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**INDUS HOSPITAL
&
HEALTH NETWORK**



ANNUAL REPORT

20/21



**BEYOND THE
CALL OF DUTY**

Indus Hospital & Health Network (Formerly The Indus Hospital)
Head Office, Plot C-76, Sector 31/5, Opposite Darussalam Society,
Korangi Crossing, Karachi
T: (021) 111 111 880

Lahore Office, QF, NST & SMP Campus, Plot # 779-802 Block-B,
Near Mian Chowk, Jubilee Town, Lahore, Pakistan
T: (042) 111 111 880

www.indushospital.org.pk | indushospital.org.pk/qfnstsmc-campus | crd@tih.org.pk



“EVERY DAY, WE CONTINUE TO UPHOLD OUR AIM TO SERVE THE PEOPLE OF PAKISTAN WITH FREE OF COST, HIGH-QUALITY HEALTHCARE FOR THE PLEASURE OF THE ALMIGHTY.”

DR. ABDUL BARI KHAN

CHIEF EXECUTIVE OFFICER
INDUS HOSPITAL & HEALTH NETWORK

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ABDUL KARIM PARACHA

CHAIRMAN, INDUS HOSPITAL & HEALTH NETWORK

“For sustainable growth and success, strong governance is essential. To strengthen IHHN’s governance, framework policies have been approved and implemented on Anti-Money Laundering Compliance, Anti-Fraud, Anti-Bribery & Corruption, Conflict of Interest, Code of Conduct for Directors, Gender Diversity & Inclusion and Core Values.”

MALARIA
INTERVENTION
PROGRAM
EXPANDED FROM
19 TO 34
DISTRICTS IN
BALOCHISTAN &
KHYBER PAKHTUNKHWA

I am deeply honored to be part of the journey of Indus Hospital & Health Network (IHHN). As the Chairman of the IHHN Board I pray that together we are truly able to follow our vision to provide excellent and free healthcare service to all to please Allah Subhanahu Wa Ta’ala.

IHHN has been at the frontline in providing healthcare service throughout the COVID-19 pandemic. IHHN, with the blessings of the Almighty, is equipped with facilities and a team who will always be there at the forefront to serve in any health crisis.

During the year we have extended our footprint and established a Pediatric Oncology Unit at the Sheikh Khalifah Bin Zayed Hospital, Quetta in partnership with the Government of Balochistan. Our Malaria intervention program – funded by the Global Fund – has further expanded from 19 to 34 districts in Balochistan and Khyber Pakhtunkhwa.

Our long term strategy is ‘Health for All’ with easy accessibility to quality Healthcare for everyone in Pakistan’. IHHN has established tertiary and secondary care hospitals in Sindh and Punjab and through our Primary Care Program we are reaching out to remote villages and settlements. We believe that there is need to work on prevention and early detection of disease/illness. IHHN, through its Primary Care Program, has brought innovative solutions such as the Boat Clinic in Rajanapur, Mobile Buses, Container Clinics, Telehealth Clinic in Gilgit to reach out and change lives of the underserved people of Pakistan.

My desire is to make healthcare easily accessible for all. Going forward, I can see IHHN working in filling the gaps to make the Government’s Sehat Sahulat Program effective.

For sustainable growth and success strong governance is essential. To strengthen IHHN’s governance, framework policies have been approved and implemented on Anti-Money Laundering Compliance, Anti-Fraud, Anti-Bribery & Corruption, Conflict of Interest, Code of Conduct for Directors, Gender Diversity & Inclusion and Core Values. Work is ongoing for reinforcing strong internal controls and transparency in documentation and reporting. One of the technological improvements in line with this is successful implementation of ERP – Oracle Fusion module integrating the Finance and Supply Chain Function.

There have been many achievements and memorable moments marking the year, one of them is the completion of the grey structure of the expansion of the Korangi Campus. This project on completion will become a state-of-the-art multifaceted, tertiary care teaching hospital, the facility will have 1,350 beds and include all modern facilities and service lines. However, among the many challenges is the rise in inflation and currency depreciation which has tremendously increased the construction cost. However, through divine help of generous donors including Government of Sindh, we are able to make the dream of excellence for all in healthcare in Pakistan a reality.

I would like to extend my appreciation and heartfelt gratitude for the support extended by the fellow Board Members, Members of the General Body, the Management, the Government, local and global partners, individual donors and our well wishers.

May the Almighty guide us to serve sincerely and continue this legacy.



Abdul Karim Paracha



DR. ABDUL BARI KHAN

CHIEF EXECUTIVE OFFICER, INDUS HOSPITAL & HEALTH NETWORK

“ In 2007, we started a mission of helping our fellow countrymen with the most modern healthcare facilities without charging a single rupee. The journey started with The Indus Hospital in Korangi Karachi, but a few years later we successfully replicated the model nationwide and became Indus Hospital & Health Network. ”

When people ask me what it means to be healthy, I try and explain that health includes more than a disease-free human body. For me, the World Health Organization has defined a healthy body in a befitting manner – the body is a “state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.”

In 2007, we started with a mission of helping our fellow countrymen with the most modern healthcare facilities without charging a single rupee. The journey started with the Indus Hospital in Korangi Karachi, but a few years later we successfully replicated the model nationwide and became Indus Hospital & Health Network.

As a holistic healthcare provider, we have only one major goal i.e. to provide excellent healthcare services, absolutely free to anyone who walks through the doors of any of the hospitals or primary care sites in Pakistan. By the Grace of the Almighty, we are providing holistic healthcare services of the highest quality.

During the initial years, Indus established secondary and tertiary care hospitals. However, the experience taught us that the best way to lessen the burden on tertiary care hospitals is to provide primary and preventive care and make healthcare accessible and available closer to the doorstep of the communities. Seeing the long queues and misery of the people waiting outside the Korangi Campus, we decided to step out of the traditional definition of a hospital and added components to address the entire healthcare ecosystem in Pakistan. We started to plan and design solutions to provide preventive, curative, and rehabilitative care through different modes of healthcare services.

Where the provision of healthcare is the state’s responsibility; Indus believes that the challenges of healthcare in Pakistan are so complex and compounded that not a single entity can provide healthcare across the country of this size. Over the past decade or so, the avenue of Public-Private Partnerships in various social sectors, including health, opened space for Indus Hospital & Health Network to work with the Government. Such partnerships in turn also enabled IHHN to bring together technical expertise as well as financing from private sector, civil society, and all relevant stakeholders to help us scale our horizon to serve the people of Pakistan.

