticulously built upon the pillars of trust, accessibility, and continuity of care. Unlike standard clinical shifts that can often feel impersonal, this model enables a dedicated midwife to reside within or remain on-call for her specific community, fostering a deeper connection and understanding of local needs.

- **Holistic Morning Care:** Midwives focus on routine clinical care, antenatal check-ups, and community outreach activities to build trust and rapport with expectant mothers.
- **Continuous Vigilance:** Midwives remain on-call for evening and night shifts, acknowledging the unpredictable nature of childbirth and ensuring immediate response.
- **Incentivized Excellence:** PPHI Sindh empowers these dedicated professionals through performance-based incentives, recognizing that every safe delivery represents a significant victory for the community and a testament to their tireless efforts.

## IMPACT: TRANSFORMING DATA INTO LIFE

The year 2025 marked a significant milestone for the SMW initiative. What began as a pilot in 2021 has matured into a robust network of 49 SMW-led stations strategically located across all districts of Sindh. The data from 2025 reflects the deep level of community trust earned by these dedicated midwives.

## KEY PERFORMANCE INDICATORS

The 24/7 availability of PPHI Sindh midwives ensures that life-saving care is accessible whenever labor begins—whether in the heat of the afternoon or the silence of midnight.



# Success STORY

## BHU Plus Rasaldar, PPHI District Kashmore

In 2016, BHU Plus Rasaldar was established as a single midwifery center, operating with limited facilities and resources. During its initial phase, the center recorded only two Normal Vaginal Deliveries (NVDs), a clear reflection of low service utilization and minimal community access to essential maternal health services.However, through the exceptional dedication, continuous hard work, and unwavering professional commitment of the resident Midwife, the center gradually earned the profound trust of the community. Her consistent presence, provision of quality care, and tireless efforts played a pivotal role in significantly strengthening maternal health services at the facility.



As a direct result of this improved performance and the increasing community demand for its services, BHU Plus Rasaldar was upgraded to a 24/7 Midwifery Center in 2021, ensuring round-the-clock availability of safe delivery and comprehensive maternal care services.

Today, the remarkable transformation of this center is evident. The number of Normal Vaginal Deliveries has surged dramatically from 2 to 142, showcasing not only enhanced service delivery but also the community's growing confidence in the facility and its dedicated staff.

This inspiring journey highlights how a single midwifery center, empowered by dedication and perseverance, can evolve into a high-performing maternal health facility, contributing meaningfully to improved maternal and newborn health outcomes in even the most challenging environments.

# SECONDARY CARE *Services*



# EXECUTIVE SUMMARY

PPHI Sindh continues its steadfast commitment to transforming healthcare delivery across Sindh province by strengthening and scaling up secondary-level health services. Through strategic facility upgrades, specialized service expansion, and comprehensive capacity building, PPHI Sindh has successfully bridged the critical gap between primary care and tertiary services. This report documents significant achievements in maternal and neonatal care, diagnostic services, emergency response, and specialized clinical programs that have collectively improved access to quality healthcare for underserved rural communities throughout the province during the reported period.

## 01

## INTRODUCTION AND ORGANIZATIONAL CONTEXT

### Background

Over the years, PPHI Sindh has remained committed to serving the people of Sindh, particularly those in underserved rural areas that previously lacked readily available medical services. This transformative work has been made possible through continued partnership with the Government of Sindh and the dedication of healthcare professionals across the province.

### Strategic Approach to Secondary Care Development

In alignment with its commitment, PPHI Sindh has successfully strengthened and scaled up healthcare service delivery by upgrading selected primary care centers to fully functional secondary-level health facilities. These upgraded centers now provide a comprehensive range of specialized services, including:

- **Specialized medical care**
- **Emergency services**
- **Obstetric and Neonatal services**
- **Comprehensive surgical support including caesarean section procdures**
- **Dental Clinics**
- **Ophthalmology Clinics**
- **Diagnostic and laboratory services**
- **Blood transfusion services**
- **Physiotherapy Clinics**

Beyond clinical service provision, these facilities serve as hubs for ongoing clinical training and capacity building, ensuring that healthcare professionals are equipped with the knowledge and skills necessary to deliver high-quality emergency and specialist care. This comprehensive approach reflects PPHI Sindh's unwavering commitment to closing gaps in essential health services and supporting broader regional health priorities.



# 02

## UNDERSTANDING SECONDARY CARE IN THE PPHI SINDH CONTEXT

### Definition and Strategic Importance

Secondary healthcare serves as a vital intermediate level within the health system, bridging the critical gap between basic primary care and highly specialized tertiary services. Unlike primary care, which focuses on first-contact preventive, promotive, and basic curative services, secondary health care provides specialized clinical services, diagnostics, emergency treatment, and inpatient care for conditions that exceed the scope of primary facilities.

Secondary care encompasses specialist consultations, hospital-based treatments, emergency obstetric and surgical care (including caesarean sections), comprehensive diagnostic imaging and laboratory services, and management of acute medical conditions that cannot be handled at the primary level. Operating at the first referral level through upgraded district and tehsil health facilities, secondary care ensures that patients receive timely and appropriate interventions before escalation to tertiary care if needed.

### System-Level Impact

This tier of care plays a crucial role in reducing the burden on tertiary institutions, expanding access to essential services closer to communities, and contributing to a more efficient, patient-centered continuum of care across the health system. By strategically positioning secondary services within the PPHI Sindh health facilities, the organization has enhanced healthcare accessibility while optimizing resource utilization across the province.

# 03

## CLINICAL SERVICES AND OUTCOMES

### 3.1 Maternal and Neonatal Health Services

**Comprehensive Emergency Obstetric and Neonatal Care (CEmONC)**

Among PPHI Sindh's upgraded health facilities, 16 centers are now fully designated as Comprehensive Emergency Obstetric and Neonatal Care (CEmONC) facilities, providing essential lifesaving services to mothers and newborns. This network operates on a tiered schedule designed to maximize service availability while ensuring optimal resource allocation:

- **24/7 Operations:** 4 centers provide round-the-clock CEmONC services, including emergency obstetric care, caesarean sections, blood transfusions, and newborn interventions
- **12/6 Schedule:** 2 centers operate on extended shifts to accommodate peak demand periods
- **6/6 Schedule:** Remaining facilities deliver comprehensive care during standard operational hours.

Regardless of the CEmONC staffing schedule, all centers ensure that routine services, such as labor room operations and emergency care are available 24 hours a day, ensuring no pregnant woman or newborn is turned away during emergencies.

**Service Volume and Impact**

During the reporting year, PPHI Sindh successfully provided services to a significant number of pregnant women and newborns, saving precious lives that may otherwise have been lost or endangered due to long travel distances and delays in accessing specialized care. The scale of impact is reflected in the following service statistics:

| Service | Number of Cases |
|---|---|
| Total Deliveries | 80,503 |
| Caesarean Sections Performed | 20,853 |

These figures represent the volume of services delivered and the profound impact on maternal and child survival, particularly for women in remote and underserved communities who previously had limited access to emergency obstetric care.

### 3.2 Neonatal Screening for Congenital Hypothyroidism

**Clinical Significance and Public Health Impact**

Congenital hypothyroidism (CH) is a condition present at birth in which the thyroid gland is underactive or absent, leading to insufficient production of thyroid hormones essential for normal growth, brain development, and metabolism. If undetected and untreated, congenital hypothyroidism can result in severe developmental delays, intellectual disability, stunted growth, and other long-term health complications.

Early identification through neonatal screening and timely initiation of treatment with thyroid hormone replacement can prevent these irreversible consequences and enable affected children to achieve normal physical and cognitive development. Because most newborns with congenital hypothyroidism appear healthy at birth, systematic screening is essential to detect the condition early and prevent irreversible damage.

**Program Implementation**
PPHI Sindh, in collaboration with the Sindh Institute of Child Health and Neonatology (SICHN), has initiated a comprehensive neonatal screening program for congenital hypothyroidism. Beginning with targeted screening at two health facilities, the program aims to scale up screening services across all health facilities in the province.

Under this program, newborns are screened using standardized laboratory tests shortly after birth. Infants identified with abnormal results are promptly referred for confirmatory testing and initiation of treatment at specialized centers. The program includes comprehensive training of healthcare staff on sample collection, parental counseling, and follow-up care protocols, ensuring effective implementation and continuity of services.

**Future Expansion**
The expansion of neonatal screening services across Sindh will significantly enhance early identification of congenital hypothyroidism, reduce preventable developmental delays, and strengthen the overall quality of maternal and child health care. This initiative reflects PPHI Sindh's commitment to providing preventive, life-saving interventions and improving long-term health outcomes for children across the province.

## 3.3 Congenital Anomaly Detection & Referral Early Detection Initiative

**Early Detection Initiative**
Building on diagnostic capabilities, PPHI Sindh has initiated detection and tracking of congenital anomalies, ensuring early identification and timely referral for appropriate intervention. This proactive approach enables affected infants to receive specialized care at higher-level facilities, significantly improving their chances of survival and quality of life.

**Case Identification and Outcomes**
Over the past four months, several cases of congenital anomalies have been identified through PPHI Sindh diagnostic facilities and referred timely to tertiary care centers. The following anomalies were identified and managed:

| Congenital Anomaly | Number of Cases Identified |
|---|---|
| Neural Tube Defects | 172 |
| Cleft Lip | 13 |
| Cleft Palate | 9 |
| Club Foot | 12 |

Early detection of these conditions through secondary-level diagnostic services has enabled affected infants to receive appropriate treatment at an early stage, significantly improving their chances of survival and quality of life.

# 04
# DIAGNOSTIC SERVICES

## 4.1 Ultrasound Services

**Service Expansion and Clinical Impact**
At secondary-level health facilities, significant efforts have been made to improve the quality of care through the provision of comprehensive diagnostic services. With the support of expert sonologists, timely diagnosis of obstetric cases has been ensured, enabling prompt referral of high-risk patients. As a result, many cases have been effectively managed, leading to improved outcomes and lives saved.

| Service | Number of Cases |
|---|---|
| Total Ultrasound Examinations | 386,467 |

The high volume of ultrasound services reflects the critical importance of diagnostic imaging in identifying complications early and enabling timely clinical interventions. This diagnostic capacity has been instrumental in reducing maternal and perinatal morbidity and mortality across the PPHI Sindh network.



## 4.2 Imaging Services (X-Ray)

**Diagnostic Capability and Emergency Response**

At PPHI Sindh secondary-level health facilities, X-ray services are available to manage critical emergencies such as acute pneumonia and road traffic accidents, as well as for the detection of tuberculosis. The availability of X-ray services is a valuable addition to PPHI Sindh health facilities, as it enables physicians to make timely diagnoses and provide appropriate treatment, thereby improving access to quality care for the local population.

| Service | Number of Cases |
|---|---|
| Total X-Ray Examinations | 147,956 |

Over the years, the substantial number of X-ray examinations performed has contributed significantly to improved diagnostic accuracy, enhanced quality of care, and better clinical outcomes for the communities served.



## 4.3 Electrocardiography (ECG) Services

**Cardiac Care and Emergency Management**

The availability of ECG services is a valuable addition to PPHI Sindh health facilities, as it enables physicians to promptly diagnose and manage cardiac conditions, including acute chest pain and suspected myocardial infarction. Clinically, timely ECG assessment plays a critical role in early risk stratification, initiation of life-saving treatment, and appropriate referral of patients with serious cardiac conditions.

Over the past years, ECG machines have been provided at multiple Rural Health Centers (RHCs) under PPHI Sindh's management, along with comprehensive capacity-building of healthcare staff through training on ECG interpretation and management of critical conditions. As a result, ECG services have been effectively utilized, contributing to early detection of cardiac abnormalities, improved clinical decision-making, and enhanced quality of care for the local population.

# 05
# EMERGENCY AND SUPPORT SERVICES

### Emergency Department Operations

The Emergency Department plays a crucial role in managing critical cases and providing life-saving interventions. PPHI Sindh remains committed to improving healthcare services and ensuring quality care for the population. To this end, emergency services are available 24/7 at a significant number of secondary-care facilities, offering immediate assessment, stabilization, and timely referral of patients to centers where specialized care can be provided.

## Service Scope and Clinical Management

The emergency department manages a wide range of critical conditions, including road traffic accidents, acute respiratory illnesses, cardiac emergencies, obstetric complications, and other life-threatening situations. The availability of essential diagnostic services such as X-ray, ECG, and laboratory investigations has significantly strengthened emergency care by enabling rapid diagnosis and informed clinical decision-making.

**Capacity Building and Quality Assurance**

Capacity building of emergency staff through regular training in basic life support, triage, and management of acute conditions has enhanced both the quality and efficiency of services. Well-established referral linkages with tertiary care facilities ensure timely transfer of patients requiring advanced interventions. Overall, these emergency services have contributed substantially to reducing treatment delays, improving patient outcomes, and strengthening community trust in hospital-based care.



# 06

## SPECIALIZED CLINICAL SERVICES

### 6.1 Dental Services

**Comprehensive Oral Healthcare**
Dental health is a vital component of overall well-being, and PPHI Sindh is committed to providing accessible, quality oral healthcare at the secondary care level. Dental clinics established in PPHI facilities offer a wide range of preventive, diagnostic, and therapeutic services to the local population.

**Service Offerings**
Services include routine dental examinations, scaling and polishing, extraction of teeth, management of dental pain and infections, and oral health education. These services help prevent the progression of dental diseases, reduce complications, and promote long-term oral hygiene practices within the community.

**Quality Standards and Community Impact**
Dental clinics are staffed with trained dental professionals who follow standard infection control protocols and use modern equipment to ensure safe and effective care. Through patient counseling and community awareness programs, the clinics also emphasize the importance of preventive oral care, particularly among children and vulnerable populations. The establishment of dental services at secondary care facilities has not only improved access to oral healthcare but has also contributed to early detection and management of dental problems, reduced referrals to tertiary centers, and enhanced the overall health outcomes of the population served.



### 6.2 Ophthalmology Services

**Vision Care and Prevention**
PPHI Sindh is committed to improving eye health and preventing vision-related disabilities by providing comprehensive eye care services at secondary care facilities. Eye clinics have been established to offer accessible, quality care to patients from both urban and rural communities.

**Service Scope and Surgical Interventions**
The clinics offer a comprehensive range of services, including routine eye examinations, diagnosis and management of refractive errors, cataract screening, treatment of common eye infections and injuries, and referral to higher-level facilities for advanced ophthalmic care when necessary. Preventive care is a key focus, with patient counseling, health education, and early detection of eye diseases forming an integral part of service delivery. Currently, cataract surgeries are being performed at select PPHI Sindh health facilities, significantly contributing to the provision of quality eye care in underserved areas.

**Community Impact**
The availability of these services at secondary care facilities reduces the need for patients to travel long distances for eye care and ensures early detection and management of vision-threatening conditions, thereby improving quality of life and productivity in affected communities.

### 6.3 Physiotherapy Services

**Rehabilitative Care Integration**
During the reporting year, PPHI Sindh initiated physiotherapy services at five health centers to strengthen rehabilitative care at the secondary healthcare level. The services address common musculoskeletal, neurological, and post-traumatic conditions and are integrated into routine outpatient care.

**Service Delivery and Outcomes**
Trained staff and essential equipment enable effective service delivery, improving patient access to rehabilitation and reducing referrals to higher-level facilities. The initiative has contributed to improved patient outcomes, increased patient satisfaction, and a more comprehensive healthcare model. Plans for further strengthening and expansion of physiotherapy services are underway to enhance rehabilitative capacity across PPHI Sindh.

07

# Impact AND OUTCOMES

The secondary care services expansion at PPHI Sindh has delivered measurable improvements across multiple dimensions:

**Enhanced Access to Quality Care:** Upgraded facilities and expanded service offerings have brought specialized care closer to rural and underserved communities, reducing travel burden and treatment delays.

**Improved Health Outcomes:** The combination of emergency services, diagnostic capabilities, and specialized clinical services has contributed to reduced maternal and child mortality, early detection of life-threatening conditions, and improved management of chronic diseases.

**Strengthened Health System:** The development of secondary care capacity has reduced burden on tertiary institutions while improving the efficiency and responsiveness of the overall health system.

**Community Trust and Engagement:** Quality services delivered at accessible locations have strengthened community confidence in facility-based care and improved health-seeking behavior.

**Professional Development:** Ongoing training and capacity building of healthcare staff have enhanced clinical competencies and service quality across the PPHI Sindh health facilities.

## CONCLUSION

PPHI Sindh's secondary care services represent a significant investment in strengthening the healthcare system and improving health outcomes for the people of Sindh. Through systematic facility upgrades, specialized service expansion, and comprehensive capacity building, the organization has successfully bridged critical gaps in healthcare access. The achievements documented in this report demonstrate strong implementation progress and the commitment of all stakeholders to providing quality, equitable healthcare. As PPHI Sindh continues to expand and strengthen secondary care services, it is positioned to deliver meaningful improvements in health outcomes while contributing to broader provincial health system strengthening objectives.



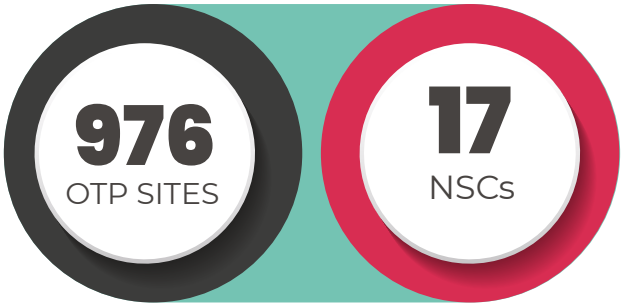
# NUTRITION *Wing*



# COMMUNITY-BASED NUTRITION SERVICES

Malnutrition remains a significant public health challenge in Sindh, disproportionately affecting children under five years of age and pregnant and lactating women. The burden of undernutrition is influenced by multiple interrelated factors, including poverty, food insecurity, suboptimal infant and young child feeding practices, challenges in access to quality healthcare services, and inadequate access to safe drinking water and improved sanitation.

National and provincial nutrition assessments indicate persistently high levels of stunting, wasting, and micronutrient deficiencies, which continue to undermine child survival, cognitive development, and long-term human capital formation. In response, the Government of Sindh has prioritized nutrition as a key component of its public health and development agenda and is implementing nutrition-specific and nutrition-sensitive interventions in collaboration with development partners.




Within this framework, PPHI Sindh serves as a key implementation arm for the delivery of integrated, community-based nutrition services, with a focus on vulnerable populations. These efforts contribute directly to provincial and national objectives for reducing malnutrition and strengthening primary healthcare across Sindh.

## Core Functions of the Nutrition Services, PPHI Sindh

PPHI Sindh continues to strengthen and expand integrated nutrition services to prevent, identify, and manage malnutrition among vulnerable children, ensuring timely access to quality care across primary healthcare facilities.

## Services Delivered at Outpatient Therapeutic Programme (OTP) Sites

- **Nutritional Assessment:**
  Systematic assessment of the acute malnutrition status of children aged 6–59 months through standardized screening and growth monitoring protocols.

- **Management of Severe Acute Malnutrition (SAM):**
  Provision of outpatient therapeutic care for children with severe acute malnutrition without medical complications through Outpatient Therapeutic Programme (OTP) sites.

- **Community Awareness Activities:**
  Conduct of awareness sessions at the facility level focusing on nutrition, breastfeeding, dietary diversity, and healthy practices.

- **Therapeutic Nutrition Support:**
  Provision of Ready-to-Use Therapeutic Food (RUTF) to eligible children as per treatment protocols.

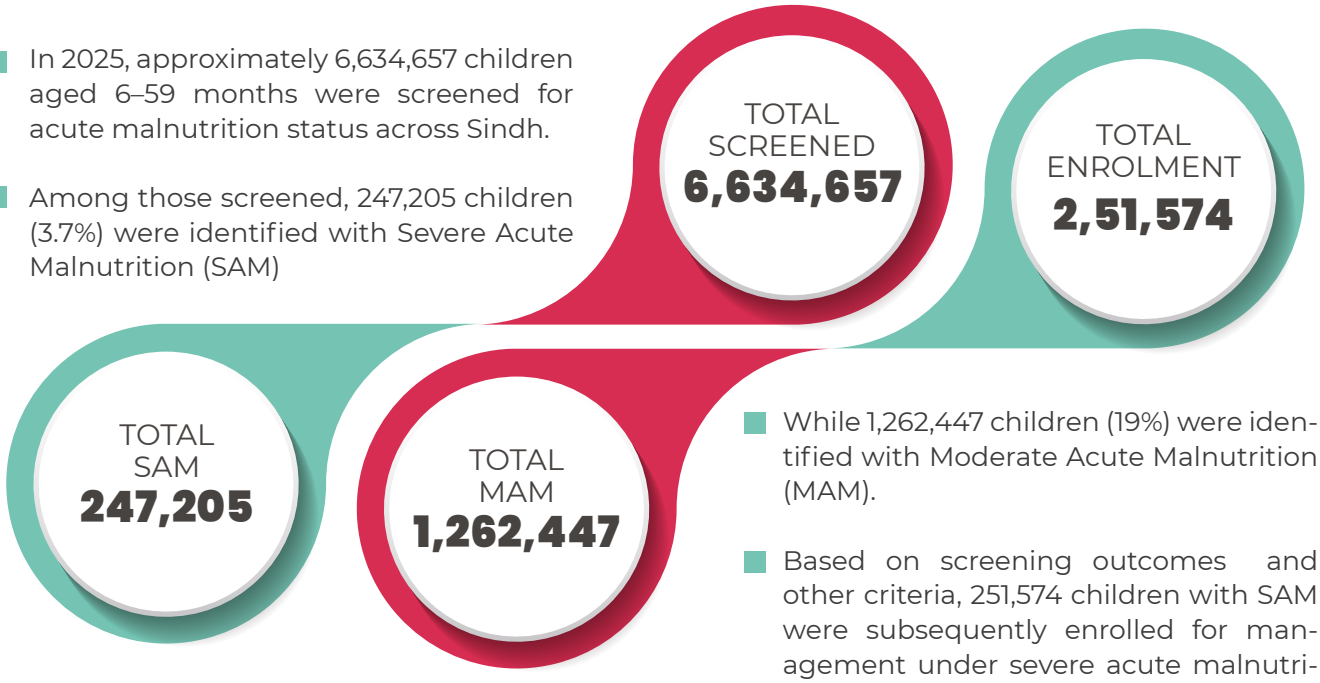
- **Service Integration:**
  Mainstreaming nutrition interventions within primary healthcare systems to support holistic service delivery.

- **Referral Services:**
  Timely referral of children with medical complications or poor treatment response to Nutrition Stabilization Centres (NSCs) for inpatient care.

- **Growth Monitoring:**
  Ongoing monitoring of child growth to track recovery and prevent relapse.

# KEY NUTRITION SERVICE COVERAGE AT OTP SITES

- In 2025, approximately 6,634,657 children aged 6–59 months were screened for acute malnutrition status across Sindh.
- Among those screened, 247,205 children (3.7%) were identified with Severe Acute Malnutrition (SAM)




- While 1,262,447 children (19%) were identified with Moderate Acute Malnutrition (MAM).
- Based on screening outcomes and other criteria, 251,574 children with SAM were subsequently enrolled for management under severe acute malnutrition treatment services.

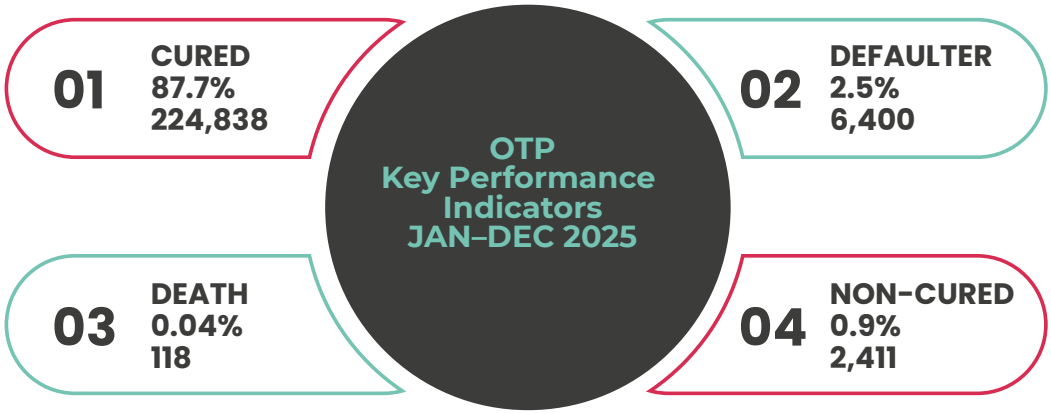






# PROGRAM OUTCOMES

- The program achieved a cure rate of 87.7% (224,838 children), exceeding the minimum acceptable standard of 75% as per national CMAM Guideline performance benchmarks.
- 12,270 children (4.8%) were referred to Nutrition Stabilization Centres (NSCs) for inpatient management of medical complications.
- 6,400 children (2.5%) defaulted from treatment during the reporting period.
- Overall program performance remained within acceptable quality thresholds, with a low default rate of 2.5% and a mortality rate of 0.05%.



# KEY NUTRITION SERVICE COVERAGE AT OTP SITES

| 144 | 253 | 183 | 160 | 157 | 79 |
|---|---|---|---|---|---|
| REGION HYDERABAD | REGION LARKANA | REGION MIRPURKHAS | REGION SBA | REGION SUKKUR | REGION KARACHI |
| OTP SITE 2025 | OTP SITE 2025 | OTP SITE 2025 | OTP SITE 2025 | OTP SITE 2025 | OTP SITE 2025 |

# NUTRITION STABILIZATION CENTRES COVERAGE AND OUTCOMES

PPHI Sindh has established 17 Nutrition Stabilization Centres (NSCs) across Sindh to provide specialized inpatient care for children under five years of age suffering from severe acute malnutrition, particularly those presenting with medical complications. These centres form a critical component of the continuum of care, ensuring timely stabilization and recovery through intensive medical management and therapeutic nutrition.

Services at NSCs include clinical assessment and close monitoring, management of medical complications, and provision of therapeutic feeding, including F-75 and F-100 milk, in accordance with approved national and international treatment protocols. Through these interventions, NSCs contribute significantly to improving survival rates and health outcomes among the most vulnerable children.



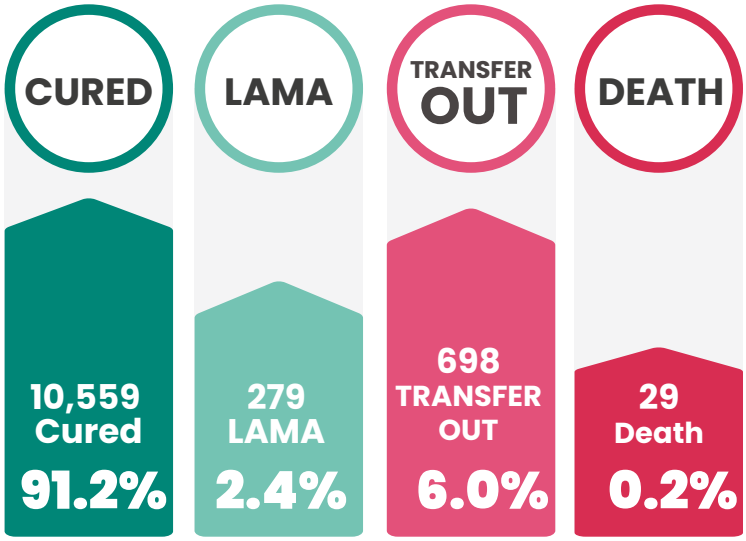



During the reporting period, a total of 11,594 children suffering from Severe Acute Malnutrition (SAM) with medical complications were admitted to Nutrition Stabilization Centres (NSCs) for inpatient care. Of these, 10,559 children (91.2%) were successfully treated and discharged as cured.

A total of 279 children (2.4%) left against medical advice (LAMA), while 698 children (6.0%) were referred or transferred to other healthcare facilities for further management. 29 children (0.2%) were recorded as deceased during the reporting period.

Overall program outcomes demonstrate strong performance, with the cure rate significantly exceeding the Sphere minimum standard of 75% for inpatient management of severe acute malnutrition. These results reflect effective clinical management, adherence to approved treatment protocols, and the sustained functionality of NSC services implemented by PPHI Sindh.

# NUTRITION STABILIZATION CENTRES
## Key Performance Indicators | 2025












## HEALTH EDUCATION AND AWARENESS SESSIONS

PPHI Sindh Nutrition Services conducted health awareness sessions aimed at enhancing community understanding of preventive healthcare practices. These sessions focused on key thematic areas, including maternal and child health, nutrition, hygiene, and disease prevention.
Nutrition Assistants and Infant and Young Child Feeding (IYCF) Counselors facilitated interactive discussions with participants, emphasizing the importance of regular health check-ups, appropriate feeding practices, and the adoption of healthy daily behaviors. These initiatives reflect PPHI Sindh's continued commitment to strengthening health literacy and promoting community well-being across service areas.

## HEALTH AND NUTRITION SESSION

JAN-DEC-2025

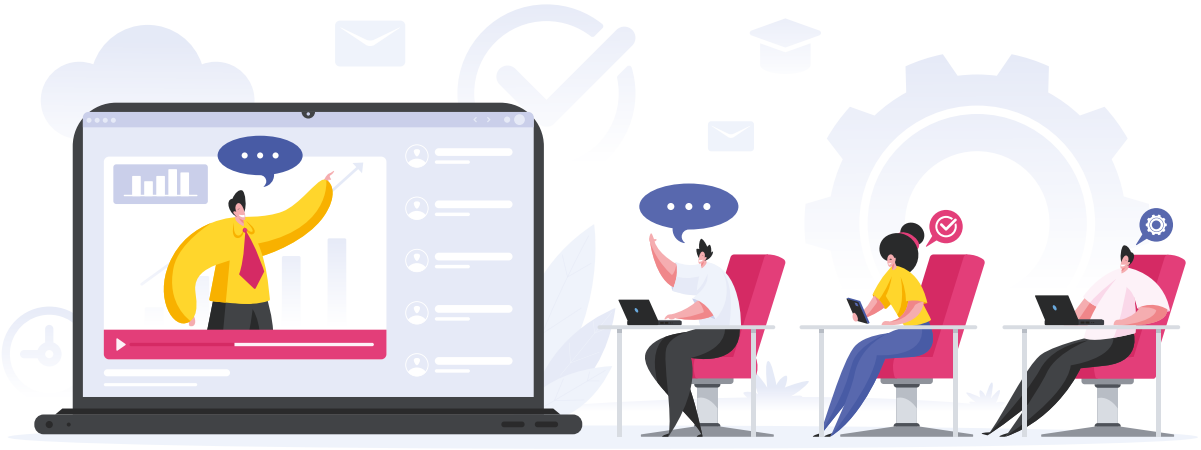
**IYCF SESSIONS**
**422,458**

**HEALTH & HYGIENE SESSIONS**
**540,468**

**ANC, PNC & TD VACC COUNSELING**
**266,716**

**PARTICIPANTS**
**2,096,887**

# STRENGTHENING STAFF CAPACITY AND SKILLS



PPHI Sindh Nutrition Services conducted capacity-building training sessions for healthcare staff to enhance professional competencies and support the delivery of quality nutrition and healthcare services. The sessions covered key areas, including clinical management, data reporting, community engagement, and patient care, in line with updated guidelines and protocols.Through interactive discussions and practical exercises, participants strengthened their understanding of best practices and standardized service delivery approaches. This initiative reflects PPHI Sindh's continued commitment to workforce development and the improvement of health and nutrition outcomes across the province.







