

*Compassion, Resilience and
Sacrifice – A tribute to
Heroes in Pakistan*



Our Vision

*Create an excellence-driven,
comprehensive, compassionate,
free of charge, replicable healthcare
system accessible to all to please
Allah Subhanahu Wa Ta'ala.*

Health indicators clearly suggest that it is the lack of healthcare - [not security or shortage of water or the energy crises] - that is the greatest adversity facing Pakistan today.

DR. ABDUL BARI KHAN

Chief Executive Officer, Indus Health Network

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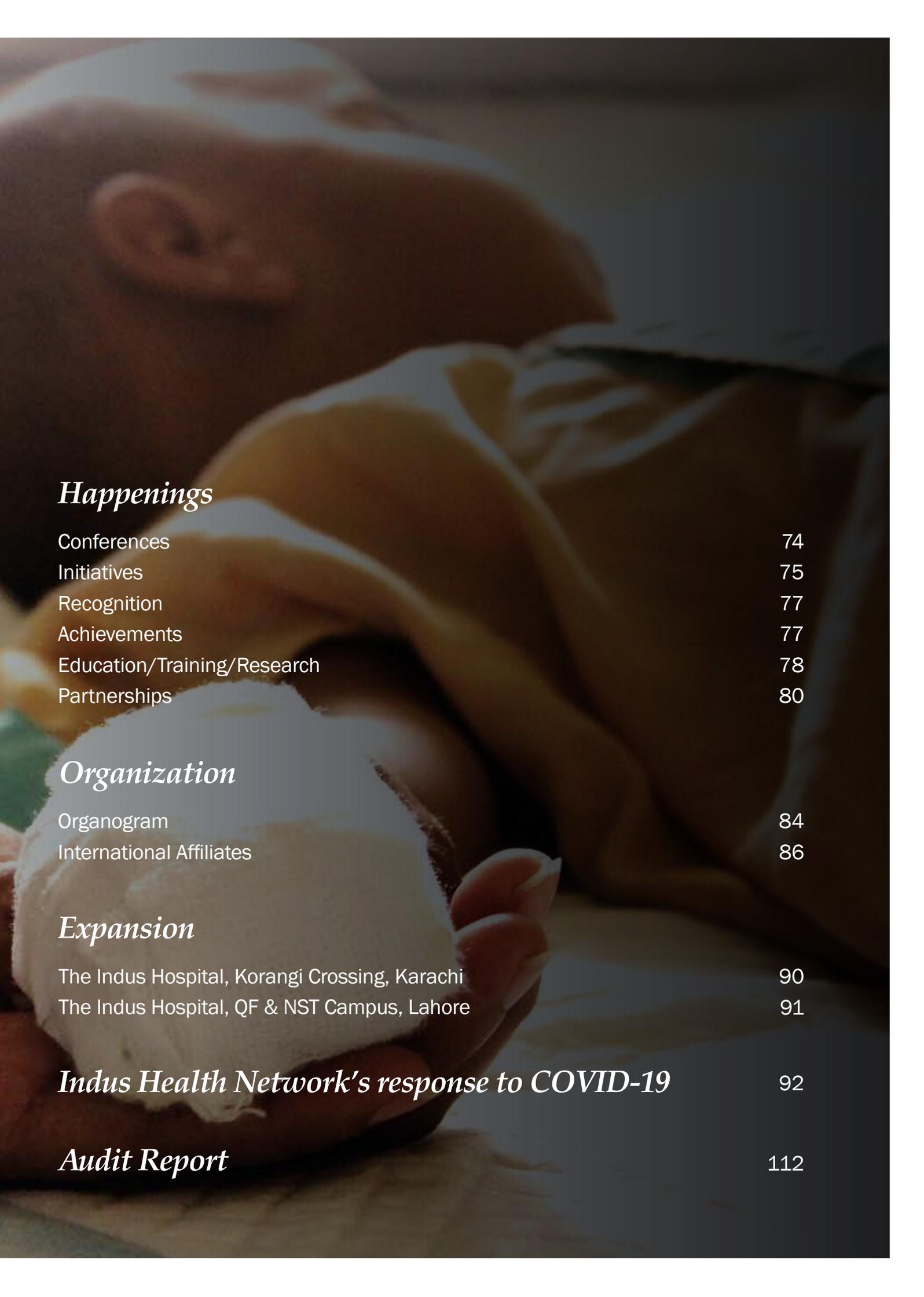
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Messages

Chairman's Message

Dear readers,

I would like to bow my head in gratitude to Almighty Allah, who in His infinite mercy has bestowed this opportunity upon all of us at The Indus Hospital (TIH), to selflessly serve mankind.

I want to pay my heartfelt tribute to our heroes – our frontline workers i.e. doctors, nurses, paramedics, and everyone who has been at the forefront battling the COVID-19 pandemic. I would also like to express my gratitude to our donors and supporters across the world who came forward to help the people of Pakistan, in these trying times. There have been remarkable examples of courage, compassion, and generosity which kept the pandemic in control during the first wave in Pakistan. All the support that we received, renewed the commitment of The Indus Hospital and Indus Health Network (IHN). From the very first coronavirus case in Pakistan, our medical team and community health workers have been risking their lives every day, working on the frontline of COVID-19 as well as other health emergencies resulting from this pandemic. Your contribution has been crucial. Thank you!

Over more than a decade, The Indus Hospital has grown into a countrywide health network and has made a significant impact on the lives of millions of people. You can gauge our journey

from the various graphic presentations in this report. During our pursuit, we celebrated many achievements while overcoming a multitude of challenges. Through it all, the passionate commitment from our supporters has been unwavering and without that, our impact would not have been possible.

The Indus Health Network today is not only uniquely, but firmly positioned to expand its services and programs across Pakistan. Moving into the next 10 years, the Network plans to continue to adapt to the changing patient needs and shifting global context by connecting medical care with technology, research, and policy engagement. It is The Indus Hospital's unique array of services ranging from community, primary, secondary, and tertiary levels of healthcare and activities that will allow us to reach many more people throughout Pakistan.

Another critical area requiring immediate attention is the dearth of quality human capital for health services in Pakistan. COVID-19 also proved that an overwhelming challenge for Pakistan is the lack of trained and skilled human resources. This challenge is particularly plaguing the health sector where poorly trained and low quality human resource have resulted

“Through it all, the passionate commitment from our supporters has been unwavering and without that, our impact would not have been possible.”

in nothing short of a catastrophe.

The readers will be delighted to note that The Indus Hospital is not shying away from its responsibility and as a response, a state-of-the-art ‘Indus University of Health Sciences’ aiming to address the most pressing public health needs of the country is being built. The University will add high-quality trained healthcare professionals to Pakistan’s workforce which will become an ongoing contribution towards the human capital pool.

This year has also been a year of transition. The current Board of Directors completed its statutory term in October 2020 and has been succeeded by a new Board, for three years. The outgoing Board worked relentlessly to provide management insight and strategy for operations and sustainability through the Board of Directors meetings and its sub-committees.

With The Indus Hospital expanding its operations in Karachi a major step that has been carried out is the creation of a think tank i.e. a dedicated Endowment Committee, to carry out concerted deliberations to ascertain avenues for resource generation. The Endowment Committee has been tasked with strategic planning and preparing feasible plans

for sustainability of the ever-growing operation of the Indus Health Network.

As for me, The Indus Hospital has truly been an incredible experience, which has become a part of my DNA, and I am humbled at the passion I take away. Here I would like to place on record my appreciation for Dr. Abdul Bari Khan for providing exemplary leadership to this Institution. I would also like to express my gratitude to the management, staff, and The Indus Hospital team for their passion and unwavering support for the cause.

All the best,



Yunus Hashim Bengali
Chairman
Indus Health Network

Chief Executive Officer's Message

Dear readers,

The year 2019-2020 has been a year like none other. We are in the midst of a pandemic that has impacted millions of people, cost hundreds of thousands of lives along with a global economic crisis. With deepest sincerity, I want to thank all the doctors, nurses, paramedical and other staff for risking their lives for us day in and day out. Frontline workers like you deserve our respect, encouragement, and praise for doing what you do. Thank you! Amidst this pandemic, the Indus Health Network's role has been accentuated and we have tried to do justice with what has been required of us, as a national level healthcare network.

The annual report of IHN provides an overview of our humble efforts in helping to control and manage the pandemic that too along with continuation of our promise of the provision of quality and free healthcare across the country. We strongly believe that without working with partner organizations and government, we would not have been able to achieve any success. Such partnerships have been critical to ensuring health provisions in Pakistan for the most vulnerable. The expansion and success of the Indus Health Network's ability to reach out to millions of underprivileged citizens of Pakistan has only been made possible

through symbiotic partnerships, especially with the Government.

Today we are collaborating with a wide range of international, regional, and national partners to provide optimum, integrated tertiary, secondary, primary, and community care to address the evolving needs of our population. This, I believe is the most unique feature of the Indus Health Network – to be a holistic healthcare provider.

As we continue to shape ourselves for the future, we are seeking to align and improve our clinical services, information systems, and corporate operations so that we can improve safety and clinical outcomes, ultimately aiming to improve our patients' experiences. The healthcare challenges in Pakistan can only be met by improving the way we work collectively through our disparate partnerships.

An overwhelming obstacle in healthcare for Pakistan is a lack of trained and skilled human resources. Poorly trained and lack of quality human resource has resulted in nothing short of a catastrophe in the provision of health for the people of Pakistan. Moreover, it exorbitantly increases the cost of healthcare as the bulk of the population ends up carrying a much higher

“Our objective is to become the most technologically advanced health network in this region.”

burden of disease. Indus is not shying away from this challenge and as a response is building a state of the art, University of Health Sciences aiming to address the most pressing public health needs of the country.

These are some of the highlights of the dynamic moves and significant strides that the Indus Health Network is making to pursue our ambition of providing high quality, completely free health services to the people of Pakistan with respect, dignity, and inclusivity – which we believe is a constitutional right of every citizen in the Islamic Republic of Pakistan.

I am extremely confident and optimistic about our future. Our objective is to become the most technologically-advanced health network in this region – working with all healthcare partners in the provision of integrated care, as an organization that every staff member and service user can be proud of.

The Indus Hospital in Karachi and Lahore is also expanding. Our Karachi expansion will shape into the largest free hospital in the private sector of Pakistan. In phase 1 we are expanding from 350 beds to more than 1,300 beds with an ultimate ambition of 1,800 beds. Our Lahore hospital is nearing completion and

will be a 600 beds international standard facility offering a range of services to a large segment of population of that region – again completely free-of-cost.

My message would not be complete if I do not acknowledge the outgoing Board of Directors and Chairman for their devotion and efforts. It was our privilege to work closely with some of the giants of the society. We learned so much from their experiences and we hope that they will continue to support Indus.

Thank you,



Dr. Abdul Bari Khan
Chief Executive Officer
Indus Health Network

Indus Health Network

Indus Health Network

Healthcare is not the only or even the strongest, determinant of health, but it is very important.

In 2007, The Indus Hospital was established as a not-for-profit organization which transformed into the Indus Health Network. The IHN operates a system of 12 hospitals, four rehabilitation centers, four regional blood centers, various primary care clinics and public health initiatives across Pakistan. Indus serves more than 400,000 patients per month. This number includes more than 10,000 children who are treated for cancer and blood diseases.

These numbers are staggering when viewed through the lens of an impossible dream. During the mid-1980s, while working at a government hospital, Dr. Abdul Bari Khan realized how the public health system was failing the people in the country.

Instead of despairing, he went to work and created an association that developed a blood bank for the hospital. It was just one step, but an important one in the start of things to come. Then in 1987, a tragedy struck Karachi when twin bomb blasts at the crowded Bohri Bazaar killed 200 people and injured thousands more, burdening the already encumbered Civil Hospital, Karachi where many of the wounded were brought for treatment.

Out of that tragedy rose a passion in Dr. Bari to help the underprivileged people in Karachi. The mission began with fundraising, and in 2007 with the assistance of local philanthropists, Dr. Bari and his friends finally raised enough money to establish the 150-bed Indus Hospital in a building in Korangi. With a mandate to provide quality healthcare, equitably, that is 100% free of charge to all, the hospital began serving patients.

In the presence of a failing public health system and extremely expensive private medical services, The Indus Hospital was the only ray of hope for the underserved population of Pakistan. Transparent governance and successful execution of this unique healthcare model had a great appeal for donors, who helped to support the hospital in working towards its cause. With the success of the story reaching far and wide, the hospital's management was approached by the provincial governments to replicate it at public hospitals.

After broadening the scope of services, the Indus Health Network widened its mandate to education and research along with healthcare provision.

This report presents a glimpse of health; education; and research initiatives that have been undertaken through the Indus Health Network.

1,595

beds across
Network

Approximately

400,000

patients treated
per month

In 2019-20, more
than

9,000

patients benefitted
from orthotic/
prosthetic services

85

beds for Pediatric
Oncology at
Korangi Campus

More than

10,000

children treated
for Cancer and
blood diseases

Primary care
centers in

52

districts across
Pakistan



70%

patients are
Zakat eligible

More than

2 M

patients treated
through Zakat

Our Footprint

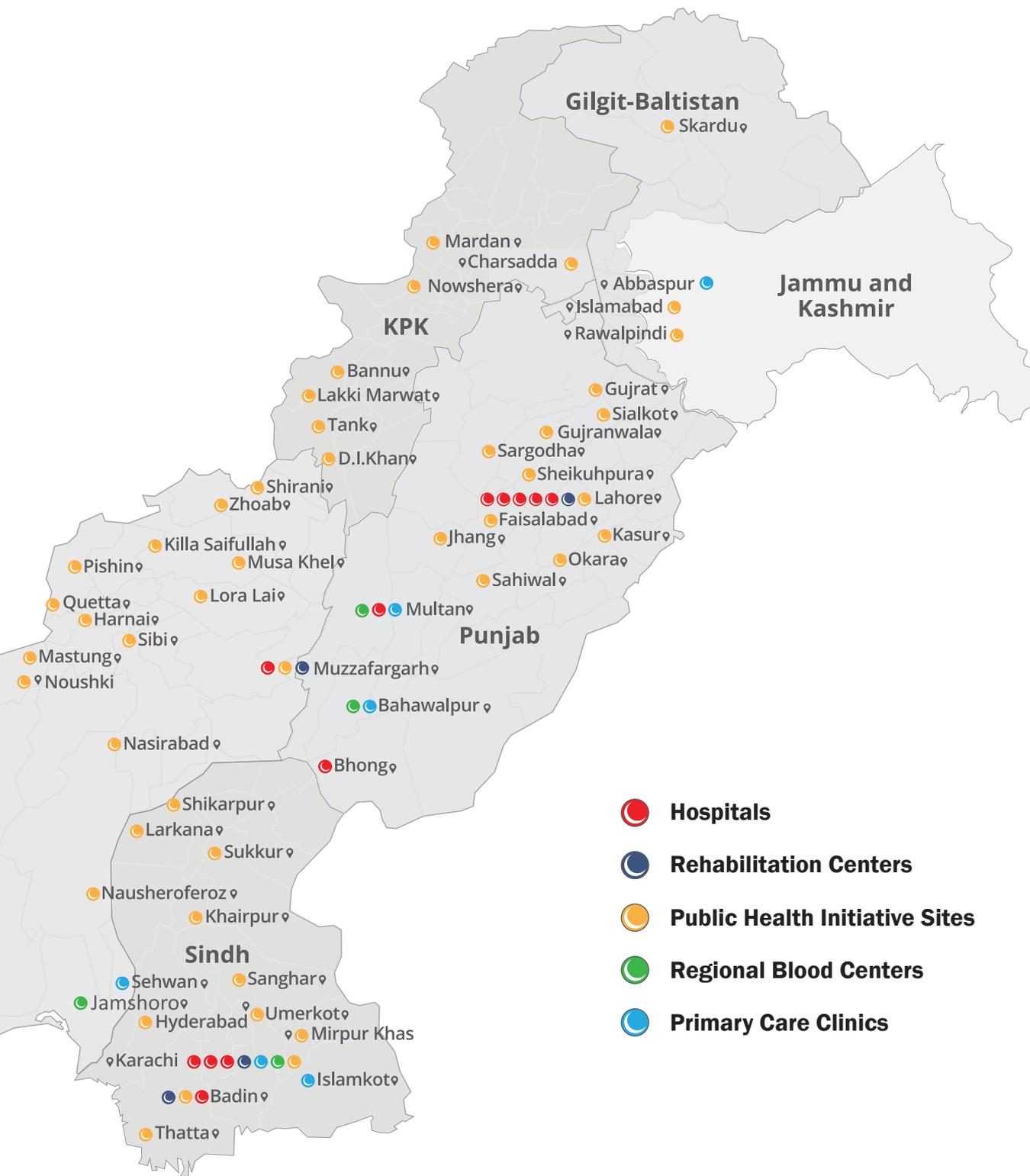
IHN-Owned Hospitals

- The Indus Hospital, Korangi Campus, Karachi
- The Indus Hospital, Sheikh Saeed Memorial Campus, Korangi, Karachi
- The Indus Hospital, Fakir Trust Campus, PIB, Karachi
- The Indus Hospital, Al-Ghazi Trust Campus, Bhong, Rahimyar Khan

IHN-Managed Hospitals

- District Headquarter Hospital, Badin
- Bedian Hospital, Lahore
- Multan Institute of Kidney Diseases, Multan
- Recep Tayyip Erdogan Hospital, Muzaffargarh
- Tehsil Headquarter Hospital Manawan, Lahore
- Tehsil Headquarter Hospital Raiwind, Lahore
- Tehsil Headquarter Hospital Sabzazar, Lahore
- Tehsil Headquarter Hospital, Kahna Nau, Lahore





Education

Indus University of Health Sciences

In 2017, the Indus Health Network's Academic Directorate was established with a mandate to establish the Indus University of Health Sciences (IUHS).

The University is composed of seven colleges:

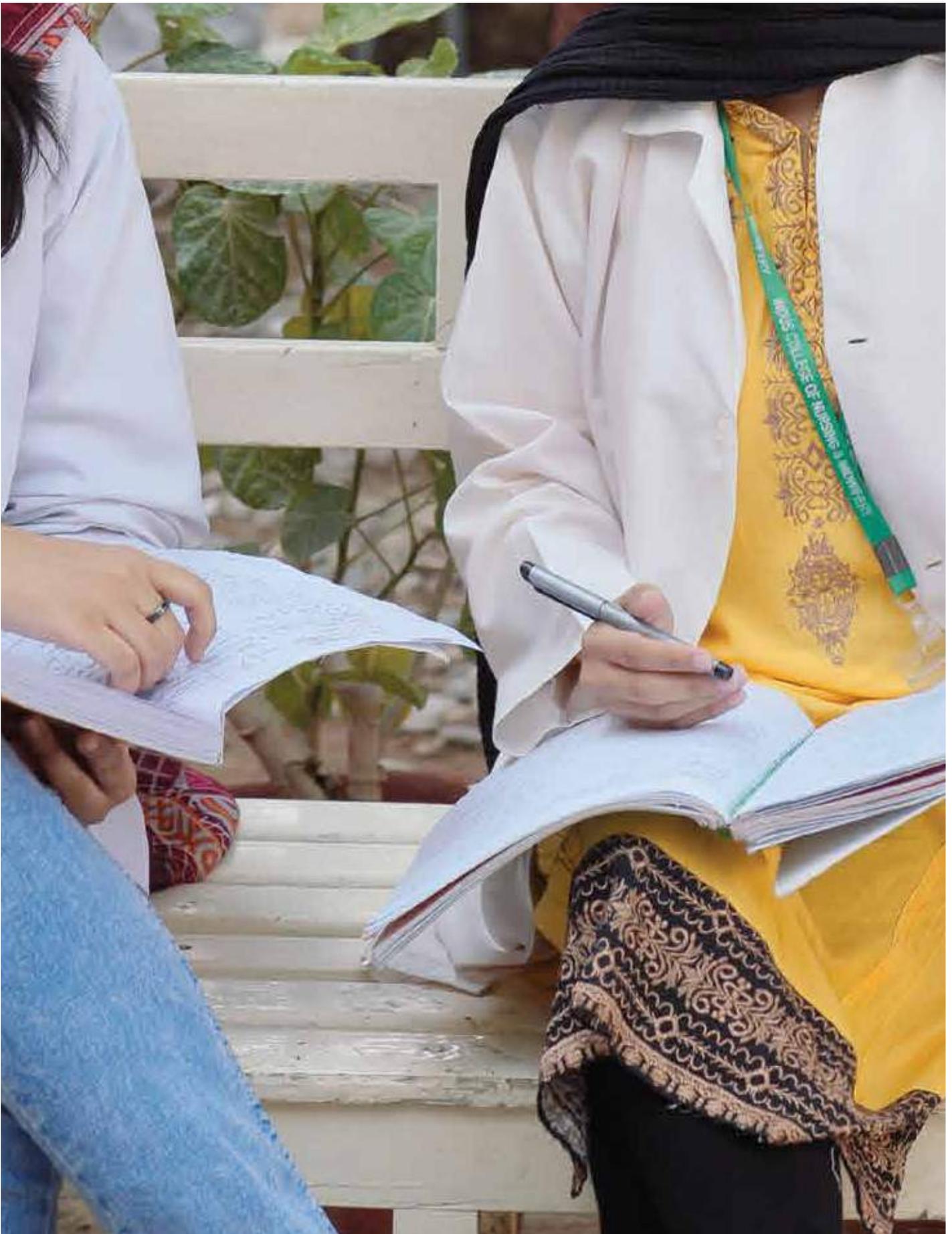
- Indus College of Nursing and Midwifery
- Indus Medical College
- Indus College of Public Health
- Indus College of Medical Technology and Allied Health
- Indus College of Physical Therapy and Rehabilitation
- Indus College of Dentistry
- The Indus College of Pharmacy

Currently, the colleges of Nursing and Midwifery, and Medical Technology and Allied Health are functioning while the remaining five are underway. IUHS also offers Postgraduate Medical Education and several diplomas and certificates in Infection Control Program, and other clinical, non-clinical teaching and learning programs.

IUHS was given its charter as a University through an act of the Provincial Assembly of Sindh in 2015.

The University aims to provide quality education to create the next generation of healthcare professionals devoted to providing quality healthcare across the country. Just like The Indus Hospital's vision to provide excellence in healthcare, the idea for the University also revolves around providing the highest standard of education to fill the existing gaps in the education sector.

By 2021, the Academic Directorate aims to start a Department of Examination and Assessments to streamline assessment activities and fulfill future requirements for university recognition. The Directorate also plans to start training staff at various levels through online teaching methods with the help of Learning Management System software.



Indus College of Nursing and Midwifery

The Indus College of Nursing and Midwifery (ICoNM) is the first academic unit of Indus University of Health Sciences. The college offers various diplomas in nursing at undergraduate level to students coming from different ethnic and socio-economic backgrounds of Pakistan. The College started in September 1994, with a group of 35 female students for a three year general nursing program. ICoNM aspires to become an institution of distinction in nursing education through contemporary education, applied research, ethical practice, and humanistic service. The objective is to train nurses in an environment whereby they excel both professionally as well as carry the highest moral and ethical standards of the profession.

ICoNM is currently offering the following programs:

- BS Nursing (4-year degree program)
- Post RN BSc Nursing (2-year degree program)
- General Nursing Program (3-year diploma)
- Post RN Diploma in Cardiology (1-year diploma program)
- Post RN Diploma in Pediatric Oncology (1-year diploma program)
- Post RN Diploma in Midwifery (1-year diploma)

All programs are recognized by the Pakistan Nursing Council while BS Nursing and Post RN BSc.N programs are affiliated with the Dow University of Health Sciences.

During 2019-2020, the success rate was above 90% with the majority of the successful students achieving a GPA above 3.5.

ICoNM aims to become a center of excellence in nurse training and research by expanding its programs and enhancing its teaching and learning methodologies. These include:

- Increasing the enrollment numbers from 80 to 100 for the BSN program
- Initiate the Community Midwifery Program
- Increasing active participation of faculty in research activities
- Adapting and implementing new learning resources and strategies for effective classroom and clinical teaching

517
students enrolled
at ICoNM

1,774
students have
graduated

24
faculty members



The college recently started a two-year associate degree in Blood Banking.

Indus College of Medical Technology and Allied Health

The Indus College of Medical Technology and Allied Health was established in 2016. It was set-up to develop a workforce having basic knowledge and skills of a general and specialty-specific allied health worker. The College offers a six-month Nursing Assistant Training Program; a one-year diploma in Blood Banking and Transfusion Medicine; a two-year diploma in Cardiology ICU and Anesthesia; an Operation Theatre; a one-year program in Anesthesia Technician; an Operation Theater Technician; a Pharmacy Dispenser Technician; a Pediatric Oncology Technician; a Dialysis Technician; a X-Ray Technician and a Laboratory Technician.

The College also recently started a two-year associate degree in Blood Banking. The degree program was approved for four sites of IHN including Karachi, Jamshoro, Multan, and Bahawalpur.

Due to the success of the programs being offered, during 2019-2020, the College had an 84% increase in student body across the 12 programs/courses being offered. To ensure the provision of a spacious learning environment for the students, the college was relocated to a new building close to The Indus Hospital, Korangi Campus. The new facility has four spacious classrooms with a seating capacity for 50 students in each classroom.

All the classrooms have audiovisual facilities; a skills laboratory equipped with multipurpose manikins and models; and three workstations for demonstrations and hands-on practice.

Postgraduate Medical Education

IHN offers a structured training program for Postgraduate Medical Education (PGME) recognized by the College of Physicians and Surgeons, Pakistan (CPSP). The PGME programs are carefully structured to meet CPSP’s requirements with the Department regularly monitoring residents’ academic activities. The PGME Department assesses both supervisors and trainees frequently to make sure that the teaching methods are up to the highest standards.

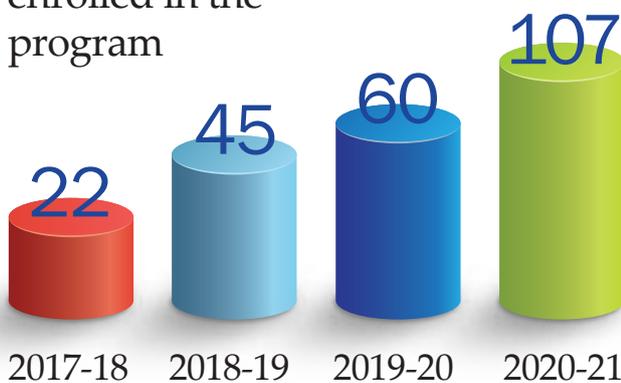
Currently, there are 18 FCPS/MCPS programs and three fellowship programs running at The Indus Hospital, Korangi Campus.

In Muzaffargarh, 4 FCPS training programs recognized by CPSP are being run, with each program having completed a one-year training program.

Currently there are 18 FCPS/MCPS programs and three fellowship programs running at The Indus Hospital in Karachi.



Students enrolled in the program



Hospital Infection Prevention and Control Program

The one-year certificate program prepares healthcare professionals to lead and implement comprehensive infection prevention and control strategies. The program ensures that candidates are fully prepared to lead infection prevention and control services and are capable of developing, implementing, supervising, and auditing a comprehensive program in different healthcare facilities.

10 AHA Certified Master Trainers have been developed in BLS, ACLS, and PALS

Indus Resuscitation Training Center (IRTC)

Emergency Response Committee (ERC) is a clinical committee within the Medical Directorate formed to ensure the resuscitation training of staff.

Over the last three years, the need for training staff in different resuscitation courses has grown. To meet the growing need, IHN trained nearly 3,000 participants in 80 courses in different categories such as Basic Life Support (BLS); Advanced Cardiovascular Life Support (ACLS); Pediatric Advanced Life Support (PALS) affiliated with American Heart Association (AHA); Neonatal Resuscitation Program affiliated with American Academy of Pediatrics; Helping Babies Breath (HBB) affiliated with WHO, STABLE courses for neonatal resuscitation and Cardiopulmonary Resuscitation awareness sessions.

Department of Health Professional Education

In line with the requirements of IUHS, a Department of Health Professional Education (HPE) has been established. HPE will liaise with Enterprise for Medical Education and Research (EMER) to ensure the educational activities of various health professionals. These activities will include building capacity, improving teaching outcomes, teaching new methodologies, improving, and documenting assessment methods, and providing support to all health-related educational activities.



Indus Hospital Research Center

Indus Hospital Research Center (IHRC) has been functioning as an essential hub for research-related activities to promote, support, and guide the Network's diverse research interests. While promoting research, IHRC strives to foster a scientifically robust and ethically sound research environment.