When we started, naturally, there were skeptical opinions about the sustainability of a free-of-cost model that provided tertiary healthcare in Pakistan. Alhamdulillah, we have had a remarkable journey of 14 years. As we continue to scale our services from a network of hospitals, blood centers, and physical rehabilitation centers; several primary care initiatives; training and development of human capital, we decided to change The Indus Hospital’s name to Indus Hospital & Health Net-

INDUS UNIVERSITY
OF HEALTH SCIENCES’
7 COLLEGES
WILL CREATE A POOL
OF HIGHLY QUALIFIED
PROFESSIONALS

work, formally and duly approved by the Securities & Exchange Commission of Pakistan (SECP). Every day, we continue to uphold our mission to serve the people of Pakistan with free-of-cost, high-quality healthcare to please the Almighty.

This journey, of course, would never have been possible without the generosity of our supporters – the donors living in and outside of Pakistan; the Government, and the local and international funding partners. This continued support has encouraged us to further scale our services across Pakistan and construct a new hospital building in Korangi. It will be Pakistan's largest free hospital in the private sector, with a capacity of 1,350 beds. Not only will we be scaling our current services of the 350-bed facility, but we will also be introducing new services like Neurology, Adult Oncology, Dental services, amongst others.

In Lahore, we are serving the people courtesy of five government hospitals covering the entire periphery of the second-largest city in Pakistan. To ensure our community outreach services are further strengthened and well supported by a state-of-the-art full-service hospital, in 2021, we started Indus Hospital & Health Network - QF, NST & SMP Campus in Lahore. Currently functional with in-patient beds, outpatient clinics, pharmacy, X-ray, and ultrasound services, the hospital will eventually be operational with 600 beds. This would not have been possible without the support of our generous donors.

Pakistan faces an acute shortage of healthcare workers, and no healthcare system can continue to perform without a steady supply of qualified and well-trained healthcare professionals. In order to create a pool of professionals, IHHN has started the Indus University of Health Sciences. The university's objective is to provide a socially- responsible, evidence-based, and transformative education to healthcare professionals that is contextually-relevant and equitable to Pakistan's healthcare needs. The university will have seven colleges, including the Indus College of Medicine; Dentistry; Nursing; Public Health; Pharmacy; Physical Therapy & Rehabilitation; and Medical Technology & Allied Health. Currently, Indus College of Nursing & Midwifery, Indus College of Medical Technology & Allied Health, and Indus College of Physical Therapy & Rehabilitation are operational.

IHHN has a special emphasis on professional training, and it provides postgraduate training to its faculty, certified by the College of Physicians and Surgeons Pakistan.

As our services are scaling from urban areas to the far flung rural and severely under-developed areas across Pakistan, our objectives are strategically-aligned with United Nation's Sustainable Development Goals, ensuring our contribution is widespread from providing free and quality healthcare to poverty eradication, women empowerment, and business opportunities for various sectors.

The outbreak of COVID-19 has been a test for all healthcare providers. From the doctors to the nurses, paramedics, and janitorial staff, each and every one of them gave their one hundred percent during the toughest times and continue to do so.

During all this, we continued with other services and kept providing the highest quality care to all. To all the doctors, paramedics, nurses, and allied health professionals who have gone beyond the call of duty during the last two years and the years to come, this Annual Report is dedicated to you.

Once again, gratitude to the Almighty and sincere thanks to the Chairman, Board, team, and especially the donors for their continued support.



Dr. Abdul Bari Khan

“ As a holistic healthcare provider, we have only one major goal i.e. to provide excellent healthcare services, absolutely free to all. ”



LAUNCH OF THE
FIRST MOBILE BOAT CLINIC
IN RAJAMPUR, PUNJAB
PROTECTING HEALTHCARE SYSTEMS
10TH NOVEMBER, 2020



VISION

Excellence in healthcare service free for all, to please Allah Subhanahu Wa Ta'ala

MISSION

To realize its vision, the Indus Hospital & Health Network will:

- Create an excellence-driven, comprehensive, compassionate free of charge, replicable healthcare system accessible to all.
- Serving people as a non-profit organization under the unparalleled Islamic ideology of Waqf through Zakat and donations.
- Adhere to ethical best practices in all aspects of operations, in accordance with the national laws and Shariah.
- Provide resources and an environment for the spiritual and professional training of all employees and comrades working in any capacity in the organization.
- Continuous enhancement of capacity through quality education and research.

VALUES

- **FAITH** – Absolute believe that all means are from the Almighty.
- **DIGNITY, EMPATHY & COMPASSION** – Recognizing every life as a gift from God, valuing and caring for individuals.
- **INTEGRITY** – Honesty, fairness and self-scrutiny in all actions to ensure safety, confidentiality and privacy.
- **EXCELLENCE THROUGH TEAMWORK** – Foster an atmosphere of trust, collaboration, openness & cooperation.
- **RESPECT** – Extending courtesy to all stakeholders – patients, colleagues, staff, partners, donors, suppliers.
- **JUSTICE & EQUITY** – Ensure fairness in all processes.
- **DIVERSITY, INCLUSION & GENDER EQUALITY** – Providing equal opportunity to all.
- **ETHICAL PRACTICES & TRANSPARENCY** – Zero tolerance for malpractices, adherence to all applicable laws.
- **LEARN, INNOVATE & LEAD** – Promote research and innovative solutions in healthcare.

INDUS HOSPITAL & HEALTH NETWORK

The Indus Hospital (TIH) was created for a simple reason; it began as an ache for humanity. Healthcare is not a prerogative that should be reserved exclusively for the rich. Healthcare is a right that must be doled out freely to all those in need, regardless of their socio-economic standing. With this stalwart ideology, Dr. Abdul Bari Khan set out on a mission with the aspiration of providing quality healthcare, free-of-cost, to all those in need. This simple vision was the basis of the now prodigious Indus Hospital & Health Network.

Dr. Abdul Bari Khan, Dr. Zafar Zaidi, Dr. Amin Chinoy, Dr. Akhtar Aziz along with some notable philanthropists and businessmen were the visionaries that ideated a paperless and completely free-of-cost hospital. They worked with a blazing passion and invested all their time and energy into nurturing their dreams into existence.

The Korangi Campus was set up in 2007 as a multidisciplinary, tertiary care hospital with 150 beds which was soon expanded to 300 beds. In 2017, it evolved to become Indus Hospital & Health Network (IHHN), comprising 13 hospitals. The Qarshi Foundation, Naimat Saleem & S.M. Pervez (QF, NST & SMP) Campus, Lahore is the newest addition to the network. IHHN also includes a Research Center, four Regional Blood Centers, four Physical Rehabilitation Centers, multiple Primary Care Centers, and country-wide public health initiatives.

More than 450,000 patients benefit from the Network every month. On average, more than 2,500 patients visit the Outpatient Department and the Emergency Room at the Korangi Campus every day, while nearly 250 of these cases require inpatient treatment. The hospital has a limited bed capacity; thus, only a limited number of patients are admitted, while the remaining patients are referred to other healthcare facilities.

In order to cater to the ever-increasing number of patients, the Korangi Campus has commenced a massive undertaking. The Campus is being expanded

to 1,350 beds. It is expected that after the expansion, Korangi Campus' inpatient capacity will increase from 21,000 to 88,000 per year. The new building will not just impact the inpatient facilities; it is also expected to increase the outpatient capacity from 0.65 million to 1.5 million patients per year.

