TABLE OF CONTENT

LIST OF STAKEHOLDERS .......................................................................................................................... 3
REFERENCES ............................................................................................................................................. 8
DISTRICT STATISTICS .............................................................................................................................. 18
SUMMARY OF ACTIVITIES OF KEY NGOS IN SINDH ............................................................................ 27
MONITORING INFORMATION SYSTEM ..................................................................................................... 34
PUBLIC PRIVATE PARTNERSHIPS: CASE STUDY OF CIVIL HOSPITAL
KARACHI (CHK) ...................................................................................................................................... 36
LEGAL FRAMEWORK GOVERNING HEALTH, SOCIAL PROTECTION,
CORPORATE SOCIAL RESPONSIBILITY (CSR) & NON PROFIT ORGANIZATIONS ................. 40
DOMESTIC VIOLENCE BILL –PAKISTAN (PROPOSED) ............................................................................. 42
HSS COSTING - KEY ASSUMPTIONS1 ........................................................................................................ 43
Annexure

LIST OF STAKEHOLDERS

<table>
<thead>
<tr>
<th>Sr. #</th>
<th>Name</th>
<th>Designation</th>
<th>Department</th>
</tr>
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<tr>
<td>1.</td>
<td>Dr. Sagheer Ahmed</td>
<td>Hon. Minister Health</td>
<td>Department of Health Government of Sindh</td>
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<td>Department of Health Government of Sindh</td>
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**UN Partners**

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<td>Ms. Alina A. Visram</td>
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<td>HOPE</td>
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Annex 2

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### District Statistics

**Table 1: ORS Use in Child Diarrhea**

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*Source: PSLM 2011*
Table 3: Maternal health indicators

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Source: PSLM 2011
Table 4: Prenatal Consultation at Govt. Facilities

*Source: PSLM 2011*

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Table 5: Deliveries at Government Hospital

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Source PSLM: 2011
Table 6: Postnatal Consultation at Govt. Facilities

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*Source PSLM: 2011*
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*Note: Source PSLM: 2011*
### Table 8: Household’s consultation in past 2 weeks by type of health provider consulted

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</table>

*Source: PSLM 2011*
| Town         | A | B | C | D | E | F | G | H | I | J | K | L | M | N | O | P | Q | R | S | T | U | V | W | Total |
| Keamari      | 3 | 5 | 3 | 1 | 2 | 5 | 1 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 20 |
| SITE         | 1 | 5 | 2 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  9 |
| Baldia       | 2 | 1 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  4 |
| Orangi       |   | 1 | 5 | 1 | 2 | 1 | 1 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 11 |
| Lyari        | 1 | 6 | 5 | 1 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 13 |
| Sadder       | 2 | 5 | 2 |   |   | 2 | 4 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 15 |
| Jamshed      | 1 | 4 | 2 | 1 | 3 | 2 | 1 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 15 |
| Gulshan-e-Iqbal | 3 | 3 | 1 | 1 | 1 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 10 |
| Shah Faisal  | 2 | 1 | 1 | 1 |   |   |   | 1 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  7 |
| Landhi       | 1 | 2 | 7 | 4 | 1 | 4 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 18 |
| Korangi      | 5 |   |   |   |   |   |   |   |   |   |   |   | 3 | 1 |   |   |   |   |   |   |   |   |   | 14 |
| New Karachi  | 1 | 3 | 1 | 1 | 1 | 1 | 1 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  7 |
| Liaquatabad  | 2 |   |   | 7 | 1 | 1 | 1 |   |   |   |   |   |   |   | 1 | 1 | 1 |   |   |   |   |   |   | 16 |
| Gulberg      |   | 2 | 1 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  4 |
| N. Nazimabad |   | 1 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  2 |
| Malir        | 3 |   |   |   | 1 | 4 | 1 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  9 |
| Bin Qasim    | 8 | 1 | 28 | 2 | 1 | 1 | 4 | 1 |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 46 |
| Gadap        | 4 | 33 | 3 | 10 | 3 | 1 | 1 |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   | 55 |
| Total        | 36 | 2 | 0 | 1 | 0 | 72 | 54 | 27 | 7 | 4 | 29 | 7 | 8 | 3 | 1 | 2 | 7 | 5 | 1 | 6 | 2 | 1 | 0 | 275 |

A=Sindh Government Dispensary (City District Government, Karachi (CDGK)), B=Sindh Government Hospital (CDGK), C=Sindh Government Hospital (Gov. of Sindh), D=Sindh Government Children Hospital, E=Sindh Government (SG), Dispensary F=District Council Dispensary*, G=District Municipal Corporation (DMC*) Dispensary, H=DMC Maternity Home, I=RHC, J=Urban Health Center, K=BHU, L=Urban Health Unit, M=Mother & Child Health (MCH) Center, Sindh Government, N=MCH Center DMC, O=SG Maternity Home, F=Karachi Municipal Corporation (KMC*) Maternity Home, Q=KMC Hospital R=CDGK Hospital, S=Dental Clinic, T=Unani Shifa Khana, U=Homeopathic Dispensary, V=KMC Homeopathic Hospital, W=Federal Government

*Old Titles Retained
Summary of activities of key NGOs in Sindh

Green star Social Marketing Pakistan (GSMP) established by Population Services International (PSI) in 1991 provides approximately 30% of all modern contraceptives (Figure 3.4), i.e. 1 of 3 couples in Pakistan use GSMP services. At the end of the fiscal year 2005-06, more than 16000 private health care providers including general practitioners (GPs) and pharmacists were registered on GSMP providers’ network.