IHRC was originally established in 2008 at the Korangi Campus and was managed by Interactive Research & Development (IRD) until 2016. In partnership with IRD, several public health initiatives were established and launched. In 2017, IHRC was completely handed over to Indus' Medical Directorate and its larger established community-based public health initiatives such as TB, Malaria, and Diabetes were transitioned to the public health and community engagement arm of IHN, the Global Health Directorate. Since this transition, the IHRC's primary focus has been clinician-driven research and the incubator for public health programs that are not yet ready to scale-up. The IHRC also plays a role in supporting the research of the PGME trainees. In May 2020, IHRC was moved from the Medical Directorate to the Academic Directorate.

IHRC provides research consultancy and support to 160 IHN clinical faculty in 38 specialties and 180 postgraduate medical trainees. During 2019-2020, IHRC assisted with approximately 175 research proposals: 88 faculty research, 46 residents, 40 other IHN employees. It ran 148 active research projects, recruited 26,048 study participants and analyzed 72 studies. By the end of this fiscal year, 197 projects were running in the Research Electronic Data Capture (REDCap) out of which 113 researches, 42 are operational support, 33 are quality improvement and nine others.

IHRC has also conducted multiple research programs and is developing an online video library for research resources. It also provides recorded lectures to clinicians, non-clinicians, and researchers.

IHRC provides
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160

IHN clinical
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During 2019-2020

IHRC assisted
175
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88
faculty researches

46
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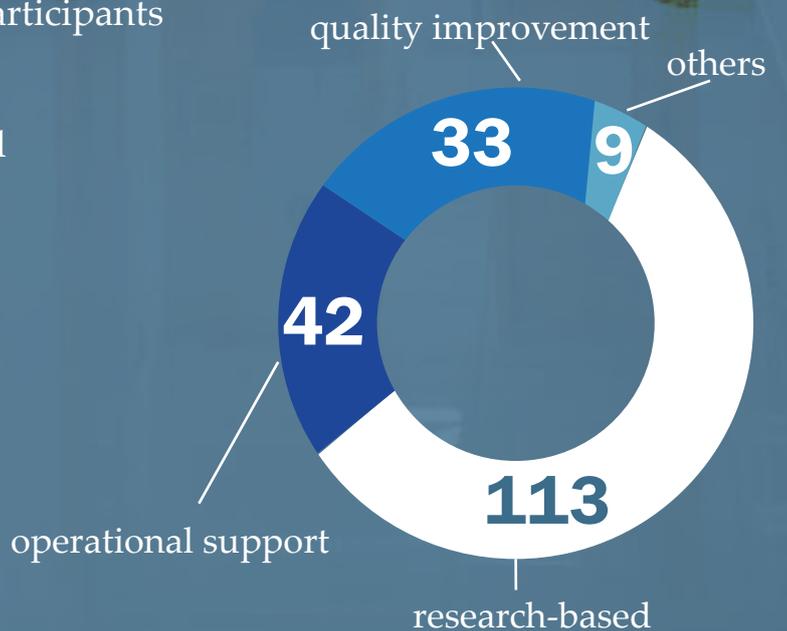
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IHRC Sponsored Research

WHO's Solidarity Trial

The IHRC and Infectious Disease Team are part of the Solidarity Trial, which is a WHO supported “Multinational Multi-Center Randomized Controlled Trial” looking at treatment modalities for severe COVID-19 disease in hospitalized patients. 39 countries have approval for patient recruitment, and it has started in 29 countries. IHRC is supporting the trial by providing coordination between Center Lead and study team, maintaining patient logs, institutional review board submissions, site-specific protocol development and documentation, randomization and follow-up with recruited patients.

WHO supported
“Multinational
Multi-Center
Randomized
Controlled Trial”
looking at treatment
modalities for severe
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hospitalized patients

Verocell Trial

This multi-arm trial is now in the analysis phase and its results will provide information on the efficacy of a Chinese anti-rabies vaccine (Verocell). It is a joint study between the Infectious Disease Department and IHRC. It was conducted on healthy participants to assess antibody titer buildup and to report any side-effects. The impact of the study findings will possibly provide evidence that shortens the number of doses to accelerate the treatment regimen. The lab aspect of this study was done in collaboration with the Biology Department, School of Science and Engineering, Lahore University of Management Sciences.

Improve ER conditions of hospitals in Pakistan using Behavioral Sciences Approach

In 2019, IHRC received a research grant in collaboration with Policy Analytics, a Swiss health research company, and funded by the International Committee of Red Cross. It is a multi-site study with one site at the Hayatabad Medical Complex in Peshawar and one at The Indus Hospital, Karachi. The study aims to identify the main drivers of violence against healthcare providers in emergency and to design and test behavioral interventions to reduce violence by hospital staff, patients, and attendants in the Emergency Department. The sites were selected based on the high patient volume in the ER and willingness by the administration to collaborate.

HALO Trial

In collaboration with the University of Manitoba, a sepsis trial is planned with the Infectious Disease and IHRC at The Indus Hospital, Korangi Campus. National Bioethics approval and Drug Regulatory Authority of Pakistan (DRAP) approvals were sought during 2019-2020. The international team has planned visits to Pakistan twice for site initiation. The trial is ready to begin enrollment in Pakistan once the COVID-19 pandemic is under control.

IHRC Programs' and Supportive Projects

Rabies Free Pakistan (RFP)

In response to the growing concerns about dog bite cases in the country and culling of dogs, the 'Rabies Free Karachi' pilot project was initiated in 2018. After achieving success in the pilot phase, the initiative was scaled up to cover all of Karachi. From July 1, 2019 - Jun 30 2020, RFP team vaccinated 7,638 street dogs against Rabies and sterilized 1,773 dogs across Karachi.

In 2019-2020, "Rabies Free Karachi" became "Rabies Free Pakistan" in order to gradually increase its services to a national level. In 2019, The Indus Hospital signed an MoU with Getz Pharma Private Limited to work towards the eradication of Rabies by 2030. It includes operational, marketing, and research support.

To support the initiative, Nissan Gandhara Motors came forward to donate the first mobile animal sterilization unit. In the surgical unit, 24 surgeries can be performed daily to sterilize stray dogs. This service is also extended to the community free-of-cost. The surgical van is fully furnished with two surgical tables, a washing area, and all essential surgical consumables. The RFP team also provided training to local government participants for dog catching and vaccination.



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Neonatology Hearing Screening Program at Sheikh Saeed Memorial Campus

The IHRC program team assisted the audiology department in restructuring the neonatal hearing program at Sheikh Saeed Memorial Campus (SSMC) for timely referrals. Now those neonates who fail to pass screening tests are scheduled for Brain Stem Evoked Response Audiometry testing on the same day. This ensures correct and early treatment and diagnosis of hearing problems. The children with severe to profound loss are referred to the Cochlear Implant Program for early intervention.

Process Improvements for Early Discharge from Wards

Internal Medicine, Emergency Department, and IHRC teams are working together to bring efficiencies in the ward discharges. This is done to improve the discharge process which would translate into higher bed availability in the ward.

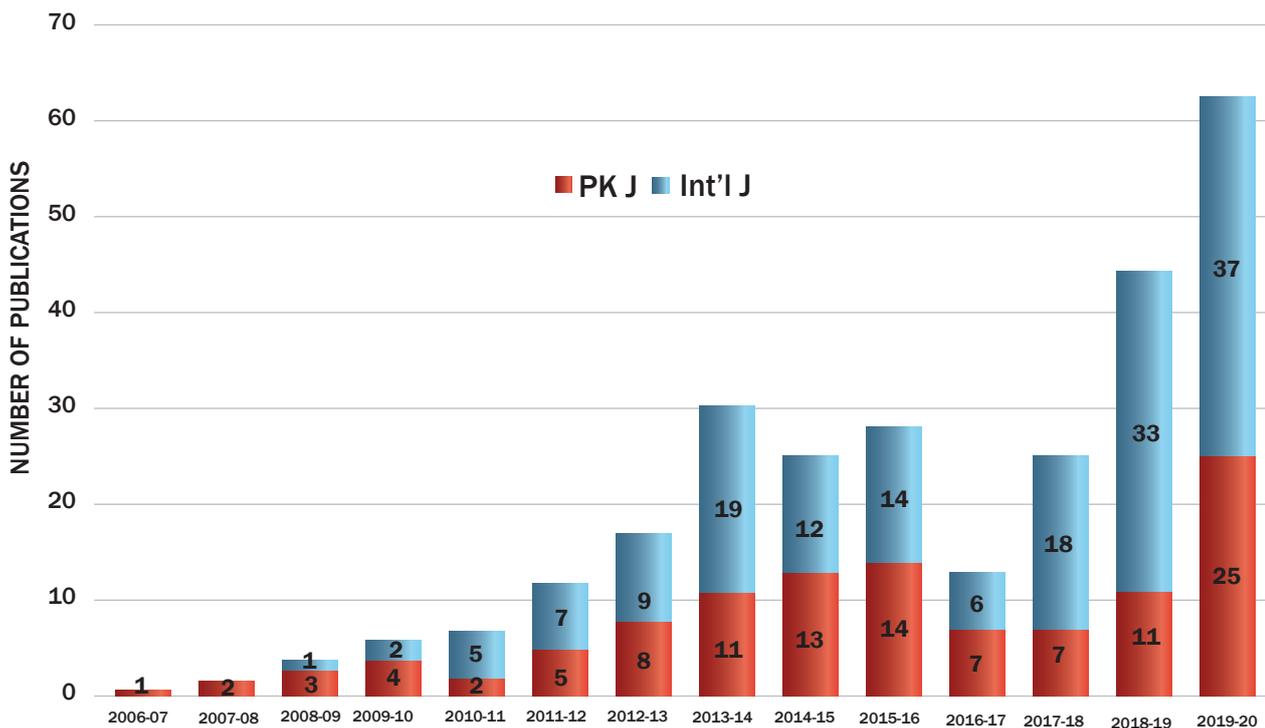
Support to Value Based Health Care Group (VBHC)

IHRC is providing support to the VBHC group working at the entire network level. The VBHC core team and the administrative and clinical staff at Sheikh Saeed Memorial Campus are working closely to apply the concept of VBHC to develop process maps for complex patient pathways, reassess the clinical data and find ways to bring further efficiencies to the processes at SSMC. The group hopes to identify glitches and then provide recommendations to streamline systems. The ultimate goal is to reduce costs, minimize wastage, and provide patients with a patient-centric experience.

IHRC sponsored research

IHRC has a large role in ensuring that the research conducted at Indus is not only ethical but has scientific merit and quality, which is reflected in the increasing publications in peer-reviewed international journals. Nearly 52% of IHN's total publications occurred in the past four years after IHRC's management was taken over by Indus. In 2019-2020, there were 62 peer-reviewed publications including international journals such as the Archives of Disease in Childhood, the BMC Health Services Research, the BMC Musculoskeletal Disorders, the Clinical Infectious Disease, the Lancet Respiratory Medicine, the Pediatric Blood and the World Journal of Surgery.

In 2019-2020,
there were
62
peer-reviewed
publications



ICON 2020 publication

IHRC also played a key role by rendering administrative, technical and scientific support to 69 submitted papers and 30 abstracts for scientific and administrative review of the supplement.

Primary Care and Global Health Initiatives



IHN came into existence with the basic mandate to provide quality healthcare for free. In partnership with IRD Pakistan, it created the Global Health Directorate (GHD) with the objective to build, scale, and improve primary care level of services and the delivery of public health programs across Pakistan. The Directorate, with the support of some national and international stakeholders and donors, is running multiple primary care community health centers and public health programs.

Scaling-up innovative approaches, mobile health technology, and a strong network of community health workers (CHW), GHD's service delivery in the community and at the primary care level of services has strong linkages with local, secondary and tertiary facilities within the Indus Health Network. GHD successfully implemented interventions at hospitals and community settings across Pakistan and has impacted over 1 million people.

GHD successfully implemented interventions at hospitals and community settings across Pakistan and has impacted over

1 Million
people

TB Program

IHN in partnership with IRD has been a major stakeholder in carrying out the “Aao TB Mitao” initiative in Pakistan with public and private sector partners. In addition to two Zero TB City projects in Karachi and Peshawar, the program has also laid the foundation for establishing comprehensive programs that work towards the elimination of TB by initiating active case finding programs in Quetta, Bhong, Hyderabad, Sukkur, Lahore, Skardu, and Khaplu. Aside from providing mass screening at a population level, emphasis has been laid on effective screening of at-risk groups such as prisoners, HIV patients, diabetics, factory workers, coal miners, and other high-risk groups. The teams screened 552,587 adults and 161,886 children for TB during 2019-2020 and started 3,856 adults and 2,387 children on treatment for drug-sensitive TB across different parts of the country. Through this initiative, the team has enrolled 937 patients on treatment for drug-resistant TB across 11 sites in Sindh and Baluchistan. Of the patients found, 10,882 contacts of TB patients have been evaluated for the presence of disease of which 7,657 patients were offered preventive therapy for TB. In an effort to expand its reach and provide widespread coverage the program has mobilized almost 55 mobile X-Ray vans across the country aiming to help work toward the decline of TB in the country.

13,522 prisoners across Sindh, Khyber Pakhtunkhwa, and Balochistan jails were also started on preventive treatment.

TB teams screened
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Started
3,856
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parts of the country

55
mobile X-Ray vans



Primary Care Program

The Primary Care Program (PCP) was initiated in 2017 to address a growing need for providing free-of-cost and high-quality care at first-contact for our population. The program integrates family medicine with public health interventions and puts a premium on preventive care through community-based teams linked to each center. Services in each facility are customized based on an assessment of the surrounding community to match the healthcare needs of the population and to improve the overall health indicators.

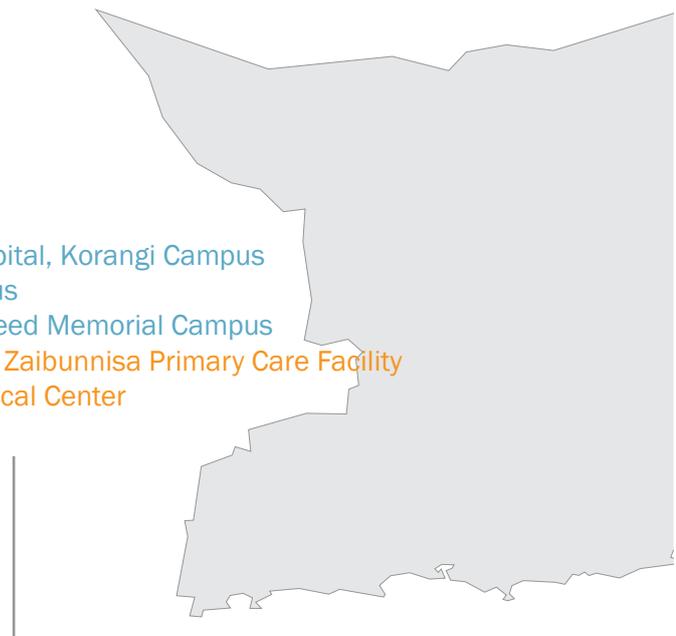
PCP functions as the first point of contact where continuous, comprehensive, and coordinated care is provided to populations undifferentiated by gender, disease, or age. During 2019-2020, 1,136,599 patients were seen. PCP manages 25 primary care facilities across Pakistan. These facilities include 12 hospital-based facilities such as the Family Medicine Clinic at Indus Hospital, Karachi, and in Badin, Muzaffargarh, Multan, and Lahore. It also operates 12 standalone clinics in the districts of Tharparkar, Jamshoro, Muzaffargarh, Kashmir, Rahimyar Khan, and Karachi. The clinics are also functional in Jahangir Siddiqui Hospital, Sehwan, Khorwah Chowk, Islamkot Hospital, and A&M Memorial Hospital, Kashmir.

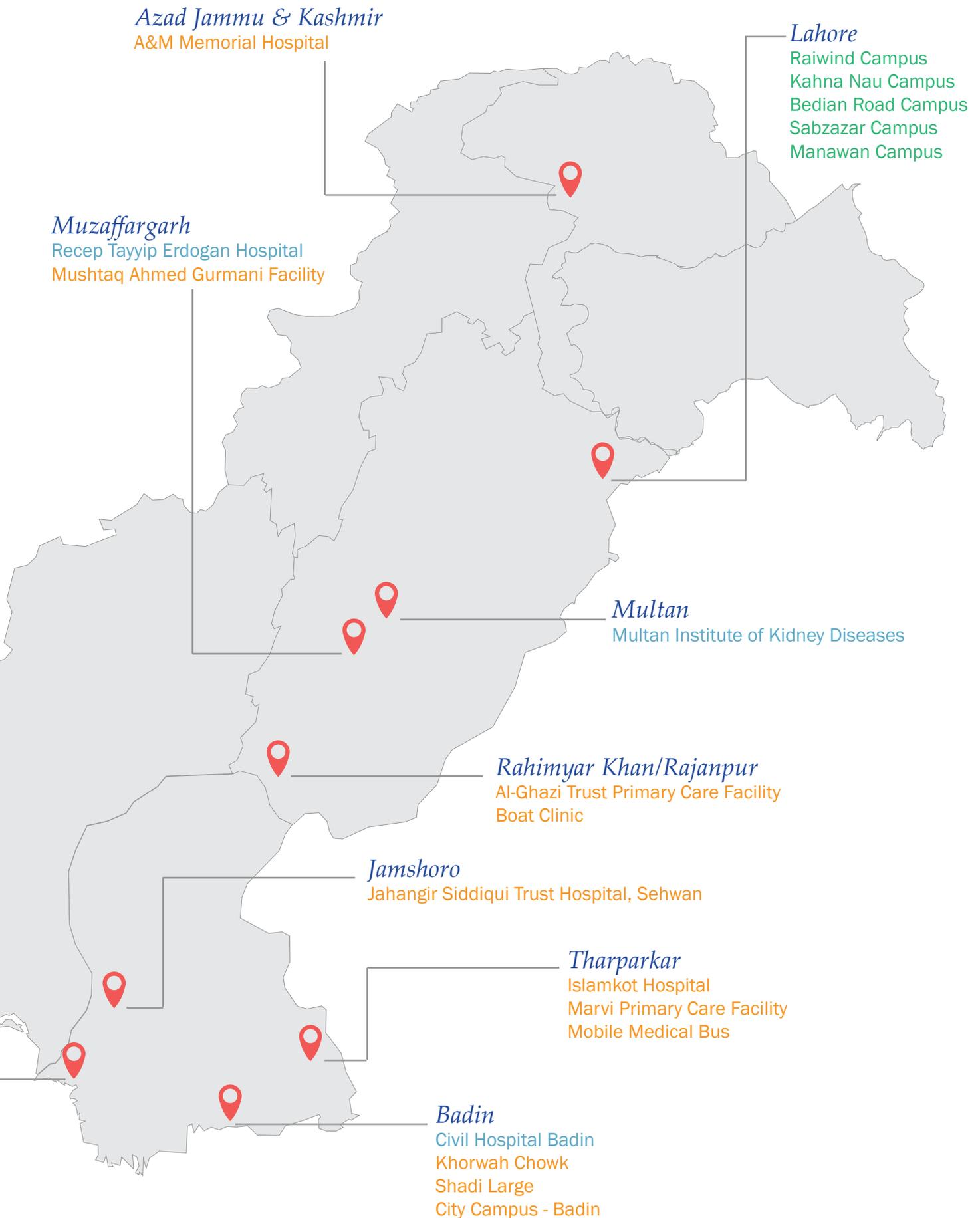
Primary Care Network

- **Districts - 9**
- **Primary Care Facilities - 13**
(Urban & Rural)
- **First Level Hospital - 5**
- **Tertiary Level Hospital - 6**

Karachi

- Indus Hospital, Korangi Campus
- PIB Campus
- Sheikh Saeed Memorial Campus
- Fakir Trust Zaibunnisa Primary Care Facility
- Delhi Medical Center







Community Engagement Center

The Community Engagement Center (CEC), a joint venture of the GHD and IRD Pakistan, is a learning and resource hub aimed at deepening the understanding of 'community engagement', whether it be in health or other social sectors.

CEC is collaborating with partners to identify and introduce appropriate interventions in communities for sustainable improvements in health. It is establishing a volunteer cadre of community leaders who will mobilize to address social determinants of health in their own communities. CEC is furthering literature in the field of community engagement to develop and share guidance and best practices.

From July 2019 to June 2020, the CEC has engaged 349,551 people through its core initiatives: community empowerment, awareness-raising, youth engagement, and psychosocial support with the help of its 33 CHWs and 27 mental health officers (MHO) who are active across 9 sites in Sindh and Punjab. These include 7 sites in Sindh - with 3 in Karachi alone - and 2 sites in Punjab.

CEC engaged
349,551
people

CHWs worked with

16,700
community members to
build a referral network

1,703
conducted sessions

828
community facilitators

Community Empowerment

The CEC takes a participatory approach toward community engagement, by including indigenous populations as partners toward sustainable change. CHWs have worked with 16,700 community members to build a referral network to the primary care sites, identify available resources, and unpack the community's needs.

Awareness Raising

In an effort to increase community competency regarding health, CEC's awareness-raising campaigns promote community dialogues focusing on health needs identified by the community. Through 4,200 dialogues, 79,446 participants have been engaged in health information sessions.



2,992
facility sessions
conducted

66,583
people participated in
facility sessions

1,208
community sessions
have been
conducted

12,863
participants in
community sessions

Training and Learning

Training and Learning team at CEC works toward capacity building of the CEC as well as GHD staff. From July 2019 to June 2020, it delivered training on three themes to 102 participants that comprised CHWs and MHOs.





Youth Engagement

In the districts of Badin and Rahimyar Khan, 21 schools were engaged in the Adolescent Health and Leadership Program (AHLP), where 48 teachers were trained to incorporate AHLP into their school curriculum. These teachers went on to train 2,899 eighth, ninth, and tenth-grade girls in government schools in these districts. These girls visited 31,572 households and encountered over 189,432 people in their neighborhood to conduct basic health screening and refer community members to the nearby primary care clinic.



2,899
girls were trained
for Kiran Sitara
Program

2,631
mobilized in
communities

31,572
households
visited

189,432
people
tapped

Pursukoon Zindagi

As part of an integrated primary care model, IRD Pakistan's 'Pursukoon Zindagi' has integrated all patients registered at the primary care clinics - as well as their attendants - and screened them for depression and anxiety by trained lay-counselors. 53,829 individuals were screened, from which 2,527 were found to be symptomatic of depression and anxiety. 1,462 of these were enrolled in counseling by the mental health lay-counselors.

53,829
people screened
for mental health

1,462
people enrolled
for counseling



Screened
8,290
patients

Identified
838
people in need of
psychosocial support

Psychosocial Support Intervention (PSSI)

The PSSI program identifies and screens already registered patients who may be vulnerable and in need of social support. From July to December 2019, PSSI has screened 8,290 patients and has identified 838 in need of psychosocial support. PSSI is now conducting visits across 15 communities in one of its core sites in Punjab.



HCV Community-Based Screening

Community Health Workers (CHW) conducted 155 awareness sessions on Hepatitis C in the communities in the catchment populations of Mushtaq Ahmed Gurmani Primary Care Clinic, Thatta Gurmani, District Muzaffargarh, and Jahangir Siddiqui Hospital, Jamshoro, District Sehwan.

Conducted
155
awareness sessions
on Hepatitis C

Maternal, Neonatal, Child Health in Primary Care Program

PCP's more than 60% of patients are mothers and children. The Maternal, Neonatal, Child Health (MNCH) Program has been an integral part of the PCP. The MNCH component is running the following projects:

- Expanded Program on Immunization
- Zindagi Mehfooz – Electronic Immunization Registry (Child Level Data) implemented in Sindh and now expanding to Islamabad and Baluchistan
- Deworming Program
- Family Planning
- Lactation Management Program
- Integrated Management of Childhood Illness (IMNCI)
- Nutrition Program
- Safe Delivery Program
- Midwifery Program
- Helping Babies Breathe (HBB)

During July 2019-June 2020, the program immunized 168,563 children; 27,206 women of reproductive age were immunized with tetanus toxoid; 1,553,236 children and 528,885 women were enrolled into the Zindagi Mehfooz digital immunization registry from 29 districts of Sindh; dewormed 6,673 children; provided family planning services to 11,553 women; lactation management services to 23,405 women; Integrated Management of Childhood Illness (IMNCI) service was provided to 28,441 children; nutrition screening of 83,673 patients; 12,831 children enrolled in the nutrition program out of which 12,134 were treated for severe acute malnutrition and moderate acute malnutrition in outpatient therapeutic program and 697 children with complications were treated in a stabilization center.



During the reporting period,
168,563
 children were immunized

27,206
 women of reproductive age were immunized with tetanus toxoid



Enrolled

1,553,236

children

528,885

women into 'Zindagi Mehfooz'
digital immunization registry
from 29 districts of Sindh

330

safe births through
the midwife-led
labor room

It also facilitated 330 safe births through its midwife-led labor room. In addition, 9 master trainers, 13 facilitators, and 94 providers were trained in the Helping Babies Breathe course which helps to ensure safe delivery outcomes.

Center for Essential Surgery and Acute Care (CESAC)

The CESAC aims to bridge the healthcare delivery gap through research, community mobilization, capacity building, and implementation of programs focused on surgical conditions. CESAC runs the following programs:

Safe Circumcision Program (SCP)

The service-delivery program uses the concept of ‘task sharing’ in which pediatric surgeons train CHWs, technicians, and midwives to perform safe circumcision on male babies under three months of age, using the “plastibell technique” and adhering to stringent infection control practices under close supervision and monitoring. Since its inception, more than 7,000 babies have been circumcised as part of the program.

Program sites:

- Sheikh Saeed Memorial Campus (SSMC), Karachi since June 2016
- Recep Tayyip Erdogan Hospital (RTEH), Muzaffargarh since December 2017

Since its inception,
more than

7,000

babies have been
circumcised

Total baby
boys delivered

3,342

Total babies
circumcised

2,365

4,197

patients enrolled,
counseled and
followed

SSIs rate

1.4%

Surveillance for Surgical Site Infections (SSI) Program

The program aims to assess the burden of SSIs in addition to evaluating the ability of patients to identify an SSIs and to take immediate action. The operational research was initiated in RTEH in March 2018 and was completed in March 2019. However, passive surveillance is still being conducted in RTEH.

Pehla Qadam (PQ) Program

The program is part of a global commitment to eliminate untreated clubfoot; the PQ program provides free of cost treatment using the Ponseti method, the gold standard approach to managing uncomplicated clubfoot. Since its inception in 2011, more than 1,700 children have been enrolled in the program and 295 patients have completed treatment. This program is jointly funded by the Amer Haider Charitable Foundation and IHN.

The program is functional at:

- The Indus Hospital, Korangi, since August 2011
- Recep Tayyip Erdogan Hospital, Muzaffargarh, since December 2017
- Manawan General Hospital, Lahore, since October 2017
- Civil Hospital, Badin, since February 2019

295
patients have
completed treatment

2,586
total feet enrolled

17,143
casts applied

1,355
tenotomies performed

1,460
children progressed
to braces



Vascular Anomalies Center (VAC)

Vascular anomalies are complex conditions commonly seen in children and can be disfiguring. This program provides a comprehensive, one-stop diagnostic and treatment center. The program was initiated at The Indus Hospital, Korangi campus in January 2017. As a first step towards this initiative, a PDL laser machine- V Beam Perfecta, was donated to the Indus Hospital in January 2017 for the treatment of vascular anomalies. This program is jointly run by pediatric surgery, dermatology, and radiology departments with expertise from other departments being provided as needed. International experts have contributed to the capacity building of the Indus team.

From January 2017 till July 2020, a total of 369 patients have been enrolled, and 82 patients have completed the treatment.

During 2019-2020, 141 patients enrolled with 47 of them having completed their treatment.

A total of
369
patients enrolled
from January 2017
till July 2020

82
patients
completed the
treatment

CPEM first batch of
25
students graduated
in June 2019

25
students enrolled
for the second
batch

Certification Program in Emergency Medicine (CPEM)

This one-year program aims to train Emergency Department (ED) doctors in key Emergency Medicine (EM) knowledge and skills through a standardized and locally relevant training curriculum. The initial course commenced at TIH in July 2018. The second year of the course began in July 2019. CPEM is a collaboration between IHN and emergency medicine specialists based at Harvard Medical School. It is funded by the Habib Bank Limited Foundation; during the first year of the program, additional funding support was provided by the Harvard Medical School's Centre of Global Health Delivery, Dubai.

In June 2019, CPEM graduated its first batch of 25 students
25 students enrolled for the second batch.