After the completion, Indus will be a benchmark in Pakistan's healthcare sector in terms of its infrastructure, capacity, and service delivery systems. The new campus will also house a university building, a mosque, and an energy center.

The ache for humanity that the founding members felt is a shared sentiment amongst all its employees. The Indus University of Health Sciences hopes to continue nurturing such beliefs in future generations of healthcare workers. The University will address the lack of well-trained and compassionate healthcare workers in Pakistan.

The need for quality and free healthcare is imperative. After catering to the needs of Karachi, IHHN wanted to replicate this model in Lahore. In 2017, Qarshi Foundation and Naimat Saleem Trust, in collaboration with the IHHN laid the foundation of the QF, NST & SMP Campus. In 2021, the Din Group also joined the cohort and became an active partner. In June 2021, IHHN opened the doors of its newly-built, state-of-the-art hospital in Jubilee Town, Lahore. It is estimated that once fully functional, the hospital would serve 1 million patients annually. Apart from providing healthcare services, the hospital will also be providing educational services through the Qarshi University of Health Sciences.

The increased capacity will help IHHN cater to a greater number of indigent patients with improved efficiency. The expansion brings the Network one step closer to its vision of making free and quality healthcare available to everyone.



MORE THAN
450,000
PATIENTS
BENEFIT
MONTHLY

2,025
BEDS
ACROSS
NETWORK

85-BED
PEDIATRIC
ONCOLOGY
UNIT

26
PRIMARY
CARE SITES

4
REGIONAL
BLOOD
CENTERS

4
PHYSICAL
REHABILITATION
CENTERS

IHHN FOOTPRINT

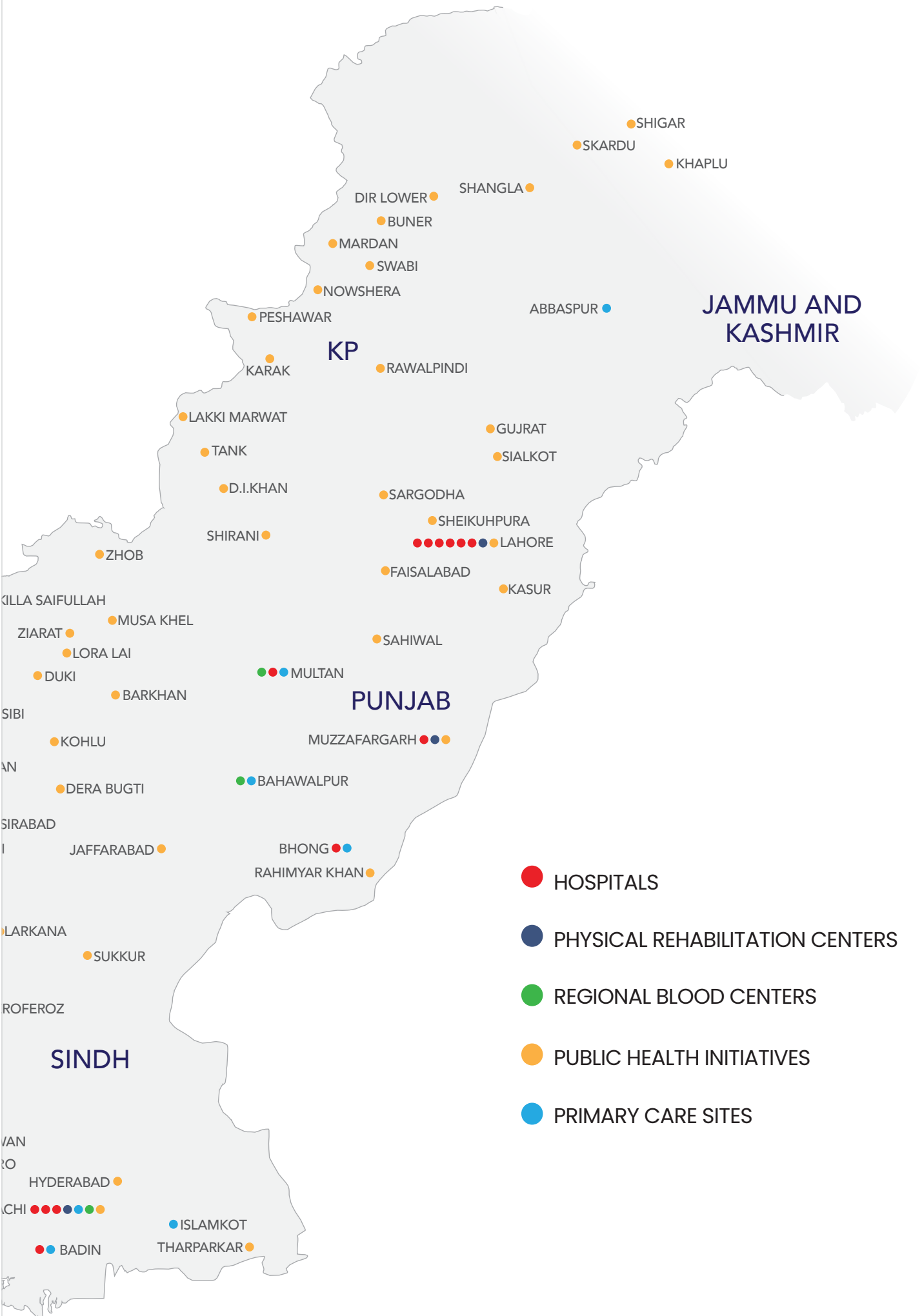
OWNED HOSPITALS

- The Indus Hospital, Korangi Campus, Karachi
- Sheikh Saeed Memorial Campus (SSMC), Korangi, Karachi
- Al-Fakir Trust Campus, PIB, Karachi
- Al-Ghazi Trust Campus, Bhong, Rahimyar Khan
- Indus Hospital & Health Network - QF, NST & SMP Campus, Lahore

MANAGED HOSPITALS

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





- HOSPITALS
- PHYSICAL REHABILITATION CENTERS
- REGIONAL BLOOD CENTERS
- PUBLIC HEALTH INITIATIVES
- PRIMARY CARE SITES

IMPACT

Through its remarkable services Indus Hospital & Health Network impacts thousands of lives everyday.

A TALE OF TWO SISTERS

Fatima was just 17 when the doctors told her that she would have to live the rest of her life next to a dialysis machine. She worked as a home-based tailor and studied in school, and the news dashed her hopes and dreams of pursuing higher education. Before the diagnosis, Fatima had been complaining of persistent pain in the right side of the abdomen. It was severe enough that her family took her to a private hospital in the city.

"In the ER, they took my blood pressure, which was high. My feet and palms were swollen to the extent that the doctors started to worry that this could have an even greater impact on my kidneys," said Fatima. "After further testing, they found out that the pain was due to kidney failure."