Marie Stopes Society (MSS) Pakistan, operational from Karachi since 1990, has a network of 90 centers all over Pakistan offering a comprehensive package of reproductive health services (Table 3.3). The organization received the PCP certification in 2007 based on an extensive evaluation on three parameters, viz. internal governance, financial management and service delivery. With a team of dedicated professionals, MSS is geared to grow as one of the leading and enduring contributors towards the improved sexual reproductive health (SRH) needs of people in Pakistan.

Since 2009, the MSS’ 24/7 call center and the MSS client informational management system is functioning in district Sukkur, the district government, MSS, OMV and Shell have tri-partite agreement for service delivery. MSS received the Infection Prevention (IP) award based on audit conducted by the Australia Program. Between June 2011-May 2013, post abortion care (PAC) services have been launched in the province, similarly during September 2010- May 2013, interventions for promoting healthy timing and spacing of pregnancies in predominantly rural and under-served communities have been made available in Sindh the districts selected for the intervention include Nawabshah and NausheroFeroze.
Table 2.1 Marie Stopes Society (MSS) Pakistan – at a glance

<table>
<thead>
<tr>
<th>Date established</th>
<th>1990</th>
</tr>
</thead>
<tbody>
<tr>
<td>Services offered</td>
<td>Family planning; health screening; HIV/STIs; maternal health; primary health care; post abortion care; social marketing; young people; advocacy</td>
</tr>
<tr>
<td>Number of centers in Pakistan</td>
<td>90</td>
</tr>
<tr>
<td>Number of centers in Sindh</td>
<td>1/ district/town Karachi centers have achieved ISO-9001-2000 certification</td>
</tr>
<tr>
<td>Outreach / mobile services</td>
<td>Provided</td>
</tr>
<tr>
<td>Social marketing products &amp; brands</td>
<td>Condoms: Excite; Xtacy; Pregnancy test: Xact</td>
</tr>
</tbody>
</table>

Source: www.msspk.org

Layton Rahmatulla Benevolent Trust (LRBT) and ISRA blindness control program have carved out a niche in the field of ophthalmology. LRBT has a national presence, through its 16 hospitals and 41 secondary and primary clinics free eye care is provided to 36% of all eye patients, performing 27.4% eye surgeries and 32% of all pediatric eye surgeries in the country (LRBT 2011). Since its inception 25 years ago, out of over 20 Million OPD consultations, 9.5 Million and over 2 million major and minor surgeries approximately 50% were conducted in Sindh. ISRA is a joint venture of ISRA Foundation (IF) Pakistan and Al-Baser International (AB Saudi Arabia), the later provides finances; while IF is responsible for human resources and service delivery. The collaboration has resulted in 114,382 ophthalmic surgeries in several African and Asian countries, with a base in Pakistan (Al Ibrahim Hospital 2011). For performance volumes of LRBT and ISRA in Sindh see Table 3.4.

Table 2.2: Major Ophthalmological Care Provider NGOs-Sindh

<table>
<thead>
<tr>
<th>LRBT</th>
<th>ISRA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Founded in</td>
<td>1986</td>
</tr>
<tr>
<td>Services</td>
<td>No. and Locations</td>
</tr>
<tr>
<td>Tertiary Care Hospital</td>
<td>1 in Karachi</td>
</tr>
<tr>
<td>Secondary Care Hospital</td>
<td>3 in Tando Bago, Rashidabad and Gambat</td>
</tr>
<tr>
<td>Primary Care Outreach Clinics</td>
<td>19: Karachi (Rexer Line, Shershah, Shireen Jinnah Colony, Cattle Colony, Landhi, Bhabud Eye Care Center, Hamdard University, Northern Bypass, Jinnah Foundation, Infaq Foundation, Surjani Town) Ghoro, Garho, Mithi Diplo, Chachro Islam Kot, Sajawal</td>
</tr>
</tbody>
</table>
Association for mothers and newborns (AMAN), Pakistan National Forum on Women’s Health (PNFOWH), National Committee on Maternal and Neonatal Health (NMCNH), Midwifery Association of Pakistan (MAP) and SHIRKATGAH have shown demonstrated leadership in advocacy and capacity building for MDG 5.

Association for mothers and newborns (AMAN) founded in 2007, registered under societies act XXI of 1860. The organization in collaboration with technical assistance for midwifery information and logistics (TACMIL) project of USAID conducted dissemination workshops on Pakistan Demographic Health Survey (PDHS) 2006-07 findings on maternal and newborn components of the survey report. In 2009-10, in collaboration with venture strategies innovations (VSI) undertook dissemination workshops on usage of Misprostol (ST MOM) used for community level use for prevention of post partum hemorrhage (PPH) for district sales officers of ZAFA pharmaceutical company – the distributors of STMOM. On abortion and related sexual and reproductive health issues has been conducting values clarifications and attitude transformation (VCAT) workshops jointly with IPAS. Between 2010-11 AMAN in collaboration with Rotary’s JANUM Project conducted a series of emergency obstetrics and neonatal care (EmONC) workshops for medical officers and midwives of Karachi and rural Sindh.