Household level
data collected from
490
households

Patient level data
collected from
526
patients from 12
hospitals

The Lancet Indicator Survey

The project is a collaborative effort between IHN and the Program in Global Surgery and Social Change (PGSSC) at the Harvard Medical School. This study is funded by the Harvard Medical School's Center of Global Health Delivery in Dubai.

The purpose of this project is to assess the capacity of Pakistan's healthcare system to provide safe, affordable, and timely access to essential surgical care. The project will conduct a cross country, two-staged randomized household survey of 770 households. Moreover, a patient survey of 400 surgical patients across public sector tertiary care centers of the country will also be conducted.

The project preparation started in March 2018. Over the last one and a half year:

- Household level data has been collected from 490 households
- Patient level data has been collected from 526 patients from 12 hospitals

Global Children's Surgery Program

The Global Children's Surgery Program (GCSP) is aimed at improving neonatal and child health, with a greater focus on surgery. Some of GCSP's projects include a collaborative approach with the neonatology department at Sheikh Saeed Memorial Campus as well as partners at the Global Initiative for Children's Surgery (GICS). The project is functional at SSMC and TIH.

The project encompasses: Impact of COVID-19 on Children's Surgery; Essential Procedures in Children's Surgery; Neonatal Screening for Congenital Anomalies; Neonatal ICU Data Chart Review; Revision of the HMIS-Neonatal Database for an improved data collection process.

National Vision for Surgical Care 2025

The resolve to strengthen surgical systems and to strive towards universal availability of safe essential surgical care is part of the commitment made in the 68th World Health Assembly and Sustainable Development Goal 3.8. National Ministry of Health Services, Regulation and Coordination in collaboration with The Indus Hospital has engaged stakeholders, both national and international, and initiated the National Vision for Surgical Care 2025.

Approximately
122,478
patients above the
age of 13 screened

14,968
suspected cases
have been PCR
tested

9,758
confirmed cases
linked to treatment

Hepatitis C (HCV) Control Program

Since its inception in October 2016, the HCV Control program has been replicated across eight rural and urban sites of Pakistan. Approximately 122,478 patients above 13 years have been screened using WHO-approved rapid diagnostic test kits. 14,968 suspected cases have been PCR tested and of these 9,758 confirmed cases have been linked to treatment. 73 percent of patients were from rural areas. The majority of the patients fall between 35 to 44 years and 50% are females. This has been possible through the training of up to 37 family medicine doctors and 41 nurses and health workers across all eight rural and urban sites.

Decentralizing HCV screening through integration in routine patient process flow of family medicine clinics (at Primary Care Program sites), “Aao TB Mitao” initiative, community-based activities run by CEC and Emergency Department services has helped us to identify up to 6,461 confirmed cases, who could have gone undetected and possibly presented at a later untreatable stage of illness. Up to 2,535 participants have been engaged through community-based health awareness sessions at two rural sites.

The program model has also been very instrumental to ensure linkage of suspected cases, identified incidentally during blood donation drives in Karachi. It has been able to actively link up to 246 blood donors to PCR testing and 64 of these to treatment.

The program continues to expand its scope of prevention, screening, and treatment activities to create awareness and actively identify suspected cases to slow down community-based transmission, hence contributing to curb this silent epidemic, a public health emergency in Pakistan.

HIV Program

Pakistan is facing an epidemic of HIV. Most of the victims are persons who inject drugs; men who have sex with men; transgenders; and female sex workers. These populations have specific dynamics and they are mostly marginalized groups. IHN started a sole clinic for key affected population in October 2018. The HIV program incorporates Voluntary Counselling and Testing (VCT), Antiretroviral Therapy clinic and adherence, family counseling, and outreach. From July 2019 - June 2020, 257 individuals have enrolled in the HIV program.

From July 2019 to
June 2020

257
individuals
enrolled in HIV
program

Lung Health Program

The Lung Health program was established in response to the serious morbidity and mortality associated with chronic respiratory disease, recognized by WHO as a serious non-communicable disease. The Lung Health program specifically focuses on non-TB associated respiratory disorders. The program runs the following projects:

Tobacco Control

Tobacco use is a leading cause of poor lung health. During 2019-2020 the program sensitized over a 1,000 adolescent school-going girls at the She Leads conference about tobacco hazards.

Obstructive Lung Disease (OLD)

Obstructive Lung Disease such as asthma and Chronic Obstructive Pulmonary Diseases (COPD) is one of the commonest forms of complaints in the primary care sector. In 2019-2020, the service offered 1,130+ spirometry services at The Indus Hospital, Korangi, of which 800+ patients were diagnosed with asthma or COPD in Family Medicine.

Pulmonary Rehabilitation (PuRe)

PuRe provides multidisciplinary treatment for breathless patients with chronic respiratory disease. It was designed to improve health-related quality of life and reduces the burden of exacerbations of respiratory disease. In 2019-2020, 18 patients completed PuRe and 27 are currently enrolled.

Air Quality

The impact of air quality on lung health requires highlighting in Pakistan and locally. In 2019-2020, the program liaised with Pakistan Air Quality Initiative and World Bank for strategy and monitored the level of carbon monoxide (CO) in 350+ outpatients.

Malaria

The Indus Health Network secured The Global Fund Malaria Grant in 2016 as a private sector principal recipient. IHN in collaboration with Directorate of Malaria Control Program Pakistan, provincial Malaria programs, and the Department of Health is providing Malaria preventive and curative services in Pakistan. IHN's Malaria interventions are implemented to reach out to around 13.2 million beneficiaries in 7 districts of Khyber Pakhtunkhwa and 12 districts of Baluchistan. The goal is to, by 2020, reduce the Malaria burden by 60% in 72 high-endemic districts/agencies of Pakistan.

IHN closely worked with its partners to provide Malaria preventive, promotive, curative, and health systems strengthening activities in its grant which supported multiple districts of Pakistan.

TIH is implementing its diagnosis and treatment services in 984 public hospitals and private clinics, out of which 496 are in Khyber Pakhtunkhwa and 488 in Baluchistan. During the year 2019-2020, a total of 1,228,934 Malaria suspects were identified and all of them were screened for the Malaria parasite with a rapid diagnostic test or Malaria microscope. A total of 85,744 suspects were confirmed as Malaria patients with all of them treated as per the national treatment guidelines.

Despite the challenges due to COVID-19, the performance of the Malaria team and its partners remained exceptional. When compared with the preceding year 2018-19 there is an increase of 26 % in the screening of Malaria suspects. Similarly, there is a drop of about 3 % in the confirmed cases during 2019-2020 when compared with 2018-2019.



A total of
1,228,934
Malaria suspects were
identified

85,744
confirmed with the disease

Gynecology and Obstetrics

Sheikh Saeed Memorial Campus (SSMC) started its services in August 2015 as a 45-bed hospital with four nursery beds. Earlier the campus was serving as a maternity home with bare minimum services, however, after it was handed over to The Indus Hospital, the campus went through major changes. The existing services were enhanced and new services were established.

The hospital signed MoUs with the provincial government for starting family planning, immunization, obstetrics and neonatology, circumcision, audiology, and health education services.

In just two years of its existence, SSMC became eligible to conduct a two-year residency program in obstetrics and gynecology, and a fellowship in neonatology.

During 2019-2020, SSMC started therapeutic laparoscopic surgeries, while the family planning service was expanded to other IHN hospitals. During COVID-19, SSMC established: a dedicated COVID-19 labor room; a 10-bed dedicated COVID-19 ward; a COVID-19 area for neonates; and an isolation room in NICU for COVID-19 positive neonates.

While admitting at SSMC, every patient was screened for COVID-19. In case the patient was COVID positive she was directed to the coronavirus labor room while following all SoPs.

SSMC has a strength of 162 clinical and 128 non-clinical staff. The campus is supporting clinicians, nurses, and paramedic staff to excel in their respective fields. A lot of academic, research, and training activities are taking place to enhance the skills of the staff.



2019						
	JUL	AUG	SEP	OCT	NOV	DEC
Surgeries	264	249	229	290	289	302
Gynea Surgeries	124	113	123	156	105	129
Obs Surgeries	140	136	106	134	184	173
Labor Room	117	107	135	141	194	187
Circumcision Clinic	195	140	153	210	187	176
Vaccination						
Peds	276	260	242	284	196	336
Adult Female	222	272	315	334	216	254
Total	498	532	557	618	412	590
Admission-Inpatients	836	794	770	827	994	922
Consulting Clinic Visits	6,524	5,970	6,409	7,136	6,466	6,480



2020						TOTAL
JAN	FEB	MAR	APR	MAY	JUN	
312	259	224	202	213	200	3,033
108	109	82	32	34	55	1,170
204	150	142	170	179	145	1,863
186	175	142	200	217	141	1,942
150	186	110	-	-	71	1,578
390	325	276	335	346	274	3,540
308	411	217	-	-	217	2,766
698	736	493	335	346	491	6,306
950	835	785	893	890	761	10,257
6,176	6,931	5,028	1,388	1,377	2,688	62,573





Physical Health and Rehabilitation

The Indus Hospital established its first Physical Rehabilitation Center with the support of International Committee of the Red Cross (ICRC) and CHAL Foundation, Islamabad in 2015 at its Korangi Campus. To meet the growing needs, TIH expanded the rehabilitation services to other campuses including Recep Tayyip Erdogan Hospital, Muzaffargarh; Bedian Road Hospital, Lahore; and District Headquarter Hospital, Badin. All Centers provide prosthetic and orthotic devices, physiotherapy, and mobility devices like wheelchairs and crutches.

The Physical Rehabilitation Center specifically treats people with lower and upper limb disabilities like amputees who have lost limbs due to accidents, diabetes, tumors, and other diseases. Orthotic supports are provided to patients for the restoration after the loss of function for example post-polio paralysis, spinal injuries, strokes, cerebral palsy, and other congenital and acquired deformities.

The Physical Rehabilitation Center consists of qualified ortho prosthetists, physiotherapists, prosthetic/orthotic technicians, physio technicians, patient liaison officer (psychologist), and other support staff.

During 2019-2020 the Physical Rehabilitation Centers in Lahore, Karachi, Muzaffargarh, and Badin registered 2,087 patients; provided devices to 2,077 patients; while 486 patients are on a waiting list.

The Physical
Rehabilitation
centers registered

2,087
patients

Provided devices to

2,077
patients

Physical Therapy

Physical Therapy is a branch of rehabilitative health that uses specially designed exercises and equipment to help patients regain or improve their physical abilities. In-patient and out-patient are assessed by a physiotherapist and a treatment plan is initiated within 24 hours of admission.

The Physical Therapy section established separate clinical areas for male and female patients in September 2018.

The section also has an in-patients service which includes male and female wards, Intense Care Unit, Critical Care Unit, High Dependency Unit, Pediatric Ward to assess, evaluate, design, and manage different physical/mechanical disorders including neurological, traumatic, orthopedics, general surgery, and pre and post-operative rehabilitation. During the year 2019-2020, the Physical Therapy Services benefitted 13,764 outpatients and 5,741 inpatients.

The Physical Therapy section provided more than 19,000 sessions during the year 2019-2020.

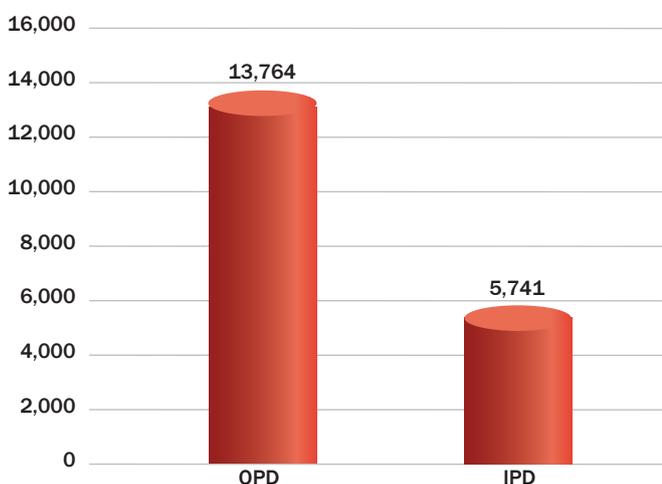
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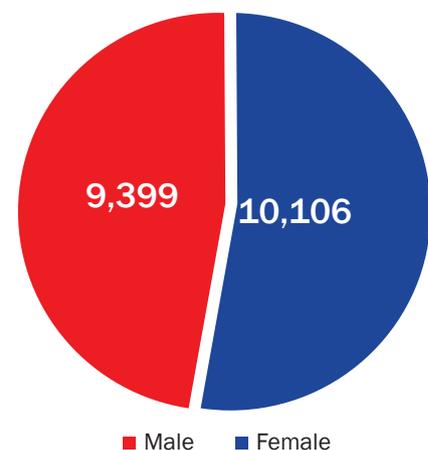
More than

19,000
sessions provided

Graphical representation of number of sessions of Physical Therapy services (July 2019 – June 2020)



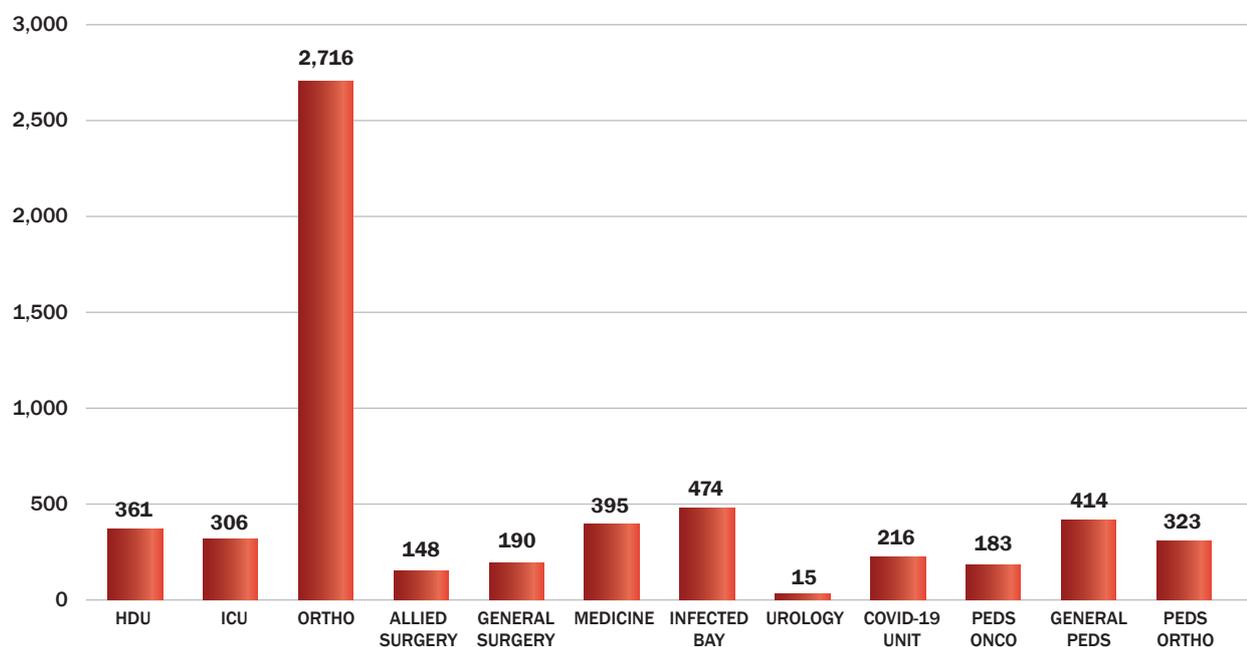
Graphical representation of male and female patient's sessions (July 2019 – June 2020)



**Department wise in-patient
(July 2019 – June 2020)**

Orthopedic Surgery	2,716
General Surgery	190
Medicine	395
Adult Urology	15
Allied Surgery	148
Intense Care Unit	306
High Dependency Unit	361
Infected Ward	474
COVID Unit	216
Peds Onco	183
General Peds	414
Peds Ortho	323

**Graphical representation department wise in-patient
(July 2019 – June 2020)**



Pulmonary Rehabilitation Clinic

The physical Therapy service started the Pulmonary Rehabilitation clinic in September 2018. The clinic offers treatment to patients with Chronic Obstructive Pulmonary disease to improve their functional capacity and quality of life. The physiotherapists are certified from Lung Health Foundation, Australia.

From July 2019 to June 2020, the clinic provided more than 800 sessions to pulmonary patients.

Pulmonary
Rehabilitation Clinic
provided more than
800
sessions

Gynecology and Obstetrics Rehabilitation

Gynecological Rehabilitation or women's physiotherapy is the treatment of all disorders affecting the pelvis and pelvic floor. It ranges from incontinence to prolapse, pelvic pain, antenatal and post-natal physiotherapy, and some useful exercises for post-operative complications like atelectasis. On-call services are also provided at the Sheikh Saeed Campus.



Oncology Rehabilitation Service

The Indus Hospital started a hospital-based school 'Indus Kay Sitaray' to provide education to pediatric oncology patients who miss their school due to long treatment. The Physical Therapy Department conducts a once-a-week class for the students with each class including a 25-minute physical exercise session.

Walking Aid Facility

The physical therapy service provides commode chair, wheelchairs, walkers, elbow stick, crutches, knee and elbow functional braces, and other pre-fabricated orthoses to the patients free-of-cost for home use. Patients are referred mainly from orthopedic clinic and wards, and other departments. Patients are referred through Health Management Information Systems and are approved by the physical therapy manager.

During 2019-2020, the unit provided 603 walkers; 33 elbow sticks; 6 elbow functional brace; 17 hinge knee functional brace; 91 knee immobilizer; 26 exercise loop band; 49 lumbar sacral support; 2 commode chairs; 32 hot and cold pack and 5 wheel chairs.

Therapeutic Exercise Gym

The Physical Rehabilitation Center in Karachi has a separate gym for male and female patients. The gyms are equipped with two treadmills, three stationary bikes, one quadriceps drill machine, one-shoulder pulley and shoulder wheel and parallel bars for gait training, and two tilt tables. As per the international standards, the gyms have a first aid box, oxygen cylinder, oxygen mask, and wheelchair.

Functional Electrical Stimulation Clinic

The Indus Hospital has a Functional Electrical Stimulation Bike for neurologically-impaired patients who are suffering from stroke, spinal cord injury, Guillain Barre Syndrome, and Transverse Myelitis, etc. To stop patients from dropping out and lessening the burden of caregivers, the clinic started a pick and drop service.

The clinic has provided around 1,300 sessions from 2019-2020.

Provided around
1,300
sessions from July
2019 to June 2020





I promised myself I would specialize in pediatric oncology and that one day I would establish a childhood cancer center in Pakistan where treatment could be given to every child irrespective of his parents paying ability.

DR. SHAMVIL ASHRAF

The Changemaker

Pediatric Oncology Trailblazer *Dr. Shamvil Ashraf*

Following medical school, Dr. Shamvil Ashraf, a pediatric oncologist, pursued the noble journey of serving humanity. His focus was more specific to providing free care to pediatric cancer patients. When Dr. Shamvil graduated in 1984, he wanted to care for children with cancer but there weren't facilities in Pakistan dedicated to pediatric oncology. In 1980, Dr. Shamvil left for Ireland and the United Kingdom to train in pediatric oncology following the completion of his pediatric residency and fellowship. He returned to Pakistan in 1995, joining Shaukat Khanum Memorial Cancer Hospital & Research Centre in Lahore. After some time he moved to Karachi and worked in private practice while also collecting money to fulfill his dream to diagnose and treat children with cancer free of charge.

In 1999, he established the Children's Cancer Foundation with the help of Dr. Abdul Bari and raised about \$400. Undeterred, Dr. Shamvil treated children with cancer, first in a single room before moving to a daycare center and later a small hospital space. Children's Cancer Hospital began providing daycare chemotherapy, pharmacy, and outpatient clinic services. He used a private hospital for admitting patients while the foundation paid the bills.

Eventually, the hospital grew to take on a floor of a bigger hospital. With the determination to see more Pakistani children diagnosed and treated along with the help of My Child Matters grant, Children's Cancer Hospital began nurse training

in 2009 to go along with institutional fellowships to train pediatric oncologists.

By 2014, the hospital had three floors and provided a comprehensive childhood cancer unit. In its early years, Children's Cancer Hospital treated a couple of dozen new patients a year. By 2014, it was 500 new cases a year. As the unit grew, the ultimate goal was to build a new hospital. Dr. Shamvil began fundraising and even purchased land for a new facility. But then Dr. Bari – a founding board member of Children's Cancer Foundation – approached with the idea to merge, creating a children's cancer unit in Korangi Campus.

The merger meant having access to labs, diagnostics, and other services already created at Indus while utilizing its education and training opportunities. The two institutions merged in 2014, and construction of a new pediatric complex began in 2015. Children's Cancer Hospital relocated to the Korangi Campus, in 2017.

Since the merger, the number of new pediatric cancer patients registered has doubled to 1,000 a year. Now, the current 150-bed pediatric unit provides space for all pediatric medicine, surgery, and oncology care needs.

The unit handles all of Indus' pediatric cancer patients from birth through age 16. 45% of patients are from Karachi, 35% from interior Sindh, 15% from Baluchistan, and the

remainder from other parts of the country and Afghanistan.

The Indus Hospital maximizes oncology unit's space by not admitting patients' for chemotherapy. The 28-bed chemotherapy daycare unit administers treatment from 8 am until 10 pm.

The pediatric oncology unit collaborates with other institutions in Karachi as well as across Pakistan through its work as part of the Pakistan Society of Pediatric Oncology.

Since 2013, Indus is offering a two-year fellowship program in pediatric oncology. Indus also offers nursing training courses that attract nurses from across Pakistan and other countries. In 2019, six nurses from outside Pakistan participated in the course. Nearly 300 nurses have received training at Indus under the My Child Matters grant.

The Indus Hospital currently has nine pediatric oncologists. It also educates pediatricians across Pakistan. It conducts awareness campaigns at other hospitals while bringing in physicians for workshops.

Indus is the only center in Pakistan with four subspecialties in pediatric oncology: leukemia, lymphoma, sarcoma and solid tumor, and neuro-oncology.

"We're growing in all directions of services, research, and academics," Dr. Shamvil said.

"Indus is now in a state of leadership of pediatric oncology in Pakistan. We have developed the capacity to not only build our unit but other units to improve the infrastructure and care."

That growth is essential to meet the pediatric cancer needs of Pakistan. Of the 8,000 new cases per year in Pakistan, only about half reach a pediatric oncology unit. And more than 25% of patients who reach a treatment center have advanced disease. Indus is turning that tide. It has seen a significant decrease in left during treatment (LDT), patients who are seen in the clinic but leave for whatever reason. Specialized care has contributed to that number declining to 6% from 15% just five years ago.

Abandonment and access to quality care are challenges in Pakistan, but Dr. Shamvil believes a bright future is ahead.

"I was moved with the plight and misery of those children."

Dr. Shamvil



Creating a New Benchmark

Dr. Saba Jamal

A solid-white building behind the Korangi Campus houses The Indus Hospital's Blood Center. Inside the building sits Dr. Saba Jamal, who is behind the country's one-of-a-kind centralized blood banking system.

Dr. Saba is a well-known name in the Pakistani medical community. Her work on centralizing the country's blood banking system and making it at par with international standards has been a topic of discussion in various medical circles.

"I came to Indus because here we are working toward what is best for the patient, it does not have any financial motivation for earning. We make possible improving the standards at a much lower cost," she says.

In just seven years, Dr. Saba managed to create the country's largest centralized blood banking system in the country, with nearly 94% of it now based on voluntary donation.

A graduate of Sindh Medical College, Dr. Saba went to the US where she did three boards in atomic pathology and then a diploma of American Boards in Clinic Pathology. She followed that up with a fellowship in histopathology and then boards in hematology.

"When I came back from the US, I started working as a hematologist and a histopathologist. During that period I realized that despite our labs being so up to date, our blood banks were not up to par and no one was working on improving them either," she says.

"I realized that if you do blood banking correctly then you can't make money out of it," Dr. Saba

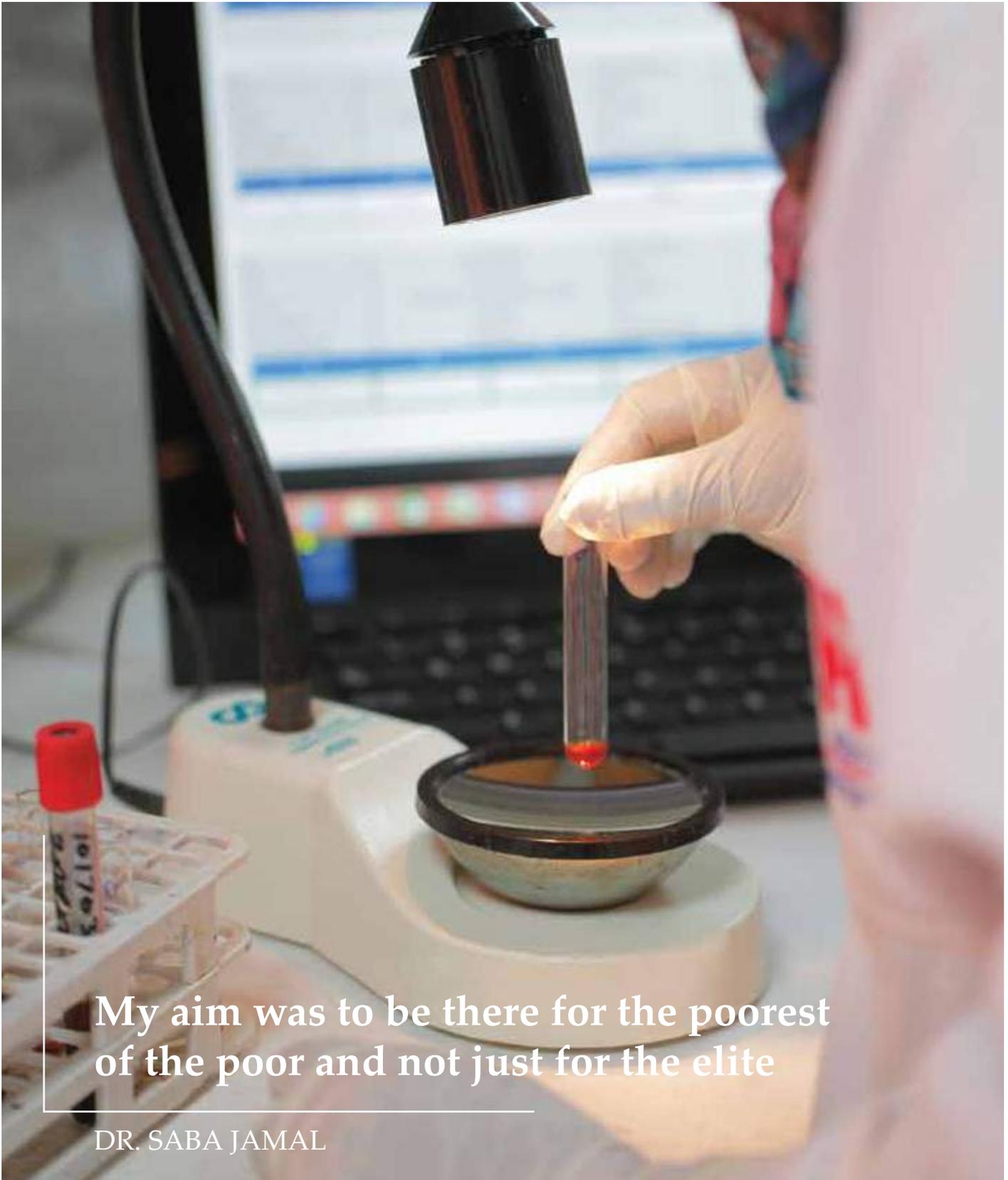
adds. "It's a very expensive undertaking to produce safe blood in Pakistan, and all of the blood is collected through replacement donors. So, it rests on the patient's families to go and get the donors because there is no factory for blood and the patient's family has to go and get blood."

This creates a major problem for patients who require transfusions such as those suffering from thalassemia, hemophilia, or cancer patients who require blood before their chemotherapy. "Cancer patients run into major problems because even their relatives don't come to meet them because they know they will be asked for blood. So, it's a very tragic situation for them."

With no work done on voluntary blood donation in the country, the country was facing a race against time — of nearly 50 to 70 years — behind the world in centralized blood banking.

"I changed the blood banking practices at Ziauddin to see if it was doable by training the staff and brought them up to the mark, and that is when I realized it is possible to do it in Pakistan and started looking for partners with whom I can work with," she shares.