# SUCCESS Stories

## Hamdan S/O Shahid
DHQ TMK

The child was brought to the Outpatient Therapeutic Programme (OTP) site in a visibly weak and fragile condition. Upon assessment, the Nutrition Assistant observed generalized muscle wasting, prominent ribs, and other clear signs of Severe Acute Malnutrition (SAM). The child's overall hygiene was also poor, with untrimmed nails and unclean clothing, reflecting a lack of awareness about basic childcare practices. Recognizing the severity of the condition, the Nutrition Assistant immediately enrolled the child in the OTP and administered the routine medical treatment, along with the provision of Ready-to-Use Therapeutic Food (RUTF) to support rapid nutritional recovery. In addition to treatment, the Nutrition Assistant counseled the child's mother on personal hygiene, proper childcare practices, and emphasized the critical importance of breastfeeding for the child's survival and growth. Initially, the mother, being influenced by superstitious beliefs, did not take the guidance seriously. However, as the child's condition failed to improve, she realized the importance of the Nutrition Assistant's advice. Gradually, she adopted the recommended practices and strictly followed the treatment protocol. As a result of timely intervention, consistent follow-up, and the mother's improved compliance, the child showed remarkable recovery and was successfully cured within a short span of time, transforming a case of despair into a story of hope and survival.


BEFORE


AFTER

# SUCCESS Stories

## Manahil D/O Ali Nawaz
MCHC Hajiani Fatima, Hyderabad

Manahil, a severely wasted child, was brought to the Outpatient Therapeutic Programme (OTP) site in a visibly weak and vulnerable condition. Upon thorough assessment, the Nutrition Assistant diagnosed her in accordance with the criteria of Severe Acute Malnutrition (SAM). The child's overall appearance reflected prolonged neglect, while her family's understanding of hygiene was extremely limited. Both parents presented with poor hygiene practices, further increasing the risk to the child's already fragile health. Recognizing the seriousness of the situation, the Nutrition Assistant immediately enrolled Manahil in the OTP and administered the routine medical treatment. She was also referred to the immunization programme to ensure protection against vaccine-preventable diseases. In addition to medical care, the Nutrition Assistant provided intensive counseling to Manahil's mother, emphasizing the importance of personal and household hygiene. The mother was given a practical demonstration of proper hand-washing techniques and was advised to boil drinking water, wash hands before preparing meals, and maintain hand hygiene after using the toilet. Unlike earlier practices, the mother followed the guidance with dedication and consistency. Her commitment to these instructions, along with regular treatment and follow-up, resulted in a visible and steady improvement in Manahil's health. Within a short period, the child regained strength and vitality, turning a critical case of malnutrition into a powerful story of recovery, awareness, and hope.


BEFORE


AFTER

# HEALTH & NUTRITION CAMPS

A medical camp was organized in Hyderabad in close coordination with the District Health Office (DHO) to provide essential medical and nutritional services to the local community. The camp witnessed active participation from community members, who availed themselves of free medical consultations, nutritional screening, and basic healthcare services. The initiative was arranged by PPHI Sindh as part of its continued commitment to reaching vulnerable and underserved populations. Qualified healthcare professionals conducted health assessments, provided treatment, and offered counseling on nutrition, hygiene, and preventive healthcare. Through this initiative, PPHI Sindh reaffirmed its dedication to strengthening primary healthcare services and improving health outcomes for communities most in need.



# DIGITALIZATION OF NUTRITION SERVICES – 2025




The official launching ceremony for the Digitalization of Nutrition Services was held in Sukkur, marking a significant milestone in strengthening nutrition service delivery systems. The event was chaired by the Chief Executive Officer of PPHI Sindh, Javed Ali Jagirani, and attended by the Director Nutrition, Dr. Sajid Shafique, the Senior Manager MIS, Akhtar Ali, along with senior officials and key stakeholders.

During the ceremony, the leadership formally inaugurated the digital system aimed at enhancing data management, monitoring, and reporting of nutrition services across supported facilities. In his address, the CEO underscored the importance of digital transformation in improving healthcare outcomes and reaffirmed PPHI Sindh's commitment to adopting innovative and technology-driven solutions to strengthen nutrition interventions across the province.

Subsequently, during May 2025, PPHI Sindh successfully operationalized the digital system across three districts, Jamshoro, Ghotki, and Sukkur, covering a total of 122 Outpatient Therapeutic Program (OTP) sites. This rollout marked a major advancement toward real-time data reporting, improved case tracking, and enhanced monitoring efficiency within the Nutrition Services framework.

The transition from manual reporting to digital platforms has significantly improved data accuracy, minimized reporting delays, and enabled timely evidence-based decision-making at both district and Head Office levels. Through the implementation of structured digital tools, frontline nutrition staff are now able to systematically record admissions, follow-ups, stock utilization, and treatment outcomes.
The digitalization of 122 OTP sites reflects PPHI Sindh's continued commitment to strengthening governance, accountability, and modernization of nutrition service delivery across the province.

# IMMUNIZATION WEEK







In alignment with its commitment to integrated primary healthcare and strengthened nutrition outcomes, PPHI Sindh commemorated Immunization Week across all district offices during the reporting period. The initiative underscored the importance of routine immunization in preventing vaccine-preventable diseases and its essential role in promoting child survival and improved nutritional status.

Comprehensive awareness sessions, community mobilization drives, and advocacy engagements were conducted to encourage parents and caregivers to ensure timely vaccination of eligible children. The observance also provided an opportunity to reinforce linkages between immunization and nutrition services, enabling simultaneous screening, counseling, and referral of at-risk and malnourished children during routine service delivery.

Through this province-wide initiative, PPHI Sindh reaffirmed its integrated service delivery approach, recognizing immunization and nutrition as mutually reinforcing interventions critical to safeguarding the health and well-being of vulnerable populations across Sindh.

# CELEBRATION OF BREASTFEEDING ACROSS SINDH

In observance of World Breastfeeding Week, a globally recognized initiative promoting optimal breastfeeding practices, PPHI Sindh marked the occasion across all district offices to reinforce the importance of breastfeeding for the healthy growth and development of infants.

Awareness sessions, counseling activities, and community engagement initiatives were conducted to educate mothers and caregivers on early initiation of breastfeeding, exclusive breastfeeding for the first six months, and appropriate infant and young child feeding practices. Health facility staff also provided guidance to address common challenges faced by mothers.

Through participation in this global campaign, PPHI Sindh reaffirmed its commitment to strengthening maternal and child nutrition and promoting evidence-based breastfeeding practices at both facility and community levels.



# PROJECTS WITH *Partners*






# BENAZIR NASONUMA PROGRAM

The Benazir Nashonuma Program (BNP) is Pakistan's flagship national initiative to prevent stunting and improve maternal and child nutrition during the critical first 1,000 days of life. Operating under the Benazir Income Support Program (BISP), the country's largest social protection platform, BNP integrates nutrition-specific and nutrition-sensitive interventions with conditional cash transfers to reach the most vulnerable households across nation.

In Sindh province, PPHI Sindh serves as the largest implementing partner of the Benazir Nashonuma Program, translating national policy into meaningful community-level impact across 24 districts. Through a network of 102 static Facilitation Centres, 24 mobile sites, and 75 dedicated Social and Behavior Change counselors, PPHI Sindh has established a comprehensive, integrated service delivery model that combines facility-based and community-based interventions to maximize program effectiveness and reach.

## PROGRAM OVERVIEW AND STRATEGIC CONTEXT

### National Initiative and Objectives

The Benazir Nashonuma Program is designed as an integral pillar of Pakistan's public health and social protection architecture, not as a parallel intervention. The Program embeds nutrition services within existing healthcare facilities while linking beneficiary eligibility to the BISP Kafalat registry to ensure systematic outreach to the most vulnerable women and children. This integrated approach significantly reduces service fragmentation, strengthens continuity of care from pregnancy through early childhood, and enhances efficiency by leveraging established health infrastructure and trained human resources.

### Multi-Sectoral Partnership Model

The Program's effectiveness is anchored in strong multi-sectoral partnerships that bring together diverse expertise and resources. The Benazir Income Support Program provides the social protection backbone, while the World Food Program (WFP), UNICEF, and the World Health Organization (WHO) contribute technical expertise, specialized nutrition commodities, systems strengthening, and global best practices. PPHI Sindh operationalizes these partnerships through a unified delivery model that aligns facility-based services, community outreach, supply chain management, and data reporting to ensure support is translated into consistent, high-quality services at the community and facility levels.

By operationalizing and implementing these partnerships through a unified delivery model, the Program demonstrates how integrated service delivery and strategic partnerships can multiply impact, accelerate progress toward national nutrition targets, and strengthen the overall resilience of Pakistan's health system.

# IMPLEMENTATION IN SINDH: THE ROLE OF PPHI SINDH

## IMPLEMENTATION IN SINDH:

In the province of Sindh, the programme is implemented at scale through PPHI Sindh, the largest implementing partner of the Benazir Nashonuma Programme in the region. PPHI is pivotal in translating national policy into meaningful community-level impact across 24 districts.

## OPERATIONAL FOOTPRINT IN SINDH:

PPHI Sindh uses an integrated facility- and community-based approach to ensure equitable access for both settled and hard-to-reach populations.

- Infrastructure: Operates 102 static Nashonuma Facilitation Centers and 24 mobile sites with dedicated staff lead by 24 District Project Officers.
- Community Outreach: A dedicated team of 75 Social and Behavior Change Communication (SBC) counselors works directly within communities.




| S. No | District | SBC Counselors | Number of FCs | |
|---|---|---|---|---|
| 1 | Badin | 6 | 7 | 0 |
| 2 | Dadu | 3 | 4 | 1 |
| 3 | Ghotki | 3 | 5 | 0 |
| 4 | Hyderabad | 1 | 2 | 0 |
| 5 | Jacobabad | 2 | 3 | 2 |
| 6 | Jamshoro | 2 | 3 | 1 |
| 7 | Karachi | 2 | 6 | 0 |
| 8 | Kashmore | 2 | 2 | 3 |
| 9 | Khairpur | 6 | 8 | 0 |
| 10 | Larkana | 3 | 5 | 0 |
| 11 | Matiari | 2 | 3 | 1 |
| 12 | Mirpurkhas | 4 | 5 | 2 |
| 13 | Naushahro Feroz | 3 | 5 | 1 |
| 14 | Qamber Shahdadkot | 4 | 6 | 0 |
| 15 | Sanghar | 5 | 6 | 1 |
| 16 | SBA | 3 | 4 | 2 |
| 17 | Shikarpur | 2 | 4 | 1 |
| 18 | Sujawal | 3 | 3 | 1 |
| 19 | Sukkur | 3 | 3 | 1 |
| 20 | Tando Allahyar | 2 | 3 | 1 |
| 21 | Tando Muhammad Khan | 2 | 2 | 1 |
| 22 | Tharparkar | 6 | 7 | 1 |
| 23 | Thatta | 3 | 3 | 1 |
| 24 | Umerkot | 3 | 3 | 3 |
| | **Total** | **75** | **102** | **24** |

This district-level distribution demonstrates PPHI Sindh's commitment to geographic equity, with Program presence in all 24 districts and strategic allocation of resources based on population needs and geographic challenges.

# PROGRAM IMPLEMENTATION FRAMEWORK

## FUNDING AND PARTNERSHIP STRUCTURE

The programme is primarily funded by Benazir Income Support Programme (BISP) and implemented through strategic partnerships with World Food Programme (WFP), UNICEF, and WHO with on-ground execution led by PPHI Sindh.

PPHI Sindh serves as the implementing partner, responsible for the operational delivery of programme interventions at the field level through Facilitation Centres (FCs) static and mobiles. The programme design brings together both facility-based and community-based components, which have now been fully integrated at the FC and Field level to maximize impact and service uptake.

## INTEGRATED SERVICE DELIVERY MODEL

The Program's effectiveness rests on a fully integrated service delivery model that combines facility-based and community-based components. Rather than operating as parallel interventions, these components are seamlessly integrated at the Facilitation Centre and field level to maximize impact and service uptake.

### Facility-Based Component

The facility-based component, led by WFP, focuses on the Health and Nutrition Conditional Cash Transfer (CCT) Program, which targets stunting prevention and the promotion of positive health-seeking behaviors among pregnant and breastfeeding women, adolescent girls, and caregivers of young children. This component leverages the existing health facility infrastructure to provide comprehensive nutrition services including screening, assessment, counseling, and commodity distribution.

### Community-Based Component

The community-based component, led by UNICEF, operates under the Gender and Nutrition Responsive Social Protection Program, aimed at reducing stunting and other forms of malnutrition among children, adolescents, and mothers in Sindh. This component emphasizes community engagement, social and behavior change communication, gender-responsive programming, and early childhood development activities.

### Integrated Implementation

Both components are fully integrated at Facilitation Centres and at the community level, enabling delivery of comprehensive stunting prevention services. PPHI Sindh implements both facility-based and community-based interventions through its deployed staff at Facilitation Centres and in communities, ensuring seamless coordination and complementarity between service delivery points.



# FACILITY-BASED SERVICE DELIVERY COMPONENT

## SERVICE MODEL AND OBJECTIVES

The facility-based component, operationalized by PPHI Sindh through the network of Facilitation Centres, focuses on stunting prevention and the promotion of positive health-seeking behaviors among pregnant and breastfeeding women, adolescent girls, and caregivers of young children. The component integrates nutrition services with health services, creating a continuum of care that addresses both preventive and curative nutrition needs.

## CORE SERVICE ACTIVITIES

**Beneficiary Verification and Enrolment:** PPHI Sindh staff verify and enrol eligile BISP beneficiaries into the Program through a dedicated Android application. This process includes referral of pregnant and lactating women to the Medical Officer for antenatal and postnatal care, documentation of Expanded Program on Immunization (EPI) coverage, and anthropometric assessment to establish baseline nutritional status. Throughout the enrolment process, PPHI Sindh ensures that beneficiary compliance with Program conditionalities is documented and monitored.

**Nutritional Assessment and Screening:** At each Facilitation Centre, PPHI Sindh staff conduct comprehensive nutritional assessments of pregnant and lactating women and children using Mid-Upper Arm Circumference (MUAC), height/length measurements, and edema checks. Identified cases of malnutrition are managed in line with Community-based Management of Acute Malnutrition (CMAM) protocols, ensuring that cases are appropriately classified and managed according to clinical guidelines.

**Infant and Young Child Feeding (IYCF) Counseling:** PPHI Sindh provides case-specific, one-to-one and group Infant and Young Child Feeding counseling sessions tailored to individual beneficiary needs. These counseling sessions address optimal feeding practices during critical periods of child development, promote responsive feeding and caregiving practices, and provide practical guidance on dietary diversity and age-appropriate food introduction.

**Specialized Nutritious Food Distribution:** PPHI Sindh coordinates the distribution of Specialized Nutritious Food (SNF) to beneficiaries with normal, moderate, and acute malnutrition, ensuring coordination with WFP through established mechanisms. SNF distribution is targeted to pregnant and breastfeeding women, young children, and adolescent girls, with quantity and duration determined by nutritional status and Program guidelines.

**Micronutrient Supplementation:** PPHI Sindh distributes Iron-Folic Acid (IFA) supplements and Multiple Micronutrient Supplements (MMS for) to pregnant and breastfeeding women, and adolescent girls in accordance with Program guidelines. The distribution is accompanied by counseling on proper use, potential side effects, and importance of adherence.

**Acute Malnutrition Management:** PPHI Sindh screens, manages, and treats cases of moderate acute malnutrition (MAM) and severe acute malnutrition (SAM) without medical complications at Facilitation Centres, ensuring timely enrolment and appropriate follow-up. Cases of SAM with medical complications are referred to Nutrition Stabilization Centres (NSCs) for advanced clinical management and follow-up.

**Early Childhood Development (ECD) Activities:** PPHI Sindh implements Early Childhood Development activities at designated Facilitation Centres through joint engagement of facility-based staff and Social and Behavior Change counselors. These activities integrate nutrition, caregiving, responsive feeding, early stimulation, and nurturing care messages, ensuring that child development is supported holistically.



## IMPACT OF FACILITY-BASED SERVICES

Through this integrated facility-based approach, the Program ensures a continuum of preventive and curative nutrition services, strengthens compliance with health conditionalities, and contributes to improved maternal, adolescent, and child nutrition outcomes across Sindh.

# OUTREACH AND COMMUNITY-BASED SERVICE DELIVERY COMPONENT

## COMMUNITY-BASED COMPONENT OBJECTIVES

The community-based component, led by UNICEF and operationalized by PPHI Sindh, focuses on reducing stunting and other forms of malnutrition among children, adolescents, and mothers in Sindh through community engagement, social and behavior change communication, gender-responsive programming, and early childhood development activities. This component emphasizes demand creation, behavior change, and early detection of malnutrition at household and community levels.

## COMMUNITY OUTREACH STRATEGY

Implementation of outreach activities is carried out by PPHI Sindh field staff, particularly trained Social and Behavior Change (SBC) counselors, with technical guidance and support from UNICEF. Early Childhood Development activities at Facilitation Centres are jointly delivered by SBC counselors and Infant and Young Child Feeding (IYCF) counselors, ensuring alignment between facility-based and community-level interventions. The community-based component, operationalized by PPHI Sindh, focuses on demand creation, behaviour change, and early detection of malnutrition at household and community levels. Through trained SBC counselors deployed in communities, the Program conducts targeted outreach activities that:

- Raise awareness about the critical importance of nutrition during the first 1,000 days
- Promote positive health-seeking and caregiving behaviors
- Facilitate early detection and referral of malnourished children and pregnant women
- Support community engagement in Program implementation
- Ensure culturally appropriate and gender-responsive messaging

## INTEGRATION OF FACILITY AND COMMUNITY SERVICES

Early Childhood Development activities at Facilitation Centres are jointly delivered by SBC counselors and IYCF counselors, ensuring seamless integration of facility-based and community-level interventions. This integrated approach creates a supportive ecosystem where community awareness and demand for services is matched by facility-level service availability and quality, maximizing Program reach and impact.







# KEY PERFORMANCE IN YEAR 2025

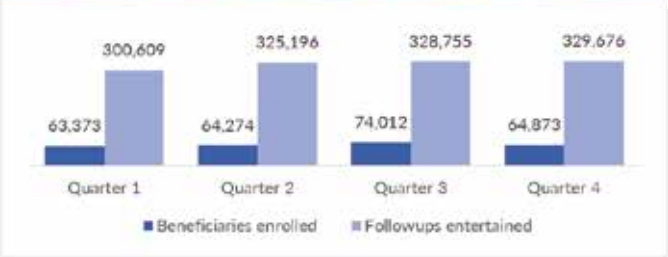
Total Beneficiaries Enrolled
**266,532**
Across All Regions In 2025

Total Follow-Ups Entertained
**1,284,236**
Across All Regions In 2025

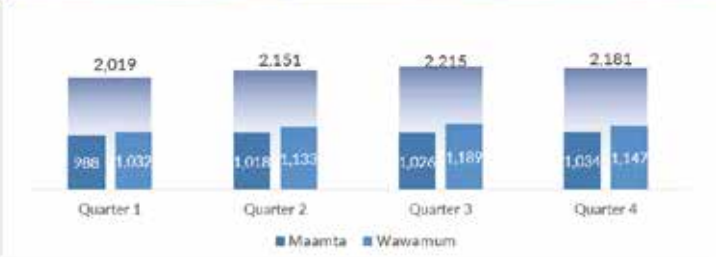
Total Graduated Cases
**233,637**
Successfully completed

Total Snf Distributed
**8566.4 MT**
Specialized Nutritious Food

## Enrollment & Follow-ups



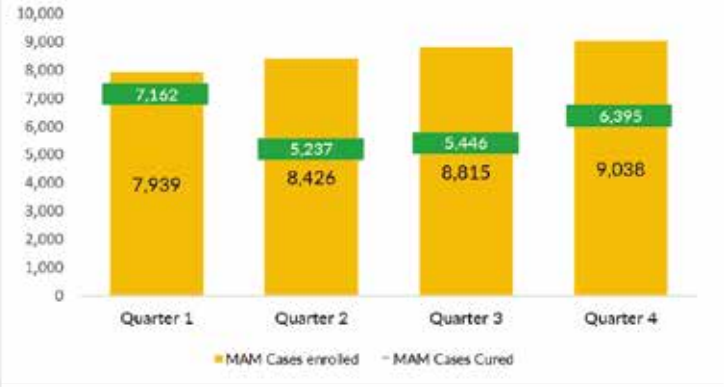

## Enrollment & Follow-ups



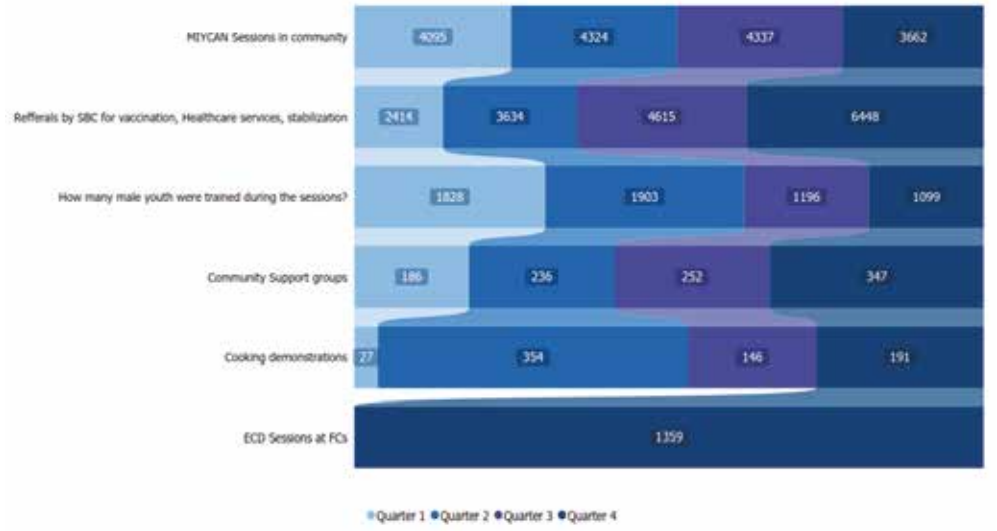

## SAM Cases




## MAM Cases




## SBCC Counselors Quarter-wise Performance




## Graduate Cases



## COMMODITY DISTRIBUTION IN YEAR 2025

| COMMODITY | DESCRIPTION | TOTAL |
|---|---|---|
| **LS-PLW Distributed (MT)** | Provided to Pregnant and Lactating women with MUAC < 25 cm | 4,066.396 MT |
| **LNS-Medium Quantity Distributed (MT)** | Provided to children with MUAC > 11.5cm | 4,499.991 MT |
| **RUTF Distributed (MT)** | Provided to children with MUAC below 11.5cm | 169.434 Satches |
| **MMS Distributed** | Provided to women with MUAC ≥ 25 cm | 10,677 Bottles each contains 180 units |
| **IFA Distributed** | Provided to adolescent girls aged 12-19 Years | 30,366 units |

## PERFORMANCE IN YEAR 2025

| Indicators | Total |
|---|---|
| | |
| **Beneficiaries enrolled** | 266,532 |
| **Followups entertained** | 1,284,236 |
| **SAM Cases enrolled** | 10,644 |
| **SAM Cases Cured** | 10,063 |
| **MAM Cases enrolled** | 34,218 |
| **MAM Cases Cured** | 24,240 |
| **Graduated Cases** | 233,598 |
| **Number of Beneficiaries provided with IYCF Sessions at FC** | 1,550,768 |
| **ECD Sessions at FCs** | 1,359 |
| **MIYCAN Sessions in community** | 16,418 |
| **Community Support groups** | 1,021 |
| **SBC referrals for vaccination, healthcare, and stabilization services.** | 17,111 |
| **cooking demonstrations sessions in community** | 718 |

# DISTRICT WISE ACHIEVEMENTS OF YEAR 2025

| District | Beneficiaries enrolled | Followups entertained | SAM Cases enrolled | SAM Cases Cured | MAM Cases enrolled | MAM Cases Cured |
|---|---|---|---|---|---|---|
| Badin | 13,933 | 81,684 | 952 | 1,053 | 2,073 | 2,123 |
| Dadu | 15,606 | 84,708 | 541 | 531 | 934 | 710 |
| Ghotki | 13,971 | 70,292 | 805 | 647 | 2,622 | 1,465 |
| Hyderabad | 1,593 | 6,789 | 9 | 41 | 105 | 126 |
| Jamshoro | 5,708 | 32,249 | 67 | 452 | 1,253 | 1,370 |
| Jacobabad | 10,130 | 50,307 | 348 | 424 | 622 | 906 |
| Karachi | 1,943 | 6,502 | 48 | 47 | 159 | 102 |
| Khairpur | 27,497 | 106,386 | 847 | 652 | 2,191 | 1,491 |
| Kashmore | 17,554 | 65,765 | 209 | 271 | 281 | 431 |
| Larkana | 17,944 | 76,984 | 642 | 361 | 1,209 | 330 |
| Mirpurkhas | 9,230 | 50,157 | 543 | 468 | 2,886 | 2,298 |
| Matiari | 6,078 | 27,625 | 322 | 243 | 965 | 801 |
| Nausheroferoze | 13,565 | 65,262 | 704 | 583 | 1,306 | 1,175 |
| Qamber Shahdadkot | 10,697 | 59,375 | 496 | 182 | 570 | 161 |
| Shaheed Benazir Abad | 8,291 | 47,253 | 229 | 326 | 2,110 | 1,321 |
| Shikarpur | 15,525 | 74,795 | 556 | 520 | 609 | 792 |
| Sanghar | 14,017 | 73,271 | 456 | 644 | 3,672 | 1,993 |
| Sujawal | 7,637 | 43,293 | 391 | 427 | 1,561 | 1,074 |
| Sukkur | 11,545 | 56,439 | 504 | 476 | 1,061 | 859 |
| Tandoallahyar | 5,330 | 21,314 | 371 | 90 | 1,168 | 192 |
| Thatta | 7,633 | 37,219 | 453 | 357 | 1,873 | 1,017 |
| Tando Muhammad Khan | 7,402 | 39,267 | 125 | 404 | 1,021 | 999 |
| Tharparkar | 12,061 | 54,223 | 261 | 479 | 1,725 | 1,242 |
| Umerkot | 11,642 | 53,077 | 765 | 385 | 2,242 | 1,262 |
| **Total** | **266,532** | **1,284,236** | **10,644** | **10,063** | **34,218** | **24,240** |

# DISTRICT WISE ACHIEVEMENTS OF YEAR 2025

| Graduated Cases | ECD Sessions at FCs | MIYCAN Sessions in community | Community Support groups | Refferals by SBC for vaccination, Healthcare services, stabilization | cooking demonstrations |
|---|---|---|---|---|---|
| 16,779 | 96 | 1,163 | 44 | 869 | 49 |
| 18,431 | 161 | 651 | 86 | 735 | 28 |
| 12,671 | NA | 658 | 29 | 1,605 | 31 |
| 1,332 | 84 | 133 | 17 | 365 | 11 |
| 6,961 | NA | 490 | 37 | 779 | 23 |
| 11,201 | NA | 374 | 33 | 831 | 12 |
| 816 | 40 | 269 | 15 | 150 | 19 |
| 24,526 | 152 | 1,058 | 48 | 866 | 50 |
| 5,165 | NA | 553 | 59 | 886 | 25 |
| 8,965 | 75 | 747 | 112 | 771 | 34 |
| 10,707 | NA | 828 | 40 | 1,034 | 38 |
| 3,512 | NA | 439 | 18 | 842 | 18 |
| 10,519 | NA | 578 | 13 | 445 | 19 |
| 10,888 | 60 | 827 | 84 | 1,019 | 40 |
| 11,295 | NA | 514 | 32 | 499 | 32 |
| 5,148 | NA | 417 | 10 | 657 | 23 |
| 16,571 | NA | 1,159 | 33 | 1,127 | 41 |
| 7,369 | 163 | 1,092 | 81 | 478 | 35 |
| 11,121 | 88 | 604 | 17 | 513 | 23 |
| 3,151 | 129 | 690 | 30 | 222 | 20 |
| 8,319 | NA | 683 | 89 | 619 | 32 |
| 7,850 | NA | 467 | 61 | 1,005 | 30 |
| 11,833 | 160 | 1,313 | 24 | 506 | 56 |
| 8,468 | 151 | 711 | 9 | 288 | 29 |
| **233,598** | **1,359** | **16,418** | **1,021** | **17,111** | **718** |

## CAPACITY BUILDING OF STAFF

Strengthening institutional and frontline capacity remained a central pillar of program implementation during 2025. Between January and December 2025, PPHI Sindh conducted 13 targeted provincial and regional capacity-building and refresher trainings and 23 District level trainings through in-person, and online modalities. These trainings reached healthcare providers, SBC counsellors, outreach and facilitation center staff, district project officers, managers and senior leadership, strengthening technical competencies, standardizing service delivery in line with Benazir Nashonuma Program protocols, and contributing to improved service quality, accountability, and effective outreach to vulnerable communities across Sindh.








## DELEGATIONS VISIT AT PROGRAMME IMPLEMENTATION SITES:

During the reporting period, PPHI Sindh facilitated and hosted multiple high-level delegation visits to Benazir Nashonuma Programme implementation sites across the province, providing development partners, government officials, and technical agencies with firsthand insight into programme operations and community-level impact.

These visits encompassed facilitation centers, mobile outreach sites, and community engagement activities in diverse geographic settings, enabling delegates to observe service delivery processes, beneficiary interactions, supply chain mechanisms, and the integration of SBCC within routine primary healthcare services.

By coordinating logistics, field briefings, and stakeholder engagements, PPHI Sindh ensured that each visit served as a platform for transparent knowledge-sharing, joint learning, and constructive dialogue. Such engagements strengthened institutional partnerships, reinforced accountability, and highlighted PPHI Sindh's role as a trusted implementing partner capable of delivering complex, large-scale nutrition and health interventions with professionalism and operational excellence. Some of the many visits included;

- On 24th February 2025, BISP Chairperson Ms. Rubina Khalid Visited DHQ Shah Bhittai Benazir Nahsonuma Facilitation center Hyderabad. The delegation was accompanied by Mayor Hyderabad, WFP, BISP, UNICEF and PPHI's district and provincial team.



On 11th March 2025 UNICEF delegation, including Dr. Mazhar Iqbal and Nutrition Manager Ms. Safah Bougal, visited the Benazir Nashonuma Program FC DHQ Bhittai Hyderabad.





On 5th August 2025 The Director General BISP, Assistant Directors (ADs) and Deputy Directors (DDs) of BISP, along with the Head Office PPHI Team, District Project Officer, and representatives from WFP, UNICEF, and IHHN visited FC DHQ Shah Bhittai Hyderabad and village Noor mihammad Solangi to observe outreach activitie

UN Resident coordinator Muhammad Yahya with other delegation members accompanied by WFP and PPHI teams visited Umerkot on 17th September 2025.





On 10th October 2025, the SGH QAS Facilitation Center- Hyderabad hosted a high-level monitoring visit by a delegation from the World Food Programme Headquarters in Italy, led by Ms. Elena Rosso, accompanied by the WFP country team.