Pakistan National Forum on Women’s Health (PNFOWH): Founded in 1997, PNFOWH currently provides free repair/treatment of obstetric fistula in its seven regional centers established in major cities of the country. In order to take the services of PNFOWH to the rural areas plans are underway to train health professionals on prevention and treatment of the condition. An estimated, 4,000 – 6,000 new cases of obstetric fistula occur every year in the country. Obstetric fistula is a significant public health problem in Pakistan, particularly effecting women living in rural and remote areas. Given the stigma and shame attached to this condition, most of these women remain hidden and untreated.

National Committee on Maternal and Neonatal Health (NMCNH) formed in 1994 on the instructions of Benazir Bhutto in her second term as prime minister. NCMNH was mandated to analyze the extent of maternal mortality and morbidity in the country and develop practical approaches for lowering the rates of maternal deaths. NCMNH has been successful in creating policy level awareness among the bureaucrats and political personalities on the importance of
women’s reproductive health in Pakistan. Currently the committee focuses its emphasis on unsafe abortions, working in partnership with IPAS to decrease death and injury from unsafe abortions in Pakistan. During 2007-2010 worked on Manual Vacuum Aspiration (MVA) and Medication Approaches (MA) to post abortion care (PAC) in Sindh. Currently NCMNH is continuing with capacity building for PAC in Sindh and Punjab i.e. improving access quality of PAC by training of potential care providers.

Midwifery Association of Pakistan (MAP) was established in 2005 registered under societies act XXI of 1860. MAP is a Pakistan chapter of international confederation of midwives (ICM), currently has over 350 active members, including nurse-midwives, midwives and lady health visitors. The mission of the association is largely to pursue the cause of recognition of midwives as qualified professionals for birth attendance and development of their career structure in both public and private sectors. The organization assists the government in developing human resource development plans for the training and utilization of midwives, also working to improve the standards of midwifery education, both in the public and private sectors. During 2005-2009, MAP initiated training of skilled birth attendants (SBAs) in active management of third stage labor (AMTSL) in Karachi and Lahore, worked on TAC MIL/USAID team for training of SBAs and midwifery tutors. For safe delivery practice training of traditional birth attendants (TBAs), the organization provides technical support to concern for children (CFC) of Glaxo Smith Kline, PPL, Rotary’s JANUM project and Green Star social marketing.

SHIRKATGAH- Women’s Resource Center, established in 1975, addressing MDGs 3 and 5 and through publications and media call on policy and decision makers to take responsibility for curbing gender based violence and improving the health status of Pakistan’s women. Its area of operation is all over Pakistan and in Sindh based in Karachi. Among its major publications under Women, Reproductive Health and Rights include (Shirkatgah 2010) Beijing 10 years on (2005); MDGs – expanding the agenda (2005); Why the hudood ordinance must be repealed (2004); women agenda in the UN (2004); Imagined Citizenship -Women, State and Politics (2002); don’t let them get away with murder (registering cases with police in honor killings) (2002); ICPD – ten years on Pakistan Report (2005);Discriminatory Customary practices Against Women (1993), Women and Sustainable Development: Intergenerational Transfer of knowledge and reproductive health in rural and urban areas (1992.)

Health and nutrition development society (HANDS), health oriented preventive education (HOPE) have a varied and broad reach within the province with varying capacities and abilities to manage programs/projects in various districts.

Health and Nutrition Development Society (HANDS) working since 1979, registered in 1993, under the societies’ act of XXI 1860, currently providing health services to over 600,000 people in 400 villages of the province. In 1999 signed an MOU with then District Council Karachi (DCK) and made a DCK facility at Jamkanda, Malir fully functional. Currently it is a 30 bed secondary care hospital serving 70 villages of rural Karachi, approximately 300000 people annually. In 2002, the organization established two Community Midwifery (CMW) schools, one each in Karachi and Hala, District Matiari. Both recognized by Pakistan Nursing Council. HANDS has expanded services in partnerships with Rural Support Program Network (RSPN),
National Rural Support Program (NRSP), Sindh Rural Support Organization (SRSO), Thardeep Rural Development Program (TRDP), Sindh Graduate Association (SGA) in districts Thatta, Sukkur, Umerkot and Sanghar respectively. In year ending June 30, 2010, the organization’s audit report shows total annual expenditure for the financial year amounting to Rs. 356,076,599 (Tanzeem & Company 2010)

The Division of Women and Child Health, Aga Khan University: This is a conglomeration of the Pediatrics and Obstetrics & Gynecology Department of Aga Khan University and conducts community-based, high impact research projects at urban, peri-urban in Karachi and rural sites of Matiari, Hala and Naushero Feroze. The Division has estimated population coverage of more than a million people mostly residing in rural areas. Key activities include surveillance of childhood illnesses (diarrhea, ARI’s and neonatal infections) in children under age of 5 yrs, ascertaining the effectiveness childhood vaccines in rural community, evaluations of the impact of micronutrients on growth, intestinal micro flora and diarrheal disease, delivery of community based intervention packages to reduce neonatal deaths due to birth asphyxia, low birth and neonatal sepsis, delivery of a ‘Early Child Psycho-social Stimulation and Care for Development Programme’ in low income settings, and training of master trainers, TBA’s and LHW’s for delivery of community based low cost interventions related to maternal and child health.