With her work at Ziauddin steadily gathering attention, another well-known name in the medical community Dr. Abdul Bari, approached her and offered her to be a part of The Indus Hospital. "I shared my dream with him and he welcomed me aboard. My aim was to be there for the poorest of the poor and not just for the elite," Dr. Saba. By February 2012, Dr. Bari got the necessary funding — two months after their



My aim was to be there for the poorest of the poor and not just for the elite

DR. SABA JAMAL

initial meeting — with work on the blood center starting from April 1. The Indus Hospital Blood Center opened its doors in October 2013, becoming the first centralized blood center in the country working on voluntary blood donation.

“In just seven years we have grown from one blood center to four regional blood centers and running 22 blood banks connected to it and I hope that Pakistan’s healthcare system will hugely benefit from it.” says Dr. Saba.



INDUS HOSPITAL
BLOOD CENTER

**BE
SOME
ONE'S
LIFELINE**

JAC

JAC

JAC

The Indus Hospital Blood Center

It aims at mobilizing the nation towards **100%** voluntary blood donations

The Indus Hospital Blood Center (TIHBC) provides the safest possible blood, meeting international standards to all segments of society without any discrimination. It aims at mobilizing the nation towards 100% voluntary blood donations. The Blood Center at Karachi has a Donor Center, Blood Center Serology Lab, Blood Distribution, and an office area serving as a Blood Center Directorate.

The work in Karachi caught the eye of the German Development Bank which was working on setting up centralized blood centers and regional blood centers in the public sector and requested Indus to take over the regional blood center. The Multan center which was commissioned in October 2017, was connected to the Nishtar Hospital. This was followed by the regional blood center (RBC) Bahawalpur which was connected to the Bahawalpur Victoria Hospital.

Regional Blood Center Jamshoro Sindh was formally commissioned in September 2018. Currently, it has four operationalized blood banks. It is providing blood to 800-bedded Liaquat University of Medical and Health Sciences Hospital (LUMHS), Jamshoro. Donor collection, component production, and serology is performed at the 700-bedded LUMHS city branch Hyderabad hospital blood bank. The 200-bedded Civil Hospital Badin's blood bank is also associated with RBC Jamshoro. Civil Hospital Thatta is the fourth blood bank, which was commissioned in June 2019. It has an estimated load of over 7,000 donors.

At all Regional Blood Centers, a meticulous process is followed to produce international standard safe blood products. A strict cold chain is maintained and monitored from the vein of the donor to the vein of the recipient. The donor selection and collection process is optimized raising the benchmark in Pakistan. All blood products undergo defined tests for HIV (HIV $\frac{1}{2}$ and p24), Hepatitis B (HBsAg), Anti-HCV, and antibodies for Syphilis, using fourth-generation CLIA, FDA approved instruments. Malaria screening is performed by an immune chromatographic technique using internationally approved reagents.

employing the International Society of Blood Transfusion (ISBT) 128 barcode systems, and built around the American Association of Blood Banks regulations, thereby ensuring 100% traceability.

This seamless and paperless workflow enables the blood center to be able to deal with large volumes of units safely, fully enabling a city-wide supply of blood and blood products. Red blood cells, platelets, fresh frozen plasma, and cryoprecipitate as well as pediatric aliquots of all products along with the services of a reference lab with complex testing capability, are available to the hospitals.

TIHBC is also providing safe blood to public sector hospitals. The phlebotomists screen the donors, take detailed pre-donation history and if any person comes in as a high-risk behavior then they are deferred. Every person who comes in is tested for Hepatitis C, B, and HIV. TIHBC defers about 25% of the people who come in and of the remaining 75 percent, at least 10 percent test positive for Hepatitis C, B, HIV, and syphilis. Before TIHBC started this practice, one in 10 patients would get infected blood.

Blood Donor Collection during July 2019 – June 2020

Year	TIHBC	RBC Multan	RBC Bahawalpur	RBC Jamshoro
Donor Collection	23,284	54,502	51,740	43,443

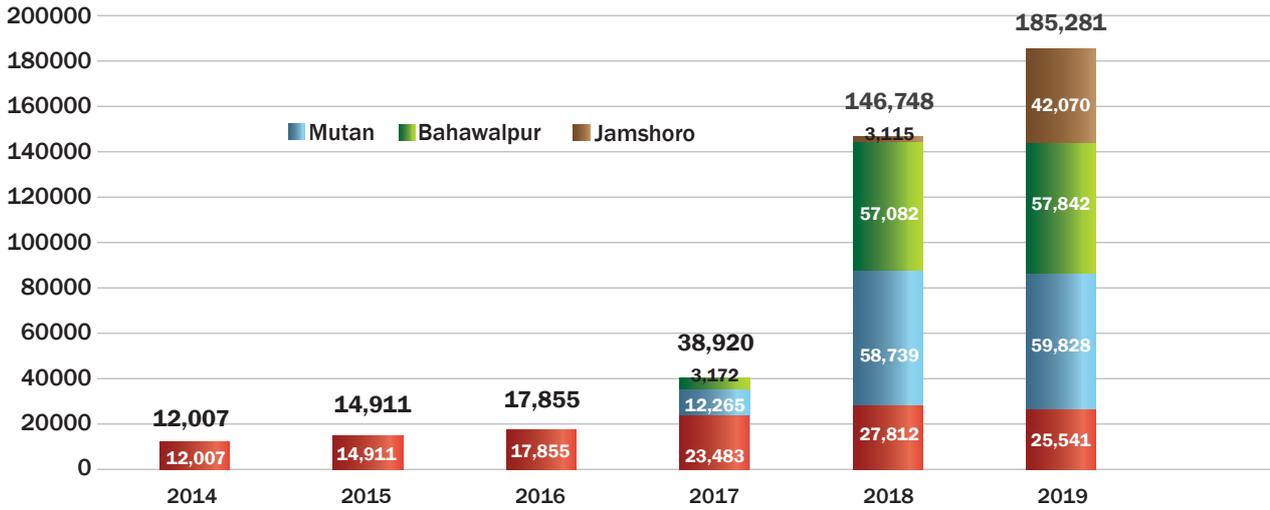
Product issued period Jul-2019 to Jun-2020

Year	TIHBC	RBC Multan	RBC Bahawalpur	RBC Jamshoro
Product Issued	48,935	93,886	83,142	101,131

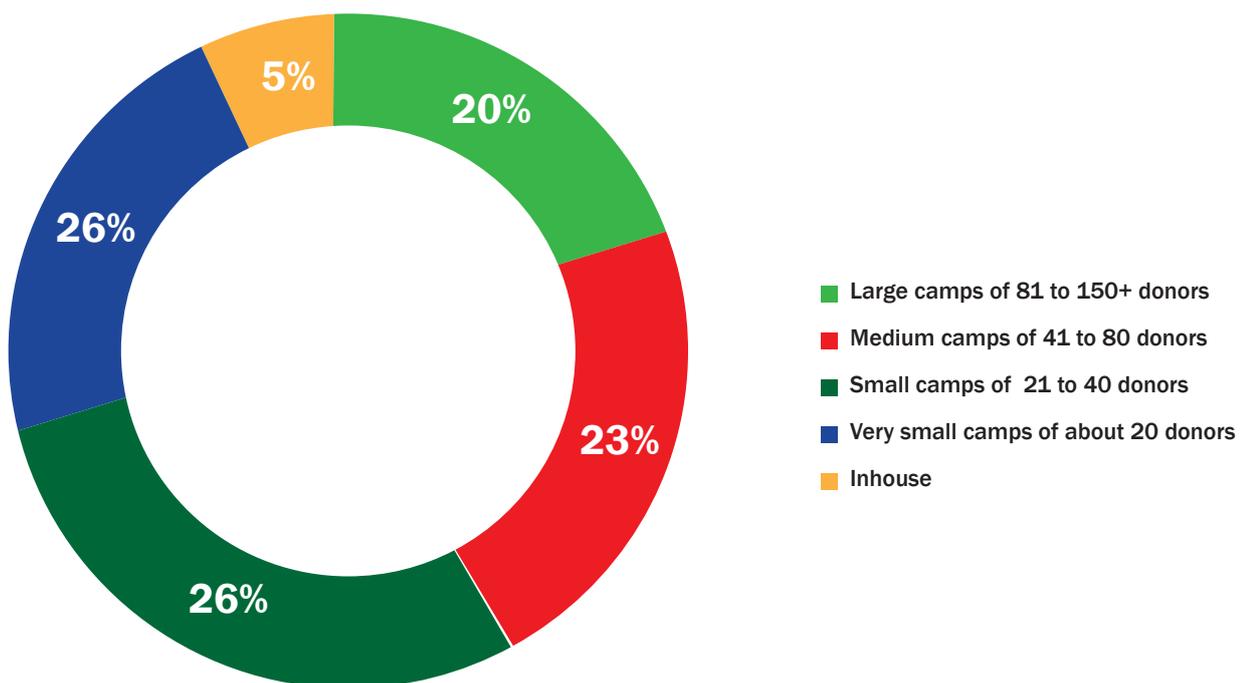
Serology data period Jul-2019 to Jun-2020

Year	TIHBC	RBC Multan	RBC Bahawalpur	RBC Jamshoro
Patient Blood Group	48,935	93,886	83,142	101,131
Cross Match	33,409	102,589	85,739	96,431

Total Donors Across All Blood Centers (2014 - 2019)



CATEGORY WISE CAMP DISTRIBUTION OF TIHBC COLLECTION (2019-2020)



Impact

Impact

Giving back gives back Offering a path to a better life

For Mubeen, being born with bilateral clubfoot residing in Bhakkar, Punjab, life was not exactly easy. His parents were constantly reminded about their child's abnormality and how he would never be able to live a normal life. When Mubeen was 40 days old, his parents embarked on an 18-hour long journey to Karachi with his two sisters with the sole purpose of finding treatment for their child.

After searching, they found that Mubeen could be treated by doctors at The Indus Hospital, free of cost. In Karachi, Mubeen's father found a job that paid Rs. 11,000 monthly, but it soon became difficult for the family to afford to live in a big city. When Mubeen's treatment reached the braces phase, the family decided to move back home.



Mubeen's father recalls the surprise and wonder on the faces of village people when they saw the improvement in his condition. "After this Mubeen and I would travel to Karachi every three months," he says. Though the journey was long and exhausting and the fares high, he made sure to bring his son to every appointment.

On the day of completion of his treatment in September 2019, Mubeen's mother said she wished to donate to The Indus Hospital what she had collected over the years. "This institution has helped my family and me through a very rough time. I feel it is my responsibility to do whatever we can to pay them back," adds Mubeen's mother. Mubeen's father is thankful to The Indus Hospital and its staff which was very cooperative with us during this difficult time.

*Smashing stigmas:
Dealing with mental health in Pakistan*

At the age of 16, Maheen was married. But the first few months of marriage were anything but rosy. Two months after her wedding day, she was subjected to physical abuse from her husband. Four years later she was diagnosed with tuberculosis and moved back to her father's place and underwent TB treatment. After nine months of treatment, Maheen was declared TB free.

But in a cruel twist of fate, 20 days later she was re-diagnosed, this time with a more severe form of drug-resistant TB. She returned to live with her husband. The continued abuse and stress took a toll on her health resulting in her not being able to take care of herself.

Turning to her father, whom she thought could provide a safe space, away from the abuse and stress of her married life, Maheen found no relief, as her father also sided with her husband and asked her to return to him.

Feeling trapped from every side, she began to lose interest in people and activities happening around her and would starve and isolate herself, and eventually stopped communicating at all. In May 2017, Maheen was enrolled in the Psychosocial Support Interventions (PSSI) Program after an initial visit by the Community Mental Health Officer (CMHO) who found her to be suffering from anxiety and depression, and so, she was offered mental health counseling.



When she took up the offer, she was met with criticism from her father, who blamed her for the situation she was in. Once again the feeling of being “not good enough” and doom started engulfing her and she considered discontinuing counseling and isolating herself again.

When the counselor became aware of her situation, she proceeded to counsel both Maheen and her father, who cleared up misconceptions surrounding TB, its treatment, and even helped the young woman to restart her counseling sessions.

Two sessions later, Maheen’s father saw a significant improvement in his daughter’s condition and decided that he would not force her to return to her husband until her treatment was completed. The support of her father was a big step in Maheen’s life towards a normal life as she started to become more sociable and even picked up a hobby – stitching. More importantly, her relationship with her family improved.

Maheen now lives with her family and works in a garment factory as a quality checker.

Healthcare for all, everywhere

In the vast fields of the Rajanpur District in Punjab lies a village called Kacha Razi. Here, like in many other areas in interior Pakistan, healthcare facilities are scarce. Basic healthcare like maternal care is relegated to those who live in the village and supplies are scarce for their needs. For Naziran Mai this lack of access proved detrimental.

Naziran Mai gave birth to her first child in her home in the village, with a traditional birth attendant. Upon the birth of her second child, due to a lack of proper antenatal care, Naziran Mai lost the baby. This delivery took a mental and physical toll on Naziran Mai. The lack of hygienic equipment and excess blood loss during delivery caused Naziran to develop an infection.



Upon the conception of her third child, Naziran was determined to be assessed by a doctor and have clinical services at the time of her child's birth. To Naziran Mai's benefit, The Indus Hospital's healthcare services in Bhong had started providing the maternal services which Naziran could avail for free.

At this facility, she attended antenatal checkups and was immunized for Tetanus for the first time. Naziran Mai recently gave birth to a healthy baby girl, attended by the hospital's midwives. The baby was vaccinated at birth and sent home with a care package to keep her clean and warm.

Catching our breaths again Indus pure program

The PuRe program at The Indus Hospital delivers high-quality treatment for eligible breathless patients with chronic respiratory disease. The program also remotely monitors all patients at high risk of not being able to attend the on-site location. It was specifically introduced to improve the health and quality of life for these patients by reducing the burden of exacerbation of the respiratory disease.

Mohammad Sarwar was a patient enrolled in this program. A regular day for this 50-year-old included driving around the city of Karachi in search of passengers in his rickshaw. The city of Karachi, where the wind can be brisk, full of dust and pollution, where the sun barrels down on its occupants subsiding and returning eternally – life with the respiratory disease was intensely difficult for Sarwar.

His major source of income was hindered as he suffered breathing issues while trying to drive his rickshaw. Sarwar's condition was as such that even something as basic as walking for 90 meters would be a huge task as he would have to stop several times to catch his breath before he could walk again.

After only six weeks in the PuRe Program, Sarwar could see signs of improvement in his health. Coupled with improvements in his physical strength, his walking distance improved from 224m to 320m in six minutes.

Many times, the simple act of breathing is taken for granted. Human bodies rely on this activity constantly and The Indus Hospital is making great strides in providing respiratory healthcare by ensuring that everyone who cannot is allowed to catch their breath again.

Differently-abled but not un-able

In 2012, when Usman was in 10th grade – tragedy struck him and his family. Usman was a part of a brutal traffic collision which resulted in irreparable damage to him and the loss of one of his limbs.

Usman's life changed dramatically after his surgery. His dreams, educational endeavors, and goals were all subject to who his care was dependent upon. Even indoor mobility was highly restricted for Usman unless he had help.

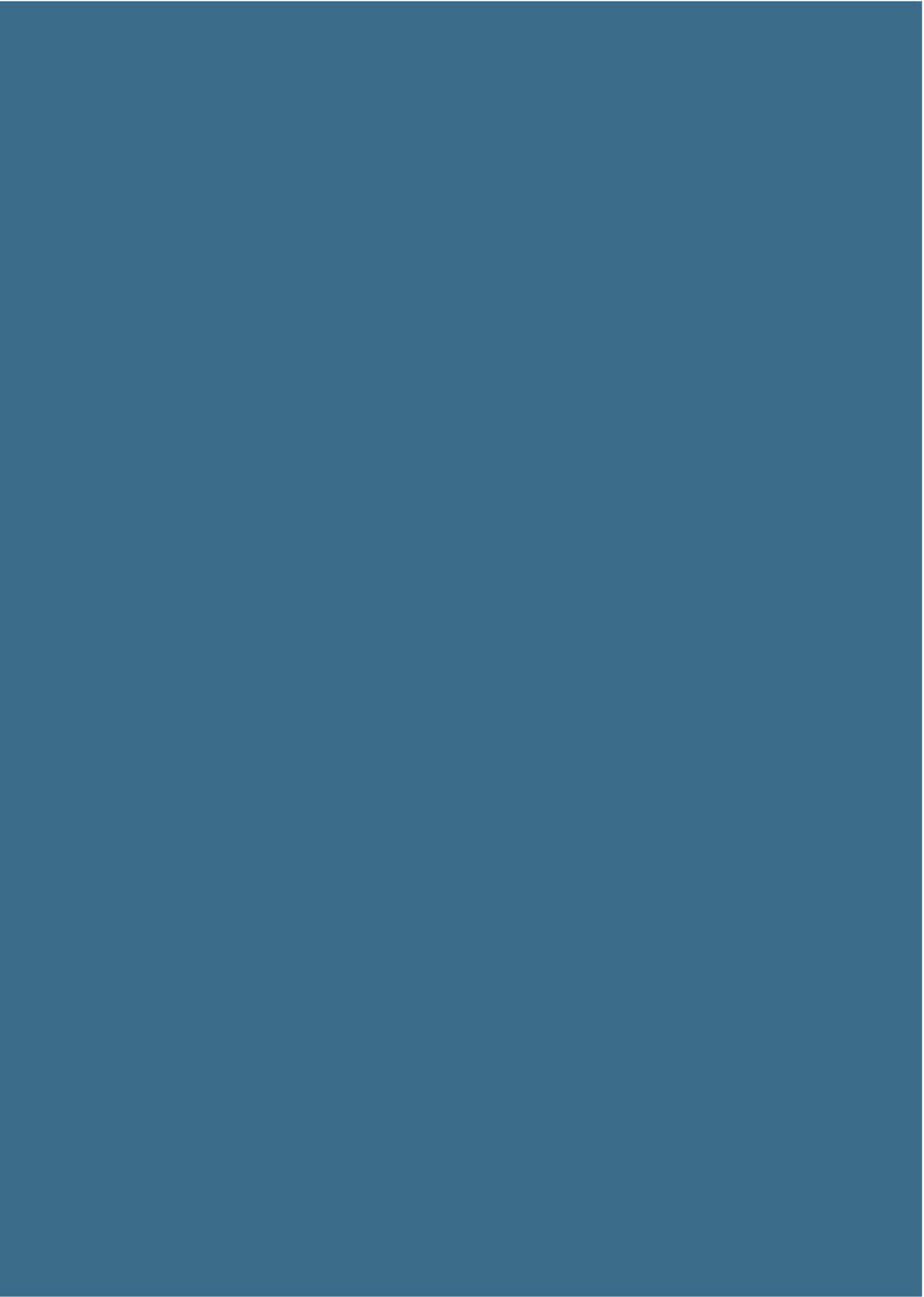
Usman's physical condition was a heavy burden on his mental state, he became less sociable and isolated himself. With the hindrances in his mobility, he was unable to continue his education and Usman became disconnected. It was very difficult for him to cope with the immense changes not just in his lifestyle but also in his environment. His loss was felt by everyone who surrounded him, they pitied his state as a disability.

Usman's family was referred to The Indus Hospital by someone with the direction that he would be able to find free treatment there. Usman was taken to the rehabilitation facility at the Tehsil Headquarter Hospital, Bedian Road, Lahore. At the hospital, he was provided with a new artificial limb which was available for fitting within a week.

The limb provided Usman with a new sense of independence. He was no longer dependent on anyone for his mobility. His joy, excitement, and eagerness to become independent were evident throughout his process of rehabilitation. After only a few weeks of gait training, he was able to walk again.

Usman was allowed a new and different life, for him to succeed on his own, and, he has. He restarted pursuing his studies and is now a Pharmacy B Tech. Besides his studies, he helps his father in the fields and works in a factory as a part-time employee. Apart from his education and work, Usman also plays cricket, badminton, and arm wrestling – making the very most of his new life.





Happenings

Happenings

Conferences

ICON 2020

The Indus Hospital conducted the fifth biennial ICON in January 2020 which was inaugurated by President of Pakistan, Dr. Arif Alvi. The conference was attended by notable delegates from across the globe. The conference had overarching plenary lectures, symposia, workshops, abstract and poster presentations.

The conference served as a great opportunity to share experiences and best practices and to highlight the latest developments in the healthcare sector. ICON 2020 was aligned with the Government of Pakistan's commitment towards the UN's Sustainable Development Goal No. 3 of good health and well-being for all. The conference highlighted initiatives taken by The Indus Hospital to address healthcare challenges in Pakistan by bringing together disparate and like-minded institutions and individuals.



The Indus Hospital Participates in SAARC Conference

The Indus Hospital participated in the SAARC-Tripartite Rabies Elimination meeting on 'Enhancing Progress towards Rabies Elimination Goal of Zero by 2030 in the SAARC Region'.

Initiatives

Primary Care Initiatives

Shadi Large

On May 25, 2020, the second container-based community health center started its operations in Shadi Large, District Badin, Sindh. Since it became operational, more than 1,500 patients have benefited from the service. The clinic is expected to benefit 36,060 patients annually.

Mobile Van Clinic

With the objective to take healthcare services nearer to communities through outreach, IHN launched the first Mobile Van Clinic in partnership with Engro on February 1, 2020. Since its mobilization until June 2020, around 2,500 patients have benefitted from its services.

Ashraf & Munira Memorial Hospital

Azad Jammu and Kashmir's (AJK) Ashraf & Munira Memorial Hospital, Potha village, Abbaspur was included in the IHN. The handing over of the hospital ceremony was attended by AJK President Sardar Masood Khan with Amanullah Khan, board member IHN, representing the Network at the ceremony.



Biosafety Level 3 Laboratory Inaugurated

Pakistan's largest BSL-3 laboratory was inaugurated at premises nearby The Indus Hospital, Korangi campus in Karachi. The laboratory was established to facilitate early diagnosis of TB and any other severe infectious diseases under international standards of laboratory and biosafety practices. As the COVID-19 pandemic hit Pakistan, the BSL-3 laboratory services were scaled up to meet the daily testing requirements to cater to the needs of The Indus Hospital and the Government of Sindh.

Blood Bank, Civil Hospital, Thatta Becomes Part of TIHBC

In July 2019, under the public-private partnership program, the Government of Sindh commissioned the Regional Blood Center at Liaquat University of Medical and Health Sciences, Jamshoro with six associated hospital-based blood banks to The Indus Hospital. Three out of six blood banks have been functional in Jamshoro, Hyderabad, and Badin with a fourth in Thatta joining The Indus Hospital recently.



Physical Rehabilitation Center Expanded

Chief Minister of Sindh, Syed Murad Ali Shah inaugurated the Physical Rehabilitation Center at the District Headquarter Hospital, Badin. The campus is under the management of the Indus Health Network.

First Mobile Animal Sterilization Unit Inaugurated

In February 2020, The Indus Hospital's 'Rabies Free Pakistan' program's first mobile animal sterilization unit was inaugurated. The mobile clinic was donated by Ghandhara Nissan. The unit is equipped with all the necessary facilities to carry out surgeries to sterilize street dogs. Since the beginning of the program, over 34,800 patients have been treated for rabies according to WHO recommendations; 20,000 dogs have been vaccinated; and 3,000 dogs have been spayed/neutered.

Recognition

WHO Recognizes IHN's Efforts in Eradicating TB

In November 2019, IHN's 'Zero TB' initiative was recognized by WHO in the Global Tuberculosis Report 2019.



WHO Acknowledges ENT Department's Efforts

During World Hearing Day, the Ear Nose Throat Department conducted multiple activities which included free ear check-ups and speech-language and hearing screening sessions at some local schools along with awareness sessions. The UN acknowledged these efforts and sent a letter of appreciation.

Achievements

First Successful Radio Frequency Ablation Procedure

TIH's Interventional Radiology department conducted its first case of Radio Frequency Ablation for Osteoid Osteoma. Pediatric Oncology and Interventional Radiology specialists reviewed a case of bone tumor and treated it through a minimally invasive interventional radiology procedure.

Level I Accreditation of WHO's Patient Safety Friendly Hospital

The Korangi Campus was accredited by WHO as a level I 'Patient Safety Friendly Hospital'.

Punjab Healthcare Commission Awards License to Bedian Road Hospital

The Bedian Road Campus, Lahore was awarded a five-year license from Punjab Healthcare Commission under the PHC Act 2010 for full compliance to Minimum Service Delivery Standards.

CPEM Receives Global Emergency Medicine Award

In May 2020, the Certification Program in Emergency Medicine (CPEM) received the 2020 Society of Academic Emergency Medicine's Global Emergency Medicine Education Award.

Education/Training/Research

Graduation of Second Cohort of Diploma in Infection Control

The second cohort of the one-year diploma in Infection Control graduated in July 2019. The one-of-its kind program, where students could attend the program in-class or online, was initiated by the Infection Control Department at The Indus Hospital in 2017.

Graduation Ceremony of Certification Program in Emergency Medicine

Indus launched its Certification Program in Emergency Medicine (CPEM) in July 2018 as an intermediate solution through a one-year training module in emergency medicine knowledge and skills. The first batch of 27 doctors completed the rigorous training and examination process in June 2019. A graduation ceremony was held in Karachi on July 6, 2019.



Workshop on the Importance of Breast Feeding

As part of the World Breastfeeding Week, a workshop was held at the Sheikh Saeed Memorial Campus to educate and train new mothers, midwives, obstetrics, and gynecology nurses and residents about the importance of breastfeeding.

Building Capacity in Childhood Cancer Care

The Department of Nursing hosted a two-week course in Pediatric Oncology Nursing. 34 nurses from Ethiopia, Kenya, and Pakistan attended the course to build their knowledge and capacity in managing children with cancer.

Emory University Conducts Trauma Care Course

The departments of Postgraduate Medical Education, Emergency Medicine, and Surgery, at TIH in collaboration with specialists from Grady Memorial Hospital – Emory University, USA developed and conducted a certificate program ‘Collaborative Advanced Trauma Care’ to train the multidisciplinary emergency and trauma team of The Indus Hospital.

Training for Parents of Audibly-challenged Children

The Indus Hospital’s Audiologist and Speech Language Therapist team organized the first parent training session of children with a hearing titled “Journey from sounds to words”.

Medication Safety Program Initiated at The Indus Hospital

The Indus Hospital’s Quality and Monitoring Directorate in collaboration with the Pharmacy Department launched a Medication Safety Program. The program started its first two-year Basic Medication Safety course for nurses, physicians, and pharmacists to promote medication safety culture.

Partnerships

PSO Donates Laparoscopic Tower

Pakistan State Oil donated a Laparoscopic Tower to The Indus Hospital for Laparoscopy – a type of surgery that uses smaller cuts than traditional methods. The minimally invasive surgery requires less stay in the hospital with the wound healing quickly, which reduces the burden on the healthcare system.



Partnership with Karachi Down Syndrome Program

The Indus Hospital entered into a partnership with Karachi Down Syndrome Program for specialized help in taking care of children with Down Syndrome.



Collaboration with ICCBS

The Indus Hospital signed an MoU with the International Center for Chemical and Biological Sciences – ICCBS – to explore collaborative opportunities to promote translational health research through cooperation in the field of biological, biomedical, and clinical research.



Partnership with Mortein

Mortein, Pakistan's leading pest control brand, launched its 'Dengue Ab Nahi' educational campaign in Karachi at The Indus Hospital, Jinnah Post Graduate Medical Center, and Sindh Government Hospital to reach out to patients with free product samples and conducted awareness sessions.





MedGlobal Partners with Indus Health Network

Indus Health Network made a humanitarian alliance with the MedGlobal – a USA-based group of physicians who are working to address the health needs of the most vulnerable communities across the world.

MedGlobal joined hands with the Global Health Directorate and deployed a short-term mission to Pakistan.



Bashir Dawood and Mariyam Dawood support TIH

Bashir Dawood in continuation of his services toward setting up premium quality healthcare and education units in Pakistan made a significant contribution toward the expansion of the Korangi campus. The Mariyam Bashir Dawood Courtyard was constructed to provide a comfortable waiting area for patients visiting the Hospital.