Being a pre-medical student, Fatima was well aware of kidney failure: it meant a life on dialysis.

"The doctors suggested that I start my procedure as soon as I could," she shared with a faraway look in her eyes. "How could I when I knew my life would never be the same again?"

Fatima belongs to a middle-class family, and the thought of a lifelong procedure costing hundreds of thousands of rupees was unthinkable. When her dialysis treatment was about to begin, Fatima was called in for another consultation where she was given the option of a kidney transplant.

Fatima's sister Fabiha was a match and agreed to donate her kidney but, in a cruel twist of fate, Fabiha's kidneys turned out to be highly infected and of no use. She also needed to be on dialysis.

"I wanted to become a doctor, but I ended up becoming a patient," said Fabiha, a little teary-eyed. "It took me a while to accept my new reality," she added.

Both sisters spent 15 days in a public hospital before they were told that, due to their condition, they needed to undergo the procedure thrice a week. The hospital only facilitated patients twice a week.

"This was the most challenging time for us, as we knew that dialysis is a costly treatment that we could not afford. I could see myself and my sister dying. We had lost all hope until we heard about The Indus Hospital, Korangi Campus. It was a hospital providing a three-day cycle of dialysis to the patients completely free. The sisters enrolled themselves at Indus. Two months later, they were given a call to visit the Indus Hospital & Health Network's dedicated dialysis center at PIB Colony.

"I am delighted and grateful to everyone who helped. At Indus, we are provided with quality care without having to pay a single rupee for any treatment."



AN ARMFUL OF DETERMINATION

Umar, an 11-year-old student, residing in Raiwand, Lahore, was going home from school when he was met with a terrible road accident that left him with fractures on both forearms. His family was distressed, and Umar was crushed when he realized he could not function normally. A vibrant child who loved sports and took an active interest in his studies, was now withdrawn and quiet. His parents took him to a bonesetter recommended by neighbors and relatives. The bonesetter in question was not medically-qualified to handle the task, and his lack of knowledge caused more harm than good and further aggravated Umar's injury.

Umar's parents were distraught after his clinic visit with the bonesetter, for they were running out of solutions and could not afford to admit Umar to a hospital. On the other hand, Umar's condition was worsening, and it was clear that he required imme-

diate medical attention. His deterioration was growing beyond the physical wound, and the once active child was unrecognizable from the vibrant, social person he used to be.

Worried about their child's future, Umar's parents did detailed research and information gathering to try and find him the proper treatment that could save him. Then someone told them about Tehsil Headquarter Hospital Raiwind. The hospital is being managed by the Indus Hospital & Health Network.

A qualified and experienced Orthopedic surgeon treated Umar. He was fitted with a union of bone implants, which was removed after a few weeks of follow-up visits. Now, his life has gone back to normal and he has resumed his studies and sports activities.



DEFEATING WORLD'S DEADLIEST INSECT

Sultan Kibzai is a resident of the Union Council, Gundau Sulemanzai, Khyber Pakhtunkhwa. Like the other villagers, he and his family live in sub-human conditions, with the faulty sewerage system being one of the major issues of the area. Alleys are filled with stagnant water, which works as a breeding site for mosquitos, which cause Malaria and other mosquito-borne diseases.

The 25-year-old shepherd, like many others in his area, was unaware of Malaria's deadly consequences until an active Malaria surveillance took place in his neighborhood. The surveillance is part of IHHN's Malaria Program which is funded by the Global Fund.

During the checkup, it was discovered that Sultan

was suffering from Plasmodium Falciparum Malaria. If not treated on time, it can progress to severe illness, often leading to death.

Due to the lack of healthcare service units in the area, Sultan was forced to self-medicate until help arrived in the village. IHHN's team took him to the Malaria mobile van and tested him. The result confirmed that he had Malaria. He was then prescribed treatment as per the standard protocol. Soon Sultan recovered and started working again.

Sultan's time in isolation had him reflecting on how his life had gone, and he considers this time a second chance at living. He now takes an active part in maintaining the cleanliness of his area despite the limited resources at hand.



THE LITTLE JOYS IN LIFE

Azam Ali had his whole life ahead of him. At only 28 years old, he had a family he loved and cared for, a job he enjoyed, and friends. Late one night, when Azam rode on his motorcycle to run a few errands, suffered a horrific crash that sent his life careening off course.

Residing in the small town of Tando Bago, Sindh, Azam was rushed to the local hospital. His right leg was critically-injured; his femur was broken, his joint dislocated, and he also suffered from an external wound. With limited facilities available, the doctors plastered his leg and informed him that they would need to amputate the limb. This news was more traumatic to Azam than the accident.

After visiting a few local hospitals, he learned about the Civil Hospital, Badin located 30 kilometers away, where patients were treated for free. Upon his arrival, Azam was thoroughly tested. X-rays showed that the debris from the accident had not been properly cleaned out and that both his internal and external wounds needed treatment. Time was of

the essence, and so Azam was scheduled for two operations the following day. The first was required to clean out the damaged bone, and the second was to sterilize and set the injured joint.

He could not believe how different the treatment had been at the Civil Hospital compared to his initial treatment at Tando Bago. Far from having his leg amputated, as he had been warned, Azam became mobile the very next day of his surgery with help from his fixator.

Following his surgery, Azam was finally alleviated from the pain plaguing him ever since his accident. But his noticeable relief did not just stem from his decreased pain; Azam has a family of seven to support, of which he is one of the only bread-earner. If his leg had been amputated, he would lose his job, and eventually, the whole family would suffer.

Azam is grateful for the free treatment he has received.



COCHLEAR IMPLANT SURGERY - AN ART OR SCIENCE?

I'm Khadija Fatima - a Speech Therapist. I work for the Cochlear Implant Program at the Korangi Campus. As an audiologist, I have been a part of nearly a dozen Cochlear Implant surgeries.

While being engaged in the long-term treatment and surgeries, I believe that Cochlear Implant is not merely a scientific procedure but it's a piece of art. It's a beautiful picture which takes years to finish.

With the surgeons throwing the first splash of paint on the canvas, the journey begins. The surgery requires the presence of an audiologist; hence, they and the operation theatre staff are an integral part of the surgical process.