A delegation from the SIDA Donor and UNICEF accompanied by PPHI district, regional and provincial teams visited Mumtaz Shaikh village Badin on 24th and 25th October 2025 to observe the outreach activitites under Benazir Nashonuma Programme.





A delegation from the European Union (EU) conducted a visit to the FC at DHQ Tando Allahyar on 29th October 2025. The mission included Representatives from Madam Salma from WFP and PPHI District, regional and Provincial teams.

Ms. Sherine Guirguis from common thread/Gates foundation, along with representatives from World Food Programme and UNICEF — including Ms. Salma (Programme Policy Officer, WFP), Mr. Jalil (Programme Associate, WFP), Ms. Sabira Parveen (SBC Officer, UNICEF) and Mr. Rizwan (SBC Officer, UNICEF) — visited Benazir Nashonuma Programme's Facilitation center located at DHQ Shah Bhittai Government Hospital on 18th November 2025.





Health Minister Dr. Azra fazal pecho visited FC SGH PIB Colony on 26th November 2025. She appreciated the services provided by PPHI under Benazir Nashonuma Programme.

A delegation from Benazir Income Support Programme ,World Food Programme , UNICEF, and the World Health Organization — including Mr. Shahid Ajmal (BISP Federal Director CCT), Ms. Dan FANG (Team Lead, WHO Islamabad), Ms. Mamoona Ghaffar, Programme policy officer, WFP Islamabad), and Mr. Jahanuddin (SBC Specialist, UNICEF Islamabad) — along with team members from provincial offices Ms. Sabira Parveen SBC Officer- UNICEF, Mr. Jalil Ahmed Programme Associate- WFP and Dr Paras Sultan Nutrition Officer-WHO visited Hyderabad, Thatta and Badin from 25th till 27th November 2025 to review the operations at the Nashonuma Facilitation Center and community activities under the Benazir Nashonuma Programme (BNP).







# MAMTA-CCT PROGRAM

## Transforming Maternal and Child Healthcare in Sindh

### BACKGROUND:

Transforming Maternal and The Mamta Conditional Cash Transfer (CCT) Program is a flagship initiative under the Sindh Social Protection Authority (SSPA), implemented by PPHI Sindh and funded by the World Bank. The program was designed to incentivize maternal and child healthcare-seeking behaviours by providing conditional cash transfers to pregnant and lactating women.

Launched in 15 districts, the program aligns with the 1,000-day continuum of care, ensuring that women receive essential Antenatal Care (ANC), Postnatal Care (PNC), safe deliveries, immunizations, and nutrition support. Women are incentivized at 16 critical healthcare touchpoints, reinforcing institutional deliveries and early childhood healthcare interventions.

### SINCE ITS INCEPTION, MAMTA-CCT HAS PLAYED A PIVOTAL ROLE IN:

- Increasing access to maternal and child healthcare in rural and underserved communities.
- Reducing financial barriers for pregnant and lactating mothers.
- Encouraging behavioural change through targeted awareness campaigns.
- Strengthening healthcare service delivery through digital tracking, real-time.



# MILESTONES ACHIEVED



After its successful implementation in 15 districts, the MAMTA-CCT project is expanding to 7 more districts. This expansion will strengthen maternal health services, increase institutional NVDs, and help reduce maternal and child mortality across the province.
Additional MAMTA-CCT desks will be established in high-volume health facilities reporting over 100 NVDs per month, ensuring dedicated staff to efficiently manage increased beneficiary flow and strengthen service delivery.

## EENROLMENT & OUTREACH

931,899 beneficiaries enrolled since inception.
1.56 million healthcare touchpoints recorded, ensuring sustained maternal care.
The program is projected to meet its 1.3 million beneficiary targets ahead of schedule.

## TRAINING & CAPACITY BUILDING

- Monthly sessions of healthcare providers conducted for improved service quality.
- Awareness sessions were held to increase beneficiary compliance.

## COMPLIANCE PERFORMANCE

- Steady increase in compliance rates, indicating stronger adherence to maternal and child healthcare protocols.

## HEALTH FACILITY FUNCTIONALIZATION

- 742 out of 772 health facilities are operational under Mamta-CCT, achieving 96.1% of the target.
- Additional health facilities in the pipeline for activation.
- Integration of midwives and ARs to improve service coverage.

## TECHNOLOGY-DRIVEN IMPLEMENTATION

**Version 1.3.9:**

- Male CNIC blocking, OCR integration, Beneficiary Exit option, JSON integration, auto logout (8 hours), GRM module, and system restructuring.

**Versions 1.4.0 & 1.4.1:**

- Geo-fencing successfully implemented.

## EXCEPTIONAL DISTRICT-LEVEL ACHIEVEMENTS

Kashmore District set a new milestone, recording 782 CCT registrations and Sanghar 2,400 compliance visits in a single day.
Top-performing facilities in:
Beneficiaries Enrolments

- Ghotki | MCH Mirpur Mathelo | 6153
- Shikarpur | RHC Karanpur | 4942
- Kashmore | THQ Kashmore | 4095

## COMPLIANCES

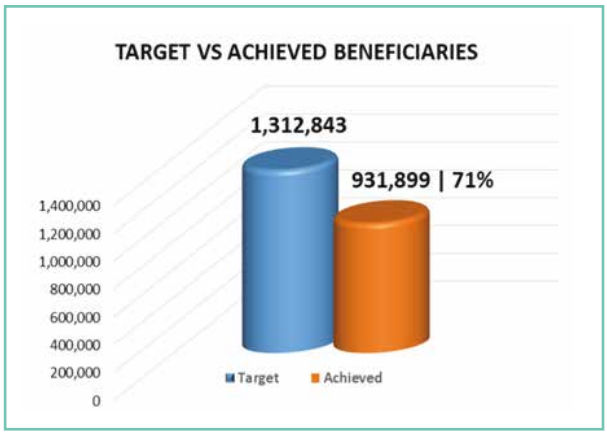
- Ghotki | MCH Mirpur Mathelo | 36,242
- Badin | MCH Center Badin | 18,702
- Thatta | BHU Plus Jiando Rind | 13,200





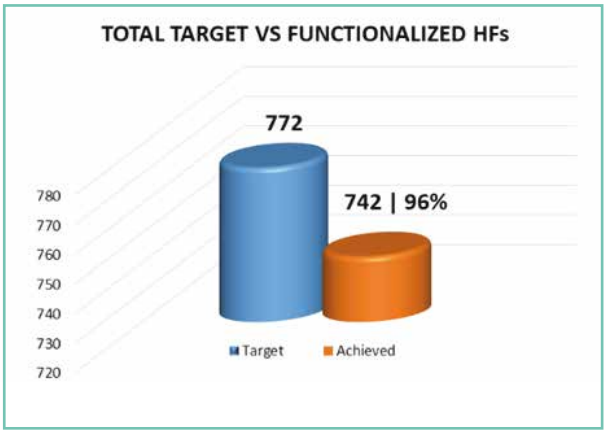
# PERFORMANCE & GROWTH TRENDS

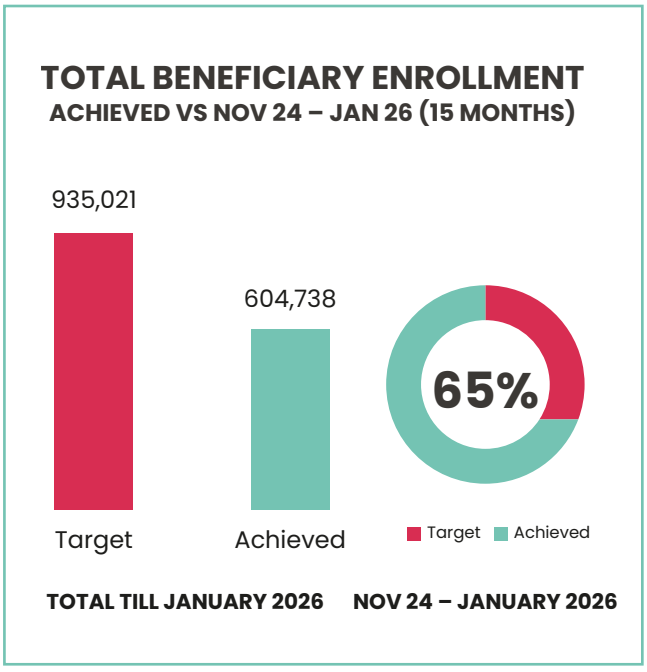


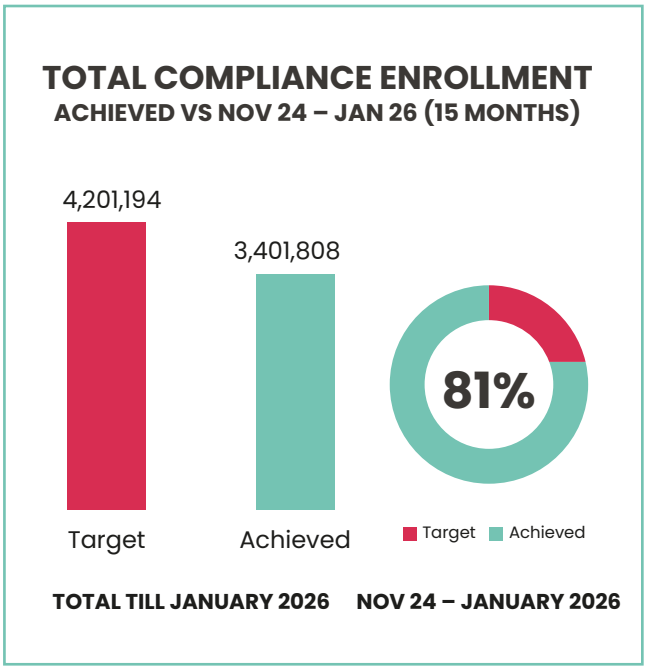








# REAL IMPACT: Success Stories

## BEYOND NUMBERS, MAMTA-CCT IS TRANSFORMING LIVES AT THE GRASSROOTS LEVEL.

### A MOTHER'S JOURNEY TO SAFE MOTHERHOOD

"Through the Mamta Program, I was able to receive regular antenatal care at RHC Adilpur. With proper medical support, I safely delivered my baby at the health facility. My child has now completed the 18-month immunization schedule, giving me confidence in my child's healthy future."

**Hamida, spouse of Nawab Ali, Ghotki, RHC Adilpur**

### A MOTHER'S JOURNEY TO SAFE CHILDBIRTH

"Through the Mamta Program, I was able to receive regular antenatal care at BHU Umer Daho. With the support of skilled health staff, I safely delivered my baby at the health facility. My child has now completed the nine-month immunization schedule, giving me peace of mind and confidence in my child's health."

**Naima, spouse of Mohammed Nadeem, Ghotki, BHU Umer Daho**



### A MOTHER'S JOURNEY TO SAFE MOTHERHOOD

"Through the Mumta – Mother and Child Support Programme, I received complete antenatal care, including all four scheduled ANC visits, timely TT vaccinations, and regular checkups. With skilled medical support, I safely delivered a healthy baby boy at MCHC Lalu Raunk without any complications. I was also guided on postpartum family planning, which helped me make informed decisions for my future health. Now, both my baby and I are receiving postnatal care, and my child's vaccination schedule has been initiated to ensure a healthy start in life."

**Fareeda, spouse of Dilber, Village Jamak Chandio, Kamber, MCHC Lalu Raunk**

# FUTURE STRATEGY & EXPANSION

The MAMTA Program, which began in 15 districts of Sindh, has expanded to 22 districts, reflecting its growing effectiveness and reach. Building on the success of the MAMTA Conditional Cash Transfer initiative, the next phase aims to further improve maternal and child health outcomes across Sindh, by increasing institutional deliveries and reducing maternal and child mortality.

Under this expansion, 445 additional health facilities will be onboarded, and new MAMTA CCT desks will be established in high-volume facilities reporting over 100 NVDs. This targeted scale-up will strengthen service delivery through dedicated human resources, better manage the rising beneficiary load, and enhance access to essential support for eligible mothers and children.

The MAMTA Program will now be functional across 1,217 health facilities operated by PPHI Sindh in Sindh, where 577 designated Assistant Registrars and 640 Midwives will support the organization's mission to improve maternal and child health across the province. To strengthen transparency and accountability, biometric registration of beneficiaries will be introduced alongside device geofencing and two-factor staff authentication. The program will also expand community outreach by engaging 1,026 Community Health Workers under the 1000 Days Project, who are being trained to promote maternal and child health awareness and the importance of the first 1,000 golden days.

# Success STORY

## The Real Impact of MAMTA-CCT

### A HEARTWARMING SUCCESS STORY OF MAMTA PROGRAM

**PPHI Sindh District Thatta**

The Mamta program of Sindh Social Protection Authority (SSPA) has been instrumental in strengthening Maternal and Child Health (MCH) centers of PPHI health facilities, while also providing direct benefits to Pregnant and Lactating Women (PLWs). Beyond offering free health services through PPHI, the program provides cash incentives to pregnant women on completing scheduled visits at their respective health facilities. This dual approach has not only enhanced healthcare access but also empowered women to prioritize their health and well-being, ultimately leading to better health outcomes for mothers, children and their families.
Misri, wife of Saleem Mirbahar, was the first client of BHU Plus Chatochand enrolled in the Mamta program on 1st February 2024.

Total number of children are seven alive & healthy.Total 14 visits completed & still remaining PNC 2 visit payment which will be released on 26.6.2026.
Total payment received during the period Rs 24000 PK.

Despite facing adversity with her husband's road accident, a laborer who became paralyzed, Misri received comprehensive MNCH support when she needed during her pregnancy and postpartum period. She registered in Mamta Program at four months of her pregnancy and received counseling, antenatal care and attended consequent four scheduled visits. Misri delivered successively at BHU Plus Chattochand blessed with a baby boy and benefited from the free services provided by PPHI Sindh and financial support through the Mamta program.
The program's support played a vital role in ensuring Misri's health and well-being, as well as that of her baby. She completed all postnatal care visits, EPI visits, and had her baby's birth registered, with all vaccinations administered. Misri is now grateful and happy with the services and also encouraged other family members and neighbors to take advantage of such quality services which provided at BHU Plus Chattochand under Mamta program.
Kudos to AR Shehzina, CMW Raheela Soho and the entire team of Chattochand District Thatta for their strong communication, hard work and commitment.

**Dr.Asha MNCH CO & Focal person**
**PPHI D.O Thatta**



# SINDH INTEGRATED HEALTH & POPULATION PROGRAM-1000 DAYS

## BACKGROUND:

The Sindh Integrated Health & Population Program–1000 Days (SIHPP) represents a transformative initiative by the Government of Sindh to strengthen primary healthcare delivery across the province. Implemented in partnership with PPHI Sindh and other strategic agencies, this comprehensive program focuses on addressing critical gaps in Reproductive, Maternal, Newborn, Child, Adolescent Health, and Nutrition (RMNCAH+N) services throughout Sindh. Through systematic rehabilitation of health facilities, recruitment and training of community health workers, and establishment of robust referral mechanisms, SIHPP is laying the foundation for sustainable, equitable healthcare access throughout Sindh.

## OVERVIEW OF THE PROJECT

### Vision and Objectives

The SIHPP–1000 Days Program has been conceptualized to provide comprehensive primary healthcare services in Reproductive, Maternal, Newborn, Child, Adolescent Health, and Nutrition across Sindh province. The program operates through a collaborative framework involving the Government of Sindh, PPHI Sindh, and complementary health sector agencies.

### Key Program Components

The initiative encompasses several critical components designed to strengthen the healthcare system:

**Health Facility Rehabilitation and Reconstruction:** The program involves the rehabilitation and reconstruction of 200 Government Dispensaries (GDs), out of 267.

Additionally, 102 Basic Health Units (BHUs) and 9 Rural Health Centers (RHCs) are being reconstructed under PPHI management. This infrastructure development is complemented by the operationalization of 30 mobile clinics and 5 mobile laboratories to extend services to underserved areas.

**Human Resource Development:** A critical focus of the program is the capacity building of healthcare providers. The recruitment and training of Community Health Workers (CHWs) at the grassroots level, combined with enhanced training for existing health facility staff, aims to strengthen service delivery and community engagement. A total of six (6) CHWs will be hired per GD to achieve the deliverables.

**System Strengthening:** The program prioritizes the development of Electronic Medical Records (EMR) systems and establishment of functional referral mechanisms across all health facilities within the 1000 Days initiative. These systems are designed to improve coordination, reduce duplication, and ensure efficient patient pathways.

**Nutrition Interventions:** Special emphasis is placed on nutritional support, including the introduction of Micronutrient Powder (MNP) for vulnerable populations, particularly children aged 6-23 months at risk of malnutrition.

# Key MILESTONES ACHIEVED



## 01

### Health Facility Takeover and Management Transfer

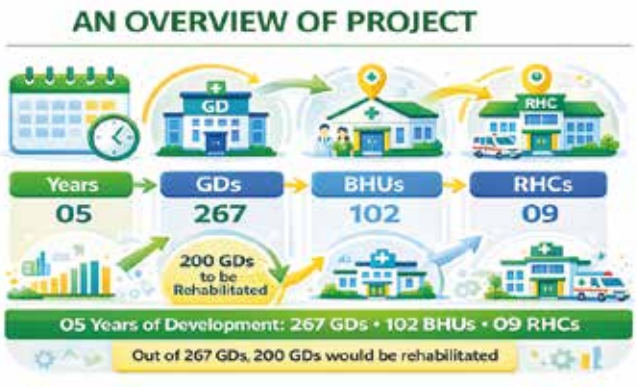
**Government Dispensaries (GDs)**
A pivotal milestone was achieved with the signing of a Memorandum of Understanding (MoU) between SIHPP–1000 Days and PPHI Sindh on 11th August 2023. This agreement formally transferred management control of 171 GDs, of which 200 are designated for rehabilitation and reconstruction.
To date, 171 GDs across all districts of Sindh have been successfully handed over to PPHI Sindh and are now operational under the program's management framework. This represents significant progress in expanding the network of functional primary healthcare facilities.

**Basic Health Units (BHUs)**
The Program Management Unit (PMU) has assumed responsibility for the repair and renovation of 102 BHUs already managed by PPHI Sindh. To ensure uninterrupted service delivery during rehabilitation activities, PPHI Sindh has developed and implemented an alternate operational plan for 102 BHUs. The repair and renovation work is in advanced stages of preparation and is scheduled to commence imminently.

## 02

### Comprehensive Facility Assessment

A comprehensive assessment of 171 GDs and 102 BHUs was completed and formally handed over to SIHPP and the PMU on 17th December 2024. This assessment provides a detailed baseline of facility conditions, infrastructure gaps, and service capacity, informing the prioritization and sequencing of rehabilitation activities.



# 03

## Mobile Health Service Expansion

The PMU–SIHPP successfully coordinated the transfer of 30 mobile clinics and 5 mobile laboratories to PPHI Sindh management. All mobile units have been functionalized and are actively delivering healthcare services.

### Flood Relief and Emergency Response

Demonstrating the program's commitment to responsive healthcare delivery, mobile clinics were rapidly deployed to recent flood-affected areas, providing essential health services to displaced populations and affected communities. Beyond emergency response, these mobile units continue to serve chronically underserved areas, extending the reach of primary healthcare services.



# 04

## Community Health Worker Recruitment and Training

The recruitment and training of CHWs represents a cornerstone of the program's community engagement strategy. In the first recruitment phase, 238 CHWs were engaged. Of these, 160 CHWs are currently undergoing comprehensive training across 14 District Offices (DOs).
The CHW program is strategically designed to strengthen maternal and child health outcomes, enhance family planning service uptake, and improve nutritional status at the community level. A digital tracking system has been implemented to monitor CHW activities and ensure accountability. A second recruitment round is in the pipeline to engage additional CHWs and expand community coverage.



# 05

## Referral Mechanism Development

In accordance with the program's operational framework (PC-I), a robust referral mechanism is being established to link Government Dispensaries with Comprehensive Emergency Obstetric and Newborn Care (CEmONC) facilities and enhanced BHU Plus centers. This systematic linkage is designed to ensure seamless patient pathways and enhance access to critical emergency maternal and child health services.

As part of this initiative, SIEHS-1122 (Sindh Integrated Emergency & Health Services), in consultation with PPHI and SIHPP, has deployed 60 ambulances across various health facilities. These ambulances strengthen emergency transport capacity and improve response times for critical cases.



## 06

### Nutrition Program Implementation (Micronutrient Powder Distribution)

With support from SIHPP, PPHI Sindh has procured Micronutrient Powder (MNP) for distribution through all 171 Government Dispensaries across the province. The MNP program targets children aged 6-23 months, addressing micronutrient deficiencies and preventing malnutrition during this critical developmental window.

This initiative represents an innovative expansion of nutrition interventions in Sindh. Historically, nutrition support was limited to Multiple Micronutrient Supplementation (MMS) for pregnant mothers. The introduction of MNP for young children addresses a previously unmet need and reflects the program's commitment to comprehensive nutritional support across the life course.

## 07

### Facility Upgrade to 24/7 Operations

The ultimate objective of the project is to upgrade all GDs within the 1000 Days program to provide round-the-clock services (24/7) following completion of rehabilitation and reconstruction activities. Currently, select GDs are already operational on a 24/7 basis, demonstrating the feasibility and benefits of extended service hours for community access.

## 08

### Service Continuity Planning

To ensure uninterrupted healthcare delivery during facility rehabilitation and reconstruction, comprehensive alternative service arrangements have been developed and communicated to PMU–1000 Days. These contingency plans protect community access to essential services throughout the implementation period.

## Impact AND OUTCOMES

The SIHPP–1000 Days Program is positioned to deliver transformative impacts across multiple dimensions:

**Improved Healthcare Access:** The rehabilitation and operationalization of health facilities, combined with mobile-clinic expansion, extends quality primary healthcare services to previously underserved populations.

**Strengthened Service Capacity:** Enhanced human resources through CHW recruitment and staff training improve the quality and responsiveness of healthcare delivery.

**Better Health Outcomes:** The focus on RMNCAH+N services, coupled with nutrition interventions and emergency referral mechanisms, is expected to reduce maternal and child mortality while improving nutritional status.

**Community Engagement:** The CHW program fosters community participation in health promotion and disease prevention, creating sustainable, locally-rooted health systems.

**System Resilience:** The development of EMR systems and referral mechanisms creates a more coordinated, efficient healthcare system capable of responding to both routine and emergency health needs.

## Conclusion

The Sindh Integrated Health & Population Program–1000 Days represents a significant investment in strengthening the primary healthcare system across Sindh. Through systematic facility rehabilitation, human resource development, and community engagement, the program is creating the foundation for equitable quality healthcare delivery.

The milestones achieved to date demonstrate strong implementation, progress, and commitment from all stakeholders.

As the program advances, it is positioned to deliver meaningful improvements in maternal, newborn, child, and adolescent health outcomes while contributing to broader provincial health system strengthening objectives.

# HEPATITIS SCREENING, DIAGNOSIS AND PREVENTION SERVICES

Viral hepatitis remains a major global public health concern, accounting for an estimated 1.4 million deaths annually. Chronic infections with hepatitis C virus (HCV) and hepatitis B virus (HBV) continue to impose a substantial disease burden worldwide. According to the World Health Organization estimates (2015), approximately 71 million people are living with chronic HCV infection, while around 257 million individuals are affected by chronic HBV. Together, these infections contribute significantly to global mortality, with an estimated 399,000 deaths due to HCV and 887,000 deaths attributed to HBV-related complications each year.

Pakistan bears one of the highest burdens of viral hepatitis globally, particularly for HCV. Findings from the national hepatitis prevalence survey conducted in 2008 revealed a seroprevalence of 4.9% for HCV and 2.5% for HBV, highlighting the magnitude of the problem. In response, the Government of Pakistan has prioritized hepatitis control through initiatives such as the Prime Minister's National Programme for Prevention and Control of Hepatitis, which focuses on prevention, screening, and treatment services across the country. Despite these efforts, challenges including limited awareness, unsafe medical practices, inadequate infection control, and gaps in healthcare infrastructure continue to hinder progress. These realities underscore the urgent need for strengthened, evidence-based, and sustainable intervention strategies tailored to Pakistan's healthcare system.

As part of its commitment to combating communicable diseases, PPHI Sindh has prioritized Hepatitis B and C prevention and treatment within its healthcare initiatives. In May 2022, a Memorandum of Understanding (MoU) was signed between PPHI Sindh and the Hepatitis Prevention & Control Program (HPCP) Sindh, aiming to provide screening, diagnosis, and vaccination services to curb the spread of these infections. Under this collaboration, all PPHI Sindh BHU Plus and MCHC health facilities across the province were designated as screening and vaccination centers, offering free testing and immunization services to the general population. However, currently hepatitis screening is conducted at maternal health centers for the women registered in as antenatal care-1 visit.

Screening the approximately 6.5 million individuals have been screened for Hepatitis C, with 352,999 positive cases identified, reflecting a 5.4% positivity rate through Rapid Diagnostic Tests (RDTs). Similarly, nearly 6.4 million individuals have been screened for Hepatitis B, with 107,600 positive cases detected, indicating a 1.6% positivity rate (excluding Karachi districts), in year 2022-2025. Those negative case are being given vaccination for Hepatitis B. To further strengthen its response, PPHI Sindh has linked its centers to the sentinel sites established by Department of health, for the conformation of cases and initiation of treatment.

## Following are the numbers achieved in year 2025

| Hepatitis B & C Performance in 2025 | | | | | | | |
|---|---|---|---|---|---|---|---|
| Year | Total Hepatitis C Progress | | | Total Hepatitis B Progress | | | Vaccine Doses |
| | Test Done | Reactive | Positivity Ratio | Test Done | Reactive | Positivity Ratio | |
| 2025 | 1,146,582 | 46,523 | 4% | 1,131,314 | 22,891 | 2% | 1,600,200 |

National TB Control Program
Lab Management System

# TUBERCULOSIS

Tuberculosis (TB) remains a major public health challenge and a leading infectious cause of morbidity and mortality worldwide. It primarily affects the lungs but can involve multiple organ systems. Pakistan continues to rank among the high TB burden countries globally, as identified by the World Health Organization, and is currently placed among the top five countries contributing significantly to the global TB burden.

As of recent estimates (2023–2025), Pakistan reports an incidence rate of approximately 259–265 TB cases per 100,000 population, with provinces such as Sindh bearing a substantial share due to dense population, urban slums, and healthcare access disparities. While efforts have improved case detection and notification, underreporting and diagnostic gaps remain persistent challenges.

Drug-resistant TB (DR-TB) continues to pose a critical threat to TB control efforts. In Sindh, an estimated 4–5% of newly diagnosed TB cases and around 7–8% of previously treated cases develop drug-resistant forms of the disease. These cases require longer, more complex, and cost-intensive treatment regimens, often associated with lower adherence and poorer outcomes.

Despite these challenges, Pakistan has made progress under the National TB Control Program Pakistan, aligning with global targets of the End TB Strategy aimed at eliminating TB by 2030. Treatment success rates for drug-susceptible TB remain relatively high, approaching 88–90%, although outcomes for DR-TB cases are comparatively lower. Mortality rates have shown gradual decline but still require focused interventions.

PPHI Sindh continue to play a vital role by strengthening primary healthcare services, expanding access to free diagnosis and treatment, and implementing community-based interventions in underserved and hard-to-reach areas. Key priorities for 2025 include scaling up active case finding, integrating digital adherence technologies, improving infection prevention and control practices, with support of Département of health, Government of Sindh.

To strengthen TB control efforts, PPHI Sindh collaborates closely with the National Tuberculosis Control Program (NTP) and the Provincial Tuberculosis Control Program (PTP). Recognizing the lack of accessible healthcare in remote regions, PPHI Sindh has 148 Basic Management Units (BMUs) across rural Sindh to provide TB diagnosis and treatment. These centers also offer free HIV testing for all TB-positive cases.

Furthermore, PPHI Sindh operates 11 laboratories with GeneXpert technology, which enables the the conformation of cases. Additionally, all other BMUs are equipped with mini-laboratories to perform microscopy. This strategic initiative highlights PPHI Sindh's unwavering commitment to combating tuberculosis and contributing to national TB control efforts.

## Suspected TB Cases, Tests Performed, and Treatments Initiated (2025)

| Year | TB Suspects | AFB Slides Examined | New TB Cases Diagnosed | Slides diagnosed cases (AFB+ve) | TB Cases Started Treatment | TB Cases Completed Treatment |
|---|---|---|---|---|---|---|
| 2025 | 894,546 | 255,683 | 9,534 | 7,996 | 9,444 | 8,868 |

# SINDH INSTITUTE OF OPHTHALMOLOGY AND & VISUAL SCIENCES (SIOVS)

The Sindh Institute of Ophthalmology & Visual Sciences (SIOVS) in Hyderabad operates independently with support from the Health Department, Government of Sindh, serving as a key institution in eye health. Dedicated to treating and preventing eye diseases, SIOVS plays a vital role in enhancing ophthalmic care across the region.

To improve ophthalmic services at PPHI Sindh's Ophthalmology Units and Basic Health Units, SIOVS and PPHI Sindh established a strategic partnership through a Memorandum of Understanding (MoU). This collaboration introduced an efficient referral system, enhancing existing ophthalmology services at PPHI Sindh eye clinics.

Launched in District Matiari with CBM International's support, the initiative equipped Rural Health Centers (RHCs), Tehsil Headquarter and District Headquarter Hospitals (DHQs) with diagnostic and management services. Lady Health Visitors (LHVs) and Lady Health Workers (LHWs) were trained to screen and refer eye cases from health facilities and communities. Additionally, SIOVS partnered with the Literacy and Education Department to establish a school referral system.

Under the MoU, SIOVS screened 682382 cases using Peek Capture, referring 99135 to Primary/Triage levels and 4446 to its tertiary care hospital in Hyderabad. A total of 49890 (near and distance spectacles) individuals received prescribed glasses, with free eye care services provided to those in need.

With support from the Brien Holden Foundation, SIOVS expanded vision screening to schools in Tando Allahyar and Badin. Trained teachers conducted screenings, referring students with refractive errors to SIOVS-organized eye camps. Those diagnosed received free eyeglasses.

SIOVS further extended vision screening in Larkana and Dadu with CBM International's support, strengthening all RHCs and Civil Hospitals. LHVs at 24 PPHI Health Facilities and 50 teachers were trained to screen and refer individuals for further diagnosis from schools.

These efforts underscore PPHI Sindh's commitment to accessible, quality eye care, reducing preventable blindness and improving public health in Sindh. Following numbers were achieved in year 2025.

Following are the health facilities where SIOVS has supported in provision of Optometrists and the required ophthalmic instruments to run OPDs and there are five health facilities where SIOVS has extended further support as surgical services for cataract.