Health Oriented Preventive Education (HOPE) established in 1997, currently has a network of 52 health facilities in various parts of Pakistan, there are two 20 bed hospitals, one each in Karachi and Thatta. Approximately 50,000 people are treated annually. The organization is also administering nutrition support programs in Karachi, Thatta, Dadu and Shahdadkot. For flood relief during 2010 and 2011 nationwide, 35,000 IDPs were provided medical treatments, 12,250 people distributed food and shelter ration. HOPE in partnerships with the Center for Disease Control (CDC), WHO, UNICEF among others has conducted operational researches on hand washing, safe water, safe injections, poliomyelitis - affected children’s rehabilitation, a collaborative study with WHO (EMRO) and TB Control Program GOS on gender differentials of tuberculosis, prevalence of measles antibodies in vaccinated and unvaccinated children at CHK, tested the efficacy of combined OPV and IPV schedules in Karachi in collaboration with AKUH and Institute Meraux and Pasteur Institute.

Health and Nutrition Development Society (HANDS): In Dadu district HANDS developed a pilot voucher scheme named NARI (TACMIL 2010) (woman in Sindhi) that could be used in both public and private health facilities for maternal health services. Both public and private providers served the voucher holders on the basis of pre-determined services packages. Considerable improvements were evidenced in public health facilities for attracting voucher holders. HANDS acted as voucher management authority based on pre defined criteria for eligibility. Since its inception in November 2008, the NARI program has helped 302 pregnant women and 74 infants from around Dadu district get critical medical care that they otherwise would not have been able to access.

The Takhleeq Foundation (TF) conducts social mobilization and awareness-raising campaigns that include interactive theater, and development and dissemination of IEC materials and audio/video public messages. TF implemented BAAKH project (ibid) (ray of hope in Sindhi) to build TBAs’ and LHWs’ skills and knowledge in reproductive health and safe motherhood.
Taluka Khangareh wherein communities were educated and empowered to access maternal and child health care. Evidence based delivery practices were developed for women. TF held meetings and training sessions with TBAs and community health workers. These trainings focused on pre- and post-delivery care and introduced safe delivery kits for the TBAs. TF has its presence in Thatta, Hyderabad, Mirpurkhas, Sanghar, Nawabshah, Naushehro Feroze, Larkana, Ghotki, Kamber, Shahdadkot and Jacobabad districts of the province. TF was established in 1999 and registered under the Societies Registration Act XXI of 1860 in Karachi.

**Leadership for Environment and Development (LEAD):** worked in Sukkur and Ghotki districts to strengthen health systems through capacity building of Health Management Committees at district, taluka and UC levels (ibid), improving referral mechanisms and awareness. Also, forming Community Support Groups (CSGs) and Health Watch Networks to increase accountability and improving services, strengthening public private partnership through activation of CCBs, linkage development of communities and health service providers, developing capacity of stakeholders and mobilizing the communities for improving referral mechanism to reduce first third delays at the time of delivery and malnourishment of child bearing age women. LEAD focused its attention on the missing links between the district health committees at the BHU and the PPHI. LEAD model for community empowerment is largely strengthening of community health committees and community groups to make them effective bodies for improving health service delivery in their catchments areas.

NGOs – rehabilitation centers.

The National Survey on Drug Abuse in Pakistan in 1993 estimated 2.7 million users of narcotics and psychotropic substances in the country. The most common drug in use is Heroin, estimated to be used by 1.52 million. There is also an upward trend towards injection drug use (IDU) among addicts (Harm Reduct.J. 2007). According to the Narcotic Control Division of Pakistan, 97% of the addicts are men and 72% of them are younger than 35 years, 600,000 heroin addicts live in Karachi.

**Marie Adelaide Rehabilitation Program (MARP) has been serving in rural Sindh since last 20 years.** The House of Hope – the center for rehabilitation of IDUs situated in Umeed Goth, Sinjhoro, district Sanghar was established with support of United Nations Office for Drug Control and Crime Prevention (UNODC) and since 2003 served as surveillance center for Sindh AIDS Control Program (SACP) to assess high risk behaviors and prevalence of HIV, hepatitis B and C and syphilis among registered IDUs of MARP-needle exchange program.