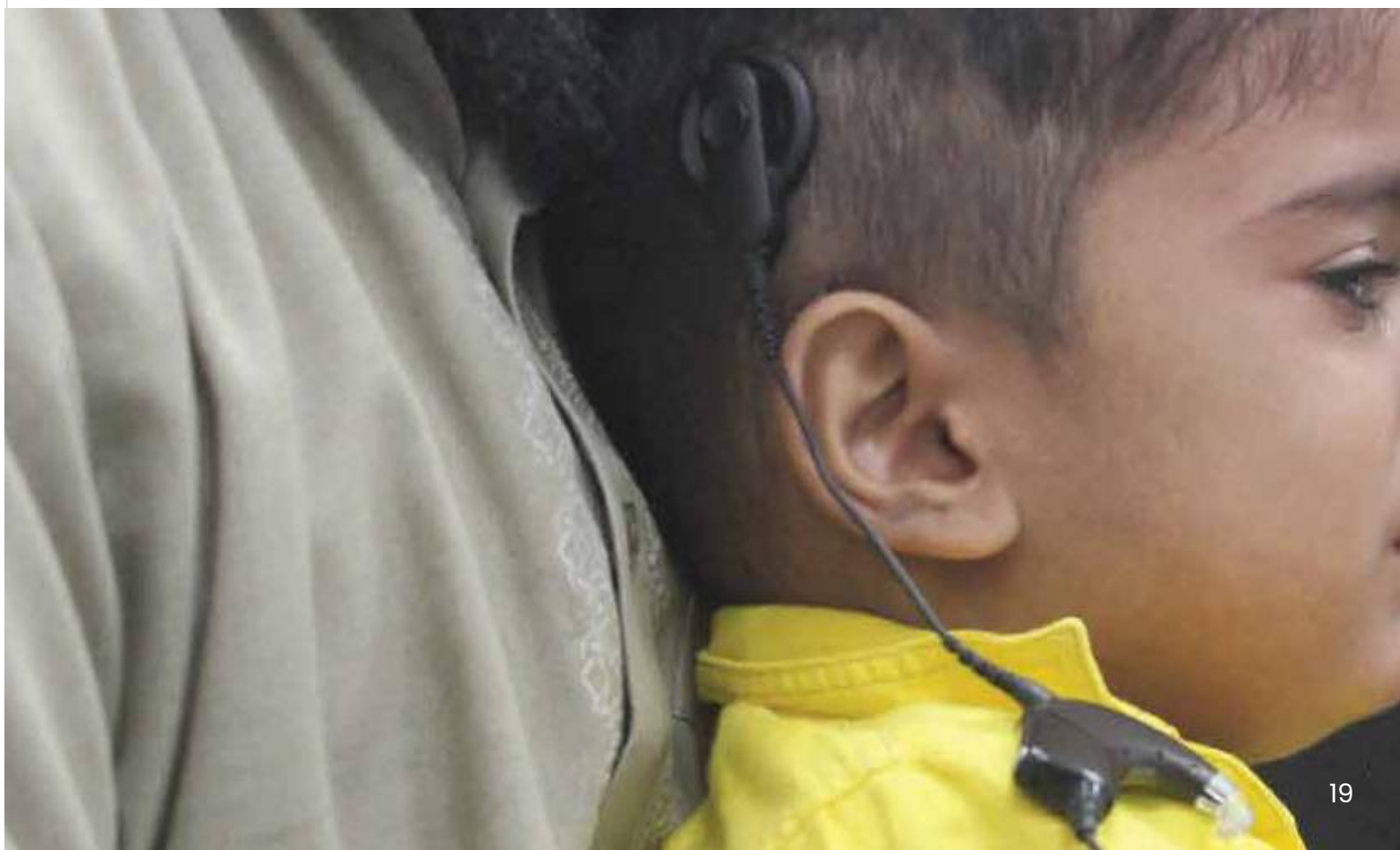
The surgery lasts for almost two hours. Before reaching the surgery table, the patient is selected through a detailed Standard Operating Procedure by a team of a Speech and Language Therapist, an Audiologist, and a Psychologist for three months.

Under the general anesthesia, a small incision is

made behind the ear. With extreme care and fine detailing, the mastoid bone behind the ear is drilled to get to the inner ear where the electrode is placed. Extreme care is taken while drilling between the facial nerves as the facial nerve is one of the most sensitive areas near the middle ear. Before closing the incision, the surgeon takes a go-ahead from the audiologist regarding impedance and Neural Telemetry Response.

The entire surgery requires high attentiveness, intricate and delicate hand movements. Special surgical tools are used to perform the surgery. A strong and well-coordinated team is a prerequisite of the surgery.

The surgeons performing Cochlear surgery have to be calm, ensuring minimal risks by making it less invasive with the fine detailing and management. Now the canvas is handed over to the Speech-Language Therapist and Audiologist to complete. The masterpiece is finalized with the child communicating verbally and taking part in the normal life.



A close-up, high-angle photograph of a person's hands typing on a black laptop keyboard. The person is wearing glasses and a dark blue suit jacket. The background is slightly blurred, showing a desk and a laptop screen. A large red circle is overlaid on the left side of the image, containing white text.

CHANGEMAKER

Change Makers are the pillars of the Indus Hospital & Health Network who are using their skills and expertise to reshape Pakistan's public health sector.

DR. SYED ZAFAR ZAIDI

“ I have been on a journey that began 35 years ago. This journey started when I was driving to the university, and a friend offered me a bun kabab. Being a student in my final year, I was easily cajoled by the promise of food. We went to a nearby burger shop – located near the office of the Secretary Health, Sindh. Under the guise of buying the bun kabab, he dragged me to the Secretariat, where he convinced me to play an active role in restructuring the Casualty Ward of the Civil Hospital. That friend was Dr. Abdul Bari Khan, and that car ride was the beginning of a lifelong journey which transformed millions of lives. ”

The devastating bombing in Saddar, Karachi, 1987, proved just how ill-equipped the Casualty Ward of the Civil Hospital, Karachi was to handle large emergencies. Partnering with fellow fresh graduates Adnan Asdar and Tariq Qaiser, Dr. Zaidi and Dr. Bari began collecting donations for its remake. Fueled by passion, they worked tirelessly to collect contributions from all possible avenues. Eventually, they managed to raise a significant amount.

The success of rebuilding the Casualty Ward proved the necessity for a free and quality healthcare service for the common people. And from there, the dream of The Indus Hospital began to blossom.

Dr. Zaidi is the Senior Executive Director of Indus Hospital & Health Network, a decorated Urologist, and now the Dean of the Indus University of Health Sciences. However, he is more than just his official titles; he has been an integral part of Indus' journey ever since its conception.

After graduating from the then Dow Medical College, Dr. Zaidi traveled abroad to pursue higher education. Upon returning to Pakistan, he started working as a Urologist. Indus was still in its infant stage, and Dr. Bari needed someone to supervise the construction of the Korangi Campus building. So Dr. Zaidi quit his job and became the project lead for The Indus Hospital. From recruiting new employees to helping laborers; treating; and operating on patients, there was little that Dr. Zaidi

did not do to help the mission.

With the burgeoning success of Indus, the founders were then tasked with operationalizing the Recep Tayyip Erdoğan Hospital in Muzaffargarh. Once again, Dr. Zaidi was placed as the project lead. From then on, he was the project lead for several THQ hospitals in Punjab and other institutions throughout Pakistan. His efforts led to the expansion of the Network. Despite additional responsibilities, Dr. Zaidi continued his medical practice. “I conducted the first-ever surgery at Indus,” reminisces Dr. Zaidi.