01. THQ Ratodero Larkana
02. RHC Garhi Khuda Bux Larkana
03. GH Naudero Larkana
04. RHC Arija Larkana
05. RHC Badah Larkana
06. RHC Gerello Larkana
07. Jhudo Mirpurkhas
08. RHC Bhit Shah Matiari
09. RHC Tando Jam
10. BHU Thariri Muhabat
11. RHC Sita

**SIOVS Performance in 2025**

| S.No | District | Screening | Refraction | Surgeries | Glasses provided |
|---|---|---|---|---|---|
| 1 | Khairpur | 125,001 | 6,184 | 311 | 466 |
| 2 | Matiari | 19,734 | 1,105 | 129 | 146 |
| Total | | 144,735 | 7,289 | 440 | 612 |

# TRAINING AND CAPACITY *Building*



# STRENGTHENING HEALTHCARE WORKFORCE

## BACKGROUND:

The Training and Capacity Building (TCB) Wing serves as a core pillar in PPHI Sindh's mission to strengthen the health system by enhancing the knowledge, skills, and competencies of healthcare professionals. During the reporting period, the training wing successfully conducted multiple capacity-building programs reaching hundreds of healthcare providers, launched specialized initiatives including the Trainee Midwifery Program and Saghara Hath Behtar Mustaqbil initiative, and established collaborative partnerships with leading academic and international organizations. These efforts have contributed to ensuring quality, standardized, and patient-centered service delivery across all levels of care in Sindh.

## OBJECTIVES:

**01** To enhance the competencies of healthcare providers in clinical and public health domains.

**02** To ensure continuous learning through refresher courses and digital learning platforms.

**03** To strengthen monitoring and evaluation for improved training outcomes.

**04** To develop standardized training modules aligned with national and international best practices.



## TRAINING STRATEGIES AND APPROACHES

### Diverse Training Methodologies

The TCB Wing employs multiple evidence-based training strategies to accommodate diverse learning styles and organizational contexts. Classroom trainings provide foundational knowledge and theoretical understanding in structured settings. On-job coaching (OJCs) and training (OJTs) deliver personalized skill development in actual work environments, enabling immediate application of learning. Simulation-based training and learning provide safe spaces for healthcare providers to practice complex procedures and develop clinical judgment before applying skills with actual patients. Observation-based learning and training enable healthcare providers to learn from experienced practitioners, facilitating knowledge transfer and skill development through direct observation and mentorship.

### Master Trainer Cascade Model

A strategic cascade approach is employed by PPHI Sindh to develop master trainers at provincial, regional, and district levels. Highly specialized and skilled professionals conduct initial training of trainers, building the capacity of technical teams at multiple levels.

Once master trainers are equipped with necessary knowledge and skills, they become responsible for cascading training down to staff at health facilities directly involved in healthcare service delivery. This cascade approach ensures that training reaches a wider audience while being tailored to specific district needs and contexts. Pre- and post-test assessment strategies are employed to measure knowledge gained and skills acquired by participants, helping identify areas requiring further attention or improvement.

### Impact Measurement and Effectiveness

PPHI Sindh employs comprehensive methodologies to assess the impact and effectiveness of training programs. Pre- and post-assessment measures gauge knowledge and skill acquisition. On-job performance monitoring tracks application of training in actual work settings. Key performance indicators monitoring assesses changes in service delivery metrics. Case studies and success stories document real-world impacts. Surveys and interviews gather feedback from trainees and supervisors. These diverse measurement approaches ensure that training programs are evidence-based and continuously improved based on effectiveness data.

## SPECIAL INITIATIVES AND INNOVATIVE PROGRAMS

### Trainee Midwifery Program: Building Local Healthcare Workforce

PPHI Sindh has tackled the critical challenge of maternal healthcare in remote areas through the innovative Trainee Midwifery Program. The program recruits local matriculated girls from underserved communities and provides comprehensive two-year midwifery diploma training through partnerships with Kohi Goth midwifery institute. Trainees receive full financial support including accommodation and monthly stipends, ensuring accessibility for economically disadvantaged candidates. Upon completion, graduates are appointed as midwives in local health facilities, directly serving their communities. To date, 315 graduates are actively serving in their respective districts, while 50 additional graduates await their nursing examination. This initiative addresses the critical shortage of trained female healthcare workers in remote areas, empowers local communities by providing employment opportunities, and ensures better healthcare access in underserved areas across Sindh. The program demonstrates a sustainable solution to healthcare workforce challenges, recruiting and training local talent to serve local populations.

### Skill Labs Development: Hands-On Competency Building

PPHI Sindh is committed to enhancing the practical skills of medics, paramedics, and other healthcare staff through establishing fully equipped skill labs in major regions. Skill labs have been established in Sukkur and Larkana, with new facilities opened in Hyderabad and Karachi during 2024. These skill labs are fully equipped with comprehensive training materials ranging from basic training resources to advanced equipment for training in complex procedures. The skill labs provide safe and controlled environments where healthcare providers can practice procedures, develop technical competency, and build confidence before applying skills in clinical settings.

### Ultrasound Training Program: Expanding Diagnostic Capacity

Recognizing the critical importance of diagnostic imaging in maternal and child health, PPHI Sindh has implemented a comprehensive six-week ultrasound training program for female medics and paramedics. The program covers diverse ultrasound imaging modalities, picture interpretation techniques, and diagnosis of common obstetric and gynecologic disorders. Participants receive both theoretical instruction and practical hands-on training from professional sonographers and radiologists, ensuring comprehensive competency development. To date, 375 medics and paramedics have completed the ultrasound training program, significantly expanding PPHI Sindh's diagnostic capacity across its facility network.

### Tele-Monitoring of Midwives: Quality Assurance Through Technology

The PPHI Sindh TCB Wing has implemented an innovative tele-monitoring and video monitoring system for capacity assessment of midwives, offering a transformative approach to quality assurance and continuous improvement. Supervisors use tele-monitoring to assess midwives' adherence to established protocols and competency in case management. Monitors at the head office and regional levels conduct random assessments of midwives' clinical practice.

Those identified as performing at poor or average levels receive targeted training through either group sessions or one-on-one job coaching. Monitors conduct follow-up calls to assess progress, and if improvement is not achieved, clinical attachment in tertiary care hospitals is arranged.

This innovative approach enables supervisors to identify areas for improvement without requiring physical presence at distant facilities, provides targeted training and support based on actual performance gaps, facilitates continuous education and feedback loops, improves the quality of postpartum care delivered by midwives, and contributes to reduction of maternal mortality rates. By remotely observing midwives' clinical decisions and interventions, healthcare authorities can identify specific areas requiring improvement and provide evidence-based training and support.

## Saghara Hath Behtar Mustaqbil: Empowering Midwives for Excellence

PPHI Sindh proudly launched the "Saghara Hath Behtar Mustaqbil" (Better Future Empowered Hands) initiative, designed to empower midwives through skill development and practical training to ensure high-quality care for mothers and newborns across Sindh.

### The program features:

- **4-Week Clinical Attachments:** Hands-on training at high-performing BHU Plus centers and RHCs
- **Comprehensive Curriculum:** Covering essential skills like Helping Babies Breathe (HBB), postpartum hemorrhage management, eclampsia recognition and management, and family planning counseling.
- **Mentorship:** Experienced Female Medical Officers (FMOs) provide mentorship and progress tracking, guiding midwives through their development journey.
- **Capacity Building:** The program explicitly focuses on capacity building to empower midwives to deliver safe, reliable, and life-saving care to mothers and newborns.

# MAJOR TRAINING PROGRAMS

## DHIS-2 Training: Strengthening Health Information Systems

This training focuses on the new DHIS2 information and reporting tools implemented at the health facility (HF) level to ensure accurate, timely, and standardized recording of service availability and service delivery data.

## Pregnancy, Childbirth, Post-Partum and Newborn Care (PCPNC)

PPHI Sindh enhances maternal and child health by implementing WHO's PCPNC standards through a Three-Tiered Care Model encompassing Routine, Additional, and Specialized Care. Healthcare professionals are trained to ensure early complication detection, timely interventions, and data-driven decision-making for improved maternal and newborn health outcomes.

## Managing Complications in Pregnancy and Childbirth (MCPC)

PPHI Sindh has developed comprehensive training programs equipping healthcare providers with skills to manage pregnancy and childbirth complications following WHO guidelines. Training includes lectures, hands-on simulations, and case discussions addressing obstetric emergencies including postpartum hemorrhage, eclampsia, and obstructed labor. The training emphasizes early detection, timely interventions, and comprehensive postnatal care. To date, more than 1,000 female medics and paramedics have been trained in managing pregnancy and childbirth complications.

## General Disease Module: Comprehensive Disease Management

The General Disease Module trains healthcare providers to diagnose, manage, and prevent

Topics include infectious diseases such as tuberculosis, malaria, dengue, and respiratory infections, as well as non-communicable diseases including diabetes, hypertension, and cardiovascular diseases.

## OInduction Training for Newly appointed District Managers and other Managerial Staff

The orientation program for newly appointed District Managers and managerial staff at PPHI Sindh is designed to familiarize them with the organization's mission, objectives, and operational framework. The program ensures alignment with PPHI Sindh's strategic goals, policies, and standard operating procedures, while enhancing leadership, team management, and coordination skills.

## Collaborative Training Partnerships

The PPHI Sindh Training Wing has established strategic partnerships with government agencies and international organizations to expand training capacity and ensure alignment with national and provincial priorities. In collaboration with the Government of Sindh and key stakeholders including Aga Khan University, UNICEF, National Health Services Programme, and PSI International, the wing has conducted multiple capacity-building programs. These include DHIS-2 trainings in liaison with the Government of Sindh, maternal and neonatal child health capacity building on PCPNC and MCPC modules, and family planning trainings conducted with PSI International. Additionally, a new initiative on Behavioral Activation trainings has been implemented in collaboration with the University of York and the Institute of Psychiatry Rawalpindi, aiming to strengthen mental health interventions at the primary healthcare level.
Other training initiatives included Summary of Additional Sheet (SAS), Helping Baby Breathe (HBB), Oxygen Therapy Guidelines, Minimum Initial Service Packages by Pathfinder International, and Data Quality and Use training by PIFP through DAFPAK-PSSD.

# ACCOMPLISHMENTS IN 2025



In 2025, the Training and Capacity Building Wing organized approximately 414 training sessions.

Over 5,000 employees were trained on various topics, including Maternal & Child Health, Family Planning, DHIS, SAS, GDM, and more.

Key training programs included:

- Crash training for the management of Post-Partum Hemorrhage and shock.
- Labor Care Guide.
- PCPNC (Pakistan Comprehensive Package for Neonatal Care).
- Revised Indicators and Maternal Death Audit Forms.
- Six-week training on Ultrasound.
- Training on Blood Grouping.
- Orientation for District Managers.
- Orientation for Store Managers.
- Orientation for Assistant Finance & Accounts.

| TRAININGS | 2024 | 2025 |
|---|---|---|
| Maternal Health | 1542 | 1615 |
| Child Health | 965 | 1133 |
| Family Planning | 417 | 713 |
| DHIS & SAS | 3449 | 879 |
| Other Trainings | 2815 | 1650 |
| **Total** | **9188** | **5990** |

# TRAININGS CONDUCTED DURING 2025

## 01 ULTRASOUND TRAINING:

This office has scheduled an ultrasound training of six weeks for female medics and paramedics The training for the Region II, III & VI conducted at GD Marvi Garden Hyderabad , SGH Ibrahim Hyderi.

**Total 28 Participants from these regions were trained.**





## 02 ORIENTATION OF DISTRICT MANAGERS:

Conducted At Avari Towers KHI No. of Participants = 19 (including newly appointed District Managers and Head office staff) .

## 03 TRAINING ON BLS FOR HO STAFF:

In line with the organization's commitment to strengthening workplace emergency preparedness and staff capacity, a Basic Life Support (BLS) training session was conducted for Head Office personnel. The purpose of the training was to enhance participants' ability to recognize medical emergencies and provide immediate life-saving interventions, including cardiopulmonary resuscitation (CPR), until advanced medical support becomes available.

The training incorporated both theoretical instruction and practical demonstrations to ensure skill acquisition and confidence in emergency response. Participants actively engaged in hands-on exercises, reinforcing correct techniques and decision-making during simulated emergency scenarios.





## 04 PCPNC, MCPC, HBB TRAINING:

PCPNC, MCPC, and HBB trainings are designed to strengthen healthcare providers' capacity to deliver safe, standardized maternal and newborn care at the primary healthcare level. These trainings focus on postnatal assessment, maternal and child health management, early recognition of complications, and lifesaving newborn resuscitation skills. Together, they enhance provider competence, improve quality of care, and contribute to reducing preventable maternal and neonatal morbidity and mortality. Training took place in multiple districts of Sindh.

# DATA CELL

## PPHI SINDH



# INTRODUCTION:

A dedicated Data Cell (DC) under Technical Wing was established by PPHI Sindh to control data fragmentation, inconsistency, delays in reporting, and lack of real-time validation hindering effective monitoring and evaluation. The primary reason for establishing Data Cell was the recognition that accurate, reliable, and timely data is the foundation for informed decision-making in healthcare, and to streamline data collection, validation, storage, analysis, reporting, and dissemination.

By leveraging real-time validation mechanisms and advanced analytical tools, Data Cell ensures that health data remains accurate, complete, and up-to-date to make evidence-based decisions, identify trends, detect anomalies, and implement timely interventions to improve health outcomes.

## Objectives OF DATA CELL



The importance of Data Cell extends beyond just data management—it plays a pivotal role in ensuring that PPHI Sindh operates with efficiency, transparency, and accountability. Some key aspects that highlight its significance include:

- **DATA-DRIVEN DECISION MAKING:** Data Cell provides accurate, timely, and actionable insights that drive strategic planning and policy development.
- **STANDARDIZATION AND COMPLIANCE:** Ensuring adherence to DHIS and SAS reporting standards, Data Cell enhances data reliability and facilitates compliance.
- **IDENTIFICATION OF TRENDS AND ANOMALIES:** By analyzing historical and real-time data, Data Cell helps detect irregularities, unusual variations, and emerging health concerns, enabling timely corrective actions.
- **STAKEHOLDER COLLABORATION:** Data Cell works closely with Heads of Wings (HoWs), Regional teams, District teams, and technical officers to ensure data accuracy, discrepancy resolution, and improved coordination.
- **COMPREHENSIVE REPORTING AND ANALYTICS:** It generates critical reports, dashboards, and presen tations for internal reviews, external meetings, and performance assessments.
- **FINANCIAL AND OPERATIONAL ASSESSMENTS:** Conduct financial evaluations, such as per-patient cost analysis, correlate expenditure with Key Performance Indicators (KPIs), and execute and ana lyze Lot Quality Assurance Sampling (LQAS) across the districts.
- **SPECIALIZED REPORTING:** Data Cell is responsible for producing essential reports including:
  - Family Planning Report
  - Tele-Monitoring Report
  - Hepatitis Report
  - Daily Monitoring Report (DMR)

## DOMAIN OF DATA CELL

Data Cell PPHI Sindh oversees multiple health information systems and specialized programs to ensure efficient data collection, validation, and utilization for policy-making and healthcare service delivery. The District Health Information System (DHIS) serves as the core repository for routine health facility data, while the Summary of Additional Services (SAS) captures additional healthcare activities. The Oral Health Management Information System (OHMIS) focuses on tracking oral healthcare services, and the Hepatitis Control Program (HPCP) manages data related to hepatitis prevention and treatment. Additionally, the Optometry and Vision Services (OVS) system records eye care interventions. Apart from these major systems, Data Cell also develops in-house applications to cater to specific data collection and monitoring needs, ensuring comprehensive health data governance across PPHI Sindh's network.

## DATA PROCESSING WORKFLOW IN DATA CELL

**PREPARATION**
- Planning
- Data Collection
- Data Processing

**PREPROCESSING**
- Completion
- Cleaning
- Correction
- Filtering
- Transformation
- Standarization

**ANALYSIS**
- Descriptive Analysis
- Inferential Analysis
- Visulization

**POSTPROCESSING**
- Interpretation
- Documentation
- Dissemination

# Success STORIES

## 01 DEVELOPMENT OF A DIGITAL DATA COLLECTION TOOL FOR MATERNAL DEATH AUDIT:

**Achievement:** Data Cell developed an extensive digital data collection tool for Maternal Death Audit (MDA), ensuring a standardized and efficient approach to recording maternal mortality cases. This tool integrated real-time data entry features, enabling seamless tracking and analysis of maternal deaths across all PPHI Sindh managed health facilities.

**Impact:** By transitioning from traditional paper-based reporting to a digital system, the tool streamlined the process of data collection, validation, and analysis. It ensured timely and accurate reporting of maternal death cases, reducing delays in identifying causes and trends. The enhanced data accessibility allowed policymakers and health administrators to make informed decisions regarding maternal health interventions.

**Outcome:** The implementation of the digital data collection tool significantly improved the tracking of maternal mortality trends and the identification of key risk factors contributing to maternal deaths. By providing detailed and timely data, the tool enabled health administrators to develop and implement evidence-based interventions aimed at reducing maternal mortality. The improved surveillance system strengthened the overall maternal healthcare framework, contributing to better health outcomes for women across PPHI Sindh's service areas.

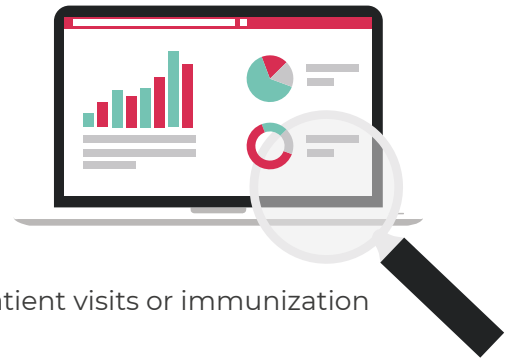
## 02 COMPREHENSIVE DISTRICT PERFORMANCE EVALUATION AND HEALTH FACILITY ANALYSIS:

**Achievement:** Data Cell implemented a robust, multi-layered analysis framework to evaluate district performance on a monthly basis, drilling down to the health facility level. This approach integrates various analytical techniques, including Key Performance Indicators (KPIs), trend analysis, zero performance health facilities, per patient cost analysis, comparative assessments, and fiscal year comparisons, ensuring a holistic evaluation of healthcare service delivery.

**Impact:** By assessing district-level and health facility-level performance through diverse analytical methods, Data Cell provided valuable insights to improve healthcare quality, optimize resource allocation, and strengthen data-driven decision-making. This initiative enabled real-time performance tracking, early detection of service gaps, and timely interventions to enhance healthcare accessibility.

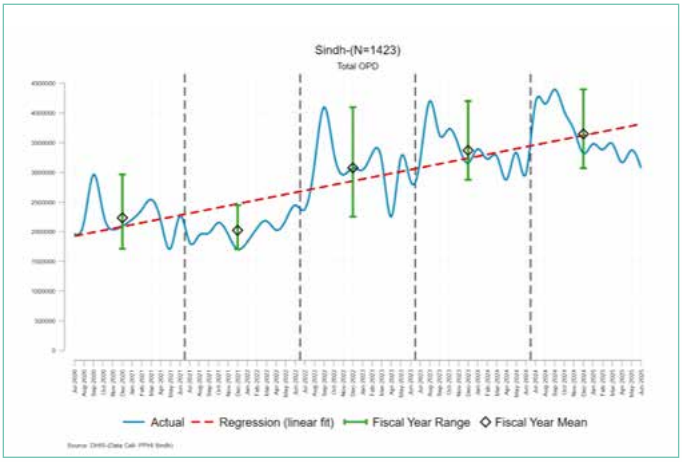
**Outcome:** Monthly district performance evaluations ensured a systematic approach to monitoring healthcare service delivery, while health facility-level drill-down analysis helped identify underperforming centers and implement targeted improvements. Trend analysis allowed for tracking fluctuations in key health indicators, highlighting progress and areas requiring urgent attention. Comparative assessments between districts and health facilities provided benchmarks for performance improvement, encouraging a data-driven culture of excellence. Fiscal year comparisons enabled year-over-year performance measurement, helping to assess the impact of policy changes and refine future healthcare strategies. Through this comprehensive evaluation system, Data Cell empowered PPHI Sindh with actionable insights, driving continuous improvements in healthcare services and ensuring better patient outcomes.

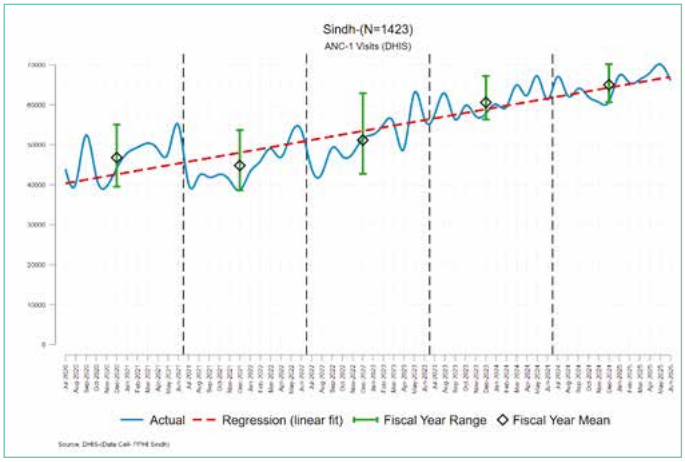
# Visual GLIMPSES OF DATA CELL

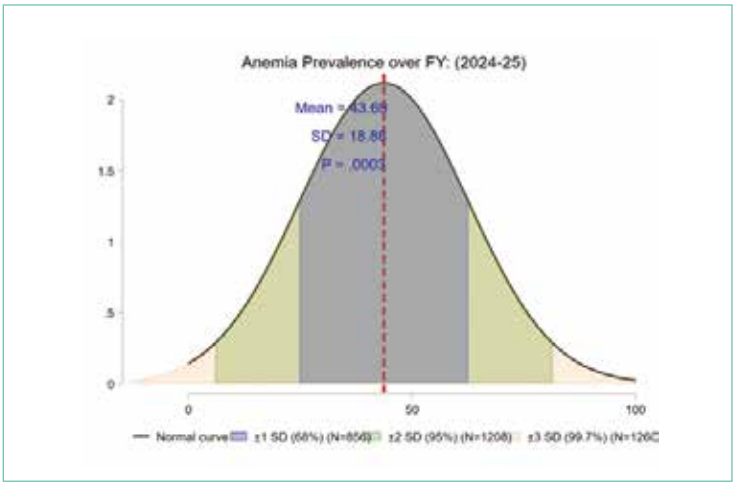


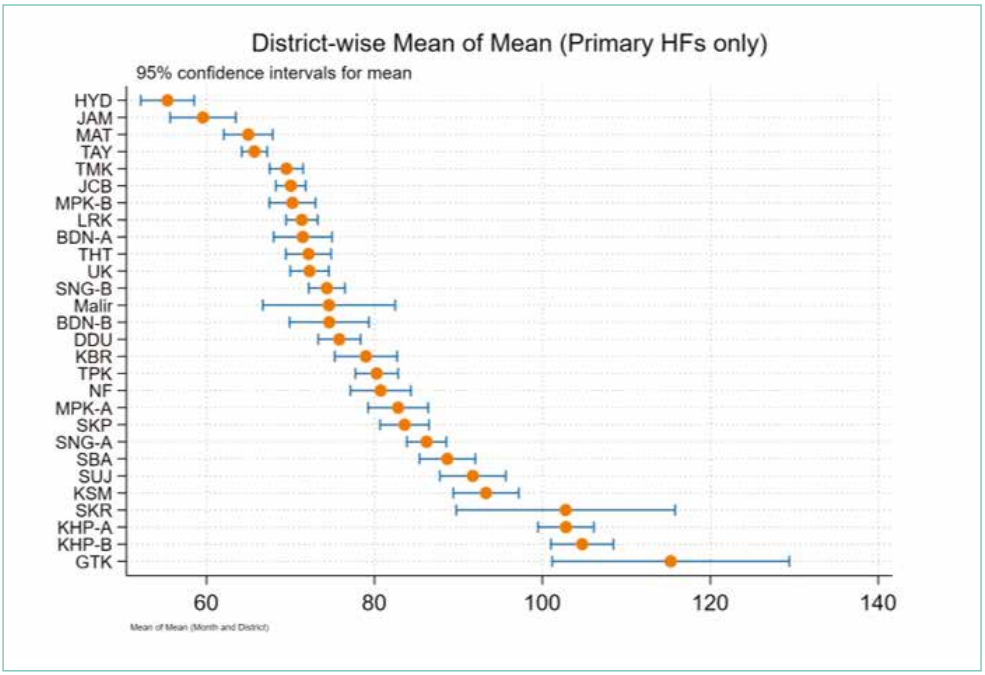
Effective data visualization plays a crucial role in understanding healthcare trends, identifying patterns, and making data-driven decisions. The Data Cell utilizes various graphical representations to present complex health data in a simplified and insightful manner. These include:

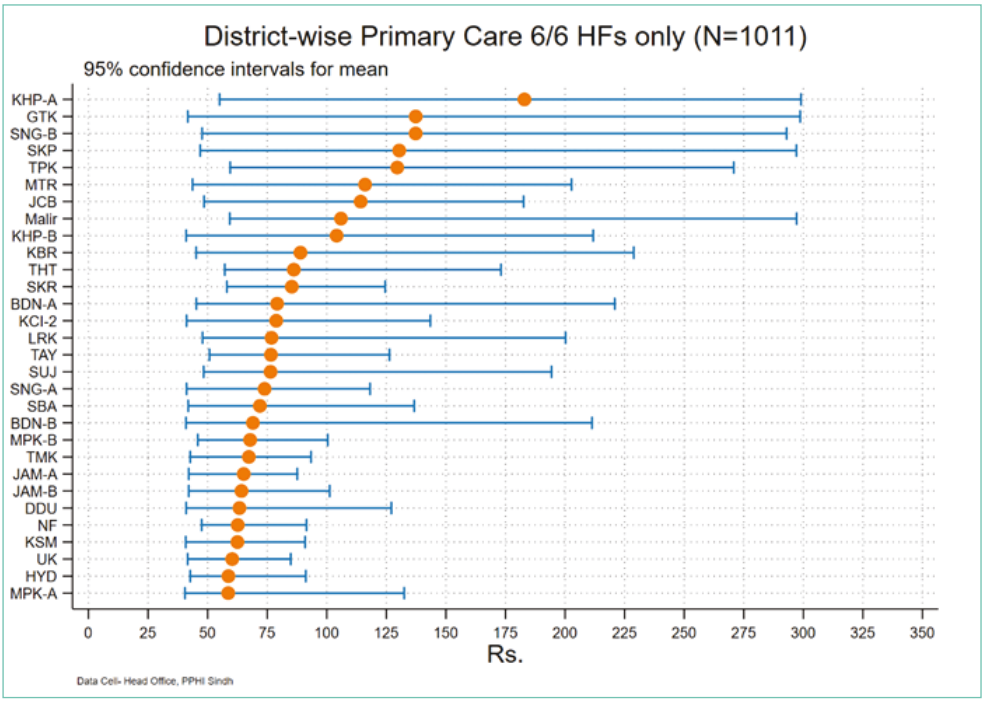
- **LINE TREND GRAPHS:** Used to track changes over time, such as patient visits or immunization rates, revealing important trends.
- **BAR PLOTS:** Employed to compare categorical data, such as the number of health facilities across districts or service utilization patterns.
- **HEATMAPS:** Provide a color-coded representation of data intensity, making it easy to identify high- and low-activity areas, such as disease prevalence or service gaps.
- **RANGE PLOTS:** Visualize variations within a dataset, showing minimum and maximum values for different health indicators across regions.
- **PIE CHARTS:** Effectively illustrate proportional data, such as the percentage distribution of health care services or program contributions.
- **SCATTER PLOTS:** Display relationships between two variables, helping to identify correlations, such as the link between vaccination rates and disease reduction.
- **GIS MAPS:** Provide spatial insights by mapping health facility locations, service coverage, or disease outbreaks, allowing for geographically informed decision-making.

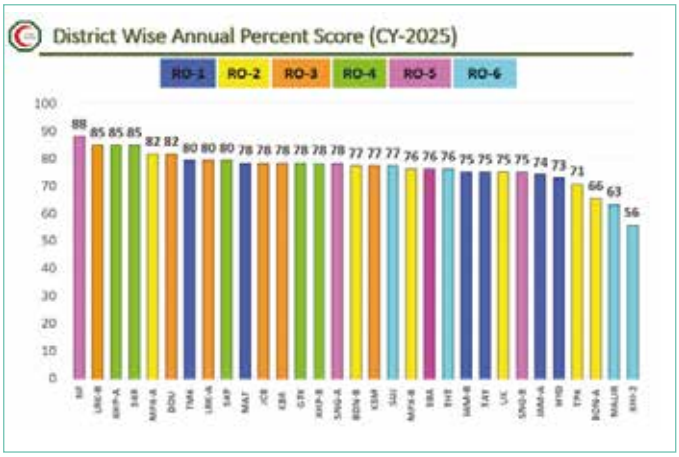


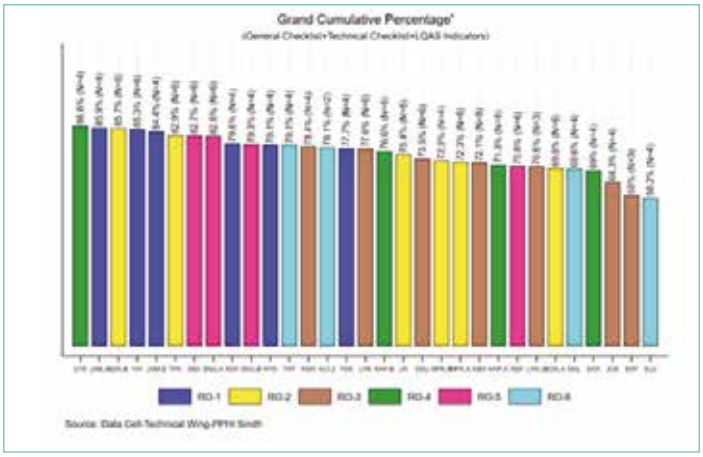




District-wise Mean of Mean (Primary HFs only)
95% confidence intervals for mean
HYD
JAM
MAT
TAY
TMK
JCB
MPK-B
LRK
BDN-A
THT
UK
SNG-B
Malir
BDN-B
DDU
KBR
TPK
NF
MPK-A
SKP
SNG-A
SBA
SUJ
KSM
SKR
KHP-A
KHP-B
GTK
60
80
100
120
140
Mean of Mean (Month and District)


District-wise Primary Care 6/6 HFs only (N=1011)
95% confidence intervals for mean
KHP-A
GTK
SNG-B
SKP
TPK
MTR
JCB
Malir
KHP-B
KBR
THT
SKR
BDN-A
KCI-2
LRK
TAY
SUJ
SNG-A
SBA
BDN-B
MPK-B
TMK
JAM-A
JAM-B
DDU
NF
KSM
UK
HYD
MPK-A
0
25
50
75
100
125
150
175
200
225
250
275
300
325
350
Rs.
Data Cell- Head Office, PPHI Sindh


District Wise Annual Percent Score (CY-2025)
RO-1
RO-2
RO-3
RO-4
RO-5
RO-6
100
90
80
70
60
50
40
30
20
10
0
88
85 85 85
82 82
80 80 80
78 78 78 78 78 78
77 77 77
76 76 76
75 75 75 75
74 73
71
66
63
56


Grand Cumulative Percentage'
RO-1
RO-2
RO-3
RO-4
RO-5
RO-6

## CHALLENGES

Despite the significant contributions, Data Cell faces several challenges that impact its efficiency and effectiveness:

- Data Accuracy & Completeness – Ensuring that all health facilities consistently submit complete, error-free data remains a persistent challenge. Data discrepancies, missing entries, and incorrect reporting can compromise decision-making.
- Timely Data Submission – Delays in data submission from health facilities hinder real-time analysis and reporting, affect timely interventions and policy adjustments.
- Internet & Connectivity Issues – Remote areas with poor internet connectivity pose challenges for real-time data entry and validation.