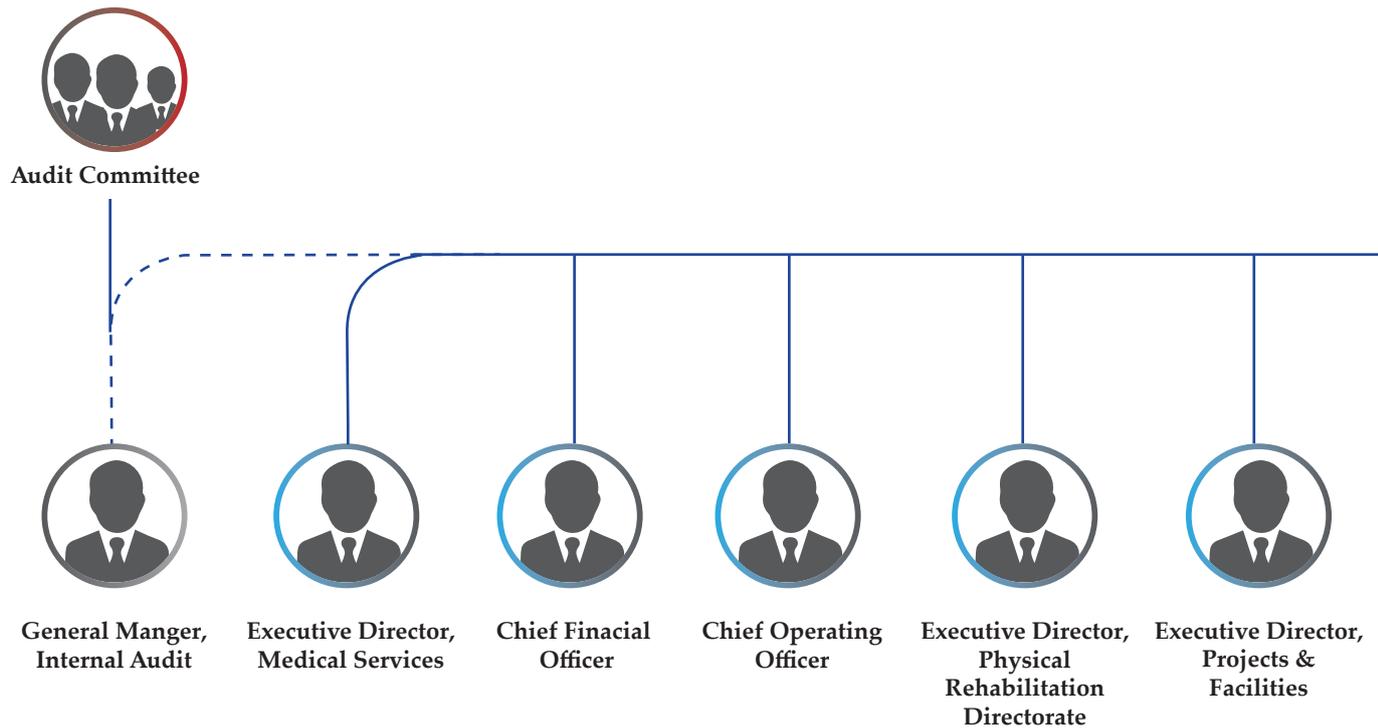
Bait-ul-Mal Joins Hands to Support Cochlear Implant Program

Pakistan Bait-ul-Mal and The Indus Hospital, along with three private hospitals joined hands in the first ever public-private partnership for conducting cochlear implant surgeries. Pakistan Bait-ul-Mal is an autonomous body which significantly contributes toward poverty alleviation through its services by assisting destitute, widowed, orphaned, or other needy people.

Organization

Organization

Organogram



Executive Committee

Dr. Abdul Bari Khan
Chief Executive Officer

Dr. Syed Zafar Zaidi
Senior Executive Director & Dean, Indus University of Health Sciences

Dr. M. Amin Chinoy
Executive Director, Physical Rehabilitation Directorate

Dr. Akhtar Aziz Khan
Special Advisor Technical

Dr. Muhammad Shamvil Ashraf
Executive Director, Medical Directorate



Chief Executive Officer



**Executive Director,
Special Advisor
Technical**



**Executive Director,
Communication &
Resource
Development Directorate**



**Executive Director,
Global Health
Directorate**



**Executive Director,
Quality &
Monitoring**



**Chief Information
Officer**



**Senior Executive
Director
& Dean of Indus
University of
Health Sciences**

Dr. Wasif Shahzad
Chief Operating Officer

Ahson Tariq
Chief Financial Officer

Saira Khowaja
Executive Director, Global Health Directorate

Syed Mashhood Rizvi
Executive Director, Communication and Resource Development Directorate

Pervaiz Ahmed
Executive Director, Global Resource Development

Shakeel Akhtar
Chief Information Officer, Information Technology

Syed Shahab Akhtar
Executive Director, Projects and Facilities

Indus Health Network and its affiliates

Indus Development Foundation – Canada

Indus Development Foundation (IDF) is a Canada-based charity registered under Canada Not-for-Profit Corporation Act. It is established to support the efforts of the Indus Health Network in providing quality healthcare services to underserved patients in Pakistan.

The activities of IDF include creating awareness about the efforts of Indus Hospital, arranging fundraising events, mobilizing individual and corporate volunteers to support Indus Health Network with the supply of equipment, assistive devices, infrastructure material, knowledge, and skill transfer.

IDF is an initiative taken by Canadians of Pakistani origin to support the provision of quality healthcare free of cost irrespective of age, gender, religion, race, and financial status.

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Friends of Indus Hospital – FOIH

Friends of Indus Hospital (FOIH) represents the Indus Health Network in the USA by gathering funds to inspire hope and bring change in the healthcare delivery of Pakistan. FOIH is an initiative taken by Pakistani Americans and is supported by a wider community across the USA to support the efforts of IHN in providing quality healthcare services to under-served patients in Pakistan.

A huge number of volunteers from across the USA are involved in achieving IHN's mission and help by organizing multiple activities.

The activities of FOIH include creating awareness about IHN, arranging fundraisers, corporate matching programs, and mobilizing individual and corporate volunteers, through on-ground and online mediums.

During 2019-2020 FOIH arranged fundraisers in Las Vegas, Los Angeles, Fresno, Houston, Memphis, San Antonio, Tyson, Orlando, Boston, Atlanta, Detroit, Saint Paul, Dallas, San Francisco, Chicago, Edison, St. Louis, and Austin. These fundraisers were conducted by celebrity guests Anwar Maqsood, Adnan Siddiqui, Bushra Ansari, and Behroze Sabzwari.

This Ramadhan, FOIH organized a digital fundraiser due to the restrictions imposed by COVID-19. Celebrities Bushra Ansari, Sarwat Gilani, Ali Kazmi, Fawad Khan, Shehroze Sabzwari, Behroze Sabzwari, and Iqar-ul-Hasan conducted the online fundraiser.

Contact information:

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The Indus Hospital – UK

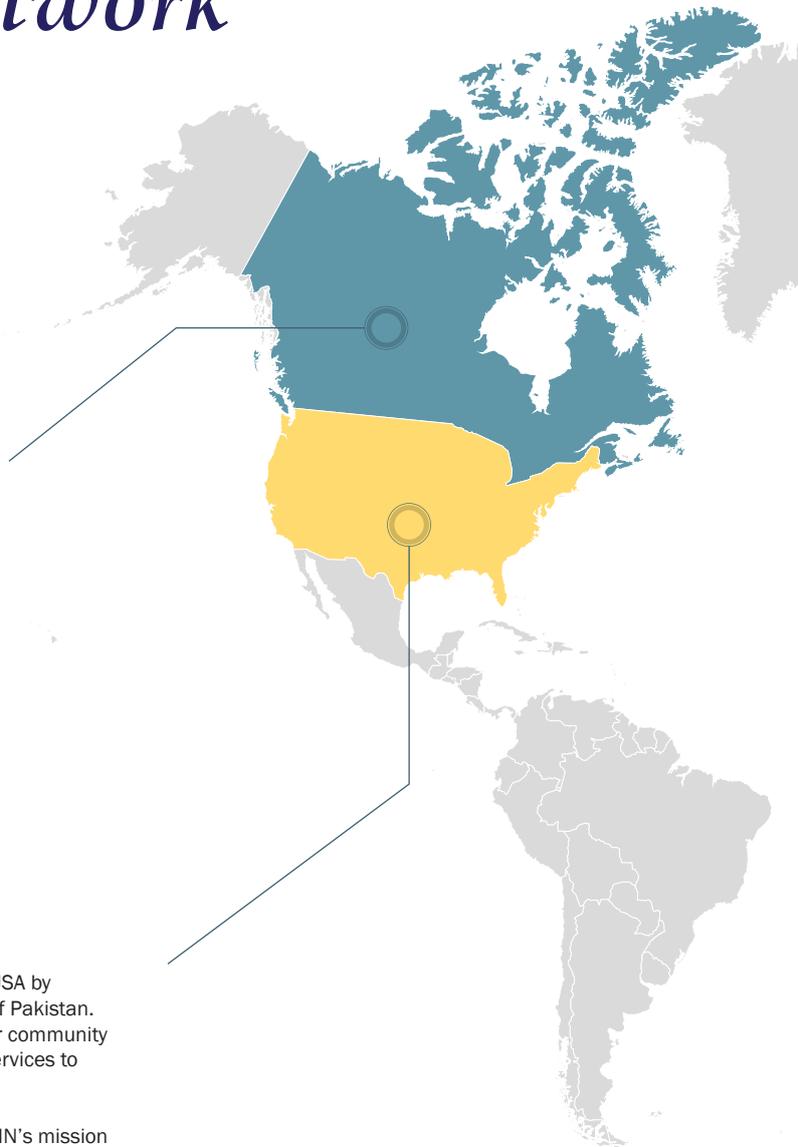
The Indus Health Network's UK affiliation organizes events and activities to raise funds for the Network to help them provide free of cost quality healthcare to the under-served community in Pakistan.

The charity in UK creates awareness amongst the Pakistani expats, professionals, and donor agencies about the healthcare situation in Pakistan and to advance the work of the Network.

Golf is an important event which takes place in UK. This year it was held in partnership with Hendon Golf Club in London. A documentary titled "Remembering Islam's Golden Age of Medicine" was also screened at the event.

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Website: www.indushospital.org.uk





The Indus Hospital — UAE

The Indus Hospital-UAE Branch is a registered charity in Dubai. The branch aims to create awareness about the mission of Indus Health Network of providing free of cost quality care for all amongst the expat Pakistanis.

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 Website: www.indushospital.org.ae

Friends of Indus Hospital Australia Limited – FOIHAU

Friends of Indus Hospital Australia Limited (FOIHAU) is a registered charity under the Australian Charities and Not-for-Profits Commission Act 2012, established to support the efforts of The Indus Hospital to provide quality healthcare services free of cost. FOIHAU is an initiative taken by Australians of Pakistani origin and supported by the wider community across Australia.

The Activities of Friends of Indus Hospital Australia include creating awareness about the efforts of The Indus Hospital, arranging fundraising events, mobilizing individual and corporate volunteers to support the hospital with finances, knowledge, and skill transfer.

During 2019-2020, FOIHAU organized fundraising dinners to approach people in different regions. The dinners were arranged in Sydney, Melbourne, Brisbane, and Adelaide. Pakistani media personalities Bushra Ansari and Behroze Sabzwari attended the dinners and endorsed the cause of The Indus Hospital. Through these events, FOIHAU raised a significant amount of funds to ensure the provision of quality medical services and facilities to the people of Pakistan.

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Expansion

Expansion

The Indus Hospital, Korangi Crossing, Karachi



Karachi is the largest city in Pakistan and the seventh largest city in the world. There are various public, private, and NGO-run hospitals in the city to provide health facilities to not only the local population but also to the patients coming from other cities and neighboring countries.

The Indus Hospital was established by doctors, philanthropists, and businessmen, in 2007, and since then has been at the forefront of changing the paradigm of healthcare in Pakistan.

Starting from a 150-bed hospital in the Korangi district of Karachi, The Indus Hospital has now evolved into the Indus Health Network which is managing 12 hospitals across Pakistan.

IHN serves approximately 400,000 patients monthly all over Pakistan. It is constantly expanding its services to cater to the ever-increasing number of patients. In phase 1, Korangi Campus, Karachi is expanding from 350 beds to more than 1,300 beds with an ultimate ambition of 1,800 beds. The Network's target is to complete the construction of the initial phase by 2021.

The Indus Hospital, QF & NST Campus, Lahore



With a population of 11 million, Lahore is the most populous city in Punjab, experiencing a high burden of diseases. The Qarshi Foundation and Naimat Saleem Trust joined hands with the Indus Health Network to bring free and quality healthcare services through a state-of-the-art tertiary care hospital, The Indus Hospital, QF & NST Campus for the people of Lahore and neighboring areas.

The Hospital will be a 600-bed facility offering modern medical and allied services under one roof, to be set up according to international standards and equipped with advanced medical equipment and services. It is anticipated that once completed, more than 1 million patients annually will benefit.

The Hospital is to be completed in three phases. The first phase of the project includes OPD, emergency, and surgical wards with 92 beds.

*Indus Health Network's
response to COVID-19*

Indus Health Network's response to COVID-19

The Indus Health Network has been and continues to be, at the forefront of the battle against coronavirus in Pakistan. This can be gauged from the swift response of the organization to the pandemic, the brisk rate of increase of COVID-19 handling capacity of the Network, as well as the multi-faceted response of the organization to the pandemic. The dynamics of the Indus Health Network were rapidly transformed to adjust to the demands placed on the system by the pandemic, including a revision of the scope of services, expansion of the infrastructure, as well as the initiation of diagnosis and treatment of COVID-19 in line with internationally recommended guidelines.

IHN's comprehensive response to the COVID-19 pandemic can be grouped in the following categories:

Policy Engagement and Collaboration with provincial governments

Indus Health Network has supported the provincial governments right from the onset of COVID-19 in Pakistan.

Contribution in Policymaking Decisions

The honorable Chief Minister of Sindh, Syed Murad Ali Shah included The Indus Hospital (Indus Health Network) in the anti-coronavirus campaign. Dr. Abdul Bari Khan, Chief Executive Officer was selected as a member of Chief Minister of Sindh's Corona Task Force. Dr. Bari's contributions were based on the insights derived from the massive COVID-19 workload that The Indus Hospital was catering to and were instrumental in the formulation of province-wide policies for pandemic control.





Support to Government for COVID-19 Testing and Screening

IHN through its' public-private partnership initiatives is a major testing center for samples collected at government-run hospitals. Currently, TIH is receiving samples from districts Thatta, Badin, South Karachi, West Karachi, Korangi, Central Karachi, Lasbela, and Baluchistan.

Support to Establish Government-run Facilities

The Indus Health Network helped the Government of Sindh in setting up a 100-bed quarantine center in Dumba Goth. As well as a 120-bed COVID-19 hospital in Gadap Town, and a 20-bed COVID-19 unit in Badin.



Coordination with other hospitals dealing with COVID-19

A weekly meeting was held amongst the managing directors of seven public sector hospitals to create a central dashboard to oversee the progress.

RTEH Designated as Referral Center for South Punjab

The 175-bed facility at the Recep Tayyip Erdogan Hospital (RTEH), Muzaffargarh was dedicated as a major referral center for COVID-19 in South Punjab with a mutual understanding of IHN and the Government of Punjab.



Governance Framework and Foundation Activities

Formation of COVID-19 Lead Group

To govern and manage all pandemic-related activities in a streamlined manner, several committees were formed as a part of the lead group which includes members of the Emergency Response Committee, Disaster Management team, and Infection Control Committee.

CSM as Operations Lead for COVID-19 Activities

As a response to the rapidly evolving international guidelines on COVID-19 management, a Clinical Services Management (CSM) was established, and assigned the role of COVID-19 operations lead. This was also endorsed by hospital operations, thus enabling uniformity of command and quick execution of decisions relating to COVID-19 management. CSM was also the focal department dealing with COVID-19 related internal and external affairs, including engagement with the respective government departments and agencies, as well as private donors and other stakeholders.

Mobilization of Human Resource

With the increase of COVID-19 dedicated beds in in-patient settings, physicians, nursing, and ancillary staff number was increased by re-allocating them to the COVID-19 unit.

Arrangement of Equipment

Equipment, including ventilators and monitors, was ensured in close collaboration with other hospitals as well as Indus' Supply Chain and Biomedical departments.

Availability of Medications

All specialized medicines were made available in TIH and RTEH by the pharmacy department.

Crowd Management

It was ensured by limiting the number of attendants and a 'No Visitor' policy.

Personal Protective Equipment (PPE)

A centralized PPE counter was established to control the consumption of PPE at TIH. A protocol was designed for not only providing the front line operators with appropriate PPE but also to ensure its availability.

Testing Initiatives

COVID-19 PCR Testing

COVID-19 testing capacity by Polymer Chain Reaction (PCR) was increased at TIH from 0 to 2,500 per day in just 14 weeks. The first SARS-CoV-2 RT-PCR testing was initiated within three weeks of the onset of the pandemic. The first batches of PCR testing were done using manual methods. However, as workloads increased, automation was also introduced enabling the lab to continue to respond effectively to the ever-increasing demands placed on its services.



Testing with Automated Extraction

During March 30 - April 6, fully automated RNA extraction was initiated, enhancing the lab's capacity to conduct 7,000 tests a week.

Enhancing lab's
capacity to
7,000
tests a week

Testing by GeneXpert

Using the funds provided by Global Fund for TB, the Global Health Directorate (GHD) team was able to mobilize savings to help get GeneXpert SARS-CoV2 cartridges to the laboratory services. This expanded testing options by utilizing GeneXpert machines (originally used for TB) with a turnaround testing time of two hours.

The laboratory has conducted more than **170,000** SARS-CoV-2 PCR tests

Electronic Data Entry for Community Collection

The laboratory along with the GHD team developed an electronic data entry for community collection. This employed an end-to-end electronic system which further improved efficiency. To date, the laboratory at Indus Hospital has conducted more than 170,000 SARS-CoV-2 PCR tests.

Staff Training

To match the rapidly increasing capacity of the lab, training was conducted for the staff of PNS Shifa Hospital, Abbasi Shaheed Hospital, Faisal Base Hospital, and Recep Tayyip Erdogan Hospital. Initially, The Indus Hospital had three technical staff trained to do PCRs but by week 14, a total of 58 staff were working in three shifts. After week 14, the staff requirement was reduced by 40% as efficiencies were improved through staff training, updating of the Laboratory Management Information System and more automation in testing.



Diagnostic Facility at RTEH

A new diagnostic facility for COVID-19 was established at RTEH with the help of the Government of Punjab.

Self-screening

Indus Hospital Research Center (IHRC) in collaboration with the Infectious Diseases and IT department, developed the first Pakistan-specific self-screener for COVID-19 based on Infectious Diseases guidelines. www.covid19.tih.org.pk

Treatment Initiatives

Respiratory Emergency Room

To ensure staff and patient safety, it was necessary to control the spread of COVID-19 within the Emergency Room. Appropriate ventilation mechanisms to handle airborne infections were designed and installed, modifying the Emergency Room into a Respiratory ER and a non-respiratory ER, each having 11 beds.



COVID-19 Unit

Initially, a 20-bed COVID-19 unit with an ICU facility was established which was later expanded to 55 beds. The unit managed COVID-19 patients of all severity, including critically ill patients needing ventilation.

A 20-bed COVID-19 unit with a ICU facility expanded to
55 beds



Modifications at Sheikh Saeed Memorial Campus

Obstetric Labor Room, Neonatal ICU, and Operating Room were modified at SSMC to continue maternal and neonatal care without compromising on safety and volume. A COVID-19 labor room and operating theater was established to deliver coronavirus positive mothers in a safe environment.

COVID-19 Unit in Badin

The District Headquarter Hospital, Badin, is one of the government-funded hospitals managed by IHN, operating under a public-private partnership. The hospital established a 20-bed COVID-19 Unit which served as the major referral point for Northern Sindh.

COVID-19 Clinic

The Indus Hospital started COVID-19 clinics for hospital staff and rehabilitation of recovered COVID-19 patients. It also has a dedicated acute and maintenance dialysis facility for positive patients.

Follow up of Stable COVID-19 Patients at Home

Patients on home isolation were guided throughout the isolation period whenever required.

Blood Donation

The COVID-19 pandemic has adversely affected all areas of healthcare delivery, blood transfusion services being one of them. Social distancing, reduced mobility, and the lockdown have resulted in reduced blood donor mobilization and blood collections. To overcome the hurdle, the Indus Hospital Blood Center contacted potential donors through social media. It was a mid-scale campaign to connect with donors to organize small-scale blood drives at their residences. The Indus Blood Center managed to conduct 97 blood drives, 42 home collections and drew 1,858 units of blood in March 2020.

The Indus Blood Center managed to conduct 97 blood drives, 42 home collection and drew

1,858

units of blood in March 2020

Physiotherapy Management for Post-COVID Patients

216 coronavirus patients received physiotherapy support. These patients were the ones who were hospitalized and treated with a ventilator. They received post-COVID rehabilitation helps for Post Intensive Care Syndrome and Intensive Care Unit Acquired Weakness.



Capacity Building

Development of Guidelines

COVID-19 guidelines were developed to bring uniformity in treatment and management. These included COVID-19 treatment guidelines for adults; COVID-19 treatment guidelines for children; COVID-19 home care guidelines; Ethical guidelines for doctors and staff; Burial guidelines (English and Urdu); Policy for exposed healthcare workers; Donning and doffing.

Courses and Webinars

The hospital conducted several webinars and lectures for clinical and paramedical staff.

Data Management and Research

Data management modules and structures were developed to maintain uniformity. The Electronic Medical Record (EMR) data was shared with the government daily.



Psychosocial Support

The psychosocial team has been playing an active role in providing psychological counseling, morale-boosting activities, and mental health support to patients and caregivers.

Worry-Free Zone

The pediatric complex of the Indus Hospital has an exclusive play area for pediatric patients. During COVID-19, the play area was designated as the Worry-Free Zone for TIH staff. The staff used it for relaxation during the COVID-19 breakout.



Research

Research Proposals and Studies

The Indus Hospital Research Center (IHRC) has conducted multiple researches on COVID-19. To date there are nearly 37 research studies at various stages; seven of which are sponsored studies. The sponsored studies are as follows:

Drug Trial

- Solidarity Trial [WHO]
- Efficacy and Safety of Favipiravir on mild COVID-19 patients [Martin Dow]
- Efficacy and Safety of JHQ granules for treatment of mild COVID-19 patients [International Center for Chemical and Biological Science (ICCBS, Karachi University), and Beijing Institute of Biological Products Co.]



Vaccine Trial

- Phase III placebo control AD-5 vaccine trial – efficacy, safety, immunogenicity [NIH (Pakistan) and CanSino Biologics (China)]
- Phase I placebo control inactivated vaccine trial – safety, immunogenicity [Int'l Center for Chemical and Biological Science (ICCBS, Karachi University), and Beijing Institute of Biological Products Co.]

Device Trial

- Efficacy of the Alno-Ventura CPAP System in patients requiring continuous positive airways pressure to reduce respiratory distress [Alsons Group]

Point of Care Test

- Proof of Concept for the Panbio™ COVID-19 Ag Antigen Test in Symptomatic Subjects (POC) [Abbott, USA]

As part of the research support, the IHRC team has helped faculty develop proposals, analyzed data; helped with grant applications and budgets.

Capacity Building

Pilot Antibody Testing

GHD along with IHRC collaborated with the Government of Sindh, and Aga Khan University to plan and conduct a pilot antibody testing survey to help influence lockdown decisions. The Indus team was responsible for all epidemiological aspects including sampling and design of the survey.

COVID-19 Research Oversight Committee

The Committee was established to ensure standards and inclusiveness of pertinent stakeholders in all COVID-19 research.



Public Health Initiatives

Training and Learning at GHD

During the pandemic, GHD's training and learning department conducted training on awareness, screening, sampling, sample handling, and the use of PPEs. 333 healthcare professionals from IHN and other partner institutes were trained.

333

healthcare professionals
were trained

Screening of All Employees, Patients, and Attendants

Screening desks were set up at every significant point of the campus across all IHN health facilities to minimize the spread of disease among staff, patients, and attendants. People with symptoms were directed towards the isolation area or ER for further evaluation and testing. Through integration of these services, over 10,000 individuals have been screened and over 7,000 patients have been tested to date.



Drive-through Screening and Testing

In March 2020, a public-private partnership between Karachi's District South administration and GHD was initiated to screen and/or test individuals for COVID-19. The district administration set up the country's first drive-thru COVID-19 screening and testing facility. Citizens can make a phone call to the helpline 1166 to get an appointment for PCR testing after answering a few basic risk-assessment questions. Due to the low coronavirus numbers and decreased demand, it is currently functioning as a walk-in clinic. The on-ground operations of the facility includes verbal symptom screening, assessment by a medical officer, chest X-ray, and nasopharyngeal swab collection — are all managed by the GHD team. The goal of this testing facility is to screen and test masses while minimizing physical contact by limiting individuals to their vehicles. Through this initiative, more than 1,800 people have been screened and tested and more than 1,100 cases have been identified.

More than
1,800
people screened

More than
1,100
cases identified

Active Screening COVID-19 Clusters

In collaboration with the district governments, GHD provided screening, triage, and swab collection facilities in sub-sets of different districts in Karachi that had been identified as high-burden areas for COVID-19.

In districts Malir and West, GHD teams have been working alongside the deputy commissioner and district health office teams in high-burden areas identified based on case detection. The mobile X-Ray vans were mobilized on a need basis near hotspots where they would set up a screening and testing camp. As District West was identified as a high-burden vicinity, a fixed screening, and testing facility was set up at Qatar Hospital, Organi Town by The Indus Hospital, District West administration, and GHD. It facilitated walk-in patients, six days a week without prior appointments. GHD made its screening and testing services available for public and private sector organizations – people at Baldia Police Training Center, SITE police station, Binoria University hostel, and several factories and offices were screened and tested for COVID-19 through this facility.

Contact Tracing

This component functioned when the district would alert the GHD team for the cases that had been detected through the PCR testing and had close contacts that fell under the criteria of high-risk populations. The District Health Office would manage to bring in all such people to a nearby health facility where the GHD team would set up a contact screening and testing facility with a mobile X-Ray van. In all such instances, the X-ray image was also read for TB indication.

Primary Care Community Health Centers

The Community Health Centers remained open while most public health programs operations were impacted. Tuberculosis, HIV, Maternal and Neonatal Child Health, Malaria, and Hepatitis-C teams came up with solutions to ensure the continuation of medication supply for those under treatment to prevent treatment failures. These solutions included: provisions of medicine for a longer period; delivery of TB medicine at the patients' homes; active follow-up, etc. Teleconsultation was provided to those patients that suffered from chronic conditions.

Community Health

Community Health Workers (CHW) were integrated into COVID-19 response. They were initially involved in delivering COVID-19 awareness sessions in the community before lockdown. CHWs conducted 186 sessions in communities across Karachi, interior Sindh, and Punjab, having engaged 1,753 participants. CHWs are now involved in COVID-19 screening, testing, data collection, and management across all the Primary Care Program sites in which Community

Engagement Center is operational. These operations have reached thousands of individuals seeking care for COVID-19. They also conducted follow-up phone calls and voice note engagements with community members during this time to understand their experiences of COVID-19 and link them to help where possible.

CHWs have also, with the help of community engagement center (CEC) teams, identified 4,250 vulnerable families in need of immediate support during the pandemic. Through funds from external donors, CEC was able to provide 3,226 families with ration support.

3,226

families were supported
with ration

Between April and June
2020, over

6,000

were reached out to
provide integrated
support

Mental Health

In partnership with IRD's 'Pursukoon Zindagi' program a comprehensive mental health response to the pandemic was developed that catered to various populations, such as COVID-19 patients, caregivers, employees, parents with children who are differently-abled, and the general public. Psychosocial support for patients tested for COVID-19 was provided during their isolation or quarantine period to provide mental health support as well as check-ins regarding physical health, contact tracing, and referrals to facilities. Between April and June 2020, over 6,000 patients were reached out to provide integrated support.

Mental health support to frontline service-providers was provided through webinars, support groups and check-in calls for clinicians in isolation. Between April and June 2020, 144 healthcare providers were provided mental health check-ins.

Tele-Counselling

A reactive helpline was launched for community members to call in and avail free-of-cost crisis counseling.

Counselling for Partners

Additionally, collaborations were initiated with organizations including Karachi Down Syndrome Program, Loreal, JS Bank, and Daraaz to engage employees and beneficiaries with mental health and coping strategies. Between April and June 2020, 471 people were provided psychosocial support through the helpline.

Between April and June 2020

471

people were provided
psychosocial support
through the helpline

Psychosocial Support Intervention

The COVID-19 pandemic called upon an immediate psychosocial response to the emerging public health emergency at both facility and community levels; this was done by responding to the needs and supporting healthcare staff and daily wage earners. The staff contributed to the sample collection of 4300+ individuals at the facility in Karachi.

Mobilization of TB Vans

GHD runs 55 TB mobile vans across the country that are mobilized in the community as well as private and public hospitals to screen for tuberculosis. 28 of those vans were used to help battle COVID-19 along with screening for tuberculosis. The mobile X-ray vans aided with artificial intelligence-based software that detect pulmonary infiltrates and other abnormalities providing real-time screening for communicable diseases such as TB and COVID-19. The vans are being used in several different facilities and community settings to help with the COVID-19 response.