In 2015, Indus received the charter for the Indus University of Health Sciences (IUHS) and Dr. Zaidi was assigned the position of Dean of IUHS. He is determined to create an institution that would educate and train professional and empathetic medical workers. In order to understand the current trends in academia to ensure that he was well-prepared to govern the university, he enrolled in a Masters of Health Professions Education program. Dr. Zaidi wants the students of IUHS to gain something more from their education. “I want to teach them a compassionate and personalized way of healthcare. Their education should make them better human beings.”

Dr. Zaidi hopes to inspire the next generation of medical professionals. These individuals will be the future of the healthcare industry and the legacy of IHHN.

“ Indus Hospital & Health Network should not be remembered because people need its free facilities. It should be remembered because of its superior healthcare facilities. ”

DR. NAILA BAIG-ANSARI

“ When you have the medical sciences in your blood, it’s difficult to get rid of them. ”

There was a time in Dr. Naila’s life when she swore never to go near the field of medicine again. She spent much of her youth abroad, and returned to Pakistan at the age of 14. Having led a sheltered life up until university, Dr. Naila suffered a rude awakening when she first began her undergraduate studies in the field of medicine. Her college’s emphasis on rote learning and the rampant cheating were completely different from the American school system Dr. Naila had studied in her youth. She knew that this was no way to study medicine, and wondered if she would be capable of helping her patients with the subpar education she was receiving.

During all the turmoil of her college days, Dr. Naila found solace in the Patient Welfare Association (PWA). There, she worked with Dr. Bari. It was the only place where she felt as though she was making a difference in patients’ lives. Eventually, even the PWA was not enough to persuade Dr. Naila to continue her medical studies. Utterly jaded, she quit medicine altogether and returned to the USA to pursue a Bachelors in Business Administration.

After returning to Pakistan, she started working. During all those years she missed her medical studies and eventually started helping Dr. Naseem Salahuddin publish an Infectious Diseases Journal. Yet, the niggling feeling remained, as Dr. Naila knew she had to do more for the field of science. “When you have the medical sciences in your blood, it’s difficult to get rid of them,” explains Dr. Naila. In 1999, she received a jarring wake-up-call, when she suffered a terrible car crash. The accident offered her a sudden revelation and she began questioning what exactly she was doing with her life by working in a field she was not passionate about.

As if it were destined by providence, she soon came across a Masters in Epidemiology Program in Pakistan. She was the first-ever non-medical student to take the course. She excelled at the program. After completing the degree, Dr. Naila practiced for a few years before doing a Ph.D. in Epidemiology.

After completing the doctorate, she was soon approached by Dr. Naseem, to work at the Indus Hospital & Health Network. Dr. Naila had previously worked with many of these doctors and knew that they shared her love for research and scientific integrity, which attracted her to take up this opportunity. She was pleased with the importance IHHN gave to research, and is proud to have further elevated its position in the Network. The Indus Hospital Research Center (IHRC) was launched concurrently with the opening of The Indus Hospital. In 2016 she was nominated as the Chair of IHRC.

She began developing a more cohesive research culture for IHHN members. She introduced compulsory Collaborative Institutional Training Initiative (CITI) Certification for members conducting human subject research. Under her careful tutelage, research publications multiplied manifold and over two-thirds of them are published in international journals. She plans on adding several new departments in IUHS which will facilitate learning and research.

Dr. Naila has made tremendous accomplishments and far-reaching impacts in the field of epidemiology, and she continues her work of making ethical and quality research more widespread in Pakistan.

“ Dr. Naila was the first-ever non-medical student to take the course of Masters in Epidemiology Program in Pakistan. ”

MUHAMMAD AFTAB GOHAR

Muhammad Aftab Gohar was born and raised in Karachi, a city that has been burdened with the unenviable fate of having one of the worst Rabies epidemics in the world. Over 120,00 people were infected with Rabies in 2020, with a high number of the cases coming up as fatal. The city had an abysmal track record in treating Rabies patients despite the extreme measures to prevent the overwhelming cases. Dogs would be poisoned by the thousands and thrown away like garbage, yet did little to help as the number of dog bite victims steadily climbed.

Aftab came from a pharmaceutical background, completing his M.Sc. in Analytical Chemistry from the University of Karachi and MBA in General Management from Preston University, Karachi. He soon joined a private pharmaceutical firm upon completing his education. His work was going well, and he enjoyed his job until one day, a project required him to deal with Rabies patients. There he received a firsthand experience of actually dealing with patients and seeing the everyday pains and struggles they had to endure. Before this they had been simply statistics and figures on paper until that point, and seeing them in person changed his perspective.

“I saw Rabies patients pass away, and it was traumatizing because I knew that it could have been prevented,” Aftab explains as he recalls his early reaction to the situation around him. “I sat with the patients’ families and heard their stories, which made me realize that the society had severely neglected their situation. Before joining the project, I knew that a person would need medical attention if they were bit, but I didn’t realize the magnitude of the disease. The truth is that it’s fatal if left untreated. Sadly, that’s only one extreme part of it. The other part is that it’s an orphan disease in this part of the world. It is neglected in Pakistan and has now come to define us, in the worst way possible.”

Aftab resolved that he was going to dedicate his life and work to make a difference. Upon completing the two-year project at his pharmaceutical firm, he joined the Indus Hospital & Health Network. He is currently serving as the Manager of the Rabies Prevention & Training Center, Infectious Diseases Department at The Indus Hospital, Korangi Campus.

Since joining IHHN, Aftab has become certified from WHO & Institute Pasteur for Surveillance & Control of Rabies and did multiple certifications/courses nationally and internationally on Rabies Prevention & Control. IHHN successfully established a state-of-the-art Rabies Prevention and Training Center at the Korangi Campus in 2008, where it managed to treat over 50,000 patients.

He has conducted multiple clinical, non-clinical, and experimental research projects on Rabies published nationally and internationally and has co-authored with several professionals in the field. He has been organizing awareness campaigns for the public at community level, especially for children, who are amongst the most vulnerable population where most bite victims come from. He is promoting the cause through numerous television and radio shows and print media.

“ My dream or ultimate objective is to have zero deaths from Rabies in Pakistan. It’s not going to be an easy path, but there are ways to do it. I believe the step forward for this is to open more Rabies Prevention and Training Centers, a surveillance system, more public and private partnerships, and more involvement from the government. I am hopeful for the future and hope that my work with the Indus Hospital & Health Network will make a lasting impact. ”



HEALTHCARE SERVICES

Indus Hospital & Health Network came into existence to provide an alternate healthcare system to a common Pakistani who can't afford to go to private hospitals and simultaneously does not want to go to an ill-equipped public health facility. IHHN's unique, replicable, and self-sustained model revolutionized Pakistan's public health sector.