## FUTURE GOALS

As PPHI Sindh continues its digital transformation, Data Cell is committed to adopting cutting-edge technologies for better data management and decision-making. Future objectives include:

- Enhancing Predictive Analytics – to forecast disease trends and patient influx.
- GIS-Based Health Mapping – to visualize service coverage and identify underserved areas.
- Machine Learning & AI-Driven Insights – to automate anomaly detection and improve data validation.
- Integration of Real-Time Dashboards – for instant performance tracking and reporting.
- Development of an AI Chatbot – aims to provide instant, round-the-clock remote assistance, along with accurate and user-friendly support for generating summary reports.

# CONCLUSION

Data Cell at PPHI Sindh has established itself as a key pillar of health data governance, ensuring accurate reporting, timely submissions, and comprehensive data analysis. By streamlining compliance mechanisms, monitoring facility-level performance, and supporting health program evaluations, the unit has strengthened evidence-based decision-making and resource allocation.

As PPHI Sindh continues its digital transformation, Data Cell remains committed to leveraging advanced analytics, automation, and AI-powered tools to further enhance data accessibility and efficiency. Looking forward, Data Cell plans to expand its role in predictive analytics, GIS-based health mapping, and machine learning-driven data insights, ensuring that PPHI Sindh remains at the forefront of health data innovation.



# Biomedical ENGINEERING

## PPHI SINDH



PPHI Sindh is managing a network of more than 1,400 healthcare facilities across the province, where modern medical equipment is being utilized to strengthen diagnostic, monitoring, and treatment services. To ensure the safe, efficient, and reliable operation of these devices, the Biomedical Engineering Department was established in November 2022. Since its inception, the department has been playing an important role in supporting healthcare service delivery through technical oversight, equipment maintenance, and operational support.

The department is responsible for providing technical assistance in the procurement of biomedical equipment, particularly through the development and review of technical specifications to ensure that procured equipment meets required standards and functional needs. In addition, the department addresses day-to-day complaints related to medical equipment and coordinates inspection, troubleshooting, repair, calibration, preventive maintenance, and warranty follow-up with vendors. Through these functions, the department contributes to maintaining uninterrupted healthcare services across PPHI Sindh facilities.

To strengthen in-house repair and maintenance capacity, the first Biomedical Workshop had already been established in Region Karachi in 2023, where it has been functioning successfully as a centralized technical support facility. Continuing this expansion, a second Biomedical Workshop was established in January 2026 at Regional Office Larkana as part of the department's planned growth. These workshops serve as dedicated centers for the inspection, testing, troubleshooting, repair, and preventive maintenance of biomedical equipment. Their establishment has significantly improved response time, reduced equipment downtime, minimized dependency on external repair sources, and enhanced the functional life of medical devices. During the reporting period, the Biomedical Engineering Department remained actively engaged in complaint handling and technical support activities across the province. The department successfully resolved more than 300 equipment-related complaints involving various medical devices, including patient monitors, ultrasound machines, ECG machines dental units, and x-ray systems. In addition, over 50 warranty-related cases were processed in close coordination with vendors, ensuring timely and cost-effective resolution of technical issues.

The department also contributed significantly to the installation and commissioning of essential medical equipment at various healthcare facilities. These included x-ray machines with computed radiography (CR) systems, incinerators, patient monitors, and other biomedical devices, which enhanced the diagnostic and operational capacity of health facilities, particularly in remote and underserved areas. The availability of such equipment, supported by timely technical intervention, has improved service readiness and strengthened the overall quality of patient care.

Through sustained technical support and expansion of in-house maintenance capacity, the Biomedical Engineering Department continues to strengthen the healthcare system of PPHI Sindh by ensuring the availability, reliability, and optimal performance of essential medical equipment across the province.




BIOMEDICAL WORKSHOP
PPHI SINDH LARKANA



NEW INSTALLATION - DIGITAL X-RAY MACHINE



NEW INSTALLATION – MEDICAL WASTE INCINERATOR

# LAB AND PATHOLOGY *Wing*



## BACKGROUND:

PPHI Sindh's Pathology Lab Network was established with three fundamental pillars: Accessibility, Affordability, and Reliability. These principles guide every operational decision and strategic initiative undertaken by the Labs & Pathology Wing. The network recognizes that healthcare access in Sindh remains uneven, with many communities facing significant barriers to advanced diagnostic services. By bringing modern laboratory capabilities directly to communities' doorsteps, PPHI Sindh has effectively reduced the distance barrier that historically prevented marginalized populations from accessing essential health investigations.

Since its inception in 2018, the network has provided high-quality diagnostic services at nominal costs. This approach ensures that financial constraints do not become obstacles to timely disease diagnosis and appropriate clinical management. The network's expansion across Sindh's diverse terrain—from urban centers to remote rural areas—demonstrates PPHI Sindh's systematic effort to create equitable access to diagnostic services for all population segments.




District Laboratory Mirpurkhas



District Laboratory CP Jacobabad



District Laboratory Khairpur Mirs



District Laboratory Hyderabad

## NETWORK COVERAGE AND GEOGRAPHIC EXPANSION

The PPHI Sindh Lab Network operates across 24 districts of Sindh, with an extensive network of 25+ laboratory collection points strategically distributed to maximize community accessibility. The network's infrastructure includes District Laboratories (DLs) serving as hub facilities and Collection Points (CPs) functioning as satellite centers for sample collection and initial processing.

**DISTRICT-LEVEL COVERAGE:**



| EXPENDED NETWORK COVERAGE OF PPHI LABORATORIES | | | |
|---|---|---|---|
| DL Hyderabad | DL Mirpurkhas | DL Larkana | DL Khairpur Mir's |
| CP Hala | CP Digri | CP Ratodero | CP Kausar Hospital |
| CP Matiari | CP Islamkot | CP Shahdadkot | CP Mirpur Mathelo |
| CP Saeedabad | CP Khipro | CP Larkana | CP Ghotki |
| CP Sajawal | CP Kot Ghulam Muhammad | CP Jacobabad | CP Ranipur |
| CP Thano Bola Khan | CP Kunri | CP Shikarpur | CP Naushahro Feroze |
| DL Hyderabad (CP) | CP Umerkot | CP Thul | |
| | CP Umerkot City | | |

# ADVANCED DIAGNOSTIC CAPABILITIES AND TECHNOLOGY INFRASTRUCTURE

PPHI Sindh has positioned itself at the forefront of medical technology by equipping its pathology labs with the latest advancements in diagnostic capabilities. The network features modern imaging systems, molecular diagnostic tools, and automated analysis platforms that enable swift, accurate, and comprehensive disease profiling. By integrating robust quality control measures throughout the diagnostic process, PPHI Sindh guarantees the reliability and reproducibility of results, fostering trust between healthcare providers and patients.

## TECHNOLOGICAL INNOVATIONS:

The organization's commitment to innovation is exemplified through the development of an in-house Labs Information System, which streamlines operations and enhances data management. This system includes automated SMS generation for result notification and QR code-based result tracking, enabling patients to access their diagnostic results securely and conveniently.



Bactalert Automated Blood Culture System



DXH 800 Beckman Coulter



Rotor-Gene Q



Snibe Maglumi 2000



Indiko Plus Chemistry Analyzer



Sysmex XN 550



Biomerieux Vidas



Sorvall Legend RT Centrifuge

## QUALITY STANDARDS AND CERTIFICATION

PPHI Sindh Labs operate under structured quality assurance protocols aligned with national health-care guidelines. While Sindh's health system does not require ISO certification for each primary lab, quality is ensured through:

- Standard Operating Procedures (SOPs).
- Regular internal proficiency testing and cross-checks.
- Clinical integration with patient record systems.
- Training and monitoring of lab personnel.
- Collaboration with district hospital speciaists.

Diagnostic data generated by the network are systematically analyzed to track disease trends, identify emerging health threats, and inform public health responses. In 2025, significant emphasis was placed on strengthening laboratory capacity and expanding diagnostic outputs throughout the province. This data-driven approach enables PPHI Sindh to continuously improve service delivery, allocate resources strategically, and contribute meaningfully to provincial health surveillance and disease control efforts.


CERTIFICATE

سند

QUALITY MANAGEMENT

کوالٹی مینجمنٹ

PPHI LABORATORY

Plot# 22/A, New Saadi Town, Main Hyderabad Road, PC: 69000, Mirpurkhas, Sindh, Pakistan.

Health Care Services of Laboratory in The Field of: Microbiology, Hematology, Serology, Chemistry and Special Chemistry

ISO 9001: 2015

Date First Registered : 16.11.2022
Date Certificate Issued : 20.11.2024
Period of Registration : 3 Years
Date Certificate Expires : 15.11.2025
Certificate No : 01/20000/03

Approved by

## SPECIAL INITIATIVE: FREE DIAGNOSTIC SERVICES FOR NICU AND MALNOURISHED CHILDREN

PPHI Sindh launched a transformative initiative providing free diagnostic services for all children admitted to Neonatal Intensive Care Units (NICUs) and Nutrition Stabilization Centers (NSCs) across Sindh. This initiative addresses a critical gap in healthcare access by removing financial barriers to essential laboratory investigations.

By providing free diagnostic services, PPHI Sindh removes the financial barrier from the families of critically ill neonates and malnourished children and ensures timely access to critical laboratory investigations. This approach directly improves clinical outcomes by enabling rapid diagnosis and appropriate therapeutic interventions, ultimately supporting life-saving medical care.

The initiative extends to 17 Nutrition Stabilization Centers strategically distributed across Sindh. This extensive coverage ensures that vulnerable children across the province have access to free diagnostic services regardless of geographic location or facility type.

**Table: list of Nutrition Stabilization Centers where FREE Testing is available for Children**

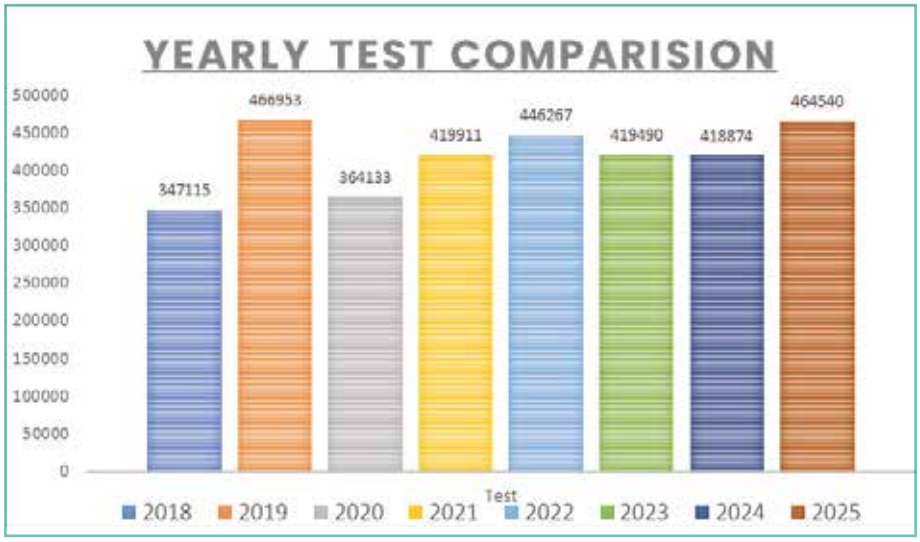
| S# | Location | S# | Location |
|---|---|---|---|
| 1 | NSC @ Civil Hospital Mirpur Khas | 10 | NSC @ Poly City Children Hospital Khairpur |
| 2 | NSC @ DHQ Badin | 11 | NSC @ RHC Islamkot |
| 3 | NSC @ DHQ Mithi | 12 | NSC @ SASIMS Jamshoro |
| 4 | NSC @ DHQ Naushahro Feroz | 13 | NSC @ THQ Chahchro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

## PERFORMANCE METRICS AND SUSTAINABLE GROWTH

The PPHI Sindh Lab Network has demonstrated consistent long-term growth with remarkable resilience. Since its inception, the network has processed a cumulative total of 3,347,283 tests, reflecting steady expansion and increasing community reliance on PPHI Sindh's diagnostic services. The yearly performance data reveals a compelling narrative of organizational growth and operational efficiency.

The network processed 347,115 tests in its first operational year, establishing a foundation for subsequent expansion. Performance grew to 466,953, 364,133, 419,911, 446,267, 419,490, and 418,874 tests in the years 2019, 2020, 2021, 2022, 2023, and 2024, respectively. However, the 2025 performance of 464,540 tests, representing a 10.8% increase, shows the strongest annual performance to date, indicating renewed growth momentum and enhanced operational capacity.

The network experienced a temporary decline in 2020 due to the COVID-19 pandemic, which disrupted normal healthcare-seeking behaviors and laboratory operations. However, the network recovered successfully in subsequent years, maintaining stable performance and eventually surpassing pre-pandemic levels.






## WORKFORCE DEVELOPMENT: DIPLOMA COURSE IN LABORATORY TECHNOLOGY

PPHI Sindh recognizes that a sustainable expansion of diagnostic services requires continuous development of skilled laboratory professionals. To address this need, the organization has established a Diploma Course in Laboratory Technology, for laboratory technicians at primary and secondary care levels, designed to build local capacity, and create employment opportunities. Following successful affiliation with the Sindh Medical Faculty and registration as an accredited Training Institution, PPHI Sindh commenced the first batch comprising thirty-five (35) students across six (06) designated PPHI laboratories.








## CAPACITY BUILDING OF BLOOD BANKING STAFF

For the establishment of systems, molecular diagnostic tools, and automated analysis platforms to ensure swift, accurate, and comprehensive disease-profiling, PPHI Sindh has undertaken a comprehensive capacity-building initiative for blood banking staff to strengthen the technical competencies and operational efficiency of its blood transfusion services. The structured training programs covered blood collection, processing, testing, storage, and transfusion protocols. These initiatives ensure that blood banking staff are equipped with current knowledge of best practices, quality standards, and safety procedures.







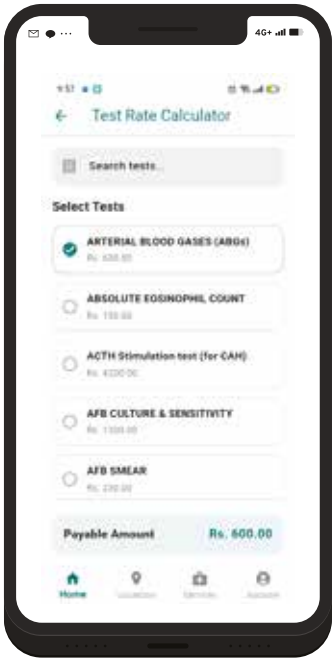
## E-LAB MOBILE APPLICATION: LABORATORY SERVICES AT YOUR FINGERTIPS

In alignment with contemporary healthcare trends and the imperative of digital transformation, PPHI Sindh has developed a comprehensive Android mobile application for access to laboratory services. This strategic initiative represents a significant advancement in improving service delivery, enhancing patient convenience, and optimizing operational efficiency across the organization's growing network of 25+ laboratory branches throughout Sindh.

The E-Lab application offers a comprehensive suite of features designed to streamline the patient journey and enhance engagement with laboratory services. Key functionalities include online test booking, home-based sample collection requests, secure digital payment options, real-time report tracking, secure downloading of laboratory reports, comprehensive test history records, and instant notifications. These features collectively eliminate traditional barriers to healthcare access by reducing travel time, minimizing inconvenience, and providing patients with unprecedented control over their diagnostic experience. By placing laboratory services literally at patients' fingertips, the application transforms how individuals interact with and access diagnostic services.

Beyond patient-facing benefits, the E-Lab application improves efficiency through digitalized record-keeping, enhanced data management, and streamlined communication channels. The centralized data infrastructure supports disease trend analysis, enabling PPHI Sindh to contribute to public health surveillance and evidence-based policy development.




## PROJECTED EXTENSION OF SERVICES / FUTURE INITIATIVES

**01** **Solarization of Collection Points.** In order to enhance the service delivery and for the purpose of continuation of services without interruption, the Pathology wing is planning to convert all Its laboratories on Solar Power. This will also enable the wing to reduce reporting time and meet monthly performance targets.

**02** **Establishment of New Collection Points.** There were a public demand and a dire need in system for expansion of services in all corners of Sindh Province. Accordingly, the pathology wing has planned to establish new more collection points in Sanghar City, Samaro City District Umerkot, Kashmore City, and Tando Jam, District Hyderabad.

**03** **Out-reach Access through Mobile Labs.** A total number f05 Mobile Pathology Labs are expected to be placed under supervision of Pathology Wing, These Labs are fully equipped and ready to mobilize in field for a wide range of testing related to Hematology and Bio-chemistry.

# COMMUNITY *Participation*



**17,268**
CSG MEETINGS

**17,268**
TOTAL SESSIONS

**17,268**
PARTICIPANTS REACHED

# OVERVIEW:

Community participation is a cornerstone of Primary Health Care (PHC) in Sindh. Active community involvement strengthens demand for health services, improves service delivery, and promotes equitable access to healthcare across urban and rural areas. It helps identify barriers — such as distance, financial constraints, and cultural norms — and enables targeted interventions that improve health-seeking behavior and service utilization.

PPHI Sindh operationalizes this through Community Support Groups (CSGs) established at every health facility under its management. CSGs comprise respected local members — elders, teachers, and community representatives — who bridge the gap between health providers and the population. Monthly meetings, facilitated by the Health Facility In-charge, provide a structured forum to review services, address local health concerns, share health education messages, and mobilize communities for immunization campaigns.

## Key ACHIVMENTS



In 2025, PPHI Sindh conducted 17,268 CSG meetings, sustaining consistent grassroots engagement across all managed facilities. Medical Officers and Female Medical Officers delivered 45,277 community health sessions and 20,151 health education sessions in schools and communities throughout Sindh.

| Activity (Jan–Dec 2025) | Sessions | Male | Female | Total |
|---|---|---|---|---|
| Community Health Sessions | **45,277** | 344,761 | 512,017 | **856,778** |
| Health Education Sessions | **20,151** | 378,138 | 261,031 | **639,169** |
| **TOTAL** | **65,428** | **722,899** | **773,048** | **1,495,947** |

TABLE 1: COMMUNITY PARTICIPATION ACTIVITY SUMMARY — JANUARY TO DECEMBER 2025

Across all activities, PPHI Sindh engaged a combined total of 1,495,947 participants. Female participation was notably strong — particularly in community health sessions, where women accounted for 512,017 (60%) of the 856,778 participants — reflecting the program's gender-responsive approach to maternal, child, and reproductive health outreach.

# IMPACT

- Strengthened community trust in public health services and reduced barriers to health-seeking behavior.
- Raised awareness of maternal health, immunization, seasonal disease prevention, and nutrition.
- Mobilized communities for immunization campaigns, directly countering vaccine hesitancy.
- Created structured feedback platforms that inform facility-level service delivery improvements.
- Improved utilization of PHC services by informing communities of available services and entitle ments.

# PAY FOR *Performance*



# MOTIVATING MEDICS, IMPROVING CARE
## PAY FOR PERFORMANCE (P4P) PROGRAM

PPHI Sindh's Pay for Performance (P4P) initiative, launched in July 2017, strategically incentivizes medical professionals to elevate healthcare service delivery. The program provides performance allowances to medical staff at PPHI Sindh-managed health facilities, fostering a sense of ownership, recognizing and rewarding hard-working healthcare providers, and ultimately enhancing the quality of patient care across Sindh.

Until FY 2024-25, P4P assessments were conducted quarterly. These assessments evaluated performance across four key domains: DHIS (District Health Information System), SAS (Summary of Additional Services), MOM (Monitoring of Monitors), and CK Test (Clinical Knowledge Test). Medics achieving a score of 60% or higher qualified for a monthly performance allowance of PKR 15,000.

### Objectives OF P4P

- Enhance the quality of healthcare services to ensure optimal patient care.
- Encourage accountability and engagement among healthcare professionals.
- Recognize and reward high-performing medics, reinforcing motivation and commitment.
- Retain skilled and experienced health care professionals in PPHI Sindh facilities.

During the fiscal year 2024-2025, financial assistance was provided to medics through the Pay-for-Performance program across four quarters. In the 1st quarter, 950 out of 1637 medics qualified for assistance, and 1,025 out of 1,842 medics received financial assistance in the 2nd quarter.

### THE RESULT OF QUARTER 1 FOR FY: 2024-25 IS AS UNDER:

| SN | Designation | Total | Total Qualified | Qualified % | Not Qualified |
|---|---|---|---|---|---|
| 1 | Female Medical Officer | 346 | 257 | 74% | 89 |
| 2 | Female Medical Officer (Senior) | 173 | 151 | 87% | 22 |
| 3 | Female Medical Officer Sonology | 7 | 6 | 86% | 1 |
| 4 | Female Medical Officer Sonology Senior | 12 | 10 | 83% | 2 |
| 5 | Women Medical Officer | 114 | 79 | 69% | 35 |
| 6 | Women Medical Officer Senior | 11 | 6 | 55% | 5 |
| 7 | Women Medical Officer Chief | 4 | 2 | 50% | 2 |
| 8 | Medical Officer | 723 | 343 | 47% | 380 |
| 9 | Medical Officer Senior | 225 | 93 | 41% | 132 |
| 10 | Medical Officer Chief | 4 | 0 | 0% | 4 |
| 11 | Medical Superintendent | 12 | 3 | 25% | 9 |
| 12 | Medical Superintendent Additional | 2 | 0 | 0% | 2 |
| 13 | Medical Superintendent Deputy | 3 | 0 | 0% | 3 |
| 14 | Radiologist | 1 | 0 | 0% | 1 |
| **Total** | | **1637** | **950** | **58%** | **687** |

## THE RESULT OF QUARTER 2 FOR FY: 2024-25 ARE AS UNDER:

| SN | Designation | Total | Total Qualified | Qualified % | Not Qualified |
|---|---|---|---|---|---|
| 1 | Female Medical Officer | 401 | 297 | 74% | 104 |
| 2 | Female Medical Officer (Senior) | 174 | 154 | 89% | 20 |
| 3 | Female Medical Officer Sonology | 7 | 5 | 71% | 2 |
| 4 | Female Medical Officer Sonology Senior | 12 | 9 | 75% | 3 |
| 5 | Women Medical Officer | 150 | 80 | 53% | 70 |
| 6 | Women Medical Officer Senior | 11 | 6 | 55% | 5 |
| 7 | Women Medical Officer Chief | 7 | 2 | 29% | 5 |
| 8 | Medical Officer | 823 | 375 | 46% | 448 |
| 9 | Medical Officer Senior | 231 | 93 | 40% | 138 |
| 10 | Medical Officer Chief | 4 | 0 | 0% | 4 |
| 11 | Medical Superintendent | 14 | 4 | 29% | 10 |
| 12 | Medical Superintendent Additional | 3 | 0 | 0% | 3 |
| 13 | Medical Superintendent Deputy | 3 | 0 | 0% | 3 |
| 14 | Radiologist | 2 | 0 | 0% | 2 |
| **Total** | | **1842** | **1025** | **56%** | **817** |

# Revised Assessment Process (Effective July 2024)

To further refine the P4P evaluation system, PPHI Sindh has introduced a revised assessment process, making it more comprehensive, efficient, and employee-friendly. The revised system now assesses six domains instead of the previous four, ensuring a more holistic evaluation of healthcare service quality.

| S.NO | Section | Indicators | Weightage | Frequency |
|---|---|---|---|---|
| 1 | CK Test | 50 Questions | 30% | 06 months |
| 2 | DHIS | 10 Indicators | 20% | 03 months |
| 3 | SAS | 10 Indicators | 15% | 03 months |
| 4 | MOM-Tech (OPD Slip Quality) | 20 Indicators | 15% | 03 months |
| 5 | MMU Score | 20 Indicators | 15% | 03 months |
| 6 | DM Remarks | 10 Indicators | 5% | 03 months |

# Updated Eligibility Criteria

- Medics must have served at least 50 working days per quarter under PPHI Sindh.
- Newly recruited employees must complete a minimum of six months of service before eligibility.
- A minimum score of 30% in each domain is required to qualify.
- If multiple doctors work at the same Health Facility (HF), they will receive the same DHIS score.

| S.NO | Score | Incentive |
|---|---|---|
| 1 | < 30% | Issue Explanation – Advisory – Warning |
| 2 | 30 – 50% | Zero Incentive |
| 3 | 51 – 60% | 5,000 / month (15,000 / Quarter) |
| 4 | 61 – 70% | 10,000 / month (30,000 / Quarter) |
| 5 | > 70 % | 15,000 / month (45,000 / Quarter) |

# MONITORING AND *Evaluation*



# MONITOR PROGRESS, ENSURE COMPLIANCE: M&E WING

The Monitoring Wing plays a pivotal role in evaluating performance, sharing M&E reports, and fostering improvement through effective follow-up. PPHI Sindh relies on a robust M&E system to assess performance, ensure compliance, and drive continuous improvement. The M&E Wing leverages data-driven decision-making and digital monitoring tools to enhance healthcare delivery.

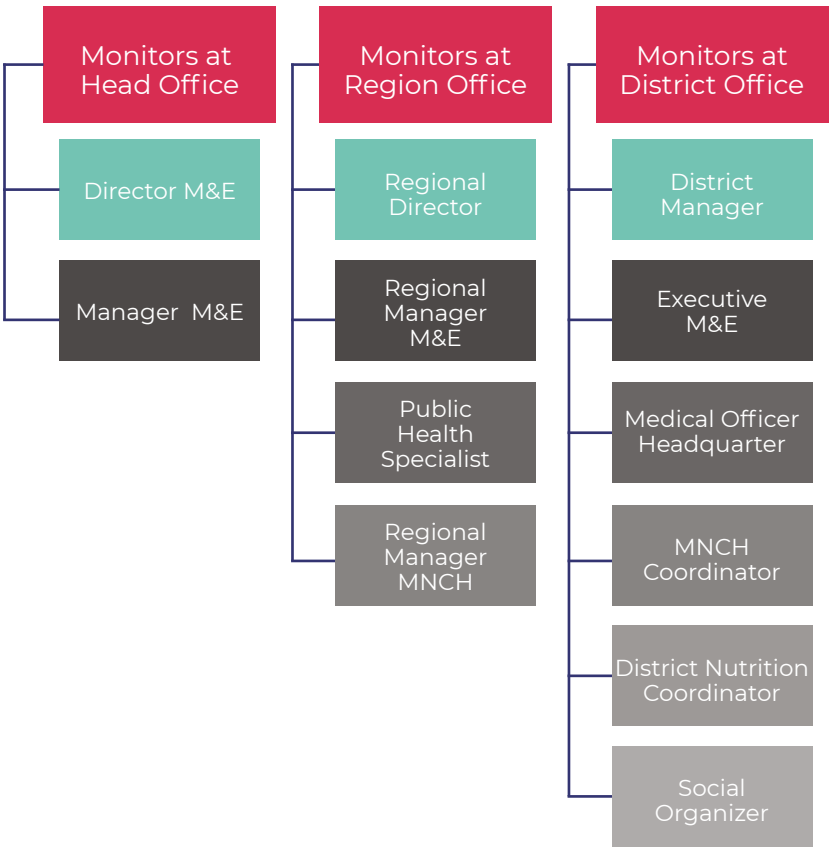
The dedicated team within the Monitoring Wing plays a pivotal role in identifying gaps and continuously evaluating performance across health facilities. PPHI Sindh currently has 280 monitors who are actively engaged in field and ensuring quality health service delivery across all PPHI managed health facilities.

## OBJECTIVES OF M&E WING



- To ensure quality primary healthcare delivery through frequent monitoring, timely feedback, and corrective actions.
- To ensure implementation of the policy guidelines of PPHI Sindh.
- Strengthening data collection and analysis for informed decision making process.
- Supporting operational improvements through structured monitoring.
- Capacity building of M&E teams to optimize monitoring effectiveness.

## MONITORING TIERS AT PPHI SINDH



## MAJOR ACTIVITIES OF M&E WING:

Throughout the year, the M&E Wing carried out multiple activities to strengthen healthcare monitoring, including:

- Fruitful visits of HFs by HO/RO/DO teams.
- Observation Review and Progress Tracking.
- Monthly Medicine Audit.
- Health Facility Profile
- Data Validation Activity (Intra District Monitoring).
- Coordination with Ministers Monitoring Unit (MMU).
- Complaint Management System (CMS).
- Attendance Tracking
- Medicine Supply Tracking
- Community Support Group Meeting
- Vehicle Movement Tracking.
- Warehouse Monitoring.
- Monthly Review Meeting.

## USING SMARTPHONE TECHNOLOGY FOR M&E DATA COLLECTION

To improve data accuracy and real-time reporting, the M&E Wing has developed a smartphone-based monitoring system. This system ensures real-time issue identification, swift resolution, and continuous service improvement across healthcare facilities.

**This system allows:**

- Digital submission of facility assessments.
- Real-time tracking of health facility observations and compliances.
- Automated report generation for informed decision-making.

**Main highlights of M&E System:**

- A checklist of essential questions has been developed, enabling monitors to systematically assess healthcare facility conditions and pinpoint critical issues.
- When a monitor logs a complaint at a health facility, an automated alert email is instantly sent to the District Manager (DM). The DM reviews the complaint and assigns a relevant team to address the issue promptly.
- Once the complaint is resolved, the DM ensures its closure in the system.
- M&E Wing at Head Office is tracking MOM complaints round the clock.
- Every registered complaint is thoroughly reviewed, investigated, and assessed for resolution quality in accordance with the procedures.

## M&E CUSTOMIZED DASHBOARD

An innovative M&E dashboard has been designed to track complaints in real-time. This platform provides a comprehensive view of the nature of complaints reported by monitors at healthcare facilities.

**M&E Dashboard consolidates field data, offering:**

- User-friendly design with customizable filters and efficient data retrieval system.
- Live updates of routine monitoring visits.
- Displays indicators related to essential healthcare service delivery, stock management and staff attendance.
- Tracks progress over time to identify patterns, seasonal variations, and recurring issues.
- Generates facility-wise, district-wise, and region-wise reports for quick analysis.

## MONITORING VISIt

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

**Objectives of Monitoring Visits at Health Facility**

- Monitoring visits facilitate the identification of gaps, challenges, and areas for improvement within the health facility, including staffing shortages and their regularity and punctuality, essential supplies, infrastructure deficiencies, equipment maintenance issues, and training needs.
- The visits promote accountability among healthcare providers and administrators by reviewing their adherence to established policies, protocols, and ethical standards.
- The visits aim to evaluate the quality of care provided to patients, including clinical services, patient safety measures, infection control practices, and overall patient experience.

According to the dashboard data, overall 119,974 monitoring visits were conducted in 2025. From the total monitoring visits, 96% are detailed visits. Detailed monitoring visits focus on overall monitoring aspects at health facility that is, availability of HR, supplies, service delivery protocols and outlook of health facility. Whereas, the brief monitoring visit only check the attendance of health facility staff.

| The total number of monitoring visits are given in the table below. | | | | | |
|---|---|---|---|---|---|
| **Staff Details** | **Designation** | **Total Monitors** | **Brief Visits** | **Detailed Visits** | **Total Visits** |
| Monitoring Visits Conducted by District Staff | District Manager | 31 | 1,726 | 10,595 | 12,321 |
| | Executive M&E | 35 | 895 | 17,342 | 18,237 |
| | MO Headquarter (MOHQ) | 31 | 349 | 8,301 | 8,650 |
| | MNCH Coordinator | 31 | 438 | 8,920 | 9,358 |
| | Social Organizer | 120 | 832 | 59,258 | 60,090 |
| Monitoring Visits Conducted by Regional Staff | Regional Director | 6 | 119 | 1,054 | 1,173 |
| | Regional Manager M&E | 12 | 115 | 2,796 | 2,911 |
| | Public Health Specialist | 6 | 148 | 1,144 | 1,292 |
| | Manager RMNCH | 6 | 58 | 1,204 | 1,262 |
| **Grand Total** | | **278** | **4,680** | **115,294** | **119,974** |

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

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

The Regional Monitoring staff oversee program activities and conduct verification assessments to ensure the accurate reporting of data by district monitors. Additionally, they share observations to the concerned districts that highlight problems hindering the implementation of program activities.