The 2004-05 estimates showed 26.3% IDUs to be HIV positive in Karachi. In 2002 a mapping exercise was conducted by UNAIDS and UNODC, an area near Burns Road in Karachi was identified as having a large number of drug addicts. MARP provides to these IDUs, a syringe exchange program, free condoms provision, treatment of sexually transmitted infections (STI), abscess dressing, out- patient clinic, bathing facilities, counseling and health education services are provided to the IDUs. In 2004 a total of 1064 IDUs were registered and 58,145 new syringes were distributed in exchange for 56,846 used syringes. Moreover 7815 antiseptic dressings were performed, 13,715 condoms distributed free of cost, screening for HIV and hepatitis B and C was performed free of cost through the referral laboratory of SACP.
Pakistan Society is currently working not only with IDUs but also with female sex workers (FSWs), male having sex with male (including transgender) and people living with HIV/AIDS (PLHIV). The NGO has also been working for the prevention of infectious diseases such as hepatitis, tuberculosis and malaria since 1994. Pakistan Society, registered under Voluntary Agencies (Registration and Control) Ordinance 1961 by the Directorate of Social Welfare, Govt. of Sindh Pakistan in 1988 (Pakistan society). Pakistan Society is the trail blazer in Sindh for initiating HIV/AIDS prevention program for IDUs in 2000 at Karachi followed by Hyderabad in 2005 and in Larkana in 2006. PS provides monitoring of IDUs in the project area, implementation of appropriate BCC strategies, provision of harm reduction activities and referral services, provision of PHC services and treatment of syndrome based STIs, provision of condoms; education and access to accessible and appropriate STI services as well as access to volunteer counseling and testing services. The services also include facilitating access to ARV treatment compliance, prevention, care and support of people living with HIV/AIDS (PLHIV) since 2004

Promise House is the shelter home for volatile substance abusing street children established by Pakistan Society, the only need-based and context oriented shelter home / residential facility for young street solvent abusers in Karachi. The “Promise House” is the rehabilitation center of runaway, abandoned, unprivileged homeless children, abused or rejected by dysfunctional and poverty ridden families. The children are fed, clothed, provided diagnostic and medical treatment, counseling, detoxification, non-formal educational and

Karwan-E-Hayat (KEH) operates an outpatient facility and a Psychiatric Care and Rehabilitation Center in Karachi. It is the only non-governmental organization on mental health. Established in 1983, focuses on prevention, assessment, treatment and rehabilitation of psychologically distressed persons. At the outpatient facility 500 patients receive free psychiatric consultation and medicines every month. The recently established psychiatric care and rehabilitation Center at Keamari has provisions for indoor services. KEH has a team of well trained and dedicated psychiatrists, psychologists and paramedical staff.

Karwan-e-Hayat has been awarded PCP certification with 92% scores in financial management and 78.8% in overall assessment of the organization – an evidence of organizational best practices, standards, procedures and program delivery systems being applied.

Azad Foundation (AF): Registered in 1998 as a child development NGO, currently works in collaboration with UNICEF and Social Welfare Department Govt. of Sindh for rehabilitation of street children. In 2001 conducted a landmark research study on street children of Karachi.

Currently under DOST project (2005-2011) two day care centers have been established in Karachi. A night stay center DEHLEEZ has been set up in collaboration with city district government Karachi (CDGK). Over 6000 street children have provided medical care in last five years. AF adopts the following strategies sequentially viz. identification, prevention, protection, rehabilitation and reintegration. The outreach workers of AF approach the street children at various satellite points including entry/exit points of the city, counseled to visit the rehabilitation centers where a variety of services provided including IEC on HIV/AIDS
Annexure: 5

Monitoring Information System

A brief tabulated comparison of selected MIS variables.

<table>
<thead>
<tr>
<th>Variable</th>
<th>DHIS</th>
<th>TB_DOTS</th>
<th>Malaria</th>
<th>AIDS</th>
<th>Hepatitis</th>
<th>NP_FP&amp;PHC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demography</td>
<td>√</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>√</td>
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<td>X</td>
<td>X</td>
<td>X</td>
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<td>Indoor Admissions</td>
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<td>X</td>
<td>X</td>
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<td>Surgeries performed</td>
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<td>X</td>
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<td>X</td>
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<td>X</td>
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<td>Ante Natal Care</td>
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<td>Health Facility utilization</td>
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<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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</tr>
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<td>Indoor Admissions</td>
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<tr>
<td>Surgeries performed</td>
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<td>Ante Natal Care</td>
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<td>Immunization Coverage</td>
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<td>Family Planning</td>
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<td>Maternal &amp; Newborn Health</td>
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</tr>
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<td>TB_DOTS cases missing &gt; 1 week</td>
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<td>√</td>
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<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Treatment follow up &amp; Outcome of TB Patients</td>
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<td>√</td>
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<td>Contact Screening for TB</td>
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<tr>
<td>Slides for Malaria Examined and Positive Cases</td>
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<td>√</td>
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<tr>
<td>Hepatitis B +ve</td>
<td>√</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<td>√</td>
</tr>
<tr>
<td>Type of Treatment &amp; Outcome</td>
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<td>X</td>
<td>X</td>
<td>X</td>
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</tr>
<tr>
<td>Hepatitis C +ve</td>
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<td>Type of Treatment &amp; Outcome</td>
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<td>HIV +ve</td>
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<tr>
<td>Type of Treatment &amp; Outcome</td>
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<tr>
<td>Information about “Program Specific” Consumables</td>
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<td>Medicine Stocks for common ailments</td>
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<td>√</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