MEDICAL SERVICES

The Medical Directorate is responsible for the provision of healthcare through a country-wide network of primary care units, public health initiatives, secondary and tertiary care hospitals. Some of these hospitals are owned by IHHN while some are managed under Public-Private Partnerships.

IHHN's medical services can be categorized in the following groups:

EMERGENCY SERVICES

The Emergency Medicine Department works 24/7 with the aim to provide best possible care to people who come to Indus in their hour of need. There are many facets to this service line, each unique and aligned with the mission and vision of IHHN.

The department runs a one-year Certification program in Emergency Medicine. The program aimed at the capacity building of middle tier physicians, not only from IHHN but from across Pakistan.



MEDICINE & ALLIED SERVICES

Internal Medicine & Medical Intensive Care

The Department of Internal Medicine was established in 2007. The Department's scope was expanded in 2018 when Medical Intensive Care was formulated and merged into the Internal Medicine Department.

During 2020-21, the Department received a Rheumatology grant and established a Psoriatic Clinic and Pulmo-Rheumatology Clinic as Integrated Practice Unit.



Gastroenterology

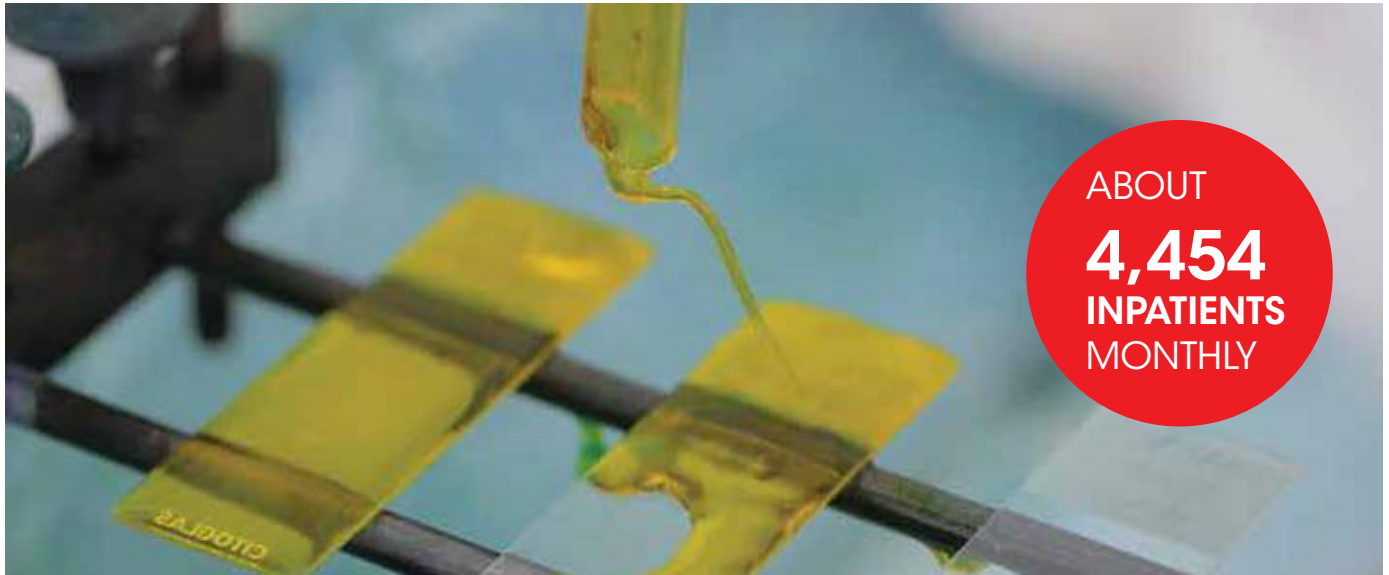
The Gastroenterology Department has been part of Korangi Campus since 2007. In 2020, the Department started offering therapeutic Endoscopic Retrograde Cholangiopancreatography at the Korangi Campus.

During 2020-21, 100 ERCP procedures were performed with a success rate of 98%

ABOUT
4,454
OUTPATIENTS
MONTHLY

Infectious Diseases

The Department of Infectious Diseases (ID), started in September 2007, ID is the first-of-a-kind department running in the country. The Department runs TB and Multidrug-resistant Tuberculosis (MDR TB) clinics, Rabies Prevention and Training Center, HIV Clinic, and an Antibiotic Stewardship Program.



Nephrology

The Department of Nephrology was established in 2008. The Department offers inpatient and outpatient services in addition to a Hemodialysis facility. The Department helped establish Nephrology services at Civil Hospital Badin, Multan Institute of Kidney Diseases, and Recep Tayyip Erdogan Hospital, Muzaffargarh.

At Badin, the Department conducts a weekly Nephrology Clinic and offers renal biopsies. Additionally, the Nephrology Department established a Nephrology Consultant Clinic at Al-Fakir Trust Campus, PIB Colony, Karachi to facilitate the inhouse Hemodialysis patients and the people living in the central district of Karachi.



Pulmonology

The Pulmonology Department started at the Korangi Campus in February 2017. Since then, the Department has expanded its services to Badin and Muzaffargarh campuses. During 2020-21, the Pulmonology Department started a Pulmonology Task Force, Respiration Monitoring Device Project, Patient Welfare Program, Obstructive Lung Disease Project, Pulmonary Rehabilitation Project, and Tobacco Cessation Program.



SURGERY & ALLIED SERVICES

General Surgery

The General Surgery Department is one of the oldest departments at the Korangi Campus. The Department conducts two training programs: a two-year foundation course in Allied Surgical specialties and a five-year training program in General Surgery. Both the programs are recognized by the College of Physicians and Surgeons Pakistan.



ABOUT
9,060
OUTPATIENTS
MONTHLY

Obstetrics and Gynecology

During 2020-21, the Obstetrics and Gynecology Department worked on several cases, including severe Post-Partum Hemorrhage, Primary Amenorrhea, cases with bad Obstetric history, and complicated Gynecological Oncological surgeries. In addition to the service component, the Department has published several research papers.



ABOUT
47,808
OUTPATIENTS
MONTHLY

Orthopedic and Traumatology

The Department of Orthopedics and Traumatology started in 2007. The Department has several sub-specialties:

- **Joint Replacement Service** is accredited as a center of fellowship training by the Pakistan Arthroplasty Society for one-year fellowship training. It is one of the highest volume centers in the country.
- **Shoulder and Elbow Arthroplasty** service is a one-of-a-kind service in the country. The service has introduced several shoulder arthroplasty courses.
- **Hand Arthroplasty - Replacement and reconstruction of hand joints** has also been an important service of IHHN.
- **Hand and Upper limb surgery and complex trauma reconstruction** is a center of excellence for hand, shoulder, and elbow surgery/mand flap reconstruction of the extremities and complex trauma reconstruction. Rotations in hand surgery are offered to other institutes for Fellow of College of Physicians and Surgeons Orthopedic training.
- **Hand and Wrist Fracture Clinic/Upper Limb Clinic** is a dedicated clinic. This service provides focused care with defined outcomes as well as ample research opportunities.
- **Pehla Qadam Clinic** works in collaboration with University of Iowa. It has evolved in a unique program with a network across the country. It trains doctors and other healthcare workers in Ponseti method.
- **Bone Bank** was recently established by the Department of Orthopedics and Traumatology at the Korangi Campus. The Bone Bank will facilitate in the reconstruction of bone tumors, traumatic segmental bone defects, and complex primary and revision arthroplasty surgeries.
- **Oncological Surgery** has a dedicated Sarcoma Clinic and provides surgical expertise for bone cancer. The Department collaborates with international and national institutions for spine surgery.