Regional Manager M&E conducting Community Support Group Meeting at the health facility




Regional Manager M&E verifying Medicine Stock at the DO Warehouse



Regional Manager M&E verifying ANC/ PNC record at the health facility





Director M&E paid a visit to MCHC Mirpur Mathelo, District Ghotki assessed service readiness and verified the facility's records.

## MONTHLY MEDICINE AUDIT

The Monthly Medicine Audit is a structured initiative by PPHI Sindh to prevent misuse, pilferage, and mismanagement of medicines at health facility.

**The audit covers:**

- Verification of medicine stock records against actual consumption.
- Identification of discrepancies in medicine issuance and usage.
- Counter-verification by Regional Offices to validate findings.
- Implementation of corrective measures for non-compliance.

**Monitoring Mechanism & Responsibilities:**
The Monthly Medicine Audit involves a multi-tiered monitoring mechanism with specific roles assigned to different teams:

### DISTRICT OFFICE (DO) TEAM:

Responsible for conducting a Monthly Medicine Audit at 25% of health facilities in their jurisdiction, ensuring 100% coverage on a four months.

Executive M&E: Conduct the medicine audits.

### Regional Office (RO) Team:

Conducts counter-verification at 10% of the health facilities audited by the DO team.

Regional Manager M&E: Verifies the health facilities.

### Head Office (M&E Team):

Selects health facilities for audit on a random basis and communicates assignments to DOs on the 3rd working day of each month.

Determines the number and names of medicine items to be audited in consultation with technical teams and shares details with DOs.

Conducts comparative analysis of findings from DOs and ROs to identify discrepancies and recommend corrective actions.

## DATA VALIDATION- INTRA DISTRICT MONITORING ACTIVITY

PPHI Sindh conducted a comprehensive Intra District Activity across all districts. The activity was conducted in October 2025. This initiative aims to verify the uplift of Poor and Model PPHI-managed health facilities, ensure the availability of essential inputs, and assess the accuracy of data recorded at the health facilities. The procedure of monitoring was that of physical verification of the records at health facility. Overall, 310 Health Facilities were selected and total 16 monitors were selected from the Head Office and Regional Offices.

The checklist was developed to verify the uplifting condition of the health facility, availability and functionality of Essential Inputs. Moreover, the checklist focused on Display of Boards & IEC Material at health facility, Infrastructure & Maintenance, Service Delivery Readiness, Compound and Cleanliness, Medicine Store and Necessary Record Keeping. The checklist comprises 30 indicators, those were assessed based on the scoring criteria. The higher the score of a health facility, the greater its compliance with uplift-ment standards. The orientation was provided to all monitors on verification protocols. After assessment, data analysis was conducted and presented in Quarterly Review Meetings.



IDM Activity

## MONTHLY REVIEW MEETINGS (MRM)

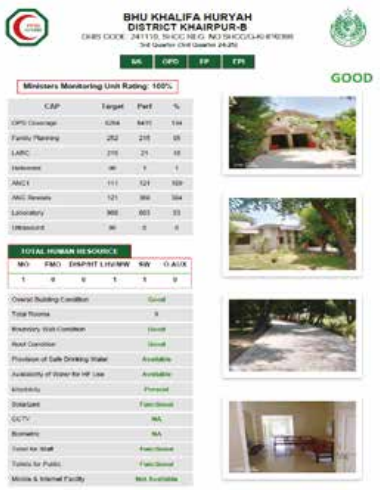
PHI Sindh ensure regular review meetings for DOs ROs and HO. This process involves analyzing reported information, identifying gaps or inconsistencies, and reviewing trends. The data presented in Monthly Review Meetings (MRMs) shall be compiled as per the approved reporting formats. The every section presents findings and support evidence-based decision-making for improved service delivery and facilitate targeted follow-up actions.



CEO PPHI Sindh Chair MRM at Region Office Larkana

## HEALTH FACILITY PROFILE

Under the vision of the CEO PPHI Sindh, the digital Health Facility profile is developed fetching SAS-ERP data through the automated system. The profile criteria are scientifically assessed to generate a cumulative score that reflects the overall performance and status of each health facility. This profile capturing key facility information such as service availability, staffing, Key Performance Indicators, and Infrastructure status with pictures in a concise format.




Template of Health Facility Profile

## ORIENTATION TRAINING ON PPHI MONITORING & EVALUATION SYSTEM

PPHI Sindh investing in building a strong, results-oriented M&E system. Equipping staff with digital tools and clear assessment standards is key to strengthening accountability and informed decision-making for better service delivery at health facility.

PPHI Sindh's M&E Wing organized six orientation training on Monitoring & Evaluation System in September 2025, at all regional offices. 192 professional monitors from all the districts of Sindh participated in these sessions.

The participants received an orientation on the Customized MOM Guidelines. The focus of the training remained on the digital M&E tools and the informed decision making process, ensuring clarity on assessment standards. Participants actively engaged in discussions, and feedback was recorded for strengthening the M&E System.



Training at Region Mirpurkhas



Training at Region Sukkur



Training at Region Hyderabad

# THE INFORMATION Technology

## PPHI SINDH



# CUSTOMIZED DASHBOARD FOR TOP MANAGEMENT

This executive dashboard serves as a comprehensive central hub, providing single-point access to a wide array of digital systems crucial for organizational operations and management. From foundational enterprise resource planning (ERP) and recruitment tools to specialized modules like Laboratory Information System (LAB), Daily Monitoring Reports (DMR), and Monitoring of Monitors (MoM) and others, the platform integrates critical functions. Users can seamlessly navigate to various dashboards, manage human resources through HMS and PTS, oversee IT service support (ITSS), handle complaints, and access administrative tools (Admin Support System), all designed to streamline workflows and enhance operational efficiency across the organization.

The dashboard also incorporates advanced features for monitoring and analysis, including Grafana Dashboards for detailed insights into attendance, audit, budget, and HR, alongside dedicated sections for Procurement, and MoM for statistical analysis and performance tracking for management. The system supports flexible authentication methods, with some applications requiring single user credentials for secure access, while others leverage convenient Google ID login credentials, ensuring both security and ease of use.

Furthermore, the matrix features dedicated dashboards for Employee Profiles, Complaints management, Asset Tracking, ITSS (IT Service Support) KPIs, HF (Health Facility) Profile, and a Procurement Dashboard that integrates supply chain management with logistical oversight. This rich compilation of interconnected visual data empowers top management with unparalleled visibility into performance, resource allocation, and overall operational health, facilitating strategic decision-making and proactive problem-solving across all organizational functions.

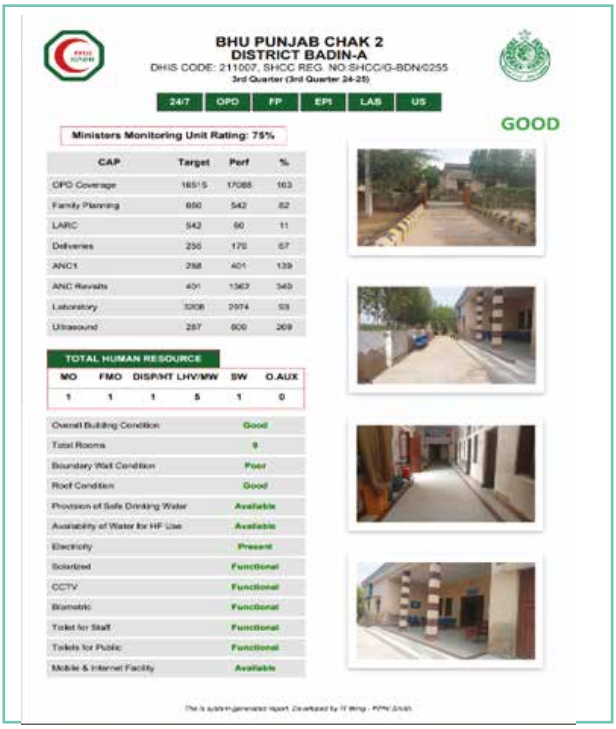


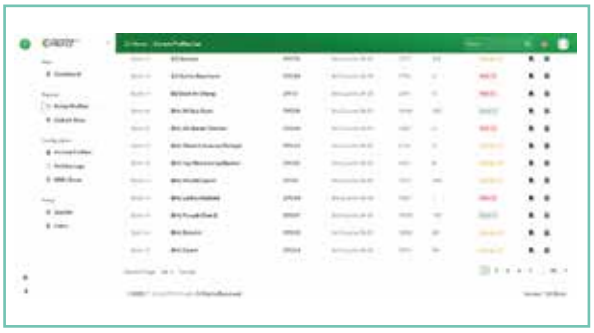



# HEALTH FACILITY PROFILE WEB APPLICATION
## PERFORMANCE EVALUATION

PPHI Sindh developed the Health Facility Profile Web Application as a centralized digital platform for assessing the performance and functionality of all health facilities across Sindh. The primary objective of the app is to provide real-time, standardized, and verifiable data on service delivery, human resources, and infrastructure status at health facilities. By consolidating key performance indicators such as OPD services, maternal and child health, family planning, diagnostics, availability of staff, and facility readiness, the app enables management and policymakers to have a clear and holistic view of ground realities.

The application was designed to support data-driven planning and timely corrective actions by highlighting both high-performing facilities and areas requiring improvement. Integrated visual evidence, scoring mechanisms, and standardized criteria ensure objectivity and reduce subjectivity in assessments. Furthermore, the system aligns field-level monitoring with leadership oversight, enabling performance tracking at district, divisional, and provincial levels.





# NUTRITION MANAGEMENT INFORMATION SYSTEM (MIS)

The Nutrition Management Information System (MIS) was introduced to overcome challenges associated with manual reporting, delays in data compilation, and limited visibility of nutrition program performance across health facilities. By digitizing key program activities—including screening of children and pregnant and lactating women (PLWs), management of SAM and MAM cases, morbidity reporting, and nutrition commodity tracking—the system enables accurate and real-time data capture at the facility level.

The Nutrition MIS also strengthens monitoring, accountability, and stock management, ensuring better control over critical nutrition supplies and improving coordination between facilities and management levels.







## IMPLEMENTATION AND ROLLOUT OF E-OFFICE SYSTEM

Following the successful completion of the E-Office implementation in all Regional Offices of PPHI Sindh during the years 2024/2025, the initiative was further extended to the District Offices as part of the organization's digital transformation strategy.

On 1st October 2025, all offices of PPHI Sindh transitioned to the E-Office platform for the processing, movement, and management of official documents. This marked a significant milestone in the organization's journey towards paperless operations, improved transparency, enhanced efficiency, and faster decision-making.



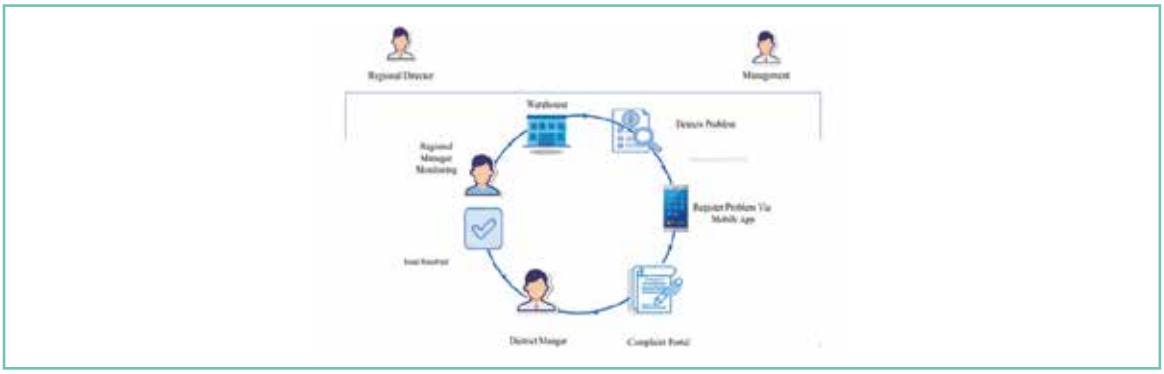


### KEY MEASURABLE OUTCOMES INCLUDE:

- Complete organizational coverage of the E-Office system across all administrativetiers
- Standardization of official workflows a cross regions and districts
- Reduction in manual file movement and processing delays
- Improved accountability through digital tracking and audit trails
- Enhanced staff capacity through struc tured IT training and support

## WAREHOUSE COMPLAINT PORTAL

PPHI Sindh's Warehouse Complaint Portal is a comprehensive monitoring tool providing real-time visibility into issues at its warehouses. This system serves as an early warning mechanism for district managers, enabling prompt action on problems reported by field visitors. Field observers utilize a mobile app to submit detailed reports, including location information and descriptions of issues such as medicine not placed above floor, medicine not issued as per FIFO or stock register does not tally with ERP and many others. These reports are instantly accessible to district managers through a centralized portal, triggering alerts for immediate attention. Managers can then update the portal with their progress on resolving each complaint, providing transparency for head office, Region Office and PPHI management.



There are more than 48 indicators related to warehouse complaints that cater to the infrastructure & furniture, cleanliness, record keeping, and medicine handling domains.

The dashboard further visualizes service unavailability across districts, showing the number of affected warehouses and the status (open vs. closed) of related complaints.

Additionally, it tracks complaint resolution times, highlighting the efficiency of the process, and displays login status across regions and districts, enabling monitoring of system usage and identification of inactive users.

# OTHER ERP CHANGES

**ERP User Interface Enhancement**

PPHI Sindh has refreshed the ERP system user interface with an updated theme, including a redesigned header and left-side navigation menu, to improve usability and accessibility for users across all levels.

The enhanced layout offers clearer navigation, improved visual hierarchy, and a more intuitive user experience, enabling staff to access modules and information with greater ease and efficiency. This update supports smoother day-to-day operations, reduces user effort, and reflects PPHI Sindh's continued focus on adopting user-centric digital solutions to strengthen organizational productivity.

**Single Window Operation to Add Employees in ERP :**

It is designed for comprehensive employee onboarding. The interface is meticulously structured to accommodate both contractual and government employees through a clear "Selection Option" dropdown, ensuring the system adapts to different employment types. Users begin by selecting the office (e.g., Head Office Karachi) and recruitment date, and can initiate a search using the employee's CNIC, streamlining data entry and preventing duplicates.

**IMS Payment linking with GRN :**

The Inventory Management System for general items is designed to provide granular control and clear visibility over stock, with a strong emphasis on financial integration. A key feature is the direct linking of every payment to its corresponding Goods Received Note (GRN), item-wise. This innovative approach ensures that finance departments no longer manage payments in isolation but rather with an explicit connection to the physical receipt of goods. By linking payments at an item level to specific GRNs, the system empowers finance teams with an accurate, real-time track of all pending payments categorized by GRN. This functionality significantly enhances financial transparency, reconciles procurement with expenditure efficiently, and enables precise budgeting and cash flow management by providing a clear overview of liabilities tied to received inventory.

**Multiple checks at Internal Medicine transfers.**

Within the ERP system, PPHI Sindh has enhanced the Intra-Store Medicine Transfer process by introducing batch-wise selection during transfers. Previously, transfers followed an automated FIFO mechanism; the updated approach allows users to select specific medicine batches to ensure accurate and verifiable records.

This enhancement improves stock traceability, strengthens transparency, and aligns system records with actual batch movements, supporting better inventory control and audit readiness across health facilities.

**Multiple Checks at Medicine Issuance**

PPHI Sindh has implemented rationalization measures in the medicine issuance process by applying system-based checks at the time of delivery challan generation. These controls ensure that medicines are issued only in accordance with approved quantities, authorized requests, and defined criteria.

The enhanced mechanism reduces the risk of improper or unauthorized issuance, improves stock accountability, and strengthens overall supply chain governance. This initiative supports responsible utilization of medical resources and contributes to improved transparency and efficiency in medicine distribution across health facilities.

# PERFORMANCE EVALUATION REPORT (PER)
## WEB APPLICATION

The PER Web Application is a role-based performance management system that digitizes the complete employee evaluation cycle. It enables Head Office and field users to define evaluation periods, map reporting structures via a matrix, execute multi-level reviews (Employee, Reporting Officer, Counter-Signing/Supervising Officer, and Approver), and finalize contract decisions based on policy-driven scoring.

### CORE MODULES & FEATURES

- **Evaluation Period Management:** Define fiscal/period dates, activate/deactivate cycles, and ensure one active period is used for processing.
- **Matrix Management:** Create and maintain reporting chains (Filled By, Supervised By, Counter Signed By, Approved By) for each employee/office.
- **Employee Evaluation Form:** Structured sections for Job Description, Achievements, competencies and grading; auto-calculation of totals and score percentage.
- **Multi-level Workflow:** Each role views only relevant evaluations and can post/unpost according to configured business rules and status checks.
- **Approval & Contract Decision:** Approver assigns contract months (e.g., 11/6/3/0) based on score thresholds, expected contract, and remaining eligibility.
- **Re-Evaluation (ReEval):** HR can initiate a ReEval, create a linked record (ParentEvalId/EvalGroupId), and cap months so previous awarded months are deducted.
- **Audit & Controls:** Locking prevents edits after key milestones; created/updated user + timestamps are maintained for traceability.
- **Reporting & Exports:** Central PER list with filters (region, district, HF, designation, period, status, evaluation type) and export to Excel/PDF.

### SCREENS (REFERENCE)



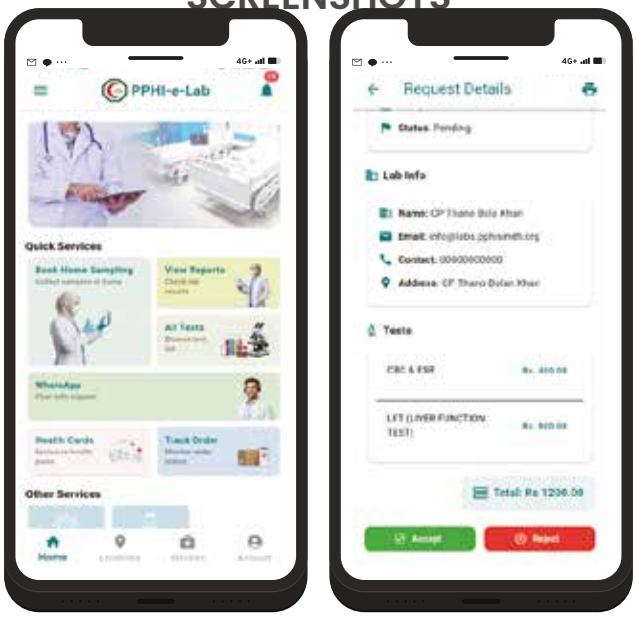

# PPHI E-LAB MOBILE APP (HOME SAMPLING + REPORTS)

PPHI e-Lab is a mobile application that allows patients to browse PPHI laboratories, book home sampling, track request status, and download lab reports. Field staff / CP users can view assigned home sampling requests, accept/reject, collect payment, and mark the request as collected.

### KEY MODULES:

- **Sign In / Sign Up:** Email login or Google Sign-In; Forgot Password via OTP.
- **Home:** Quick Services (Book Home Sampling, View Reports, All Tests, WhatsApp Support).
- **Locations:** Search by Locations, Near Me, or List all Labs.
- **Home Sampling:** Select tests, choose date/time, provide address/location, select payment method.
- **Requests & Reports:** Track request status and view/download reports (PDF).

### SCREENSHOTS



## PROCUREMENT DASHBOARD

In 2025, PPHI Sindh deployed a Software-Defined Wide Area Network (SD-WAN) infrastructure connecting 38 District and Regional Offices with the central Data Center. This strategic initiative significantly strengthened the organization's digital backbone by ensuring secure, reliable, and centrally managed connectivity across Sindh.

The core objective of this deployment was to establish secure communication channels between all field
offices and the Data Center, while enabling the safe and uninterrupted availability of NITB's eOffice intranet for Regional and District users. Through encrypted site-to-site tunnels and centralized policy
enforcement, the SD-WAN architecture enhances data security, network reliability, and operational
efficiency.

A centralized network management platform now provides real-time visibility of branch connectivity,
VPN tunnels, device health, and security alerts across all connected sites. This capability enables proactive monitoring, faster issue resolution, and consistent enforcement of cybersecurity controls throughout the organization.

This initiative marks a significant milestone in PPHI Sindh's digital transformation journey, strengthening
cybersecurity, improving service continuity, and enabling secure collaboration across the province.




## VEHICLE INFORMATION MANAGEMENT SYSTEM ENHANCEMENT

PPHI Sindh has enhanced its Vehicle Information Management System by introducing a comprehensive, dashboard-driven view of the organizational fleet. The updated system provides clear, real-time visibility through summary indicators such as total vehicles, ownership status, profile completion, operational availability, auctioned vehicles, theft/snatching cases, maintenance status, and disposals.

With improved filters and structured data views, the system enables efficient tracking, reporting, and monitoring of vehicles across offices. This enhancement strengthens asset governance, improves data accuracy, and supports informed decision-making for better fleet management and operational efficiency.



# SECURE DIGITAL CONNECTIVITY ACROSS PPHI SINDH

## STRENGTHENING CYBERSECURITY AND ENABLING PROVINCE-WIDE DIGITAL OPERATIONS

In 2025, PPHI Sindh deployed a Software-Defined Wide Area Network (SD-WAN) infrastructure connecting 38 District and Regional Offices with the central Data Center. This strategic initiative significantly strengthened the organization's digital backbone by ensuring secure, reliable, and centrally managed connectivity across Sindh.

The core objective of this deployment was to establish secure communication channels between all field
offices and the Data Center, while enabling the safe and uninterrupted availability of NITB's eOffice intranet for Regional and District users. Through encrypted site-to-site tunnels and centralized policy
enforcement, the SD-WAN architecture enhances data security, network reliability, and operational
efficiency.

A centralized network management platform now provides real-time visibility of branch connectivity,
VPN tunnels, device health, and security alerts across all connected sites. This capability enables proactive monitoring, faster issue resolution, and consistent enforcement of cybersecurity controls throughout the organization.

This initiative marks a significant milestone in PPHI Sindh's digital transformation journey, strengthening
cybersecurity, improving service continuity, and enabling secure collaboration across the province.








# REPAIR *And* RENOVATION



# PPHI SINDH
# REPAIR AND RENOVATION
# Initiative

## JULY 2024 TO JUNE 2025

## EXECUTIVE SUMMARY

The Repair and Renovation (R&R) Initiative represents a cornerstone of PPHI Sindh's commitment to strengthening healthcare infrastructure across Sindh province. During the financial year 2024-2025, PPHI Sindh demonstrated further improvement of primary healthcare facilities through significant capital investment and strategic infrastructure development. With a total allocation of Rs. 579.686 million from the Sindh Government and expenditure of Rs. 551.552 million, the organization successfully completed 54 repair and renovation schemes, creating a more conducive environment for both patients and healthcare staff while enhancing service delivery quality across the province.

## STRATEGIC CONTEXT AND ORGANIZATIONAL COMMITMENT

Since 2013, PPHI Sindh has been consistently strengthening its healthcare infrastructure to ensure accessible, efficient, and high-quality healthcare services across Sindh province. The R&R Initiative represents a key component of this ongoing endeavor, reflecting the organization's recognition that physical infrastructure forms the foundation upon which quality healthcare services are built. Well-maintained, adequately equipped, and hygienically sound facilities are essential prerequisites for delivering effective healthcare, ensuring patient safety, and creating a supportive work environment for healthcare professionals.

## OBJECTIVES AND SCOPE

The R&R Initiative aims to create a more conducive environment for both patients and healthcare staff, thereby enhancing service delivery at primary healthcare centers across Sindh. The initiative is grounded in the recognition that improved physical infrastructure contributes to multiple dimensions of healthcare quality including patient satisfaction, staff productivity, infection control, and operational efficiency.

This initiative has been made possible through dedicated financial resources and collaborative partnership with the Sindh Government. This partnership model reflects recognition that healthcare infrastructure strengthening requires sustained commitment and coordination between implementing organizations and government authorities. The allocation of Rs. 579.686 million by the Sindh Government demonstrates the government's commitment to supporting PPHI Sindh's infrastructure development efforts, while PPHI Sindh's efficient utilization of these resources demonstrates organizational capacity and accountability.

## FINANCIAL PERFORMANCE AND RESOURCE UTILIZATION

During the financial year 2024-2025, PPHI Sindh received Rs. 579.686 million in funding from the Sindh Government for the Repair and Renovation Initiative. The organization expended Rs. 551.552 million during this period, representing efficient utilization of allocated resources.

## IMPLEMENTATION ACHIEVEMENTS

During the financial year 2024-2025, PPHI Sindh successfully completed 54 repair and renovation schemes across its healthcare facilities. These completed schemes represent tangible improvements to the physical infrastructure supporting primary healthcare service delivery across Sindh province.

| YEAR | NO OF SCHEMES IN PROGRESS | NO OF SCHEMES COMPLETED | RECEIPTS IN RS.M | EXPENDITURE RS.M |
|---|---|---|---|---|
| JULY 2024 TO JUNE 2025 | 5 | 54 | 579.686 | 551.552 |

**During this period, PPHI Sindh expended Rs.551.552 million leveraging RS. 579.686 million in funding received from the Sindh Government**

**COMPREHENSIVE SCOPE OF INFRASTRUCTURE IMPROVEMENTS**

The tangible impact of PPHI Sindh's R&R Initiative is evident across Sindh, with numerous healthcare facilities undergoing transformative upgrades that address critical infrastructure deficiencies. BHUs, RHCs, GDs, and SGHs have witnessed significant improvements across multiple dimensions of facility infrastructure. Structural enhancements have addressed critical issues such as roof repairs, flooring upgrades, and strengthening of boundary walls—essential interventions that ensure facility safety, longevity, and operational integrity. Simultaneously, facility expansions have been undertaken to increase the capacity of healthcare centers, enabling them to accommodate the growing healthcare needs of their respective communities. Enhanced sanitation and hygiene infrastructure has been prioritized through comprehensive upgrades to water systems, waste management facilities, and hygiene infrastructure, thereby strengthening infection control measures and protecting both patient and staff safety. Additionally, patient waiting areas have been enhanced to create more comfortable and accessible spaces, recognizing that the patient experience extends beyond clinical care to encompass the physical environment in which healthcare is delivered.

## GD SHALMANI
## DISTRICT JAMSHORO



Before



After

## CONSTRUCTION OF BOUNDARY WALL
DISTRICT OFFICE JAMSHORO



Before



After

## RHC KHOKHRAPAR
DISTRICT UMERKOT



Before



After

## GD MOOSA JAN SARHANDI
DISTRICT UMERKOT



Before



After

## GD GUL MOHAMMAD CHANDIO
DISTRICT DADU



Before



After

## BHU SULTANPUR
DISTRICT SUKKUR



Before



After

## BHU ABDU
DISTRICT SHIKARPUR



Before



After

## BHU PIR BUX GAHO
DISTRICT KHAIRPUR-A



Before



After

## SGD MULLAN HUSSAIN BROHI
DISTRICT KARACHI-II



Before



After

## SGD DARSANO CHANNO
DISTRICT MALIR



Before



After

# SOLARIZATION

## ADVANCING HEALTHCARE THROUGH INNOVATION & SUSTAINABILITY



# Solarization PROGRESS - 2025

## EXECUTIVE SUMMARY

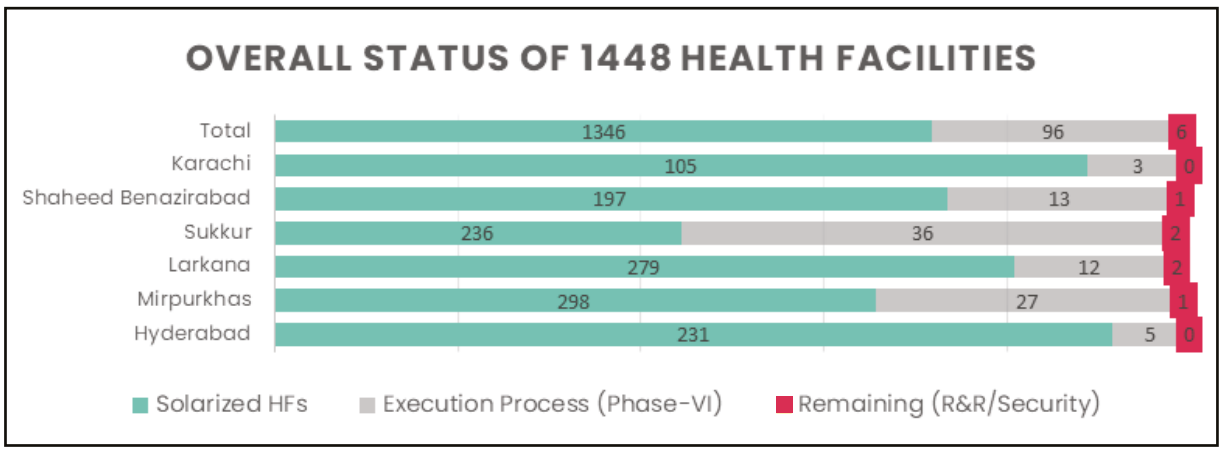
2025 marked a pivotal transition for PPHI Sindh as we successfully concluded Phase-V and launched the ambitious Phase-VI. This new chapter extends our impact beyond basic healthcare delivery, addressing rising energy demands through advanced hybrid systems and enhanced grid reliability.

Phase-VI was initiated to upgrade existing infrastructure and extend solar power solutions to offices, laboratories, and warehouses. By implementing large-scale battery replacements alongside these upgrades, we are ensuring long-term energy resilience across our entire network.