National Program for PHC & FP

1. Area Map
2. Family Register
3. Community Chart
4. Register for Curative Care and Family Planning
5. Referral slip
6. Diary for LHW
7. Growth Chart for Mother and Child
8. LHW’s Monthly Report

TB-DOTS

1. TB 01: Patient treatment card.
2. TB 02: Patient treatments card.
3. TB 03: Tuberculosis register.
4. TB 04: Laboratory register.
5. TB 05: Request for Sputum Microscopy Examination.
7. TB 07: Quarterly Report on Sputum Results Conversion After 2 and/or 3 Months Treatment of Tuberculosis Patients Registered 3 to 6 Months Earlier.
8. TB 08: Quarterly Report on Results of Treatment of Tuberculosis Patients Registered 12 – 15 Months Earlier.
10. TB 10: Tuberculosis Treatment Referral/Transfer

**Malaria**

1. FM-1: Malaria Case Register.
3. FM-3: District Monthly Malaria Reporting Form.
4. FM-4: Province Monthly Malaria Reporting Form.
Public Private Partnerships: Case Study of Civil Hospital Karachi (CHK)

An expenditure analysis for the year 2001 for CHK shows that during the year, the private sector contributed Rs 202.61 Million to various departments of the hospital, while the GoS budget for CHK for the year was Rs 86.79 Million (archives.dawn.com/2003). Approximately with every rupee the GoS spent, 2.33 rupees were contributed by the private sector. The prominent donors to CHK include the Karachi Chamber of Commerce and Industry (KCCI), the DOWITES – Dow medical college alumni associations and various commercial banks and multi-national companies (MNCs). In addition hospital based patient welfare associations and non-profit organizations teamed up as friends to various department of CHK play a major role in fund raising from the private sector (Table 4.2: CHK Donors).

Table: CHK Donors & Specialty Services

<table>
<thead>
<tr>
<th>Civil Hospital Karachi (CHK)</th>
<th>Outpatient Department (OPD)</th>
<th>Indoor Departments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department</td>
<td>PPP Sponsors</td>
<td>Department</td>
</tr>
<tr>
<td>Burns Center</td>
<td>Friends of Burns Center</td>
<td>Emergency Operation Theater</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>Save Our Children</td>
<td>Emergency Operation Theater for Obstetrics and Gynecology Department</td>
</tr>
<tr>
<td>Blood Bank/Thalassemia Center</td>
<td>Patient Welfare Association (PWA)</td>
<td>Burns Center</td>
</tr>
<tr>
<td>Central Laboratory</td>
<td>DOWITSES 83</td>
<td>Cardiac surgery department</td>
</tr>
<tr>
<td>Radiology</td>
<td>DOWITSES 79</td>
<td>Gynecology Operation Theatres</td>
</tr>
<tr>
<td>Digitalization of X-ray laboratory</td>
<td>DOWITSES 85</td>
<td></td>
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<tr>
<td>Renovation and Repair of OPD block for Hepatitis, Diabetes, and Medical OPD</td>
<td>Merck pharmaceutical company.</td>
<td>Medical ICU</td>
</tr>
<tr>
<td>Hepatitis B and C vaccination, diagnostics and treatment</td>
<td>PPAS Infaq Foundation</td>
<td>Operation Theater Complex</td>
</tr>
<tr>
<td>Radiology</td>
<td>DOWITSES 85, USD100000</td>
<td>Operation Theater Emergency</td>
</tr>
<tr>
<td></td>
<td>PPAS Rs. 3.0 million</td>
<td>Pediatrics Wards</td>
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<td></td>
<td></td>
<td>Pediatrics Surgery Ward Pediatrics Emergency Department</td>
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<tr>
<td></td>
<td></td>
<td>reconstruction and renovation of emergency, children, cardiology and other wards</td>
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</tbody>
</table>
The Patients Welfare Association (PWA), an organization of students of Dow Medical College, is the largest student-run non-political and non-governmental organization in Pakistan. Established at CHK in 1979, the organization provides free medicines; laboratory tests and blood transfusions. Currently it is providing medicines to 200 registered TB patients and transfusing blood to more than 200 thalassemia patients twice a month. The PWA laboratory conducts on average 250 blood tests every day. PWA is providing mega units and manual platelets to dengue patients of CHK free of cost. Over 100 manual platelets 15 mega units of platelets are dispatched on daily basis.

The Poor Patients Aid Society (PPAS) at CHK, established in 1985 (www.ppas-chk.org), provides free radiological investigations, averagely 250-300 ultrasound, MRI, CT scan, and laboratory tests; medicines to OPD and indoor patients; spends Rs. 3.8 Million per year on Hepatitis B and C patients - the Infaq Foundation provides funds for vaccination and diagnostics for over 100 registered patients of Hepatitis B and C. PPAS donated Rs. 102 Million for the renovation/refurbishment of CHK’s Central Laboratory and provided wheelchairs to needy poor patients, the later in collaboration with Rotary District 3271.

The surgical ICU, housed in the Department of Anesthesia of CHK, started in 1991 provides free surgical ICU services, approximately 500-550 benefit per year. The Government of Sindh (GOS) invested Rs. 1.5 Million, and further expenses were supplemented by philanthropists. The annual recurring cost is raised through donations and Zakat contributions from the citizens.