In areas of Sindh, specifically Karachi, the vans are being used by teams of trained healthcare workers to screen and triage for COVID-19 in the Emergency Department at The Indus Hospital, Civil Hospital, Karachi, and Qatar Hospital, Orangi Town to help lessen the overwhelming burden in the ERs. To ensure thorough screening, all individuals were also provided a chest X-ray in the van. Between March-June, 2020 more than 27,000 individuals were screened and redirected to testing areas ensuring that presumptive cases were separated to control further transmission. From this, more than 1,100 COVID cases were identified.

Awareness

The Indus Hospital and Indus Health Network have played an important role in supporting the COVID-19 frontline teams by providing multifaceted services: communication; resource generation; creating public awareness; establishing partnerships with corporate organizations; receiving in-kind, and monetary donations; collaboration with donors, volunteers, and other stakeholders; writing stories and articles of faculty members and COVID-19 survivors, and running social and digital media campaigns to secure blood donations. The Indus Health Network's faculty appeared on print, electronic, and digital media to provide expert opinions. Multiple partnerships were made to facilitate the clinical teams.





Audit Report



A·F·FERGUSON&Co.

Independent Auditor's Report

To the members of The Indus Hospital Report on the Audit of the Financial Statements Opinion

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

In our opinion and to the best of our information and according to the explanations given to us, the statement of financial position, the statement of income and expenditure and other comprehensive income, the statement of changes in fund balance and the statement of cash flows 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 Hospital's affairs as at June 30, 2020 and of the deficit and other comprehensive income, the changes in fund balance, and its cash flows for the year then ended.

Basis for Opinion

We conducted our audit in accordance with International Standards on Auditing (ISAs) as applicable in Pakistan. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of our report. We are independent of the Hospital 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 auditor's report thereon.

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

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

Responsibilities of Management and Board of Directors for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with the accounting and reporting standards as applicable in Pakistan and the requirements of Companies Act, 2017 (XIX of 2017) and for such internal control as management determines is necessary to enable the preparation of the 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 Hospital'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 Hospital or to cease operations, or has no realistic alternative but to do so.

Board of Directors are responsible for overseeing the Hospital'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 Hospital'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 Hospital'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 Hospital to cease to continue as a going concern.

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

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

Report on Other Legal and Regulatory Requirements

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

- Proper books of account have been kept by the Hospital as required by the Companies Act, 2017 (XIX of 2017);
- The statement of financial position, the statement of income and expenditure and other comprehensive income, the statement of changes in fund balance 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;
- Investments made, expenditure incurred and guarantees extended during the year were for the purpose of the Hospital's business; and
- 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 Osama Kapadia.



**Chartered Accountants
Karachi**

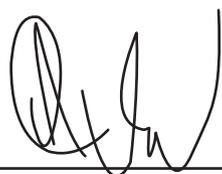
Statement of Financial Position

as at June 30, 2020

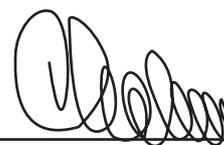
ASSETS	NOTE	2020	2019
		RUPEES	
Non-Current Assets			
Property, plant and equipment	4	12,150,222,401	10,392,556,596
Right-of-use assets	5	179,350,930	-
Intangible assets	6	9,201,875	9,421,924
Long term deposits	7	6,600,000	6,600,000
		12,345,375,206	10,408,578,520
Current Assets			
Inventories	8	1,157,090,509	635,601,160
Advances, deposits, prepayments and other receivables	9	1,153,301,884	299,066,291
Short term investments	10	407,424,864	522,159,416
Cash and bank balances	11	3,227,094,533	2,451,935,789
		5,944,911,790	3,908,762,656
TOTAL ASSETS		18,290,286,996	14,317,341,176

FUND	NOTE	2020	2019
		RUPEES	
Accumulated fund		813,462,489	871,766,012
LIABILITIES			
Non-Current Liabilities			
Lease liabilities	12	181,682,887	-
Deferred capital grant	13	11,814,308,424	9,574,096,060
		11,995,991,311	9,574,096,060
Current Liabilities			
Deferred income	14	4,233,027,924	2,699,295,143
Current portion of lease liabilities	12	3,958,495	-
Trade and other payables	15	1,243,846,777	1,172,183,961
		5,480,833,196	3,871,479,104
CONTINGENCIES AND COMMITMENTS	16		
TOTAL FUND AND LIABILITIES		18,290,286,996	14,317,341,176

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



Chief Executive Officer



Director

Statement of Income and Expenditure and other Comprehensive Income for the Year Ended June 30, 202

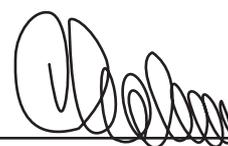
INCOME	NOTE	2020	2019
		RUPEES	
Value of services rendered to patients financed through:			
• Zakat		2,909,724,985	2,965,598,819
• Donations		2,303,449,652	1,214,629,757
• Deferred capital grant		163,497,673	132,148,003
Grant-Funded Research and Development Projects (GFRDP) including deferred capital grant		2,522,955,225	2,114,744,045
Proceeds from academic activities		7,899,627,535	6,427,120,624
		62,522,552	52,452,889
		7,962,150,087	6,479,573,513
Other income	17	72,818,611	84,381,364
		8,034,968,698	6,563,954,877
EXPENDITURE			
Salaries, wages and other benefits		2,848,611,352	2,588,081,768
Medicines and other supplies consumed	18	1,696,740,146	1,262,098,924
Depreciation	4.1.2	333,489,139	280,445,042
Depreciation on right of use assets		24,333,839	-
Utilities		245,229,302	190,487,219
Marketing and advertisement		105,307,894	113,992,818
Repairs and maintenance		69,309,092	73,466,864
Outsourced - Medical facilities and diagnostics charges		65,896,971	67,912,370
Rent expense		-	33,608,991
Expense relating to short-term leases		121,984	-
Printing, stationery and courier		24,865,078	26,374,711
Security services		21,530,836	23,942,538
Travelling and transportation		18,152,146	19,738,793
Training and development		7,296,913	15,646,681
License fee		17,996,417	14,690,014

EXPENDITURE	NOTE	2020	2019
		RUPEES	
Fuel		14,376,456	14,258,993
Communication charges		16,106,703	11,516,817
Technical and professional services		9,989,156	10,808,170
Other expenses		9,505,118	9,257,248
Return on lease liabilities		26,198,236	-
Loss on disposal/write-off of property, plant and equipment	4.1.1	897,182	9,819,680
Insurance/takaful		9,073,216	6,586,232
Amortization	6.2	3,675,318	3,371,192
Inventories written-off	8.1	910,819	1,279,850
Auditor's remuneration	19	703,683	594,435
Research and publications		-	303,005
Expenditure on account of GFRDP	20	2,522,955,225	2,114,744,045
		8,093,272,221	6,893,026,400
Deficit for the year		(58,303,523)	(329,071,523)
Other comprehensive income		-	-
Total comprehensive loss		(58,303,523)	(329,071,523)

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



Chief Executive Officer



Director

Statement of Changes in Fund Balance for the Year Ended June 30, 2020

	NOTE	2020 ----- RUPEES -----	2019
Balance at beginning of the year		871,766,012	1,200,837,535
Deficit for the year		(58,303,523)	(329,071,523)
Other comprehensive income		-	-
Total comprehensive loss		(58,303,523)	(329,071,523)
Balance at end of the year		<u>813,462,489</u>	<u>871,766,012</u>

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



Chief Executive Officer



Director

Statement of Cash Flows

for the Year Ended June 30, 2020

CASH FLOWS FROM OPERATING ACTIVITIES	NOTE	2020	2019
		RUPEES	
Deficit for the year		(58,303,523)	(329,071,523)
Adjustments for non-cash expenses and other items:			
Depreciation		611,480,321	557,288,414
Depreciation on right of use assets		24,333,839	-
Expenses pertaining to short term lease		121,984	-
Amortization		3,722,328	3,371,192
Inventories written-off		910,819	1,279,850
Property, plant and equipment written-off		-	950,065
Loss on disposal of property, plant and equipment		897,182	8,869,615
Value of services rendered to patients through donations and zakat		(5,213,174,637)	(4,180,228,576)
Value of services rendered to patients through deferred capital grant		(163,497,673)	(132,148,003)
Return on lease liabilities		26,198,236	-
Income from Grant-Funded Research and Development Projects (GFRDP)		(2,522,955,225)	(2,114,744,045)
		(7,231,962,826)	(5,855,361,488)
Working capital changes			
(Increase)/decrease in current assets:			
Inventories		232,783,405	(98,588,478)
Advances, deposits, prepayments and other receivables		(854,235,593)	253,615,294
		(621,452,188)	155,026,816
(Decrease)/Increase in current liabilities:			
Trade and other payables		71,662,816	(1,370,983,289)
		(549,789,372)	(1,215,956,473)

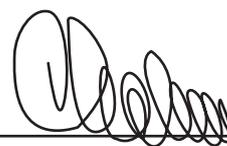
NOTE	2020	2019
	RUPEES	
Donations received during the year	2,444,036,035	1,843,682,654
Donations paid during the year	(10,493,584)	(5,743,500)
Long term deposits and prepayments - net	-	11,444,248
Payments made in respect of short term lease	(121,984)	-
Zakat received during the year	2,904,322,046	2,193,930,451
Contribution received on account of GFRDP	2,691,876,040	1,503,662,172
Total comprehensive loss	8,029,618,553	5,546,976,025
Net cash generated from/(used in) operating activities	189,562,832	(1,853,413,459)
CASH FLOWS FROM INVESTING ACTIVITIES		
Capital expenditure	(1,875,691,887)	(1,606,862,249)
Proceeds received from disposal of property, plant and equipment	1,140,886	2,877,781
Purchase of intangible assets	(3,502,279)	(10,309,761)
Investment (made) / disposed during the year - net	(60,265,448)	(40,561,000)
Profit received on short term investments and saving accounts	251,912,706	215,247,231
Net cash used in investing activities	(1,686,406,022)	(1,439,607,998)

CASH FLOWS FROM FINANCING ACTIVITIES	NOTE	2020	2019
		RUPEES	
Contribution for capital expenditure		2,123,868,169	1,070,409,737
Lease payments		(667,999)	-
Return paid on lease liabilities		(26,198,236)	-
		2,097,001,934	1,070,409,737
Net increase/(decrease) in cash and cash equivalents		600,158,744	(2,222,611,720)
Cash and cash equivalents at beginning of the year		2,626,935,789	4,849,547,509
Cash and cash equivalents at beginning of the year	22	3,227,094,533	2,626,935,789

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



Chief Executive Officer



Director

Notes to the Financial Statements

for the Year Ended June 30, 2020

1. LEGAL STATUS AND OPERATIONS

1.1 The Indus Hospital (the Hospital) is a not for profit organization incorporated in Pakistan on June 23, 2008 as a company limited by guarantee, not having share capital, under section 42 of the repealed Companies Ordinance, 1984 which has now been replaced with Companies Act, 2017. The registered office of the Hospital is situated at Plot C-76, Sector 31/5, Opposite Darussalam Society, Korangi Crossing, Karachi. The principal objective of the Hospital is to provide medical, housing, educational and other facilities to under privileged people free of cost and to apply its funds to achieve its objectives through the following fully operational units/locations:

- i) Indus Hospital Korangi Campus, Karachi, Sindh;
- ii) Indus Dialysis Centre and Family Medicine Clinics, PIB Colony, Karachi, Sindh;
- iii) Sheikh Saeed Memorial Maternity Hospital, Korangi, Karachi, Sindh; and
- iv) Indus Hospital Al Ghazi Campus, Tehsil Bhong Sadiqabad.

The Hospital in collaboration with Qarshi Foundation Trust (QFT) and Naimat Saleem Trust (NST) has undertaken to build a hospital in Block-B Jubilee Town Scheme, Lahore named The Indus Hospital Punjab - Lahore Campus. NST had transferred the ownership of plots (measuring 25 Kanal-11 Marla-110 Square Feet) having fair market value of Rs. 1,024,000,000 via lease deed for 99 years commencing from May 1, 2017 exclusively for construction of the aforementioned hospital.

A branch office "The Indus Hospital - UAE Branch" (the Branch) was established in the International Humanitarian City, Dubai, United Arab Emirates. The registered office of the Branch is situated at office no. 330, 3rd Floor, Building no. 1, International Humanitarian City Dubai, United Arab Emirates. The objective of the Branch is to develop and provide humanitarian services comprising health care awareness and provide therapeutic appliances and equipment. The Branch also collects funds for helping the Hospital to achieve its objective.

The Hospital entered into an agreement with Islamic Mission Hospital Trust (IMHT) in 2014, whereby IMHT agreed to hand over complete management and control of School of Nursing (SON) to the Hospital. As per the terms of the agreement, IMHT had transferred all the assets and liabilities of the Trust and the school to the Hospital and the Board of the Hospital had

undertaken to take over the assets and liabilities with effect from June 30, 2017. The Hospital derives fee income from the operations of SON.

In addition to above the Hospital has taken over management and operations of other hospitals/medical facilities as more fully explained in note 1.2.

1.2 Hospital/facility management services

The Hospital entered into various agreements with Recep Tayyip Erdogan Hospital Trust (RTEHT), Government of Sindh, other corporate entities and non-profit organizations to manage the operations of different hospitals and medical facilities. The agreements for the management of the hospitals and medical facilities is generally for the term of 5 to 30 years. As per the terms of the agreements the Hospital shall be responsible for the entire operation and management of the said managed hospitals and facilities to provide free of cost services to the patients, for no remuneration, with funding from the respective parties. Accordingly, these hospitals/medical facilities are not considered as business units of the Hospital.

1.3 Impact of COVID-19 on the financial statements

During the year, the World Health Organization declared COVID-19 a pandemic. To reduce the impact on businesses and economies in general, regulators/governments across the globe introduced a host of measures on both the fiscal and economic fronts.

The hospital was on the front line in managing and treating COVID-19 patients. While COVID-19 did affect patient volumes and operations of the Hospital during the last three months of the financial year however it has not significantly impacted Hospital's overall financial position and performance as a result of COVID-19 testing/treatments.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The significant accounting policies applied in the preparation of these financial statements are set out below. These policies have been consistently applied to all the years presented, unless otherwise stated.

2.1 Basis of preparation

2.1.1 Statement of compliance

These financial statements have been prepared under the historical cost convention, except for remeasurement of certain financial assets and financial liabilities at fair value or amortized cost.

2.1.2 These financial statements have been prepared in accordance with the accounting and reporting standards as applicable in Pakistan. The accounting and reporting standards applicable in Pakistan comprise of:

- International Financial Reporting Standards (IFRSs) issued by the International Accounting Standards Board (IASB) as notified under the Companies Act, 2017;
- Accounting Standard for Not for Profit Organizations (Accounting Standard for NPOs) issued by the Institute of Chartered Accountants of Pakistan as notified under the Companies Act, 2017; and
- Provision of and directives issued under the Companies Act, 2017.

Where provisions of and directives issued under the Companies Act, 2017 differ from the IFRSs or the Accounting Standard for NPOs, the provisions of and directives issued under the Companies Act, 2017 have been followed.

2.1.3 These financial statements are presented in Pakistan Rupees, which is Hospital's functional currency.

2.1.4 Initial application of standard, amendments to approved accounting and reporting standards and interpretations

a) Standards, amendments to approved accounting and reporting standards and interpretations that are effective for the Hospital's accounting periods beginning on or after July 1, 2019

The Hospital has adopted the following accounting standard which became effective for the current year:

- **IFRS 16 'Leases'**

IFRS 16, 'Leases' replaces the existing guidance on accounting for leases, including IAS 17 "Leases", IFRIC 4 "Determining whether an Arrangement contains a Lease", SIC-15 "Operating Leases - Incentive" and SIC-27 "Evaluating the Substance of Transactions involving the Legal Form of a Lease". IFRS 16 introduces a single, on-balance sheet lease accounting model for lessees. A lessee recognizes a right-of-use asset representing its right-of-use of the underlying asset and a lease liability representing its obligations to make lease payments. Lessor accounting remains similar to the previous standard i.e. lessors continue to classify leases as finance or operating leases.

The hospital adopted IFRS 16 'Leases' with effect from July 1, 2019 using the modified retrospective method. Under this method, the standard is applied retrospectively with the cumulative effect of initially applying the standard recognised at the date of initial application with no restatement of comparative information. From July 1, 2019, leases are recognised as a right-of-use asset and a corresponding liability at the date at which the leased asset is available for use by the Hospital. On adoption of IFRS 16, the Hospital recognised lease liabilities which had previously

been classified as 'operating leases' under the principles of IAS 17 Leases. These liabilities were measured at the present value of the remaining lease payments, discounted using the Hospital's incremental borrowing rate as of July 1, 2019. The Hospital's estimated incremental borrowing rate applied to the lease liabilities on July 1, 2019 is 14.84%.

The following summary reconciles the Hospital's operating lease commitments at June 30, 2019 to the lease liabilities recognised on initial application of IFRS 16 at July 1, 2019:

	----- RUPEES -----
Operating leases as at June 30, 2019	72,363,143
Discounted using the lessee's incremental borrowing rate at the date of initial application	(24,010,476)
Adjustment as a result of a different treatment of extension and termination options	137,956,714
Lease liabilities recognised as at July 1, 2019	<u>186,309,381</u>
Of which are:	
Current lease liabilities	675,705
Non-current liabilities	185,633,676
	<u>186,309,381</u>

The associated right-of use assets were measured in the statement of financial position as at July 1, 2019 at the amount equal to the lease liabilities, adjusted by the amount of any prepaid or accrued lease payments relating to leases recognised in the statement of financial position as at June 30, 2019.

The charge in accounting policy affected the following items in the statement of financial position on July 1, 2019;

- right-of-use assets increased by Rs. 203,664, 769;
- prepayments decreased by Rs. 17,375,388; and
- lease liabilities increased by Rs. 186,309,381

Amounts recognised in the statement of income and expenditure and other comprehensive income relating to leases

	June 30, 2020 ----- RUPEES -----
Depreciation charge of right-of-use assets include in expenditure	24,333,839
Return on lease liabilities included in finance cost	26,198,236
	<u>50,532,075</u>

The total cash outflow for leases during the year ended June 30, 2020 amounted to Rs. 26,866,235.

Practical expedients applied

In applying IFRS 16 for the first time, the Hospital has used the following practical expedients permitted by the standard:

- The use of a single discount rate to a portfolio of leases with responsibly similar characteristics;
- The use of hindsight in determining the lease term where the contract contains options to extend or terminate the lease;
- The exclusion of operating leases with a remaining lease term of less than 12 months as at July 1, 2019; and
- The exclusion of initial direct costs for the measurement of the right-of-use assets at the date of initial application.

There are other amendments and interpretations to published accounting and reporting standards that are applicable for the financial year beginning on July 1, 2019 but are considered not to be relevant or do not have any significant effect on the Hospital's financial reporting and operations and, therefore, have not been disclosed in these financial statements.

- **Standards, amendments to approved accounting and reporting standards as applicable in Pakistan that are not yet effective and have not been early adopted by the Hospital**

There are number of other standards, amendments, and interpretations to accounting and reporting standards as applicable in Pakistan that are not yet effective and are not considered relevant or to have a significant effect on the Hospital's financial reporting and operations and therefore have not been presented here.

2.2 Operating assets

These are stated at historical cost less accumulated depreciation and accumulated impairment, if any.

Depreciation on operating assets is charged to statement of income and expenditure and other comprehensive income using the straight-line method at the rates stated in note 4.1. Depreciation on additions is charged from the month in which the asset is put to use and no depreciation is charged in the month of disposal.

Assets received as donation in kind are initially recognized at fair value and subsequently carried at valuation less accumulated depreciation and accumulated impairment, if any.

Assets residual values and useful lives are reviewed, and adjusted, if appropriate at each reporting date.

The carrying values of operating assets are reviewed for impairment when events or changes in circumstances indicate the carrying value may not be recoverable. If any such indication exists and where the carrying values exceed the estimated recoverable amount, the assets are written down to their recoverable amount. The recoverable amount of operating assets is the greater of fair value less cost of disposal and value in use.

Subsequent costs are included in the assets' carrying amount or recognized as a separate asset, as appropriate, only when it is probable that future economic benefits associated with the item will flow to the Hospital and the cost of the item can be measured reliably. Maintenance and normal repairs are charged to statement of income and expenditure and other comprehensive income as and when incurred. Major renewals and improvements are capitalized and the assets so replaced, if any, are retired.

Disposal of asset is recognized when significant risks and rewards incidental to ownership have been transferred to the buyer. The gain or loss on disposal or retirement of an asset represented by the difference between the sale proceeds and the carrying amount of the asset is recognized as an income or expense in the period of disposal or retirement.

2.3 Capital work-in-progress

Capital work-in-progress is stated at cost less impairment, if any. Capital work-in-progress consists of expenditure incurred and advances made in respect of tangible and intangible assets. Transfers are made to relevant operating asset category as and when assets are available for use.

2.4 Lease liability and right-of-use assets

At inception of a contract, the Hospital assesses whether a contract is, or contains, a lease based on whether the contract conveys the right to control the use of and identified asset for a period of time in exchange for consideration. Lease terms are negotiated on an individual basis and contain a wide range of different terms and conditions.

In determining the lease term, management considers all facts and circumstances that create an economic incentive to exercise and extension option or not exercise a termination option. Extension options (or periods after termination options) are only included in the lease term if the lease is reasonably certain to be extended (or not terminated).

The lease liability is initially measured at the present value of the lease payments that are not paid at the commencement date, discounted using the interest rate implicit in the lease, or if that rate cannot be readily determined, the Hospital's incremental borrowing rate.

Lease payments include fixed payments less any lease incentives received, variable lease payments that are based on an index or a rate which are initially measured using the index or a rate as at the commencement date, amounts expected to be payable by the Hospital under residual value guarantees, the exercise price of a purchase option, if any, and if the Hospital is reasonably certain to exercise that option and payments of penalties for terminating the lease, if the lease term reflects the lessee exercising that option, less any lease incentives receivable.

The lease liability is subsequently measured at amortized cost using the effective interest rate method. It is remeasured when there is a change in future lease payments arising from a change in fixed lease payments or an index or rate, change in the Hospital's estimate of the amount expected to be payable under a residual value guarantee, or if the Hospital changes its assessment of whether it will exercise a purchase, extension or termination option. The corresponding adjustment is made to the carrying amount of the right-to-use asset, and is recorded in the statement of income and expenditure and other comprehensive income if the carrying amount of right-to-use asset has been reduced to zero.

A change in scope of a lease, or the consideration for the lease, that was not part of the original terms and conditions of the lease is accounted for a lease modification. The lease modification is accounted for as a separate lease if modification increases the scope of lease by adding the right to use one or more underlying assets and the consideration for lease increases by an amount that is commensurate with the stand-alone price for the increase in scope adjusted to reflect the circumstances of the particular contracts, if any. When the lease modification is not accounted for as a separate lease, the lease liability is remeasured and corresponding adjustment is made to right-of-use asset.

Payments associated with short-term leases of offices are recognised on a straight-line basis as an expense in income and expenditure. Short-term leases are leases with a lease term of 12 months or less.

The right-of-use asset is initially measured based on the initial amount of initial measurement of the lease liability adjusted for any lease payments made at or before the commencement date, plus any initial direct cost incurred and an estimate of costs to be incurred to dismantle and remove the underlying asset or to restore the underlying asset or the site on which it is located., less any lease incentive received. The right-of-use asset is depreciated on a straight line method over the lease term as this method most closely reflects the expected pattern of consumption of future economic benefits. The right-of-use assets reduced by impairment losses, if any, and adjusted for certain remeasurements of the lease liability.

2.5 Intangible assets - Computer software

An intangible asset is recognized if it is probable that the future economic benefits that are attributable to the asset will flow to the Hospital and the cost of the asset can also be measured reliably. Intangible assets are carried at cost less accumulated amortization and any accumulated impairment, if any.

Generally, costs associated with maintaining computer software programmes are recognized as an expense as incurred. However, costs that are directly associated with identifiable software and have probable economic benefits exceeding the cost beyond one year, are recognized as an intangible asset. Direct costs include the purchase cost of software and related employee and other overhead costs.

Expenditure which enhances or extends the performance of computer software beyond its original specification and useful life is recognized as a capital improvement and added to the original cost of the software.

Computer software cost treated as intangible asset is amortized from the date the software is put to use on straight-line basis over a period of 5 years. The carrying amount of the intangible assets is reviewed for impairment whenever events or changes in circumstances indicate that the carrying amount may not be recoverable. An impairment loss is recognized for the amount by which the assets carrying amount exceeds its recoverable amount.

2.6 Impairment of non-current assets

The carrying amounts of non-current assets are reviewed at each reporting date to determine whether there is any indication of impairment. If any such indication exists, then the asset's recoverable amount is estimated to assess whether the carrying value of asset exceeds its recoverable amount. Where carrying value exceeds the estimated recoverable amount, asset is written down to its recoverable amount. Impairment losses are recognised as expense in the statement of income and expenditure and other comprehensive income. An impairment loss is reversed only to the extent that the asset's carrying amount does not exceed the carrying amount that would have been determined, net of depreciation or amortisation, if no impairment loss had been recognised.

2.7 Financial instruments

2.7.1 Financial assets

Classifications

The Hospital classifies its financial assets in the following categories:

- those to be measured subsequently at fair value (either through other comprehensive income, or through profit or loss); and
- those to be measured at amortised cost.
- the classification depends on the Hospital's business model for managing the financial assets and the contractual terms of the cash flows.

For assets measured at fair value, gains and losses will either be recorded in income and expenditure or other comprehensive income. For investments in debt instruments, this will depend on the business model in which the investment is held. For investments in equity instruments that are not held for trading, this will depend on whether the Hospital has made an irrevocable election at the time of initial recognition to account for the equity investment at fair value through other comprehensive income. The Hospital reclassifies debt investments when and only when its business model for managing those assets changes.

Measurement

At initial recognition, the Hospital measures a financial asset at its fair value plus, in the case of a financial asset not at fair value through profit or loss, transaction costs that are directly attributable to the acquisition of the financial asset. Transaction costs of financial assets carried at fair value through profit or loss are expensed in income and expenditure.

Debt instrument

Subsequent measurement of debt instruments depends on the Hospital's business model for managing the asset and the cash flow characteristics of the asset. There are three measurement categories into which the Hospital classifies its debt instruments:

a) Amortised cost

Assets that are held for collection of contractual cash flows where those cash flows represent solely payments of principal and interest are measured at amortised cost. A gain or loss on a debt investment that is subsequently measured at amortised cost and is not part of a hedging relationship is recognised in income and expenditure when the asset is derecognised or impaired. Interest income from these financial assets is included in finance income using the effective interest method.

b) Fair value through other comprehensive income (FVOCI)

Assets that are held for collection of contractual cash flows and for selling the financial assets, where the assets cash flows represent solely payments of principal and interest, are measured at FVOCI. Movements in the carrying amount are taken through other comprehensive income (OCI), except for the recognition of impairment gains or losses, interest revenue and foreign exchange gains and losses which are recognised in income and expenditure. When the financial asset is derecognised, the cumulative gain or loss previously recognised in OCI is reclassified from equity to income and expenditure and recognised in other gains/(losses). Interest income from these financial assets is included

in finance income using the effective interest method. Foreign exchange gains and losses are presented in other gains and losses and impairment expenses in other expenses.

c) Fair value through profit or loss (FVPL)

Assets that do not meet the criteria for amortised cost of FVOCI are measured at fair value through profit or loss. A gain or loss on a debt investment that is subsequently measured at fair value through profit or loss and is not part of a hedging relationship is recognised in income and expenditure and presented net in the statement of income and expenditure in the period in which it arises.

Recognition and derecognition

All financial assets are recognised at the time when the Hospital becomes a party to the contractual provisions of the instrument. Financial assets at amortised cost are initially recognised at fair value and are subsequently measured at amortised cost using the effective interest method. The amortised cost is reduced by impairment losses, if any. Interest income and impairment losses are recognised in statement of income and expenditure and other comprehensive income. Financial assets carried at FVTOCI are initially and subsequently measured at fair value, with gains and losses arising from changes in fair value recognised in other comprehensive income / (loss). Financial assets carried at FVTPL are initially recorded at fair value and transaction costs are expensed in the statement of income and expenditure and other comprehensive income. Realised and unrealised gains and losses arising from changes in the fair value of the financial assets and liabilities held at FVTPL are included in the surplus / deficit in the period in which they arise. Financial assets are derecognised when the rights to receive cash flows from the assets have expired or have been transferred and the Hospital has transferred substantially all the risks and rewards of ownership. On derecognition of a financial asset, in its entirety, the difference between the asset's carrying amount and the sum of the consideration received and receivable is recognised in the income and expenditure statement.