## 01 OVERALL SOLARIZATION STATUS

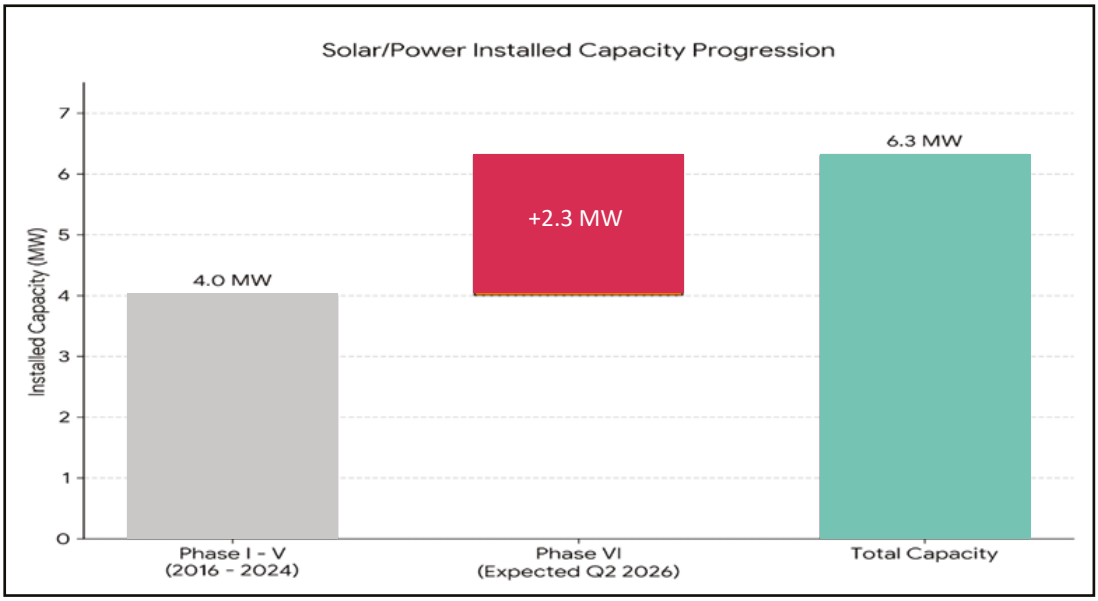
By the close of this reporting period, PPHI Sindh reached a record 1,346 (93%) operational solarized facilities, representing a significant leap toward total energy independence for Sindh's primary healthcare network.

| 1,448 | 1,346 | 96 | 6 |
|---|---|---|---|
| Total Healthcare Facilities | Fully Solarized & Commissioned | New Facilities Added in 2025 | Remaining (R&R/Security) |



## 02 PHASE-WISE CAPACITY GROWTH: EXPANDING THE SOLAR SYSTEMS NETWORK

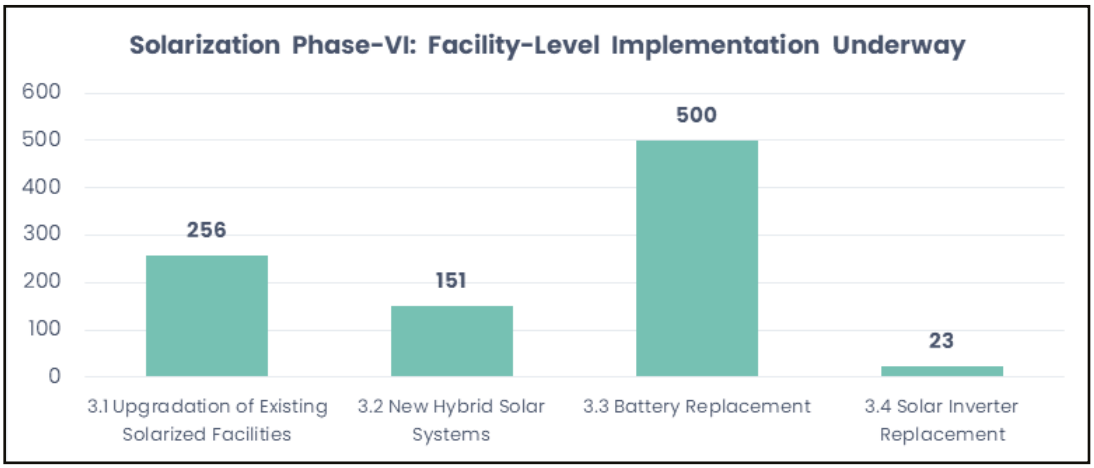
Since the launch of the solarization initiative in 2016, PPHI Sindh has implemented five phases (Phase-I to Phase-V) through 2024, installing approximately 4.0 MW of solar capacity across its healthcare facilities. Building on this foundation, Solarization Phase-VI will add an additional 2.3 MW of solar capacity, increasing the total installed capacity of the network to approximately 6.3 MW upon completion in Q2 2026.




## 03 PHASE VI EXECUTION: A STRATEGIC INFRASTRUCTURE OVERHAUL AND EXPANSION

Solarization Phase-VI represents a major expansion of PPHI Sindh's renewable energy program. During 2025, the organization completed the required approvals and undertook a large-scale tendering process to procure and mobilize solar equipment across the province.

To optimize implementation timelines, a parallel execution approach has been adopted. While specialized batteries are currently under manufacturing, other key system components including solar panels, inverters, and accessories have already been delivered, and possible installation activities are underway. This strategy will enable rapid commissioning of the systems upon battery delivery while maintaining equipment shelf life, expected in Q2 2026.



## 3.1 FACILITY UPGRADATION: MEETING GROWING ENERGY DEMAND (~1 MEGAWATTS)

Expanded healthcare services, new medical equipment, and increased human resources have driven up energy demand across PPHI Sindh facilities. In response, the organization is upgrading solar systems at 256 healthcare facilities, adding approximately 1.0 MW of photovoltaic capacity. This critical work is being executed exclusively by in-house technical teams, ensuring quality control and cost-effective implementation across dispersed rural locations.










## 3.2 INSTITUTIONAL HYBRID SYSTEMS: STRENGTHENING OPERATIONAL INFRASTRUCTURE (~1.3 MEGAWATTS)

For the first time, PPHI Sindh is extending solar energy solutions beyond healthcare facilities to key administrative and operational infrastructure, including offices, laboratories, and warehouses that support the healthcare network with the Installation of 192 hybrid solar systems (3 kW and 6 kW units) across 151 facilities.

**2025 Milestone:**
Procurement and delivery of major system components i.e solar panels, inverters, and accessories have been successfully completed and distributed to district locations.

**Next Phase:**
Installation has already started, final commissioning is expected in Q2 2026.





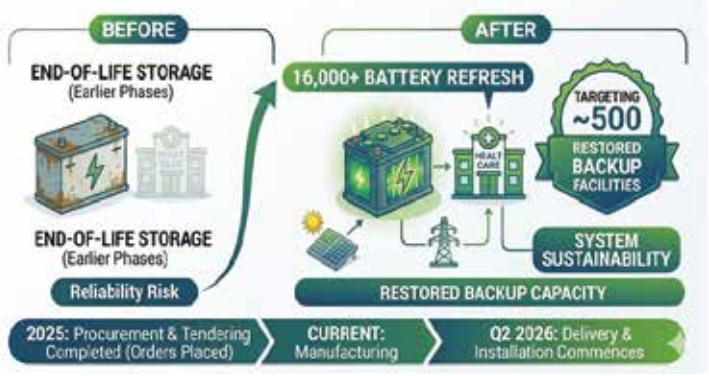





## 3.3 BATTERY REPLACEMENT PROGRAM: 16,000 BATTERY REFRESH

To maintain the reliability and sustainability of solar installations from earlier phases, PPHI Sindh has initiated a large-scale battery replacement program.

- **Scale:** Approximately 16,000 batteries are being replaced at nearly 500 healthcare facilities where storage systems have reached end-of-life.
- **Outlook:** Orders were placed in 2025. Manufacturing is currently underway, with delivery and installation scheduled for Q2 2026 to restore full backup capacity.



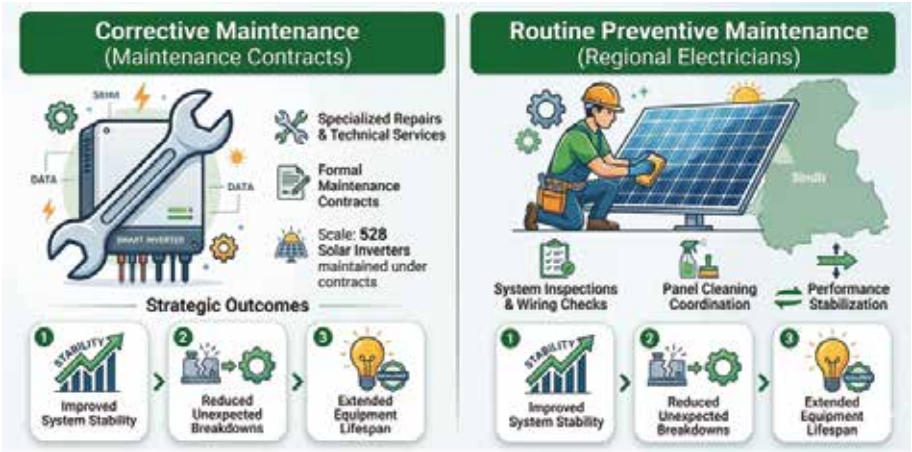

## 04 OPERATION AND MAINTENANCE: ENSURING NETWORK RELIABILITY

PPHI Sindh reinforced its solar maintenance framework through a dual-track strategy designed to maximize uptime and system longevity across the province.

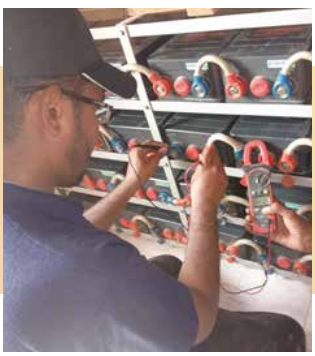
- **Corrective Maintenance (Cotract-Based):**

Specialized repairs and technical services were managed through formal maintenance contracts.

- **Scale:** 528 solar inverters were maintained under these contracts to ensure high-level technical compliance.
- **Preventive Maintenance (Regiona Teams):** Routine, proactive upkeep was performed by trained regional electricians to prevent issues before they occurred.
- **Core Activities:** System inspections, wiring checks, panel cleaning coordination, and performance stabilization.









## 05 FUTURE IMPACT OF PHASE VI

Upon full commissioning, Phase VI is expected to enhance energy reliability across healthcare facilities by strengthening backup power availability and reducing service disruptions. The expanded solar capacity will also extend renewable energy coverage to key administrative infrastructure.

The initiative will contribute to lowering the carbon footprint of facility operations by reducing dependence on grid electricity and diesel generators. It also supports global sustainability priorities, particularly SDG 3 (Good Health and Well-being), SDG 7 (Affordable and Clean Energy), and SDG 13 (Climate Action), while preparing the network for future integration of advanced energy storage solutions.




## 06 OUTLOOK 2025–2026

In the coming year, PPHI Sindh will focus on commissioning Phase VI solar systems following battery delivery, completing the battery replacement program for older installations, and gradually expanding lithium battery solutions based on pilot results. Continued emphasis will also be placed on preventive maintenance and solarization of remaining facilities once security and renovation constraints are resolved.







# RESEARCH *Wing*

PPHI SINDH



# Generating EVIDENCE FOR BETTER HEALTH

## EXECUTIVE SUMMARY

The Research Wing of PPHI Sindh serves as a critical catalyst for organizational growth and evidence-based healthcare delivery. During the reporting period, the Research Wing successfully advanced multiple research collaborations, secured significant grant funding, and contributed to peer-reviewed publications. Through strategic partnerships with leading academic institutions and international organizations, the Research Wing has generated evidence to inform healthcare service improvements, particularly for vulnerable rural populations in Sindh.

## OBJECTIVES

The Research Wing operates with a clear mandate to foster a research culture within PPHI Sindh and generate evidence-based results that identify emerging trends, opportunities, and challenges within the service delivery system. Its primary objectives include producing evidence through community and facility-based research activities, identifying gaps and offering recommendations for evidence-based strategies to inform organizational decision-making, publishing research findings in national and international journals, establishing research partnerships with institutions and organizations, enhancing the research capabilities of existing staff, and exploring grant opportunities to support research activities.

## RESEARCH COLLABORATIONS AND PARTNERSHIPS

### Completed Research Studies

The Research Wing has successfully completed three major collaborative research studies during the reporting period. A "Feasibility study using human-centered service design to improve maternal and neonatal healthcare services" conducted with Aga Khan University (AKU) examined maternal and neonatal healthcare services using human-centered service design approaches in Thatta and Qamber Shahdadkot districts, providing evidence for redesigning service delivery models.

In collaboration with the Center of Global Public Health and the University of Manitoba, a "Supply-side and health systems assessment for family planning, maternal, newborn, and child health services" was conducted across all districts to develop baseline indicators for family planning and maternal, newborn, and child health services.

A study with PHC-Global assessed "The Impact of Fund Flows and Resource Management Bottlenecks at Facility Level on Primary Healthcare (PHC) and Immunization Performance" in Karachi and Tando Allahyar. These completed studies have generated actionable evidence to guide PPHI Sindh's strategic interventions and service improvements.

## ONGOING RESEARCH INITIATIVES

Three research studies are currently in progress. PPHI Sindh along with AKU has completed baseline surveys on "Cardiovascular Disease Risk Reduction: A comprehensive package for the reduction of risk in Sindh, Pakistan" and capacity-building for healthcare staff in Thatta and Matiari, with the intervention phase currently underway.

"Implementation Research to Scale-up and Evaluate the Impact of Antenatal Corticosteroids on Preterm Newborn Outcomes" is being conducted in collaboration with PHC-Global and the Health Service Academy (HSA) in Dadu and Khairpur districts.

A study on "Increasing Uptake of Antenatal Care (ANC) Services by Mamta Beneficiaries" is ongoing across multiple districts in collaboration with the Centre for Economic Research in Pakistan (CERP). These ongoing studies will provide critical evidence on maternal and neonatal health interventions at scale.

## UPCOMING RESEARCH COLLABORATIONS

Under an MoU with AKU, four new research studies have been proposed for implementation as part of the Essential Package of Health Services in Tando Allahyar.

These studies will focus on improving early detection and management of maternal sepsis using the FAST-M intervention, implementing science approaches to enhance cardiovascular and diabetes services using CFIR and ERIC frameworks, assessing preparedness for dog bite management in rural Pakistan, and strengthening mental health service delivery at the district level.

## GRANT OPPORTUNITIES AND FUNDED PROJECTS

### DiaDem Behavioural Activation Intervention Project

The Research Wing successfully secured funding from the National Institute for Health Research (NIHR) Global Health Research Program for the DiaDem project, which implements a contextualized behavioral activation intervention for depression in diabetes care at two primary care facilities in Karachi and Tharparker. This project, conducted in collaboration with the University of York Institute of Psychiatry and Rawalpindi Medical University, runs from August 2025 to March 2026 and demonstrates PPHI Sindh's capacity to implement evidence-based mental health interventions.

### High-Impact Maternal and Neonatal Health Services Project

A major grant from the Gates Foundation has been secured to introduce and scale high-impact maternal and neonatal health services across 1,432 PPHI Sindh-managed health facilities. This ambitious project, running from January 2026 to March 2028, aims to reduce maternal and neonatal mortality by improving access to high-impact, evidence-based antenatal, intrapartum, and early newborn care interventions. This project represents significant organizational recognition of PPHI Sindh's capacity to implement large-scale health system improvements.

### Research Publications and Knowledge Dissemination

The Research Wing has successfully contributed to peer-reviewed publications in international journals. An article titled "Subnational malaria burden in Sindh, Pakistan: over a decade of evidence for tailored strategies" was published in BMC Malaria Journal in 2025. This publication, authored by PPHI Sindh staff and collaborators including Nelofer Baig, Zakir Ali, Muhammad Ahmed, Wafa Zehra Jamal, Saqib Ur Rehman, Zafar Ahmed, Riaz Hussain Rahoojo, Javed Ali Jagirani, Bilal Ahmed Usmani, and Zafar Fatmi, provides evidence to guide malaria control strategies in Sindh.



# HEALTHCARE AT THE FRONTLINE:

## The Role Of PPHI SINDH AMID PAKISTAN'S GEO-ECONOMIC PRESSURES



As Pakistan reorients itself toward a geo-economic framework—prioritizing fiscal consolidation, export competitiveness, and macroeconomic stability—the country faces a persistent paradox. While economic indicators such as GDP growth, external balances, and inflation dominate policy discourse, the lived economic reality of millions of citizens is shaped far more by access to affordable healthcare. In Sindh, PPHI Sindh stands at the confluence of economics, climate vulnerability, insecurity, and public health—operating where geo-economic pressures are felt most acutely.

Historically, Pakistan's economy has been repeatedly disrupted by external shocks: post-2008 global financial volatility, energy crises, COVID-19, catastrophic floods, and inflationary cycles. During these periods, GDP growth has oscillated sharply—sometimes falling below population growth—while public health spending has remained constrained, hovering around 1–1.3 percent of GDP, well below regional and global benchmarks. This structural underinvestment has elevated primary healthcare institutions like PPHI Sindh from service providers to economic shock absorbers.

PPHI Sindh's institutional journey mirrors Pakistan's broader struggle for resilience. What began as a single-room office in Karachi with just 10 employees has now evolved into one of the largest primary healthcare networks in the country. Governance reforms and outreach laid the foundation. Under the previous leaderships, systems were strengthened and services expanded. Today, current leadership at PPHI Sindh guides the organization at a time when healthcare is no longer merely a social sector—it has emerged as a geo-economic stabilizer, essential for sustaining productivity, protecting human capital, and maintaining social cohesion.

In an environment marked by fiscal constraints, climate shocks, public health emergencies, and security challenges, PPHI Sindh's leadership reflects an understanding that resilient primary healthcare reduces economic vulnerability at the household level and mitigates long-term losses to the national economy. By aligning service delivery with disease surveillance, preventive care, and operational efficiency, the management has positioned PPHI Sindh as a frontline institution that supports both public welfare and economic continuity across the province.

With nearly 1,465 healthcare facilities and 19,826 employees, PPHI Sindh operates at a scale comparable to major service sectors of the provincial economy. Monthly OPD attendance fluctuates between 3.5 and 4 million patients, reaching 3.8 million in November 2025 alone, with 1.4 million follow-up visits. These numbers rise during inflationary cycles, when private healthcare costs surge faster than wages. In economic terms, PPHI Sindh acts as a buffer against health-induced poverty, preventing medical expenses from pushing vulnerable households below the poverty line.

This frontline burden is even more critical in maternal and child health, an area directly linked to long-term economic growth. PPHI Sindh facilities conduct approximately 35,000 deliveries each month, including over 2,000 C-sections, safeguarding maternal survival and early childhood outcomes. Global economic evidence consistently shows that reductions in maternal and neonatal mortality yield high returns through improved human capital—returns Pakistan can ill afford to lose in a low-growth environment.

**COVID-19: A Geo-Economic Stress Test**

The COVID-19 pandemic represented one of the most severe geo-economic shocks in Pakistan's history, contracting GDP growth and straining fiscal space. During this period, PPHI Sindh facilities supported screening, referrals, vaccination facilitation, and uninterrupted essential services, particularly in rural Sindh. The lesson was clear: economies recover faster when primary healthcare systems remain functional. Without institutions like PPHI, pandemic-induced shutdowns would have been deeper, longer, and socially destabilizing.

**Floods, Climate Shocks, and Health-Economic Spillovers:**

Sindh's repeated exposure to floods—culminating in recent large-scale disasters—has underscored the economic cost of climate vulnerability. Floods disrupt agricultural output, supply chains, and labor mobility, while simultaneously triggering outbreaks of malaria, dengue, diarrheal diseases, and respiratory infections. PPHI Sindh's wide geographic footprint allows rapid service restoration, medicine distribution, and disease surveillance, reducing secondary economic losses caused by prolonged illness and workforce absenteeism.

Since 2022, PPHI Sindh has conducted over 6 million Hepatitis A, B, and C screenings, alongside referrals for treatment. Ongoing screening for TB, HIV/AIDS, and vector-borne diseases transforms PPHI Sindh into a province-wide epidemiological network—critical in an era where climate migration and economic displacement accelerate disease transmission.

**Medicines, Manpower, and Fiscal Pressures:**

In December 2025, PPHI Sindh distributed over 55 million units of essential medicines, insulating households from inflation-driven price shocks. However, sustaining this output amid rising fuel prices, currency depreciation, and constrained public spending remains a challenge. As Pakistan's GDP growth remains sensitive to external financing and climate risks, efficient primary healthcare spending becomes a fiscal necessity, not a luxury.

**Where Policy Meets People: Ground-Level Impact of PPHI Sindh:**

Beyond macroeconomic debates and national health indicators, the real test of geo-economic resilience lies in whether services reach the last mile. In districts such as Tharparkar, Umerkot, Kashmore, Jacobabad, and Badin, PPHI Sindh has restored functionality to Basic Health Units (BHUs) and Rural Health Centers (RHCs) that were previously dormant or underutilized. Facilities like BHU Mithi, RHC Islamkot, BHU Kandhkot, and MCHC Jacobabad now serve as first points of care for populations exposed to poverty, climate stress, and insecurity.

Targeted maternal health interventions—through 24/7 Delivery Centers, Emergency Obstetric and Newborn Care (EmONC) facilities, and Mother & Child Health Centers (MCHCs)—have reduced reliance on distant tertiary hospitals. In flood-affected talukas of Dadu and Thatta, these centers ensured continuity of antenatal care and safe deliveries even when transport routes were disrupted, preventing avoidable maternal and neonatal losses.

Each functional BHU, each vaccinated child, and each safe delivery represents avoided future costs—lost labor days, catastrophic health spending, and intergenerational poverty. In a constrained fiscal environment, PPHI Sindh exemplifies how targeted primary healthcare converts limited public spending into durable geo-economic resilience.

# Conclusion

From a single room to a province-wide lifeline, PPHI Sindh exemplifies how primary healthcare underpins geo-economic resilience. Immunization, maternal care, disease surveillance, flood response, and service delivery in insecure areas are not peripheral welfare functions—they are investments in economic stability and human capital.

As Pakistan confronts fiscal constraints, climate uncertainty, and demographic pressure, strengthening institutions like PPHI Sindh is not optional. It is a strategic imperative.

In today's geo-economic reality, healthcare at the frontline is healthcare for sustainable growth.



**ARTICLE WRITTEN BY**

Sanaullah Rajper

# Medical
# REIMBURSEMENT CELL



# BACKGROUND:

The Medical Reimbursement Cell (MRC) at PPHI Sindh has demonstrated significant growth and operational excellence in delivering comprehensive healthcare coverage to its employees and their dependents. During the fiscal year 2024-2025, the organization achieved substantial increases in employee coverage, beneficiary support, and financial disbursement, reflecting PPHI Sindh's commitment to employee welfare and organizational stability through strategic health insurance management.

# HEALTHCARE COVERAGE FOR PPHI EMPLOYEES

## STRATEGIC IMPORTANCE OF HEALTH INSURANCE

Health insurance represents a critical component of employee welfare, providing comprehensive financial protection against medical uncertainties. By offering robust health insurance coverage, PPHI Sindh demonstrates its commitment to workforce welfare, enhances employee morale and retention, and strengthens its ability to attract and sustain competent professionals.

## COMPREHENSIVE COVERAGE FRAMEWORK

PPHI Sindh has established a comprehensive and cost-effective health insurance program that extends financial support for hospitalization and maternity expenses to all employees, regardless of level, tenure, or position. The coverage encompasses a wide range of medical expenses, including surgical procedures, specialized investigations, daycare surgeries, and both normal and complicated deliveries. This inclusive approach ensures that all employees and their families have access to quality healthcare without financial hardship.

## PERFORMANCE METRICS AND GROWTH ANALYSIS

A comparative analysis of fiscal years 2023-24 and 2024-25 demonstrates significant expansion in coverage, utilization, and financial support:

| Description | FY 2023-2024 | FY 2024-2025 | Impact |
|---|---|---|---|
| No of Employees Covered | 12,205 | 13,756 | ↑ 12.71% |
| Total Beneficiaries (Dependents) | 49,079 | 58,359 | ↑ 18.91% |
| No. of Cases Reported | 2,451 | 2,944 | ↑ 20.11% |
| Total Financial Benefit provided | 205,898,170 | 267,548,254 | ↑ 29.95% |

## Key INSIGHTS:

- Employee coverage increased by 12.71%, reflecting organizational growth and expanded workforce
- Healthcare utilization increased by 20.11%, demonstrating increased employee confidence in the insurance program
- Dependent beneficiary coverage grew by 18.91%, indicating broader family protection
- Financial disbursement increased by 29.95%, indicating both higher claim volumes and increased claim values

## POLICY ENHANCEMENT AND WELFARE MILESTONE

A significant milestone in employee welfare was achieved during FY 2024-2025 when the Board approved a transformative policy that enhanced reimbursement provisions for medical expenses incurred beyond the standard insured limit for all diseases. Additionally, the policy extended reimbursement coverage for family dependents exceeding insurance limits exclusively for the treatment of deadly disease cancer, reflecting PPHI Sindh's pledge to protect employees and their families during critical health emergencies.

# FUTURE INITIATIVE:
# ONLINE PORTAL & DIGITAL CLAIMS ARCHIVE

## STRATEGIC VISION FOR MODERNIZATION

As part of its ongoing commitment to modernization and employee convenience, PPHI Sindh plans to introduce a comprehensive Online Portal and Digital Claims Archive System for efficient management of medical insurance records and claims. This digital transformation initiative will enable employees to submit, track, and monitor their medical claims through a secure and user-friendly online platform, eliminating traditional paperwork and reducing processing delays.

## SYSTEM FEATURES AND CAPABILITIES

The proposed system will maintain a centralized digital archive of all claims, approvals, reimbursements, and supporting medical documents, ensuring transparency, accuracy, and easy accessibility. Key features include:

- **Secure Claim Submission:** Employees can submit medical claims digitally with supporting documentation
- **Real-Time Tracking:** Employees can monitor claim status from submission through approval and reimbursement
- **Digital Archive:** Centralized repository of all claims and supporting documents for easy retrieval
- **Improved Reporting:** Enhanced data analysis and reporting capabilities for organizational oversight
- **Operational Efficiency:** Streamlined processing reducing manual effort and administrative burden

## ORGANIZATIONAL BENEFITS

The Online Portal and Digital Claims Archive System will provide improved reporting, better data analysis, and more effective oversight of healthcare utilization and financial disbursement. This digital transformation reflects PPHI Sindh's forward-looking approach to strengthening operational efficiency while enhancing employee experience and trust in the organization's commitment to their welfare.



Employees

# PROVIDENT FUND



# PPHI SINDH EMPLOYEES CONTRIBUTORY PROVIDENT FUND (ECPF): 2025 ANNUAL PROGRESS REPORT

## INTRODUCTION

The PPHI Sindh Employees Contributory Provident Fund (ECPF) was introduced in the Financial Year 2017 to provide a significant lump-sum payment to employees upon their departure from the organization. This provident fund serves as an additional financial benefit, jointly contributed to by both the employees and PPHI Sindh as the employer. The ECPF is officially registered with the Sindh Board of Revenue (SBR) and operates in strict accordance with its approved and registered rules.

## ECPF STATUS AS OF FINANCIAL YEAR 2025

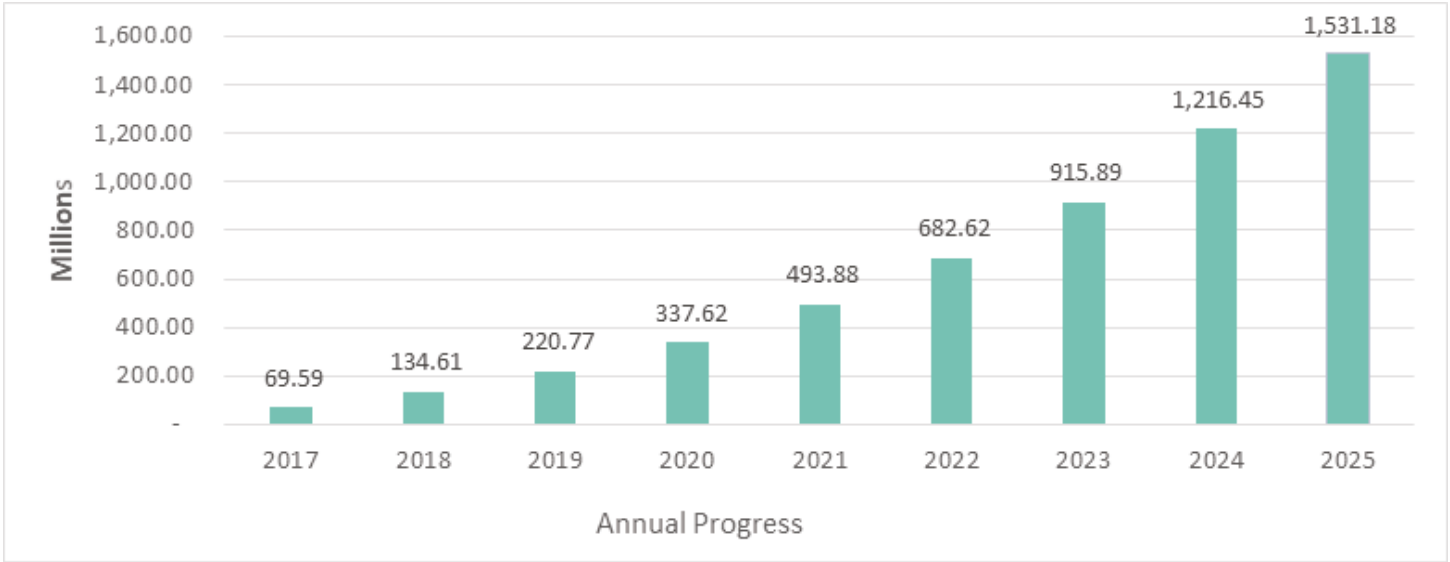
As of the end of Financial Year 2025, the ECPF has grown substantially, now encompassing 6,454 registered members with a total fund size of Rs. 1,531 million. Over the past nine financial years, a cumulative amount of Rs. 214.530 million has been disbursed to 1,551 outgoing members, underscoring the fund's tangible benefits to its beneficiaries.

## CONTRIBUTIONS AND FUND GROWTH (FINANCIAL YEAR 2017-2025)

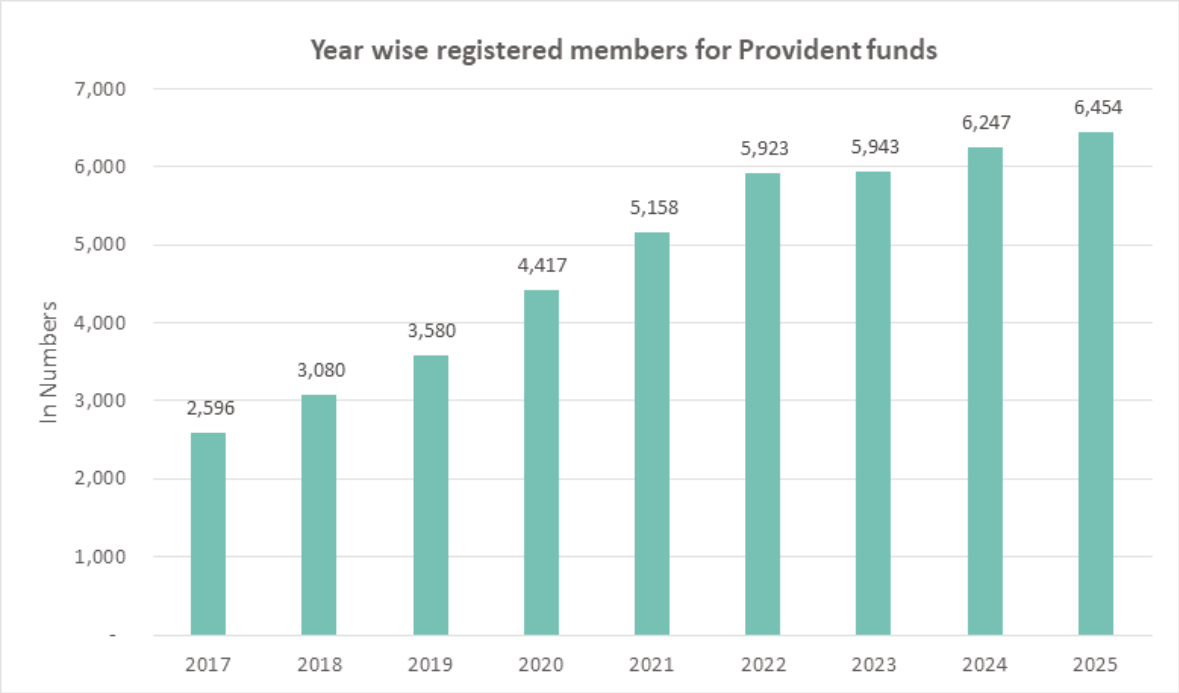
The ECPF has demonstrated consistent growth in contributions and overall fund size. The cumulative contributions up to Financial Year 2025 are graphically represented below, illustrating a steady upward trend.