The cardiac surgery operation theater at CHK, commissioned in 1996, is currently the only facility in Pakistan providing free of cost cardiac surgery. Constructed at the cost of Rs. 2 Million in collaboration with “Friends of Cardiac Surgery (FCS)” performed the first “Open Heart Surgery” in April 2000 and since then over 2400 open/close heart surgeries have been conducted free of cost and several hundred are on the waiting list (Appeal from Friends of Cardiac Surgery).

DOWITES - class of 1978 donated operation theater (OT) complex to CHK; commissioned in September 2007 and between then and April 2010 provided free of cost 19,462 major and minor surgeries (Figure 3.4) including extra major surgeries (Figure 3.5) including OGD 311, Colonoscopy 95, ERCP 89, Sigmoidoscopy 15 (DOWITES Newsletter 2010).
Built at an approximate cost of Rs 300 Million, the OT complex is a state-of-the-art operation theater complex. The Association of Pakistani Physicians in North America (APPNA) and Dow
alumni in England and Ireland as well as Pakistan donated generously. The estimated recurring cost for DOWITE 78 OT complex is estimated to be Rs.16-20 Million per month.

**DOWITES of 1982 have provided first-ever medical intensive care unit (ICU) to CHK,** commissioned in 2011, is providing free of cost ICU services. The charges of comparable ICU services in private hospitals would be Rs.10000 per day. (karachidigest.com)

**The DOWITES are continuously working together to strengthen the capacity of CHK.** The DOWITES of class of 1986 are pursuing to establish the neonatal intensive care unit (NICU) and the pediatric intensive care unit (PICU). A six-bed PICU will be set up at the Burns Center at a cost of Rs70 Million.

**DOGANA - the Dow Graduates Association in North America liaises with various DOWITE projects and raises funds for “ENDOW” - the Dow Endowment Fund Inc., a US-Based 501(c)(3) not-for-profit organization.** ENDOW maintains an endowment fund, the profits of which feed into various projects at CHK. ENDOW currently holds around USD 600,000 in funds. These funds include general/endowment fund and funds for various DOWITE projects, including for the classes of 1977, 1983, 1984, 1985, 1986 and 1990. The fund raising target for 2011 is to cross USD 750,000 in total funds (dowendow).

<table>
<thead>
<tr>
<th>Key issues</th>
<th>Suggested actions</th>
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<tbody>
<tr>
<td>PPP experiences demonstrate improvements in access, equity, quality and efficiency of services</td>
<td>The share of government spending vis-à-vis private contributions should be analyzed for future planning and budgeting of commensurate quality and quantity of services</td>
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<tr>
<td>PPP requires transparent financial procedures</td>
<td>Public view of audited accounts of PPP initiatives to ensure sustained private funding</td>
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<tr>
<td>Credibility of private contractors</td>
<td>Regular Monitoring and Evaluation (M&amp;E) of contracted out services/districts</td>
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<tr>
<td>Chronology</td>
<td>Legal Framework Governing Health, Social Protection, Corporate Social Responsibility (CSR) &amp; Non Profit Organizations Current initiatives</td>
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<tr>
<td>1973:</td>
<td>Constitution of Pakistan, Health is legally a Provincial subject</td>
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<td>1958:</td>
<td>The Maternity Benefit Ordinance, Article 37 of Constitution gives reference to maternity benefits for women in employment,</td>
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<td>1960:</td>
<td>Pure Food Ordinance</td>
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<td>1965:</td>
<td>Provincial Employees’ Social Security Ordinance (PESSI) covers injury, sickness and maternity. It is</td>
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<td>1976:</td>
<td>Employees Old Age Benefit program (EOBI) covers establishments employing 5 or more persons. All the employees irrespective of</td>
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<td>1976:</td>
<td>The Drug Act</td>
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<td>1995:</td>
<td>Consumer Protection Act</td>
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<td>1997:</td>
<td>Pakistan Environmental Protection Act (PEPA), for the protection, conservation, rehabilitation and improvement of the</td>
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<td>2001:</td>
<td>Pakistan Mental Health Ordinance. Repealed the Lunacy Act of 1912. Has brought about significant changes in the law relating to</td>
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<tr>
<td></td>
<td>mentally disordered persons with respect to their care</td>
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<tr>
<td>2007:</td>
<td>The Sindh Consumers’ Protection Ordinance. The Act transgresses and overlaps with other sectors. It is</td>
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<tr>
<td></td>
<td>important to determine (if necessary propose amendment of the Act) e.g. whether “a user of a private or public facility” a</td>
</tr>
<tr>
<td></td>
<td>consumer”</td>
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<tr>
<td>2008:</td>
<td>Private Hospitals, Diagnostic Auxiliaries and Health Products regulation &amp; Registration Bye-Laws The Karachi City District</td>
</tr>
<tr>
<td></td>
<td>Registration of Private Hospitals, Diagnostic Auxiliaries and Health Products.</td>
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<tr>
<td>2009:</td>
<td>Corporate Social Responsibility (CSR), Securities and Exchange Commission of Pakistan (SECP) Notification, November 16, 2009</td>
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<td></td>
<td>S.R.O. 983(I)/2009 Every private or public limited company shall provide descriptive as well as monetary disclosures of the</td>
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<td></td>
<td>CSR activities undertaken by it during each financial year. CSR led health initiatives in Sindh are worthy and need further</td>
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<td></td>
<td>strengthening through formal MOUs with DOH.</td>
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<tr>
<td>2010:</td>
<td>Private Hospitals, Clinics and Other Private Healthcare Units regulation bill 2010 To be introduced in the National Assembly of</td>
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<td></td>
<td>Pakistan</td>
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<td></td>
<td>services and ban quackery in the Punjab in all its forms and manifestations</td>
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<tr>
<td>2011:</td>
<td>Compulsory Immunization Bill by Pakistan Institute of Legislative Development and transparency</td>
</tr>
</tbody>
</table>
and treatment and management of their property and other related matters