Equity instruments

The Hospital subsequently measures all equity investments at fair value. Where the Hospital's management has elected to present fair value gains and losses on equity investments in other comprehensive income, there is no subsequent reclassification of fair value gains and losses to profit or loss following the derecognition of the investment. Dividends from such investments continue to be recognised in income and expenditure as other income when the Hospital's right to receive payments is established.

Changes in the fair value of financial assets at fair value through profit or loss are recognised in other gain/(losses) in the statement of income and expenditure as applicable. Impairment losses (and reversal of impairment losses) on equity investments measured at FVOCI are not reported separately from other changes in fair value.

Impairment of financial assets

For financial assets, the Hospital recognises lifetime ECL when there has been a significant increase in credit risk since initial recognition. However, if the credit risk on the financial asset has not increased significantly since initial recognition, the Hospital measures the loss allowance for that financial asset at an amount equal to 12-month ECL.

The mount of ECL is updated at each reporting date to reflect changes in credit risk since initial recognition of the respective financial asset.

2.7.2 Financial liabilities

All financial liabilities are recognized at the time when the Hospital becomes a party to the contractual provisions of the instrument. Financial liabilities are recognised initially at fair value less any directly attributable transaction cost. Subsequent to initial recognition, these are measured at amortised cost using the effective interest rate method.

A financial liability is derecognized when the obligation under the liability is discharged or cancelled or expired. Where an existing financial liability is replaced by another from the same lender on substantially different terms, or the terms of an existing liability are substantially modified, such an exchange or modification is treated as a derecognition of the original liability and the recognition of a new liability, and the difference in respective carrying amounts is recognized in the statement of income and expenditure and other comprehensive income.

2.7.3 Offsetting of financial assets and liabilities

Financial assets and liabilities are offset and the net amount is reported in the statement of financial position when there is a legally enforceable right to offset the recognized amounts and there is an intention to settle either on a net basis, or realise the asset and settle the liability simultaneously. The legally enforceable right must not be contingent on future events and must be enforceable in the normal course of business and in the event of default, insolvency or bankruptcy of the Hospital or the counterparty.

2.8 Inventories

Inventories comprise medicines, consumables and general supplies such as surgical supplies, stationery, grocery items, etc. These are valued at lower of cost and net realizable value. Cost is determined on First In First Out (FIFO) basis. Cost comprises the purchase cost and other related costs incurred in bringing the inventories to their present location and condition. Donated inventories are carried at a valuation equivalent to the cost, which would have been incurred in bringing such inventories to their present location and condition had these inventories been purchased. Net realizable value signifies the estimated selling price in the ordinary course of the business, less the estimated cost necessarily to be incurred to make the sale. Provision is made for slow moving and expired stock where necessary.

2.9 Stores and spares

These are valued at cost determined using the First In First Out (FIFO) method. Stores and spares are regularly reviewed for impairment and adequate provision is made for obsolete and slow moving items.

2.10 Cash and cash equivalents

Cash and cash equivalents for the purpose of statement of cash flows comprise of cash in hand and balances with banks in current and saving accounts and other short term highly liquid investments with original maturities of three months or less.

2.11 Zakat, donations and grants

Zakat and donations for treatment of patients and grants for research and development projects are considered restricted and accounted for on deferral method. Donations and grants restricted for capital expenditure and donations in kind, which are recognized at fair value, are recognised as 'deferred capital grant' when received. Any income from investments made from aforementioned restricted contributions is also accounted for on deferral method.

2.12 Trade and other payables

Trade and other payables are recognized initially at fair value of the consideration to be paid in the future for goods and services received, and are subsequently measured at amortized cost using the effective interest method.

These are classified as current liabilities if payment is due within one year or less. If not, these are presented as non-current liabilities.

2.13 Provisions

Provisions are recognized when the Hospital has a present legal or constructive obligation as a result of a past event and it is probable that an outflow of resources embodying economic benefits will be required to settle the obligation and a reliable estimate can be made of the amount of obligation. Provisions are reviewed at each reporting date to reflect the current best estimate.

2.14 Provident Fund

The Hospital has constituted an approved contributory provident fund (the Fund) for all its permanent employees. Equal monthly contributions are made both by the Hospital and the employees to the Fund at the rate of 10 percent of the basic salary.

2.15 Foreign currency transactions and translations

Foreign currency transactions are translated into the functional currency using the exchange rates prevailing at the dates of the transactions. Foreign exchange gains and losses resulting from the settlement of such transactions and from translation of monetary assets and liabilities denominated in foreign currencies at year-end exchange rates are recognized in the statement of income and expenditure and other comprehensive income.

2.16 Income recognition

Income is recognized to the extent it is possible that the economic benefits will flow to the Hospital and income can be measured reliably. Income is measured at fair value of consideration received or receivable and is recognised on the following basis:

- Donations and Zakat received for the Hospital are regarded as restricted contribution and are recognized as income as and when expenses are incurred on providing services to needy / deserving patients. Such Zakat / donations are credited to income on pre-determined service rates as "value of services rendered" which are reviewed by the Hospital quarterly.
- Fee income comprises of admission fee and monthly tuition fee, which is recognized over time, as and when services are rendered.
Income on bank deposits and short term investments are recognized on accrual basis.
- Income in respect of Grant Funded Research and Development Projects (GFRDP) is recognized as and when the related expenses are incurred for these projects, and equivalent amount is transferred from deferred income to the statement of income and expenditure and other comprehensive income.
- Deferred capital grant is recognized as income to match depreciation and amortisation provided during the year on the related capital assets.
- Proceeds generated from sale of food items in the Hospital's cafeteria, being unrestricted receipts, are recognized on receipt basis in the statement of income and expenditure and other comprehensive income.
- Cost recovery from blood bank clients against blood products are separately billed to the clients and are recognized on accrual basis.

2.17 Taxation

The Hospital is exempt from income tax under clause 66 Part I of the Second Schedule of the Income Tax Ordinance, 2001. Consequently no provision for taxation has been made in these financial statements.

3. CRITICAL ACCOUNTING ESTIMATES AND JUDGMENTS

Estimates and judgments are continually evaluated and are based on historical experience and other factors, including expectations of future events that are believed to be reasonable under the circumstances. The Hospital makes estimates and assumptions concerning the future. The resulting accounting estimates will, by definition, seldom equal the related actual results. The estimates and assumptions that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next financial years are as follows:

3.1 Operating and intangible assets

The Hospital also reviews appropriateness of rate of depreciation/amortization, useful life and residual values used for recording the depreciation/amortization of the Hospital's fixed and intangible assets on annual basis. Further, where applicable, an estimate of recoverable amount of assets is made for possible impairment on an annual basis.

3.2 Right of use assets and leases liabilities

The implementation process to identify and process all relevant data associated with the leases is complex and the measurement of the right-of-use asset and lease liability is based on assumptions such as discount rates and the lease terms, including termination and renewal options. Lease payments to be made under reasonably certain extension options are also included in the measurement of the liability. The lease payments are discounted using the interest rate implicit in the lease. If that rate cannot be readily determined, which is generally the case for leases in the Hospital, the Hospital's incremental borrowing rate is used, being the rate the Hospital would have to pay to borrow the funds necessary to obtain an asset of similar value to the right-of-use asset in a similar economic environment with similar terms, security and conditions.

4. PROPERTY, PLANT AND EQUIPMENT

	2020	2019
	RUPEES	
Operating assets (note 4.1)	3,700,043,285	3,937,306,775
Capital work-in-progress (note 4.2)	8,450,179,116	6,455,249,821
	<u>12,150,222,401</u>	<u>10,392,556,596</u>

4.1 Operating assets**As at July 01, 2018**

	Leasehold land	Building and civil work on leasehold land	Plant, machinery and equipment
Cost	1,846,469,215	613,624,098	2,378,253,687
Accumulated depreciation	(45,739,266)	(118,276,308)	(806,151,502)
Net book value	<u>1,800,729,949</u>	<u>495,347,790</u>	<u>1,572,102,185</u>

Year ended June 30, 2019

Opening net book value	1,800,729,949	495,347,790	1,572,102,185
Additions including transfers from CWIP	75,300	36,039,476	225,274,349

Disposals/Write-offs (note 4.1.1)

Cost	-	-	(36,539,209)
Accumulated depreciation	-	-	24,390,580
	-	-	(12,148,629)

Depreciation charge (note 4.1.2)	(18,465,445)	(133,350,714)	(401,904,751)
Closing net book value	<u>1,782,339,804</u>	<u>498,036,552</u>	<u>1,383,323,154</u>

As at July 01, 2019

Cost	1,846,544,515	649,663,574	2,566,988,827
Accumulated depreciation	(64,204,711)	(151,627,022)	(1,183,665,673)
Net book value	<u>1,782,339,804</u>	<u>498,036,552</u>	<u>1,383,323,154</u>

Year ended June 30, 2020

Opening net book value	1,782,339,804	498,036,552	1,383,323,154
Additions including transfers from CWIP	-	79,416,076	214,975,869

Disposals/Write-offs (note 4.1.1)

Cost	-	-	(33,819,400)
Accumulated depreciation	-	-	31,917,846
	-	-	(1,901,554)

Depreciation charge (note 4.1.2)	(18,465,445)	(41,511,810)	(434,440,561)
Closing net book value	<u>1,763,874,359</u>	<u>535,940,818</u>	<u>1,161,956,908</u>

As at June 30, 2020

Cost	1,846,544,515	729,079,650	2,748,145,296
Accumulated depreciation	(82,670,156)	(193,138,832)	(1,586,188,388)
Net book value	<u>1,763,874,359</u>	<u>535,940,818</u>	<u>1,161,956,908</u>

Annual rate of depreciation (%)	<u>1</u>	<u>5</u>	<u>20</u>
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Computers, printers and network cabling	Furniture and fixtures	Vehicles	Books and others	TOTAL
RUPEES				
167,405,248 (83,884,843)	93,106,769 (54,571,405)	233,783,639 (47,420,463)	2,844,463 (1,690,737)	5,335,487,119 (1,157,734,524)
<u>83,520,405</u>	<u>38,535,364</u>	<u>186,363,176</u>	<u>1,153,726</u>	<u>4,177,752,595</u>
83,520,405 46,655,666	38,535,364 11,692,978	186,636,176 9,287,872	1,153,726 514,414	4,177,752,595 329,540,055
(4,510,550) 4,332,116 (178,434)	(725,871) 355,473 (370,398)	(428,000) 428,000 -	- - -	(42,203,630) 29,506,169 (12,697,461)
(45,544,656) <u>84,452,981</u>	(12,260,778) <u>37,597,166</u>	(45,165,543) <u>150,485,505</u>	(596,527) <u>1,071,613</u>	(557,288,414) <u>3,937,306,775</u>
209,550,364 (125,097,383) <u>84,452,981</u>	104,073,876 (66,476,710) <u>37,597,166</u>	242,643,511 (92,158,006) <u>150,485,505</u>	3,358,877 (2,287,264) <u>1,071,613</u>	5,622,823,544 (1,685,516,769) <u>3,937,306,775</u>
84,452,981 18,811,230	37,597,166 49,581,837	150,485,505 13,469,887	1,071,613 -	3,937,306,775 376,254,899
(1,454,117) 1,430,174 (23,943)	(285,000) 172,429 (112,571)	- - -	- - -	(35,558,517) 33,520,449 (2,038,068)
(50,415,555) <u>52,824,713</u>	(20,075,374) <u>66,991,058</u>	(46,273,949) <u>117,681,443</u>	(297,627) <u>773,986</u>	(611,480,321) <u>3,700,043,285</u>
226,907,477 (174,082,764) <u>52,824,713</u>	153,370,713 (86,379,655) <u>66,991,058</u>	256,113,398 (138,431,955) <u>117,681,443</u>	3,358,877 (2,584,891) <u>773,986</u>	5,963,519,926 (2,263,476,641) <u>3,700,043,285</u>
<u>33</u>	<u>20</u>	<u>20</u>	<u>20</u>	

4.1.1 During the year, following operating assets have been disposed/written off:

	Description
Items sold during the year with book value below Rs 500,000	
Plant, Machinery & Equipment	Various
Computers, printers, network cabling and installation	Various
Furniture & Fixture	Various

Fully depreciated/obsolete items written off during the year

Computers, printers, network cabling and installation

June 30, 2020**June 30, 2019****4.1.2** Comprises of depreciation amounting to Rs. 333,489,139 (2019: Rs. 280,445,042) pertaining to operating expenses and Rs. 277,991,182 (2019: Rs. 276,843,372) pertaining to assets purchased on account of GFRDP.**4.2 Capital work-in-progress**

	Expansion project	Building and civil works
	----- RUPEES -----	
Year ended June 30, 2019		
Balance at beginning of the year	2,931,824,113	1,800,344,844
Add: Additions during the year	920,739,077	42,394,407
Add: Additions for QFT and NST during the year	-	667,442,222
Less: Transfers to operating assets	(8,360,204)	(16,072,182)
Balance at end of the year	<u>3,844,202,986</u>	<u>2,494,109,291</u>
Year ended June 30, 2020		
Balance at beginning of the year	3,844,202,986	2,494,109,291
Add: Additions during the year	1,343,025,567	35,571,562
Add: Additions for QFT and NST during the year	-	760,884,071
Less: Transfers to operating assets	(14,451,755)	(73,369,163)
Balance at end of the year	<u>5,172,776,798</u>	<u>3,217,195,761</u>

Cost	Accumulated Description (Disposals)	Net Book Value	Sale Proceeds/ Insurance Claim	Gain/ (Loss)	Mode of Disposal	Particular of Buyers
RUPEES						
33,819,400	31,917,846	1,901,554	1,085,773	(815,781)	Tender	Local scrap dealers
385,856	361,913	23,943	11,492	(12,451)	Tender	Local scrap dealers
285,000	172,429	112,571	43,621	(68,950)	Tender	Local scrap dealers
34,490,256	32,452,188	2,038,068	1,140,886	(897,182)		
1,068,261	1,068,261	-	-	-	Not Applicable	Not Applicable
35,558,517	33,520,449	2,038,068	1,140,886	(897,182)		
42,203,630	29,506,169	12,697,461	2,877,781	(9,819,680)		

Plant, machinery and equipment	Furniture and fixtures	Vehicles	Intangible	TOTAL
RUPEES				
29,924,524	8,410,667	1,238,300	9,270,191	4,781,012,639
107,011,791	2,808,593	840,000	271,000	1,074,064,868
55,650,820	-	-	-	723,093,042
(88,174,051)	-	(773,100)	(9,541,191)	(122,920,728)
104,413,084	11,219,260	1,305,200	-	6,455,249,821
104,413,084	11,219,260	1,305,200	-	6,455,249,821
66,494,119	697,000	-	-	1,445,788,248
-	39,670,587	-	-	800,554,658
(117,215,297)	(45,912,196)	(465,200)	-	(251,413,611)
53,691,906	5,674,651	840,000	-	8,450,179,116

5. RIGHT-OF-USE ASSETS

	2020 ----- RUPEES -----
Year ended June 30, 2020	
Recognition of right-of-use asset due to application of IFRS 16 (note 2.1.4)	203,684,769
Depreciation charge for the year (note 5.2)	(24,333,839)
Balance as at June 30, 2020	179,350,930
As at June 30, 2020	
Cost	203,684,769
Accumulated depreciation	(24,333,839)
Net book value	179,350,930
Annual rate of depreciation (%)	11.17 to 12.76

5.1 This represent right-of-use assets recognized in relation to the building space acquired on rental basis.

6. INTANGIBLE ASSETS

	2020	2019
	RUPEES	
Net carrying value		
Balance at beginning of the year	9,421,924	2,483,355
Add: Additions	3,502,279	10,309,761
Less: Amortization charge for the year (note 6.2)	(3,722,328)	(3,371,192)
Balance at end of the year	9,201,875	9,421,924
Gross carrying value		
Cost	23,583,988	20,081,709
Less: Accumulated amortization	(14,382,113)	(10,659,785)
Net book value	9,201,875	9,421,924

6.1 The cost is being amortized over a period of 5 years.

6.2 Comprises of amortization amounting to Rs. 3,675,318 (2019: 3,371,192) pertaining to operating expenses and Rs. 47,010 (2019: Nil) related to GFRDP.

7. LONG TERM DEPOSITS

7.1 Represents security deposit paid by the Hospital against the rental premises.

8. INVENTORIES	2020	2019
	RUPEES	
Medicines	535,019,137	303,132,864
Consumables	431,058,868	224,232,965
General	31,262,739	81,172,879
	<u>997,340,744</u>	<u>608,538,708</u>
Stock in-transit	84,252,214	12,525,171
Stores and spares	75,497,551	14,537,281
	<u><u>1,157,090,509</u></u>	<u><u>635,601,160</u></u>

8.1 During the year, inventories spoiled / damaged, amounting to Rs. 910,819 (2019: Rs. 1,279,850) were written off.

8.2 Inventories include medicines, consumables and general supplies amounting to Rs. 307,001,344 (2019: Rs. 184,922,568) held on account of GFRDP out of which inventories amounting to Rs. 167,233,625 (2019: Rs. 157,979,122) were stored in warehouse owned and operated by TCS Logistics (Private) Limited.

9. ADVANCES, DEPOSITS, PREPAYMENTS AND OTHER RECEIVABLES	2020	2019
	RUPEES	
Considered Good		
Advances to:		
• Suppliers and others (notes 9.2 and 9.3)	470,522,189	59,446,479
• Employees	1,561,463	1,480,318
• Global Fund sub-recipients (note 9.1)	170,475,616	97,250,094
• IRD Pakistan (Private) Limited	18,990,738	26,809,830
Deposits	24,338,196	42,576,956
Prepayments	11,764,833	26,251,198
Receivable under Hospital Management	409,383,524	15,658,617
Services (notes 9.4 and 9.5)	45,006,735	28,488,911
Other receivables		
Tax refundable / adjustable	1,103,490	1,103,888
Insurance claim receivable	155,100	-
	1,153,301,884	299,066,291

- 9.1** This represents advances given by the Hospital to the sub-recipients Community Health Solutions (Private) Limited (CHS) and Green Star Social Marketing Pakistan (GSSMP) for the project titled: "Contribute towards achieving the targets of National Strategic Plan for reducing the burden of TB and MDR-TB in Pakistan" amounting to Rs. 104,291,293 (2019: Rs. 60,891,307) and Rs. 50,136,374 (2019: Rs. 23,436,770) respectively and Frontier Primary Health Care (FPHC) and Baluchistan Rural Support Program (BRSP) for the project titled: "Expanding Support to Malaria Control Interventions in High Priority Districts of Pakistan" amounting to Rs. 7,326,459 (2019: Rs. 3,036,529) and Rs. 8,721,490 (2019: Rs. 9,885,488) respectively. The Hospital, as principal recipient, has received grants for the aforementioned project from The Global Fund and the sub-recipients are the implementing support partners. These advances are adjustable against expenditure incurred / payment made by the sub-recipients on behalf of the aforementioned projects.
- 9.2** Includes advances made to suppliers amounting to Rs. 1,865,874 (2019: Rs. 9,277,619) on account of purchases made on behalf of the managed hospitals.
- 9.3** Includes advances to foreign suppliers details of which are mentioned in note 23.

9.4 As explained in note 1.2, the Hospital entered into agreements to take management control and run operations of various hospitals/medical facilities, the details of which are as follows:

Name of hospital/ medical facility	Agreement entered into with	Receivable at beginning of the year
Regional Blood Centers in Jamshoro	Health Department Government of Sindh	-
Civil Hospital Badin	Health Department Government of Sindh	-
Tehsil Headquarter Hospital - Raiwind Lahore	RTEHT	1,231,224
Tehsil Headquarter Hospital - Sabzazaar Lahore	RTEHT	1,524,988
Mian Shahbaz Sharif Hospital - Lahore	RTEHT	8,486,402
Level 1 - Health Care Facility - Thatta Gurmani	The Gurmani Foundation	-
Tehsil Kotadu District Muzaffargarh A&M Clinics Kashmir		-
Jahangir Siddiqui Hospital - Sehwan	Mahvash & Jahangir Siddiqui Foundation	-
Marvi Mother & Child Clinic - Site Tharyo Halepota	Engro Energy Limited & Sindh Engro Coal Mining Company	4,416,003
		15,658,617

Transferred to payable/Transferred from payable under Hospita Management agreement	Funds transferred during the year to the Hospital bank account fo operational/ capital expenditure	Funds generated during the year from other sources	Funds disbursed by the Hospital during the year	Receivable at end of the year
------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------	----------------------------------------------------	-------------------------------------------------	-------------------------------

RUPEES

(43,970,320)	(160,548,642)	(103,913,533)	383,205,163	74,772,668
(403,785,603)	(579,072,547)	(12,733,784)	1,302,682,318	307,090,384
(1,231,224)	-	-	-	-
(1,524,988)	-	-	-	-
(8,486,402)	-	-	-	-
(5,334,241)	(24,896,491)	-	30,738,614	507,882
-	(10,167,659)		13,200,549	3,032,890
(11,175,663)	(26,292,831)		52,168,589	14,700,095
-	(14,731,876)		19,595,478	9,279,605
-				
<u>(475,508,441)</u>	<u>(815,710,046)</u>	<u>(116,647,317)</u>	<u>1,801,590,711</u>	<u>409,383,524</u>

- 9.5** The maximum amount due from managed Hospitals at the end of any month during the year aggregated to Rs. 495,008,531 (2019: Rs. 171,956,443).

	Past due not impaired		
	Total	Up to 6 months	6 to 12 months
	----- RUPEES -----		
2020	409,383,524	393,181,443	16,202,081
2019	15,658,617	15,658,617	-

10. SHORT TERM INVESTMENTS

	2020	2019
	----- RUPEES -----	
At fair value through profit or loss		
• Meezan Sovereign Fund	1,731,918	1,418,581
• Allied Bank Limited - Islamic Income Fund	2,472,946	2,220,835
	4,204,864	3,639,416
Amortized Cost		
• Islamic Income Certificate - Habib Metropolitan Bank Limited	376,220,000	316,520,000
• Term deposit - Bank Islami Pakistan Limited	-	100,000,000
• Term deposit - Dubai Islamic Bank Limited	27,000,000	27,000,000
• Term deposit - Meezan Bank Limited	-	75,000,000
	403,220,000	518,520,000
	407,424,864	522,159,416

11. CASH AND BANK BALANCES

	2020	2019
	RUPEES	
Local currency		
Cash in hand	2,627,059	2,255,811
Balances with banks in:		
• current accounts	58,289,758	56,022,093
• savings accounts (notes 11.1 and 11.2)	3,098,442,682	2,389,173,987
	3,156,732,440	2,445,196,080
Foreign currency		
Balances with banks in current accounts	67,735,034	4,483,898
	<u>3,227,094,533</u>	<u>2,451,935,789</u>

11.1 These savings accounts carry markup ranging from 5.70% to 13.50% (2019: 3.00% to 12.35%) per annum.

11.2 This includes Rs. 36,790,796 (2019: Rs. 57,683,656) on which bank has charged lien in respect of letter of credits.

12. LEASE LIABILITIES

	2020
	RUPEES
Current portion	3,958,495
Non-current portion	181,682,887
	<u>185,641,382</u>

13. DEFERRED CAPITAL GRANT**2020****2019****RUPEES****13.1** Movement in deferred capital grant is as follows:

	2020	2019
Balance at beginning of the year	9,574,096,060	8,473,274,635
Add: Deferred capital grant received against:		
• Donation for construction of Paeds Ward	14,095,484	137,166,041
• Donation for other construction and capital expenditure (note 13.3)	1,058,413,306	917,685,653
• Donation from Government of Sindh for Expansion	1,000,000,000	-
• Donation in kind	495,492,307	396,914,988
• Donation for capital expenditure on account of GFRDP	51,359,379	15,558,043
• Profit on Paeds Ward funds held in short term investments	37,264,102	16,551,221
• Profit on funds for other construction and capital expenditure held in daily product account	25,076,641	25,936,854
	2,681,701,219	1,509,812,800
Less: Deferred capital grant released against:		
• Depreciation on account of other construction and capital expenditure	74,460,236	58,980,422
• Depreciation of Paeds Ward	18,190,224	17,516,420
• Depreciation of donated assets	70,847,213	55,651,161
• Depreciation of assets pertaining to GFRDP (note 4.1.2)	277,991,182	276,843,372
	441,488,855	408,991,375
Balance at end of the year	11,814,308,424	9,574,096,060

13.2 Balance at end of the year comprises of:

	2020	2019
	----- RUPEES -----	
• Donation for construction of Paeds Ward	931,925,955	898,756,593
• Donation for other construction and capital expenditure (note 13.3)	7,192,754,734	5,183,725,023
• Donation in kind	2,691,131,828	2,266,486,734
• Donation for capital expenditure on account of GFRDP	998,495,907	1,225,127,710
	<u>11,814,308,424</u>	<u>9,574,096,060</u>

13.3 Includes donation restricted for expenditure for expansion of the Hospital.

14 DEFERRED INCOME

Movement in the deferred income balance is as follows:

	2020		
	Zakat	Donation	GFRDP
Balance at beginning of the year	1,116,737	2,324,137,881	374,040,525
Zakat / donations / grants received during the year (note 14.4)	2,904,322,046	1,893,462,247	2,691,876,040
Donation from Government of Sindh	-	1,323,132,749	-
Profit on short term investments	12,022,209	4,002,652	-
Profit on daily product account	12,810,828	107,576,831	53,159,443
	2,929,155,083	3,328,174,479	2,745,035,483
Value of services rendered to patients	(2,909,724,985)	(2,303,449,652)	-
Expenses incurred in respect of GFRDP	-	-	(2,244,964,043)
Donations utilized to aid other hospitals / patients	-	(10,493,584)	-
	(2,909,724,985)	(2,313,943,236)	(2,244,964,043)
Balance at end of the year	20,546,835	3,338,369,124	874,111,965

2019				
Total	Zakat	Donation	GFRDP	Total
RUPEES				
2,699,295,143	722,653,035	1,614,326,043	685,537,383	3,022,516,461
7,489,660,333	2,193,930,451	843,682,654	1,503,662,172	4,541,275,277
1,323,132,749	-	1,000,000,000	-	1,000,000,000
16,024,861	9,832,901	20,358,436	-	30,191,337
173,547,102	40,299,169	66,144,005	22,741,643	129,184,817
9,002,365,045	2,244,062,521	1,930,185,095	1,526,403,815	5,700,651,431
(5,213,174,637)	(2,965,598,819)	(1,214,629,757)	-	(4,180,228,576)
(2,244,964,043)	-	-	(1,837,900,673)	(1,837,900,673)
(10,493,584)	-	(5,743,500)	-	(5,743,500)
(7,468,632,264)	(2,965,598,819)	(1,220,373,257)	(1,837,900,673)	(6,023,872,749)
<u>4,233,027,924</u>	<u>1,116,737</u>	<u>2,324,137,881</u>	<u>374,040,525</u>	<u>2,699,295,143</u>

- 14.1** Zakat funds are restricted for expenditure on patients who are entitled to receive Zakat under the Islamic shariah.
- 14.2** Donations received comprise of contributions subject to implicit external restrictions for treatment of patients of the Hospital and associated activities.
- 14.3** Contributions received on account of GFRDP are restricted for the purpose of expenditure for specific projects as per respective grant agreements.
- 14.4** Includes funds received from foreign sources during the year amounts to Rs. 1,882,172,787 (2019 : Rs. 1,128,427,955).

15. TRADE AND OTHER PAYABLES

	2020	2019
	----- RUPEES -----	
Creditors (note 15.1)	495,381,874	413,225,120
Accrued liabilities	45,941,472	53,039,758
Payable to Provident Fund	34,903,275	1,580,831
Retention money	32,098,597	51,891,614
Security deposit - ICON & M students (note 15.2)	5,295,600	5,202,600
Payable under Hospital Management Services (note 15.3)	602,565,335	636,683,100
Withholding tax payable	471,610	705,731
Miscellaneous	27,189,014	9,855,207
	1,243,846,777	1,172,183,961

15.1 This includes payable to Swiss Pharmaceuticals (Private) Limited, a related party, amounting to Rs. 2,775,405 (2019: Rs. 2,781,325) in respect of medical supplies purchased by the Hospital.