The net balance of the ECPF as of Financial Year 2025 stands at PKR 1,531,183,049 (Total Receipt - Total Payment).

## YEAR-WISE CUMULATIVE CONTRIBUTIONS (IN MILLIONS PKR)



# REGISTERED MEMBERS UP TO FINANCIAL YEAR 2025




# YEAR WISE BREAKUP OF RECEIPT AND PAYMENT:

| Movement | FY | Employees Contribution | PPHI Sindh Contribution | Profit Earned | Total |
|---|---|---|---|---|---|
| Contribution / Receipt | **2017** | 34,662,022 | 34,662,022 | 289,485 | 69,613,529 |
| | **2018** | 36,914,241 | 36,914,241 | 4,308,526 | 78,137,008 |
| | **2019** | 41,519,281 | 41,519,281 | 12,412,780 | 95,451,342 |
| | **2020** | 60,398,504 | 60,398,504 | 30,184,825 | 150,981,833 |
| | **2021** | 68,807,537 | 68,807,537 | 37,654,269 | 175,269,343 |
| | **2022** | 75,490,939 | 75,490,939 | 54,833,367 | 205,815,245 |
| | **2023** | 79,958,584 | 79,958,584 | 112,050,905 | 271,968,073 |
| | **2024** | 81,381,257 | 81,381,257 | 174,395,245 | 337,157,759 |
| | **2025** | 83,554,175 | 83,554,175 | 194,211,172 | 361,319,522 |
| | **Total** | **562,686,540** | **562,686,540** | **620,340,574** | **1,745,713,654** |
| | | | | | |
| Payment | **2017** | (9,792) | (9,792) | | (19,584) |
| | **2018** | (6,509,745) | (6,509,745) | (102,299) | (13,121,790) |
| | **2019** | (4,443,806) | (4,443,806) | (400,698) | (9,288,322) |
| | **2020** | (15,446,187) | (15,446,187) | (3,239,527) | (34,131,914) |
| | **2021** | (8,116,776) | (8,116,776) | (2,782,693) | (19,016,245) |
| | **2022** | (8,159,501) | (8,159,501) | (746,685) | (17,065,687) |
| | **2023** | (18,634,363) | (18,634,363) | (1,431,138) | (38,699,864) |
| | **2024** | (17,128,390) | (17,128,390) | (2,346,102) | (36,602,883) |
| | **2025** | (21,575,619) | (21,575,619) | (3,433,105) | (46,584,343) |
| | **Total** | **(100,024,179)** | **(100,024,179)** | **(14,482,217)** | **(214,530,605)** |
| | | | | | |
| **Net Balance** | | **462,662,361** | **462,662,361** | **605,858,327** | **1,531,183,049** |

# Employee OF THE MONTHS 2025



# Celebrating Our Team
# THE HEART OF
# PPHI SINDH

PPHI Sindh consistently values its employees, recognizing that a motivated workforce is crucial for mission achievement, and building on existing recognition programs, proudly launched the "Employee of the Month" (EOM) award to celebrate exceptional contributions. Throughout 2025, the EOM program honored outstanding individuals across Leadership, Management, Executive, and Support/Auxiliary categories, highlighting exemplary performance, innovative problem-solving, and unwavering dedication, thereby reinforcing PPHI Sindh's commitment to fostering a supportive and competitive environment that encourages excellence and continuous improvement in healthcare service delivery.










EMPLOYEES OF THE MONTH
APRIL 2025
DR. HUMA FAHAD
Manager Training & Capacity Building
DR. ZAHEER HUSSAIN
Medicine Officer
DR. NASEEM ANSARI
MNCH Coordinator (RMNCH)
MR. IMRAN MEMON
Assistant Finance
MR. SUHAIL AHMED
Medicine Handler
MR. BHARJI KOLHI
Social Organizer, MPK-A
MR. MUHAMMAD RAQIBILLAH
District Project Officer BWP


PPHI SINDH
EMPLOYEE OF THE MONTH
MAY 2025
MISS SOURATH
MR. ASAD ULLAH CHANG
DR. UFFAQ KAREEM
MR. MUHAMMAD USMAN
MR. NAEEM AHMED
MS. SAIMA ABBASI
MR. HAFEEZULLAH LUND


PPHI SINDH
EMPLOYEE OF THE MONTH
JUNE 2025
MR. ABDUL SALAM
DR. IMAM BUX
MR. ZAHEER AHMED
MR. ABDUL JABBAR MALIK
MR. MUHAMMAD RIZWAN
MISS SUMERA
MR. MUJAHID HUSSAIN


PPHI SINDH
EMPLOYEE OF THE MONTH
JULY 2025
MR. ISRAR AHMED SODHAR
MR. MUHAMMAD YOUSUF
DR. VINOD KUMAR
MR. GHULAM MURTAZA
MR. KHANZADO GULZAR ALI
MR. NISAR AHMED
MR. MURTAZA MALLAH
MR. SHAMOO LAL


PPHI SINDH
EMPLOYEE OF THE MONTH
August 2025
MR. IMRAN CHANDIO
DR. AWAIS AHMED
MR. MOHSIN KALHORO
DR. MANSOOR ASAD
MR. ASIF RAJPUT
MR. NASRULLAH KHAN
MR. MASHOOQ ALI


PPHI SINDH
EMPLOYEE OF THE MONTH
SEPTEMBER 2025
MR. AAMIR KHAN
MS. SANAM ABBASI
MR. MUHAMMAD YOUSIF
DR. SANOBER SOOMRO
DR SAFIULLAH BHUTTO
DR. NASREEN
MR. PREM KUMAR
MS. SHAHEENA
MR. MUHAMMED UMAIR

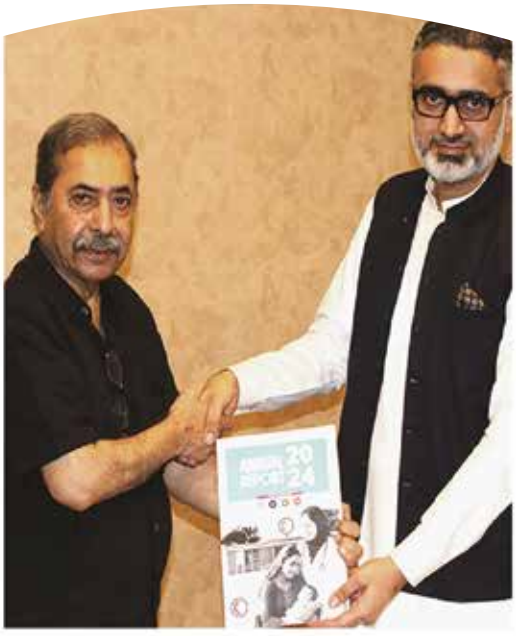

PPHI SINDH
EMPLOYEE OF THE MONTH
OCTOBER 2025
MR. MOHSIN HASSAN
MR. ABDUL RAHI
MR. ZAFFAR DHABEJO
MR. RAZA ALI BHATTI
DR. BHAGWAN DAS
DR. KIRAN FATIMA
MR. NARESH KUMAR
ABDUL RAZAQUE


PPHI SINDH
EMPLOYEE OF THE MONTH
November 2025
MS. NAJMA
MR. SHEERAZ AHMED JUNEJO
DR SANAM IQBAL
DR. SHAMIM KHAN
DR. ZAKIA MAHAR
MR. TARACHAND
MR. ALI RAZA
MR. IRFAN KHASKHELI


PPHI SINDH
EMPLOYEE OF THE MONTH
DECEMBER 2025
MR. MASOOD JAMALI
MR. NIAZ HUSSAIN
MR. SHAKEEL AHMED
MR. ZULFIQAR ALI
DR. RASHIDA AKBER
DR. SHARMEEN HAMID
DR. MEHNAZ GHOURI
DR. NIDA NAWAZ BROHI
MISS BAKHTAWER

# NEWS *And* EVENTS













# PPHI SINDH NEWS AND EVENTS - 2025



Chief Minister Sindh Syed Murad Ali Shah, along with Ex-MNA Sardar Sikandar Rahpoto, paid a surprise visit to GD Plus Bajara, where he appreciated the health-care services after a detailed briefing by District Manager Mr. Zakir Hussain Samo.



Sindh CM Syed Murad Ali Shah attended the inaugural seminar of the Sindh Health Education Conference (SHEC), titled "Augmentation and Sustainability of Healthcare System in Sindh Through Policy Interventions" as the chief guest, held at Movenpick Hotel Karachi. The event was also attended by the CEO of PPHI Sindh.



CEO PPHI Sindh attended a meeting on polio eradication chaired by Sindh Chief Minister Syed Murad Ali Shah at CM House. He briefed on PPHI's role in strengthening immunization efforts, while the CM called for joint action to eradicate polio from the province.



The Department of Health, Government of Sindh, signed an MoU with PPHI Sindh and the Centre for Economic Research in Pakistan (CERP) to pilot AI-enabled handheld ultrasound devices at primary healthcare facilities in underserved districts. Supported by the Gates Foundation, the initiative will deploy 20 devices across six districts, expanding access to life-saving diagnostic imaging for pregnant women in areas without conventional ultrasound services.




The CEO PPHI Sindh participated in the PEI-EPI Joint Post-Campaign Review Meeting for MR & OPV National Immunization Days (NIDs) December 2025, organized in collaboration with EOC Sindh and health partners. Shields were presented to partner organizations in recognition of their contributions to the success of the campaign.



A progress review meeting was held under the chairmanship of Minister for Health, Dr. Azra Fazal Pechuho, to assess ongoing health initiatives across Sindh. The PPHI Sindh team, led by CEO Mr. Javed Ali, presented detailed updates on the organization's performance and impact in strengthening primary healthcare services.





The Chairman, CEO, and a Board Member of PPHI Sindh visited SGH Ibrahim Hyderi, appreciating the facility's progress and the dedicated efforts of the staff.

# PPHI SINDH NEWS AND EVENTS - 2025



CEO PPHI Sindh, Mr. Javed Ali Jagrani, participated in a key meeting of the Health Department chaired by Chief Secretary Sindh, Mr. Asif Haider Shah.



CEO PPHI Sindh, Mr. Javed Ali Jagirani attended a Provincial Task Force (PTF) meeting on Polio Eradication presided by Sindh Chief Minister Syed Murad Ali Shah at the CM House.



PPHI Sindh and Willows International have signed an MoU to strengthen male reproductive health services across Sindh. The initiative includes training 1,350 male doctors in NSV and enhancing the counselling skills of 104 social organizers. This collaboration aims to expand access to informed family planning choices.



A meeting was held between the team of PPHI Sindh and delegates from the World Bank and the Social Services Protection Unit (SSPU) to review the performance of the Mamta-Conditional Cash Transfer (CCT) program.





PPHI Sindh met with Gates Foundation representatives to discuss the E-Motive PPH Bundle project, exploring collaborative efforts to strengthen primary healthcare in underserved areas.



PPHI Sindh and the Department of Medicine at Aga Khan University met to discuss a collaborative research project aimed at reducing cardiovascular disease risk in two districts of Sindh.





The Provincial QRM meeting, chaired by the CEO PPHI Sindh, Mr. Javed Ali, was successfully convened in the Hyderabad region.

# PPHI SINDH NEWS AND EVENTS - 2025





The CEO of PPHI Sindh chaired the monthly review meetings at the Head Office, focusing on strengthening interdepartmental coordination.



PPHI Sindh inaugurated a modern skills lab in Larkano to enhance hands-on training for medics and paramedics, led by CEO Mr. Javed Ali Jagirani and senior leadership.



The CEO of PPHI Sindh conducted a night visit to BHU Plus Rahooja and MCHC Kausar to inspect and evaluate facility operations.





PPHI Sindh participated in the National Symposium on Primary Healthcare held at Aga Khan University from 14–16 April 2025. CEO Mr. Javed Ali Jagirani presented the organization's model and impact in strengthening primary healthcare across Sindh and later joined a panel discussion on health system reform. The event highlighted PPHI Sindh's commitment to innovation, equity, and universal health coverage.



CEO PPHI Sindh, Mr. Javed Ali Jagirani attended a Provincial Task Force (PTF) meeting on Polio Eradication presided by Sindh Chief Minister Syed Murad Ali Shah at the CM House.



The First Lady Miss Asifa Bhutto, Chief Minister Sindh, the Health Minister, and the Managing Director (second in command) of the World Bank visited PPHI Sindh's BHU Plus Jam Sahab. The delegation praised PPHI Sindh's services, and its contributions to healthcare delivery in the province.



PPHI Sindh has signed an MoU to strengthen the capacity and technical skills of its CHWs with Willows International (WI), under the World Bank-supported 1000 Days Program.

# PPHI SINDH NEWS AND EVENTS - 2025



PPHI Sindh, in collaboration with the DoH, Government of Sindh, and the Pakistan Institute of Living and Learning (PILL), has proudly become a key partner in launching the Improving Access to Psychological Therapies Pakistan (IAPT-PK) program.



PPHI Sindh has launched the Nutrition Management Information System (NMIS) at MCHC Naseerabad, DO Sukkur, moving towards a paperless nutrition service model.



CEO PPHI Sindh, Mr. Javed Ali Jagirani, along with Regional Director RO Hyderabad, Mr. Moula Bux Solangi, conducted a surprise evening visit to BHU Plus Sekhat, DO Matiari.





CEO PPHI Sindh, participated in the Multi-regional Workshop and Field Visit on the Multisectoral Nutrition Program in Indonesia, held from June 17–20, 2025, in Jakarta and Sumedang. Organized by the World Bank Group, the workshop brought together stakeholders from Marshall Islands, Pakistan, and the Philippines to exchange insights and strategies for implementing effective multisectoral nutrition interventions.



The Operation Theatre services were started at RHC Jhudo, with two successful C-sections performed on the very first day.




A high-level session on “Primary Health Care & Universal Health Coverage – Where We Stand”, organized by Badar Expo Solutions, in collaboration with Dow University of Health Sciences and PNS Shifa Hospital, brought together leading health experts to discuss progress toward global health goals. The panel featured Mr. Javed Ali Jagirani, CEO PPHI Sindh amoung others. The discussion focused on strengthening primary healthcare and expanding access to quality services in Pakistan.



PPHI Sindh conducted its regular monthly review meetings were held at the Head Office under the chairmanship of CEO, Mr. Javed Ali Jagirani. The meeting to review progress, assess performance indicators, and discuss strategies to further strengthen healthcare service delivery across Sindh.

# PPHI SINDH NEWS AND EVENTS - 2025



PPHI Sindh signed an MoU with AKU for a meaningful and productive research collaboration between the two organizations. The MoU was formally signed by Mr. Javed Ali Jagirani (CEO, PPHI Sindh) and Dr. Sameen Siddiqui (Professor, AKU).





WaterAid Pakistan organized the Project Closing and Learning Event - Envisioning and Catalysing PATS Plus for SDG 6 in Pakistan in Badin, Sindh, marking the successful completion of its climate-resilient WASH initiative. The CEO PPHI Sindh attended the occasion as the key speaker, emphasizing the importance of collaborative efforts in achieving inclusive and sustainable sanitation and hygiene solutions.







The Regional Performance Review Meetings for Regions were held on regular basis, chaired by CEO PPHI, Mr. Javed Ali Jagerani, with participation from senior officials from head office including COO, Director M&E/HR, DHS, DD HS, DD MNCH, DD Secondary, and District Managers with their technical and monitoring teams. The meeting focused on key performance indicators, operational progress, HR matters, medicine supply, monitoring observations, and service utilization trends, with special emphasis on maternal and child health services, community engagement, and accurate data reporting.



PPHI Sindh has signed an MouU with PHC Global and the Health Services Academy (HSA), Islamabad, to initiate a research study titled "Implementation Research to Scale-up and Evaluate the Impact of Antenatal Corticosteroids on Preterm Newborn Outcomes," supported by the World Health Organization (WHO).



The CEO PPHI Sindh, accompanied by the COO, DHS I & II and Director HR, visited the Training of Trainers (TOT) session for Medical Officers on Clinical Guidelines for Universal Health Coverage (UHC), organized by Aga Khan University (AKU) at Indus Hotel, Hyderabad. The initiative aims to prepare master trainers who will cascade knowledge and ensure the implementation of standardized clinical protocols under UHC at District Tando Allahyar, in collaboration with AKU and PPHI Sindh.

# PPHI SINDH NEWS AND EVENTS - 2025





PPHI Sindh actively participated in the Health Carnival 2025, held at the Maritime Museum, Karachi. The event, organized by Jinnah Sindh Medical University (JSMU) in collaboration with Jinnah Postgraduate Medical Centre (JPMC), brought together leading healthcare institutions to highlight preventive health, awareness, and community well-being initiatives



A two day Memography Free Camp was successfully held at the RHC Tando Jam, organized by OGDCL as part of its Corporate Social Responsibility (CSR) initiatives.



PPHI Sindh conducted a one-hour training session on Basic Life Support (BLS), with a particular focus on Cardiopulmonary Resuscitation (CPR), at the Head Office level. The session included both theoretical discussions on the causes of cardiac arrest and practical, hands-on training in CPR techniques.



On the occasion of the International Day of the Midwife, PPHI Sindh's DO Sanghar-B paid tribute to the vital contributions of midwives working at MCHC HFs and 6X6 HFs.



A delegation from the World Bank Group, led by Mr. Michele Gragnolati, Practice Manager for Health, Nutrition, and Population in the MENA region visited GD Kiran Khan and RHC Tando Jam.



A delegation from the EU visited DHQ Tando Allahyar and reviewed the overall functioning and service delivery of the facility, and interacted with both FC staff and beneficiaries.





A delegation from BISP Pakistan, WFP, UNICEF Pakistan, and the WHO - including Mr. Shahid Ajmal (BISP Federal Director CCT), Ms. Fang Dan (Team Lead, Healthier Population, WHO Islamabad), Ms. Memoona Ghaffar (Programme Policy Officer, WFP Islamabad), and Mr. Jahanuddin (SBC Specialist, UNICEF Islamabad) - along with team members from provincial offices, visited Thatta, Badin, and Hyderabad districts to review the operations of (BNP) at Facilitation Centers.

# PPHI SINDH NEWS AND EVENTS - 2025



A one-day co-design workshop was conducted at the Head Office of PPHI Sindh Karachi focusing on the Behavioural Activation Project for Mental Health. The core objective of the workshop was to develop strategies for providing mental health counselling sessions to two key vulnerable groups including Patients with critical illnesses and Pregnant women




International women Day -8th April 2025



World Immunization week -24th0 till 30th April 2025



Parenting Month June 2025



World Breastfeeding Month – August 2025



World Children's Day- November 2025



Universal Health Coverage (UHC) Day –12th Dec 2025

# FINANCIAL *Statements*
## PPHI SINDH



Tel: +92 21 3568 3030
Fax: +92 21 3568 4239
www.bdo.com.pk

2nd Floor, Block-C
Lakson Square, Building No.1
Sarwar Shaheed Road
Karachi-74200
Pakistan

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

### Report on the Audit of the Financial Statements

### Opinion

We have audited the annexed financial statements of PPHI Sindh (A Company set up under section 42 of the Companies Act, 2017), which comprise the statement of financial position as at June 30, 2025 and the statement of income and expenditure account, the statement of other comprehensive income, the statement of changes in reserves, the statement of cash flows for the year then ended, and notes to the financial statements, including material accounting policy information and explanations which, to the best of our knowledge and belief, were necessary for the purposes of the audit.

In our opinion and to the best of our information and according to the explanations given to us, the statement of financial position, the statement of income and expenditure, the statement of other comprehensive income, the statement of changes in reserves, the statement of cash flows and together with the notes forming part thereof conform with the accounting and reporting standards as applicable in Pakistan and give the information required by the Companies Act, 2017 (XIX of 2017), in the manner so required and respectively give a true and fair view of the state of the Company's affairs as at June 30, 2025 and of the surplus and other comprehensive income, the changes in reserves and its cash flows for the year then ended.

### Basis for Opinion

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

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

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

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

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



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

**Responsibilities of Management and Board of Directors for the Financial Statements**

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

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

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

**Auditor's Responsibilities for the Audit of the Financial Statements**

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

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

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Company's internal control.

- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.

- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Company's ability to continue as a going concern.

  If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Company to cease to continue as a going concern.



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

- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

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

**Report on Other Legal and Regulatory Requirements**

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

a) proper books of account have been kept by the Company as required by the Companies Act, 2017 (XIX of 2017);

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

c) investments made, expenditure incurred and guarantees extended during the year were for the purpose of the Company's business; and

d) no zakat was deductible at source under the Zakat and Ushr Ordinance, 1980 (XVIII of 1980).

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

KARACHI

DATED: 21 NOV 2025

UDIN: AR202510166xtveUGQj0

BDO EBRAHIM & CO.
CHARTERED ACCOUNTANTS



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

**PPHI SINDH**
**(A COMPANY SET UP UNDER SECTION 42 OF THE COMPANIES ACT, 2017)**
**STATEMENT OF FINANCIAL POSITION**
**AS AT JUNE 30, 2025**

| | Note | 2025 Rupees | 2024 Rupees |
|---|---|---|---|
| **ASSETS** | | | |
| **NON-CURRENT ASSETS** | | | |
| Property and equipment | 5 | 5,350,844,659 | 4,622,123,059 |
| Right-of-use assets | 6 | 227,479,635 | 245,817,956 |
| Long-term investments | 7 | 10,884,625,495 | 10,792,085,062 |
| | | 16,462,949,789 | 15,660,026,077 |
| **CURRENT ASSETS** | | | |
| Medicine inventory | 8 | 4,345,067,030 | 3,337,177,591 |
| Office supplies and petty articles | | 27,082,013 | 30,605,119 |
| Advances, deposits, prepayments and other receivables | 9 | 322,451,825 | 1,190,767,900 |
| Accrued profit on long-term investments | | 448,326,197 | 449,592,311 |
| Short-term investments | 10 | - | 1,162,717,013 |
| Cash and bank balances | 11 | 3,573,925,106 | 1,854,922,760 |
| | | 8,716,852,171 | 8,025,782,694 |
| **TOTAL ASSETS** | | 25,179,801,960 | 23,685,808,771 |
| **RESERVES AND LIABILITIES** | | | |
| Restricted reserve | 12 | (57,790,047) | 34,503,186 |
| Un-restricted reserve | | 22,620,603,356 | 21,310,705,170 |
| | | 22,562,813,309 | 21,345,208,356 |
| **NON-CURRENT LIABILITIES** | | | |
| Lease liabilities | 13 | 227,589,161 | 224,482,375 |
| Deferred capital grant | 15 | 37,225,613 | 12,852,132 |
| | | 264,814,774 | 237,334,507 |
| **CURRENT LIABILITIES** | | | |
| Trade and other payables | 14 | 2,305,797,709 | 2,057,854,762 |
| Current maturity of lease liabilities | 13 | 46,376,168 | 45,411,146 |
| | | 2,352,173,877 | 2,103,265,908 |
| **TOTAL LIABILITIES AND RESERVES** | | 25,179,801,960 | 23,685,808,771 |
| **CONTINGENCIES AND COMMITMENTS** | 16 | | |

The annexed notes from 1 to 33 form an integral part of these financial statements.

**CHIEF EXECUTIVE OFFICER** **DIRECTOR**

**PPHI SINDH**
**(A COMPANY SET UP UNDER SECTION 42 OF THE COMPANIES ACT, 2017)**
**STATEMENT OF INCOME AND EXPENDITURE**
**FOR THE YEAR ENDED JUNE 30, 2025**

| | Note | 2025 Rupees | 2024 Rupees |
|---|---|---|---|
| **INCOME** | | | |
| Grants | 17 | 20,253,457,107 | 17,644,997,396 |
| Other operating income | 18 | 2,544,826,487 | 2,634,520,963 |
| | | 22,798,283,594 | 20,279,518,359 |
| **EXPENDITURE - NET** | | | |
| Operational / project expenses | 19 | (20,147,229,529) | (16,009,202,736) |
| General and administrative expenses | 20 | (1,177,058,064) | (985,007,745) |
| Finance cost | 21 | (66,567,851) | (47,331,309) |
| Other operating expenses - net | 22 | (97,529,964) | (74,539,965) |
| | | (21,488,385,408) | (17,116,081,755) |
| Taxation | 23 | | - |
| Net surplus for the year | | 1,309,898,186 | 3,163,436,604 |

The annexed notes from 1 to 33 form an integral part of these financial statements.

**CHIEF EXECUTIVE OFFICER** **DIRECTOR**

**PPHI SINDH**
**(A COMPANY SET UP UNDER SECTION 42 OF THE COMPANIES ACT, 2017)**
**STATEMENT OF OTHER COMPREHENSIVE INCOME**
**FOR THE YEAR ENDED JUNE 30, 2025**

| | 2025<br>Rupees | 2024<br>Rupees |
|---|---|---|
| Net surplus for the year | 1,309,898,186 | 3,163,436,604 |
| Other comprehensive income | - | - |
| Total comprehensive income for the year | 1,309,898,186 | 3,163,436,604 |

The annexed notes from 1 to 33 form an integral part of these financial statements.

**CHIEF EXECUTIVE OFFICER** **DIRECTOR**

**PPHI SINDH**
**(A COMPANY SET UP UNDER SECTION 42 OF THE COMPANIES ACT, 2017)**
**STATEMENT OF CHANGES IN RESERVES**
**FOR THE YEAR ENDED JUNE 30, 2025**

| | Note | Restricted reserve | Un-restricted reserve | Total |
|---|---|---|---|---|
| | | ----------Rupees---------- | | |
| Balance as at July 01, 2023 | | 17,603,405 | 18,147,268,566 | 18,164,871,971 |
| Net surplus for the year | | - | 3,163,436,604 | 3,163,436,604 |
| Total receipts under restricted reserve | 12 | 916,962,708 | - | 916,962,708 |
| Total utilization under restricted reserve | 12 | (900,062,927) | - | (900,062,927) |
| Balance as at June 30, 2024 | | 34,503,186 | 21,310,705,170 | 21,345,208,356 |
| Net surplus for the year | | - | 1,309,898,186 | 1,309,898,186 |
| Total receipts under restricted reserve | 12 | 901,370,828 | - | 901,370,828 |
| Total utilization under restricted reserve | 12 | (993,664,061) | - | (993,664,061) |
| Balance as at June 30, 2025 | | (57,790,047) | 22,620,603,356 | 22,562,813,309 |

The annexed notes from 1 to 33 form an integral part of these financial statements.

**CHIEF EXECUTIVE OFFICER** **DIRECTOR**

**PPHI SINDH**
**(A COMPANY SET UP UNDER SECTION 42 OF THE COMPANIES ACT, 2017)**
**STATEMENT OF CASH FLOWS**
**FOR THE YEAR ENDED JUNE 30, 2025**

| | Note | 2025 Rupees | 2024 Rupees |
|---|---|---|---|
| **CASH FLOWS FROM OPERATING ACTIVITIES** | | | |
| Surplus for the year | | 1,309,898,186 | 3,163,436,604 |
| Adjustments for non cash and other items: | | | |
| Depreciation related to operating fixed assets | 5.1.2 | 647,845,053 | 383,451,642 |
| Depreciation related to right-of-use assets | 6.1 | 51,463,376 | 62,724,140 |
| Gain on disposals of operating fixed assets | 18 | (20,167,237) | (67,412,256) |
| Mark-up on Pakistan Investment Bonds and Treasury Bills | 18 | (1,530,166,360) | (1,616,406,060) |
| Gain/ loss on disposals of right-of-use assets | 18 | 1,509,131 | (2,109,715) |
| Mark-up on deposit accounts | 18 | (744,229,787) | (876,905,981) |
| Finance cost on lease liability | 21 | 61,046,214 | 38,907,526 |
| | | (1,532,699,610) | (2,077,750,704) |
| **(Increase) / decrease in current assets** | | | |
| Medicine inventory | 8 | (1,007,889,439) | (1,244,739,238) |
| Office supplies and petty articles | | 3,523,106 | 6,564,233 |
| Advances, deposits, prepayments and other receivables | 9 | 868,316,075 | (1,159,986,315) |
| | | (136,050,258) | (2,398,161,320) |
| **Increase in current liabilities** | | | |
| Trade and other payables | 14 | 247,942,947 | 830,803,036 |
| Cash (used in) / generated from operations | | (110,908,735) | (481,672,384) |
| Mark-up on Pakistan Investment Bonds received | 18 | 1,181,038,000 | 961,523,500 |
| Mark-up on deposit accounts received | 18 | 744,229,787 | 876,905,981 |
| | | 1,925,267,787 | 1,838,429,481 |
| Net cash generated from operating activities | | 1,814,359,052 | 1,356,757,097 |
| **CASH FLOWS FROM INVESTING ACTIVITIES** | | | |
| Capital expenditure | 5.1 | (1,382,223,120) | (1,521,015,261) |
| Sale proceeds on disposal of operating fixed assets | 5.1 | 25,823,704 | 76,990,672 |
| Investment made in Pakistan Investment Bonds | 7 | (1,664,213,596) | (1,503,072,009) |
| Investment made in Treasury Bills | 7 | (655,515,350) | (3,492,849,972) |
| Investment redeemed from Pakistan Investment Bonds | | 1,845,300,000 | - |
| Investment redeemed from Treasury Bills | 7 | 1,895,000,000 | 3,868,002,739 |
| Net cash used in investing activities | | 64,171,638 | (2,571,943,831) |
| **CASH FLOWS FROM FINANCING ACTIVITIES** | | | |
| Lease payments | 13 | (91,608,592) | (82,366,358) |
| Receipts under restricted reserves | 12 | 901,370,828 | 916,962,708 |
| Utilization under restricted reserves | 12 | (993,664,061) | (900,062,927) |
| Deferred capital grant | | 24,373,481 | 12,473,539 |
| Net cash used in financing activities | | (159,528,344) | (52,993,038) |
| Net (decrease) / increase in cash and cash equivalents | | 1,719,002,346 | (1,268,179,772) |
| Cash and cash equivalents at the beginning of the year | | 1,854,922,760 | 3,123,102,532 |
| Cash and cash equivalents at the end of the year | | 3,573,925,106 | 1,854,922,760 |

The annexed notes from 1 to 33 form an integral part of these financial statements.

**CHIEF EXECUTIVE OFFICER** **DIRECTOR**

PPHI
SINDH

REDEFINING
PRIMARY
HEALTHCARE

Bungalow No. C-27/1 Near Umer Shareef Park, Clifton Block 2, Karachi
(+92-21) 35872214, 35364045 info@pphisindh.org.pk www.pphisindh.org
PPHISINDHOFFICIAL PPHIOFFICIAL PPHISINDH

A company set up under section 42 of The Companies Act 2017