**2002**: Protection of Breast Feeding Act

**2002**: Prohibition of smoking in public places and protection of non-smokers. Amendment on ordinance on smoking 1979 (warning labels)

**2002**: Safe blood transfusion Act

**2002**: Amendment of drugs Act, 1976

**2002**: Amendment in Pakistan Nursing Council Act

Non Profit Organizations (NPOs) regulated under:

- **1860** The Societies Registration Act
- **1882** Trust Act,
- **1925** Cooperative Society Act
- **1961** Voluntary Social Welfare Agencies Registration and Control Ordinance
- **1984** The Companies Ordinance,
- **2001** The Income Tax Ordinance. This Act sets out the tax exemptions for eligible NPOs

The majority i.e. 65.4% NPOs are registered under the **Societies Registration Act** 1860 while 20% NPOs are not registered under any act.

(PILDAT) To be introduced in the National Assembly of Pakistan
Domestic Violence Bill –Pakistan (proposed)

Pakistan’s proposed bill defines domestic violence as including though not being limited to all intentional acts of gender-based or other physical or psychological abuse committed by an accused against women, children or other vulnerable persons, with whom the accused person is or has been in a domestic relationship. The bill requires that the court should set a hearing within three days of receiving a complaint and to adjudicate the case within 30 days. The bill prescribes incremental terms of imprisonment and fines for each breach of the protection order.

The bill includes protection from sexual harassment of women in public places such as markets, public transport, streets, parks, and more private settings, such as workplaces, private gatherings, and homes. The offense is recommended to be punishable by three years in prison, a rupees 500,000 rupee fine both.

The Human Rights Watch says - the bill if implemented would make Pakistan a regional leader in safeguarding women's rights.

### HSS Costing - KEY Assumptions

#### Annex 9

<table>
<thead>
<tr>
<th>1A</th>
<th>Strengthen district health systems starting with most under-developed districts of Sindh</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>• Av. Cost for upgrading one MSDP facility USD 23,000/-</td>
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<tr>
<td></td>
<td>• Av. Per annum operation cost of one MSDP facility USD 15,000/-</td>
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<tr>
<td></td>
<td>• Average upgrading cost for one EPHS center USD 360,000/-</td>
</tr>
<tr>
<td></td>
<td>• Average per annum operating cost for one EPHS center USD 108,000/-</td>
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<td></td>
<td>• Cost of One transport voucher USD 8.60/- (per person per visit) (38 BHC - 2 in each district)</td>
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<td></td>
<td>• Number of pregnant women in 19 district = 152,000 per year</td>
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<tr>
<td></td>
<td>• LHWs for 2 talukas per district at 50% coverage (19 districts) = 3,800</td>
</tr>
<tr>
<td></td>
<td>✓ Total number of districts = 19</td>
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<tr>
<td></td>
<td>✓ Average cost per year for implementation of Objective 1(A) USD 12,926,089</td>
</tr>
<tr>
<td></td>
<td>✓ Annual Average cost per district USD 680,320/-</td>
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</table>

<table>
<thead>
<tr>
<th>1B</th>
<th>Implement an Urban PHC system built on public private partnerships and addressing contextual needs of low income urban population</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>• Av. Cost for upgrading one franchised family practice center USD 65,000/-</td>
</tr>
<tr>
<td></td>
<td>• Average upgrading cost for one EPHS center USD 350,000/-</td>
</tr>
<tr>
<td></td>
<td>• Annual salary for outreach workers - one couple USD 2,000/-</td>
</tr>
<tr>
<td></td>
<td>• Annual salary for 250 EPHS staff to be inducted USD 111/-</td>
</tr>
<tr>
<td></td>
<td>• Health services initiated in franchised Family Practice Centers across 10 townships = 200</td>
</tr>
<tr>
<td></td>
<td>• Health services initiated in EPHS Centers across 10 townships = 20</td>
</tr>
<tr>
<td></td>
<td>✓ Total number of township = 10</td>
</tr>
<tr>
<td></td>
<td>✓ Average cost per year for implementation of Objective 1(B) USD 21,430,556</td>
</tr>
<tr>
<td></td>
<td>✓ Annual Average cost per township USD 2,143,056</td>
</tr>
</tbody>
</table>