15.2 Represents security deposit received from the students of Indus College of Nursing & Midwifery (ICON & M) in accordance with the terms of admission and are refundable at the time of completion of programs / courses. The amount is not utilizable for the Hospital's operation and has not been kept in a separate bank account.

15.3 As explained in note 1.2, the Hospital entered into agreements to take management control and run operations of various hospitals / medical facilities, the details of which are as follows:

Name of hospital/ medical facility	Agreement entered into with
Recep Tayyip Erdogan Hospital - Muzaffargarh	RTEHT
General Hospital - Manawan Lahore	RTEHT
Institute of Kidney Diseases Multan (MIKD)	RTEHT
Regional Blood Centers at Multan and Bahawalpur	RTEHT
Regional Blood Centers in Jamshoro	Health Department Government of Sindh
Tehsil Headquarter Hospital - Kahna Nau Lahore	RTEHT
Civil Hospital Badin	Health Department Government of Sindh
Mian Shahbaz Sharif Hospital - Lahore	RTEHT
Tehsil Headquarter Hospital - Sabzazaar Lahore	RTEHT
Tehsil Headquarter Hospital - Raiwind Lahore	RTEHT
Level 1 - Health Care Facility - Thatta	The Gurmani Foundation
Gurmani - Tehsil Kotadu District Muzaffargarh	
Jahangir Siddiqui Hospital - Sehwan	Mahvash & Jahangir Siddiqui Foundation

Payable at beginning of the year	Transferred to receivable/ transferred from receivable under Hospital Management agreement	Funds transferred during the year to the Hospital bank account for operational/ capital expenditure	Funds generated during the year from other sources	Funds disbursed by the Hospital during the year	Payable at end of the year
RUPEES					
49,067,925	-	1,279,554,000	42,268,475	(1,055,188,898)	315,701,502
4,962,620	-	403,300,000	5,085,190	(399,309,966)	14,037,844
41,874,042	-	688,000,000	23,351,954	(682,722,458)	70,503,538
70,372,367	-	387,536,000	5,465,285	(383,049,635)	80,324,017
43,970,320	(43,970,320)			-	-
6,140,319	-	305,400,000	2,153,220	(296,226,013)	17,467,526
403,785,603	(403,785,603)	-	-	-	-
-	(8,486,402)	361,900,000	15,582,170	(282,851,224)	86,144,544
-	(1,524,988)	421,600,000	2,280,163	(415,471,166)	6,884,009
-	(1,231,224)	397,000,000	2,542,126	(386,808,547)	11,502,355
5,334,241	(5,334,241)	-	-	-	-
11,175,663	(11,175,663)	-	-	-	-
636,683,100	(475,508,441)	4,244,290,000	98,728,583	(3,901,627,907)	602,565,335

16. CONTINGENCIES AND COMMITMENTS

16.1 Contingencies

16.1.1 Contingent liabilities represent bank guarantees given to following suppliers:

	2020	2019
	RUPEES	
Pakistan State Oil Company Limited	-	948,000
Canteen Stores Department	1,000,000	1,000,000
Metro Habib Cash & Carry (Private) Limited	-	3,000,000
Government of Sindh	27,000,000	27,000,000
	<u>28,000,000</u>	<u>31,948,000</u>

16.1.2 In the financial year 2018, Deputy Commissioner Inland Revenue raised a demand amounting to Rs. 5,919,453 (including default surcharge), vide order dated August 16, 2017, claiming short deduction of withholding taxes under section 161 of Income Tax Ordinance, 2001. The Hospital had filed an appeal before Commissioner Inland Revenue Appeals pursuant to which Commissioner Inland Revenue Appeals referred the case back to Deputy Commissioner Inland Revenue for perusal. The management, based on the advice of its tax consultant, is confident that the case will be decided in favour of the Hospital.

16.1.3 The Hospital is party to some other litigations / suits pending with various authorities, potential monetary implications of which are not material. Further, the management, based on the advice of its legal advisors, is confident that the Hospital has favourable position in respect of such cases. Accordingly, such cases are not disclosed as contingencies.

16.2 Commitments

16.2.1 Out of the facilities of Rs. 1,500,000,000 (2019: Rs. 1,500,000,000) for opening letters of credit, the amount utilized as at June 30, 2020 was Rs. 154,769,942 (2019: Rs. 192,708,386).

16.2.2 Hospital's commitment in respect of capital expenditure amounts to Rs. 2,435,575,574 (2019: Rs. 2,952,121,179)

16.2.3 Commitments in respect of local and foreign purchases as at June 30, 2020 amount to Rs. 137,565,985 (2019: Rs. 443,485,741).

17. OTHER INCOME**From other than financial assets**

	2020	2019
	RUPEES	
Proceeds from sale of waste materials	828,000	821,300
Income from cafeteria	28,061,048	30,918,499
Proceeds from blood screening services	31,589,133	39,871,166
Others	12,340,430	12,770,399
	<u>72,818,611</u>	<u>84,381,364</u>

18. MEDICINES AND OTHER SUPPLIES CONSUMED

Opening inventory	436,055,996	280,867,963
Add: Purchases	2,136,950,427	1,418,566,807
Less:		
• Inventory written-off (note 8.1)	910,819	1,279,850
• Closing inventory	875,355,458	436,055,996
	<u>1,696,740,146</u>	<u>1,262,098,924</u>

19. AUDITOR'S REMUNERATION

Fee for statutory audit	600,000	400,000
Out of pocket expenses	103,683	194,435
	<u>703,683</u>	<u>594,435</u>

20. GRANT- FUNDED RESEARCH AND DEVELOPMENT PROJECTS

Grant- funded research and development projects represent projects undertaken by the Hospital either within or outside its premises and funded by specific donors. The details of grants / funds received for these projects during the year and expenditure incurred on these projects are as follows:

Year ended June 30, 2020

Projects	Grants / fund received		Expenditure			
	Cash donations/ Grants (note 20.1)	Donations in- kind (note 20.1)	Salaries, wages and benefits	Medicines and other supplies consumed	Other costs	Total expenditure
	----- RUPEES -----					
TB - The Global Fund	1,244,952,450	839,929,134	727,350,364	327,982,384	817,310,987	1,872,643,735
Malaria - The Global Fund	342,935,104	57,502,503	171,628,994	-	191,300,917	362,929,911
TB MDR Project Round 9	115,563	51,977,198	-	60,267,197	103,507	60,370,704
Paeds TB Program	-	-	-	-	-	-
HMS - PET	6,767,967	-	6,360,115	-	2,334,601	8,694,716
CAD 4 TB Program	-	-	-	-	-	-
END TB Program	907,181	-	1,324,265	-	81,275	1,405,540
MCM - My Child Matters	17,758,658	-	4,178,063	-	5,127,774	9,305,837
Project - Rabies Free Karachi	1,882,131	4,875,249	5,052,996	1,341,445	2,217,633	8,612,074
TD - ABC Project	-	-	-	-	-	-
SSI Project	-	-	-	-	-	-
Onco Psychology Project	-	-	-	-	118,477	118,477
VAC Project	-	-	2,301,573	11,718	1,720,105	4,033,396
Diabetes Foot Care Clinic	-	-	-	-	-	-
Emergency Medicine Project - Habib	-	-	386,034	34,950	3,684,265	4,105,249
Bank Foundation						
Vero Cell Trial	-	-	-	-	-	-
TB Reach Project	8,130,678	-	6,909,841	795,613	5,328,095	13,033,549
Halo II Trial	-	-	-	-	-	-
Zindagi Mehfooz - WHO	-	-	-	-	-	-
Zindagi Mehfooz - GAVI	23,760,357	-	37,638,340	2,775,306	15,499,432	55,913,078
Emergency Medicine Project - HMS	1,038,858	-	-	7,520	643,719	651,239
Lancet Indicator	13,743,456	-	8,735,966	9,000	3,194,676	11,939,642
Smoking Sessions	-	-	-	16,500	330,386	346,886
HCV - Cost effective study	-	-	-	-	-	-
END TB Clinical Trial	24,069,073	25,560,949	18,674,104	25,560,949	7,565,709	51,800,762
SPI - Studying Predicator Interagency	-	-	-	-	17,651	17,651
Links	14,938,517	-	-	-	-	-
Covid - 19 - Engro Project	57,513,282	-	201,752	49,458,024	816,734	50,476,510
Rabies Free Pakistan - Survey	-	-	-	-	25,000	25,000
Basic Pediatric Oncology Course	917,954	-	-	-	-	-
Work Place Violence Study	3,960,278	-	5,535,286	-	912,278	6,447,564
Bristol University (UoB)	-	-	83,705	-	-	83,705
Total	1,763,391,507	979,845,033	996,361,398	468,260,606	1,058,333,221	2,522,955,225

Surplus/ (Deficit)	Grants / fund received		Expenditure				Surplus/ (Deficit)
	Cash donations/ Grants (note 20.1)	Donations in-kind (note 20.1)	Salaries, wages and benefits	Medicines and other supplies consumed	Other costs	Total expenditure	
----- RUPEES -----							
212,237,849	714,819,509	191,494,874	586,668,579	229,385,895	748,754,356	1,564,808,830	(658,494,447)
37,507,696	344,477,664	-	158,001,138	-	183,116,935	341,118,073	3,359,591
(8,277,943)	-	120,588,391	-	105,498,552	-	105,498,552	15,089,839
-	18,732,627	-	8,773,391	-	4,453,565	13,226,956	5,505,671
(1,926,749)	-	-	-	-	-	-	-
-	8,689,062	-	474,864	-	28,997	503,861	8,185,201
(498,359)	10,901,885	-	5,506,183	-	4,055,155	9,561,338	1,340,547
8,452,821	9,781,129	-	2,834,489	-	2,689,697	5,524,186	4,256,943
(1,854,694)	5,957,076	58,130	2,872,817	828,951	2,123,471	5,825,239	189,967
-	1,471,335	-	-	-	82,004	82,004	1,389,331
-	887,344	-	-	-	62,679	62,679	824,665
(118,477)	-	-	-	-	113,898	113,898	(113,898)
(4,033,396)	7,285,500	-	1,293,581	-	1,197,204	2,490,785	4,794,715
-	-	-	380,352	12,327	76,936	469,615	(469,615)
(4,105,249)	4,000,000	-	5,472,880	-	2,656,928	8,129,808	(4,129,808)
-	-	-	81,595	-	79,966	161,561	(161,561)
(4,902,871)	12,760,575	-	6,985,621	-	-	6,985,621	5,774,954
-	-	-	-	-	50,000	50,000	(50,000)
-	-	-	3,530,747	-	-	3,530,747	(3,530,747)
(32,152,721)	35,581,556	-	20,674,973	-	-	20,674,973	14,906,583
387,619	4,223,081	-	47,327	-	3,703,618	3,750,945	472,136
1,803,814	14,965,284	-	6,073,785	-	10,186,414	16,260,199	(1,294,915)
(346,886)	1,817,424	-	842,733	-	-	842,733	974,691
-	817,538	-	112,311	-	-	112,311	705,227
(2,170,740)	5,867,821	-	4,627,991	-	331,140	4,959,131	908,690
(17,651)	-	-	-	-	-	-	-
14,938,517	-	-	-	-	-	-	-
7,036,772	-	-	-	-	-	-	-
(25,000)	-	-	-	-	-	-	-
917,954	-	-	-	-	-	-	-
(2,487,286)	-	-	-	-	-	-	-
(83,705)	-	-	-	-	-	-	-
220,281,315	1,203,036,410	312,141,395	815,255,357	335,725,725	963,762,963	2,114,744,045	(599,566,240)

20.1 These amount represents cash grants / donation-in-kind received directly by grant funded research and development projects.

21 PROVIDENT FUND

21.1 The investments out of the fund have been made in accordance with the provisions of Section 218 of Companies Act, 2017 and conditions specified thereunder.

21.2 An amount of Rs. 172,424,759 (2019: Rs. 143,601,069) has been charged during the year in respect of Hospital's contribution to the fund.

22. CASH AND CASH EQUIVALENTS

	2020	2019
	RUPEES	
Short term investments		
• Term deposit - Bank Islami Pakistan Limited	-	100,000,000
• Term deposit - Meezan Bank Limited	-	75,000,000
	-	175,000,000
Cash and bank balances (note 11)	3,227,094,533	2,451,935,789
	<u>3,227,094,533</u>	<u>2,626,935,789</u>

23. ADVANCES TO FOREIGN SUPPLIERS

The Hospital has given advances to following foreign suppliers for purchase of inventory for Hospital's own use and property, plant and equipment on account of managed hospitals / facilities:

S. No.	Supplier	Country / Jurisdiction
1	Abbott GmbH	Germany
2	Andreas Hettich GmbH & Co.KG	Germany
3	Atlas Global FZE	United Arab Emirates
4	B. Braun Medical Industries SDN. BHD	Malaysia
5	Becton Dickinson Holdings Pte Ltd	Singapore
6	Biotech Middle East-F.Z.E	United Arab Emirates
7	Canon Medical Systems Corporation	Japan
8	Celerus Diagnostics Inc.	USA
9	Covidien AG	Switzerland
10	Dornier MedTech Asia Pte Ltd.	Singapore
11	Elga LabWater	UK
12	Fresenius Kabi Asia Pacific Limited	HongKong
13	Fresenius Medical Care Asia-Pacific Limited	HongKong

S. No.	Supplier	Country / Jurisdiction
14	Fujifilm Corportion	Japan
15	Genesis BPS International SARL	Switzerland
16	Gojo Industries Inc.	USA
17	Greiner Bio-One GmbH	Austria
18	Guangdong Biolight Meditech Co. Ltd	China
19	Guerbet Asia Pacific Ltd.	HongKong
20	Helena Biosciences Europe	UK
21	Hnds International General Trading LLC	UAE
22	Immucor Med. Diagnostik GmbH	Germany
23	JMS Singapore PTE Limited	Singapore
24	Karl Storz Se & Co. KG	Germany
25	Lifotronic Technology (HongKong) Limited	HongKong
26	Medi-Care Solutions S.R.L.	Italy
27	MedicorEurope AG	Belgium
28	MetaSystems Probes GmbH	Germany
29	NHC Global Trading LLC	UAE
30	NHC Global Trading LLC	UAE
31	Ortho-Clinical Diagnostics	UK
32	Qingdao Haier Biomedical Co., Ltd.	China
33	Randox Laboratories Ltd.	UK
34	S.I.M.E.O.N. Medical GmbH & Co. KG	Germany
35	Shimadzu (Asia Pacific) Pte Ltd.	Singapore
36	Tende Elektronik Yazilim Muhendislik Iletisim Makina Sanayi Ve Ticaret Limited Sirketi	Turkey
37	Thermo Electron LED GmbH	Germany
38	Troyka Med Medical Systems, Inc.	Turkey
39	Vi Sole FZC	UAE

24. RELATED PARTY TRANSACTIONS

24.1 Following are the related parties, associated companies and undertakings with whom the Hospital had entered into transactions or had agreements and/or arrangements in place during the year other than those disclosed elsewhere in these financial statements:

Name	Basis of relationship
Grace Apparel (Private) Limited	Common directorship
Ghani Glass	Common directorship
Feroze 1888 Mills Limited	Common directorship
Swiss Pharmaceuticals (Private) Limited	Common directorship
Hilton Pharma (Private) Limited	Common directorship
Children Cancer Foundation Pakistan Trust	Common directorship
Recep Tayyip Erdogan Hospital - Muzaffargarh	Associated undertaking
Mian Shahbaz Sharif Hospital - Lahore	Associated undertaking
Civil Hospital - Badin	Associated undertaking
General Hospital Manawan - Lahore	Associated undertaking
Institute of Kidney Diseases Multan	Associated undertaking
Tehsil Headquarter Hospital - Sabzazar Lahore	Associated undertaking
Tehsil Headquarter Hospital - Raiwind Lahore	Associated undertaking
Regional Blood Centers at Multan and Bahawalpur	Associated undertaking
Regional Blood Centers - Jamshoro Sindh	Associated undertaking
Tehsil Headquarter Hospital - Kahna Nau Lahore	Associated undertaking
Level 1 Health Care Facility - Thatta Gurmani - Muzaffargarh	Associated undertaking
Jahangir Siddiqui Hospital - Sehwan	Associated undertaking
Marvi Mother & Child Clinic	Associated undertaking
A & M Hospital - Azad Kashmir	Associated undertaking
The Indus Hospital Employees' Provident Fund	Post retirement benefit plan
Mr. Yunus Hashim Bengali	Director
Mr. Salim Razzak Tabani	Director
Mr. Khaliq Ur Rehman	Director
Mr. Anwaar Ahmed Khan	Director
Mr. Muhammad Yahya Chawla	Director
Mr. Hafiz Muhammad Aamir	Director
Mr. Mian Muhammad Ahsan	Director
Mr. Muhammad Yasin Malik	Director
Mr. Nasim Hyder	Director

Name	Basis of relationship
Dr. Abdul Bari Khan	Chief Executive Officer
Mr. Ahson Tariq	Key management personnel
Dr. Syed Zafar Zaidi	Key management personnel
Dr. M. Amin Chinoy	Key management personnel
Dr. Wasif Shahzad	Key management personnel
Dr. Muhammad Shamvil Ashraf	Key management personnel
Mr. Syed Mashhood Rizvi	Key management personnel

24.1.1 The Hospital does not hold any shares in the aforementioned entities.

24.1.2 Related parties represent members of Board of Directors (BOD) of the Hospital, trustees of the Islamic Mission Hospital Trust and the Rufayadah Foundation, Managed Hospitals, other key management personnel of the Hospital, entities controlled, jointly controlled or significantly influenced by such parties. Pricing policies and terms of transactions with related parties are approved by the BOD of the Hospital.

24.2 Transactions with related parties, other than those disclosed elsewhere in these financial statements, are as follows:

Nature of relationship	Category of financial statement	Nature of transaction	2020	2019
			RUPEES	
Directors	Statement of financial position	Donation/Zakat received	14,665,151	13,022,136
Other related parties (note 24.3.3)	Statement of financial position	Donation/Zakat received	116,866,345	187,433,287
	Statement of financial position	Donation/Zakat paid	-	23,000
	Statement of income and expenditure and other comprehensive income	Purchases	10,131,441	6,596,896
Retirement benefit fund	Statement of income and expenditure and other comprehensive income	Contribution	172,424,759	143,601,069

24.3 All related party transactions are measured in accordance with the terms agreed with the related parties.

24.3.1 Related party transactions involving directors are assessed with reference to part of the year during which a person remained on the BOD of the Hospital.

24.3.2 There are no transaction with key management personnel other than those mentioned above and under the terms of employment. All key management personnel other than Chief Executive are included in Executives (note 25).

24.3.3 Represents parties over which the directors of the Hospital exercise control, joint control or significant influence.

25. REMUNERATION OF CHIEF EXECUTIVE, DIRECTORS AND EXECUTIVES

The aggregate amounts charged in the financial statements in respect of remuneration, including all the benefits to the chief executive and executives are as follows:

	2020		2019	
	RUPEES			
Management remuneration	14,400,000	573,413,418	13,200,000	770,178,121
Retirement benefits	960,000	69,224,502	880,000	37,986,462
Total	15,360,000	642,637,920	14,080,000	808,164,583
Number of persons including those who worked part of the year	1	190	1	219

25. No remuneration has been paid to any of the 9 (2019: 9) directors including those who worked part of the year, except the Chief Executive of the Hospital.

26 NUMBER OF EMPLOYEES

	2020	2019
	RUPEES	
Average number of employees during the year	4,069	4,063
Number of employees including contractual employees at 30 June	4,194	3,969

27 FINANCIAL INSTRUMENTS BY CATEGORY**27.1 Financial assets**

	2020	2019
	RUPEES	
At fair value through profit or loss		
Short term investments	4,204,864	3,639,416
Amortized cost		
Short term investments	403,220,000	518,520,000
Deposits and other receivables	485,483,555	93,324,484
Cash and bank balances	3,227,094,533	2,451,935,789
	4,115,798,088	3,063,780,273
	4,120,002,952	3,067,419,689

27.2 Financial liabilities**At amortized cost**

Lease liabilities	185,641,382	-
Trade and other payables	1,208,471,892	1,169,897,399
	1,394,113,274	1,169,897,399

27.3 Fair value of financial assets and liabilities

Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The carrying values of all financial assets and liabilities reflected in the financial statements approximate their fair values.

The different levels of fair valuation method have been defined as follows:

- Quoted prices (unadjusted) in active markets for identical assets or liabilities (level 1);
- Inputs other than quoted prices included within level 1 that are observable for the asset or liability, either directly (i.e. as prices) or indirectly (i.e. derived from prices) (level 2); and
- Inputs for the asset or liability that are not based on observable market data (level 3).

There was no change in valuation techniques during the year.

	Level 1	Level 2	Level 3	Total
	----- RUPEES -----			
Year ended June 30, 2020				
Short term investments	4,204,864	-	-	4,204,864
Year ended June 30, 2019				
Short term investments	3,639,416	-	-	3,639,416

Level 1 fair valued instruments comprise mutual funds units which are valued using Net Assets Value.

28 FINANCIAL RISK MANAGEMENT OBJECTIVES AND POLICIES

28.1 Financial risk factors

The Hospital's activities expose it to a variety of financial risks: market risk (including currency risk, interest rate risk and other price risk), credit risk and liquidity risk. The BOD has overall responsibility for the establishment and oversight of Hospital's risk management framework. The BOD is also responsible for developing and monitoring the Hospital's risk management policies.

- **Market risk**

- (i) **Currency Risk**

Currency risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in foreign exchange rates. The Hospital is exposed to foreign exchange risk due to transactions denominated in foreign currencies and foreign currency bank account. The Hospital manages its currency risk by close monitoring of currency markets and expected currency movements and adjusting timing of payments accordingly.

As at June 30, 2020, if Pakistan Rupee had strengthened by 5% against the following currencies with all other variables held constant, deficit for the year would have been lower / (higher) by the amount shown below, mainly as a result of foreign exchange gains / (losses) on translation of financial instruments denominated in currencies other than the functional currency:

Effect	2020	2019
	RUPEES	
USD	2,680,311	1,069,637
EUR	66	22,439
AED	(3,424,797)	(3,052,275)

The weakening of the Pakistan Rupees against above currencies would have had an equal but opposite impact on the deficit.

- (ii) **Mark-up Risk**

Mark-up risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market interest rates. The Hospital does not account for any fixed rate financial assets and liabilities at fair value through profit or loss. Therefore, a change in interest rates at the reporting date would not affect deficit of the Hospital. There are no other significant mark-up bearing financial instruments.

As at June 30, 2020, if the mark-up on bank accounts had been 5% higher / lower with other variables held constant deficit for the year would have been lower / higher by Rs. 9,931,187 (2019: Rs. 7,756,084).

(iii) Other Price Risk

Other price risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market prices (other than those arising from currency risk or interest rate risk), whether those changes are caused by factors specific to the individual financial instrument or its issuer, or factors affecting all similar financial instruments traded in the market. The Hospital is not materially exposed to other price risk as it does not have any significant price sensitive instruments.

- **Credit risk**

Credit risk represents the risk of financial loss being caused if counter party fails to discharge an obligation.

Credit risk arises from deposits with banks and financial institutions, deposits and other receivables. The credit risk on liquid funds is limited because the counter parties are banks with reasonably high credit rating. The Hospital monitors the credit quality of its financial assets with reference to historical performance of such assets and available external credit ratings.

Out of the total financial assets of Rs. 4,120,002,952 (2019: Rs. 3,067,419,689), the financial assets exposed to credit risk amount to Rs. 4,117,375,893 (2018: Rs. 3,065,163,878).

The carrying values of financial assets exposed to credit risk which are neither past due nor impaired are as follows:

	2020	2019
	----- RUPEES -----	
Deposits and other receivables	485,483,555	93,324,484
Short term investments (note 10)	407,424,864	522,159,416
Bank balances (note 11)	3,224,467,474	2,449,679,978
	<u>4,117,375,893</u>	<u>3,065,163,878</u>

Credit risk from bank deposits and short term investments is managed by placing deposits/making investments with banks/mutual funds having sound credit ratings. The credit quality of Hospital's bank balances and short term investments can be assessed with reference to external credit ratings as follows:

Bank / Mutual funds	Rating		
	Agency	Short term	Long term
Dubai Islamic Bank Pakistan Limited	VIS	A-1+	AA
Bank Islami Pakistan Limited	PACRA	A-1	A+
United Bank Limited	VIS	A-1+	AAA
Al-Baraka Islamic Bank (Pakistan) Limited	PACRA	A-1	A
Standard Chartered Bank (Pakistan) Limited	PACRA	A-1+	AAA
Bank Al-Falah Limited	PACRA	A-1+	AA+
Habib Bank Limited	VIS	A-1+	AAA
MCB Bank Limited	PACRA	A-1+	AAA
MCB Islamic Bank Limited	PACRA	A-1	A
Habib Metropolitan Bank Limited	PACRA	A-1+	AA+
Bank Al-Habib Limited	PACRA	A-1+	AA+
Meezan Bank Limited	VIS	A-1+	AA+
Sindh Bank Limited	VIS	A-1	A+
National Bank of Pakistan	PACRA	A-1+	AAA
Soneri Bank Limited	PACRA	A-1+	AA-
Askari Bank Limited	PACRA	A-1+	AA+
Samba Bank Limited	VIS	A-1	AA
Allied Bank Limited	PACRA	A-1+	AAA
Faysal Bank Limited	VIS	A-1+	AA
Bank of Punjab	PACRA	A-1+	AA
Bank of Khyber	PACRA	A-1	A
Silk Bank Limited	VIS	A-2	A-
Mobilikn Microfinance Bank Limited	PACRA	A-1	A
Al-Meezan Investment Management Limited	PACRA	-	AM1
Meezan Sovereign Fund	JCR-VIS	-	AA-(f)
ABL Asset Management Company Limited	JCR-VIS	-	AM2++
Allied Bank Islamic Income Fund	JCR-VIS	-	A(f)

- **Liquidity risk**

Liquidity risk represents the risk that the Hospital will encounter difficulties in meeting obligations associated with financial liabilities. The Hospital's liquidity management involves maintaining sufficient cash, projecting cash flows and considering the level of liquid assets necessary to meet obligations associated with financial liabilities.

The table below analyses the Hospital's financial liabilities held at amortized cost into relevant maturity groupings based on the remaining period at the reporting date to contractual maturity dates. The amounts disclosed in the table are the contractual undiscounted cash flows.

	June 30, 2020			June 30, 2019		
	Maturity upto one year	Maturity after one year	Total	Maturity upto one year	Maturity after one year	Total
RUPEES						
Trade and other payables	1,208,471,892	-	1,208,471,892	1,169,897,399	-	1,169,897,399
Lease liabilities	3,958,495	181,682,887	185,641,382	-	-	-
	<u>1,212,430,387</u>	<u>181,682,887</u>	<u>1,394,113,274</u>	<u>1,169,897,399</u>	<u>-</u>	<u>1,169,897,399</u>

29 FUND MANAGEMENT

The Hospital's objective when managing fund balances is to safeguard its ability to continue as a going concern and to maintain a strong fund base to support the sustained development of its operations.

30 CORRESPONDING FIGURES

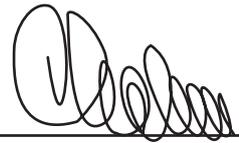
Corresponding figures have been rearranged and reclassified, where considered necessary, for the purpose of comparison and to reflect the substance of the transactions. The effects of rearrangements and reclassifications are not material.

31 DATE OF AUTHORISATION FOR ISSUE

These financial statements were approved and authorised for issue on September 22, 2020 by the Board of Directors of the Hospital.



Chief Executive Officer



Director

Banks

- Al-Barka Islamic Bank
- Allied Islamic Bank
- Askari Islamic Bank
- Bank Al-Habib
- Bank Al-Falah Islamic
- Bank Islami
- Dubai Islamic Bank
- Faysal Bank Islamic Banking
- Habib Metropolitan Islamic Bank
- HBL Islamic Banking
- MCB Islamic Banking
- Meezan Bank Ltd.
- NBP Aitmaad Islamic Bank
- Samba Bank
- Sindh Bank
- Soneri Islamic Bank
- Standard Chartered, Saadiq
- UBL Ameen
- Silk Bank

I Pledge to Support

PKR _____
to The Indus Hospital

Term

- Monthly
- Alternate month
- Quarterly
- Bi-annually
- Annually

Type

- Donation
- Zakat
- Sadqa-e-Jaria
- Sadqa
- In-kind donation
- Expansion

Via

- Direct deposit
- Mail/Courier
- Collection from my doorstep

Donor name(s) _____

Email _____

Contact number(s) _____

Address _____

Your information will be kept confidential

*Please return this part of the form to The Indus Hospital.



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