ABOUT
14,903
OUTPATIENTS
MONTHLY

Otorhinolaryngology

Initially offering limited outpatient and Day Care Service, the Ear, Nose and Throat (ENT) Department has now extended its service to the following:

- General ENT
- Skull-based surgeries
- Head and neck oncology and reconstructive surgeries
- Cochlear Implant with complete rehabilitation services
- Audiology Lab as well as Speech, Language and Physiology services
- Newborn hearing screening program



Urology

The Urology Department started in 2007. Since then, it has expanded its scope and now offers the following services:

- 24/7 emergency service
- Pediatric Urology
- Female Urology
- Uro-oncology
- Urodynamics and Lithotripsy services



PEDIATRIC SERVICES

Pediatric Services started in 2007 with a single ward and a two-bed Emergency Room. In 2017, it grew tremendously both in terms of services and academics activities. It now has the largest Residency Program at Korangi Campus. Pediatric Services offers the following sub-specialties:

Pediatric Oncology

It is one of the largest childhood cancer units in the region, with registration of more than 1,000 new cases every year. It provides comprehensive cancer care, following the international standard protocols with strong psychosocial support for patients and families. It is a hub of teaching and training for Pediatric Oncology for Pakistan and neighboring countries. It has many projects to its credit which includes:

- My Child Matters Grant for holistic improvement care of childhood cancer in multiple units across the country
- St. Jude Global Alliance Partnership for education, training, and research
- Initiation of the Pediatric Hematology/Oncology Clinic at District Headquarter Hospital, Badin
- Pediatric Oncology Unit at Sheikh Khalifah Bin Zayed Hospital, Quetta under a Public-Private Partnership program



Pediatric Intensive Care

The dedicated Pediatric Intensive Care Unit and High Dependency Unit takes care of terminally-ill children. It has a fully-trained faculty, and a College of Physicians and Surgeons Pakistan (CPSP) accredited residency program. It runs Pediatric Procedural Sedation and Pediatric Rapid Response programs as well.

Neonatal Medicine

This provides teaching and training services to train healthcare professionals for the best neonatal care. The CPSP-accredited Neonatal Fellowship Program commenced in 2019. It is the primary site of multi-center and multi-country intervention trials on new modes for respiratory support for preterm neonates with respiratory distress.

ABOUT

19,063
PEDIATRIC
OUTPATIENTS
MONTHLY

Pediatric Nephrology, Infectious Diseases, and Cardiology

They are an integral part of Pediatric Medicine, which collaborate to provide better service to pediatric patients.

Additionally, they are also running a Pediatric Malnutrition Program, Primary Healthcare Program for monitoring the growth in infants under six months, a volunteer program for nutrition and related counseling, and a Type 1 Diabetes Clinic.



ANESTHESIOLOGY AND SURGICAL INTENSIVE CARE SERVICES

Anesthesiologists play a critical role in providing safe anesthesia services for complicated obstetrics, intricate neonatal surgeries, and severely compromised patients. Anesthesia Department stands amongst the pioneers of practicing ultrasound-guided nerve and plexus blocks and vascular access, which is the standard of care in the developed countries. The Non-Operating Room Anesthesia Department is heavily involved in providing anesthesia outside Operation Room for high-risk pediatric oncology. Acute Pain service is available as a structured service for all post-operative cases. Anesthesia consultants directly supervise the Surgical Critical Care Unit.

ABOUT
9,060
CRITICALLY-ILL
INPATIENTS
MONTHLY

PATHOLOGY AND BLOOD TRANSFUSION SERVICES

Pathology and Blood Transfusion Services provide the following services:

Chemical Pathology

The section has a Total Laboratory Automation system from Abbott Diagnostics installed with fully automated pre-analytics, analytics, and post-analytics. It also has multiple stand-alone analyzers for added testing. The lab was successfully audited by the Pakistan National Accreditation Council for ISO 15189 certification in June 2021.

PERFORMS
ABOUT
70,000
TESTS
PER MONTH

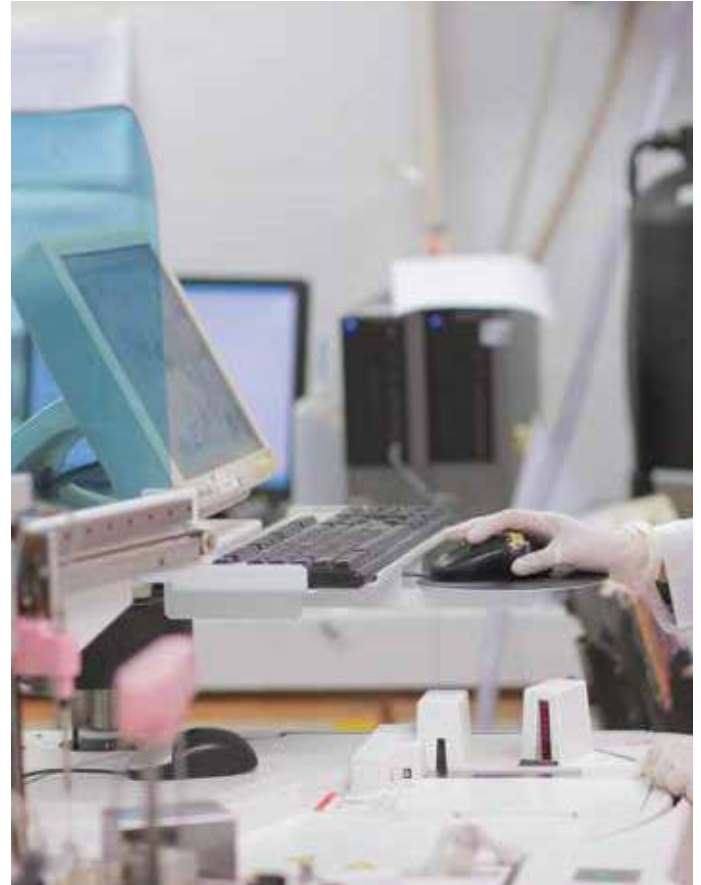


Hematology

To achieve high-quality diagnostic standards, Cytogenetics, Special Hematology, and Routine Hematology were established. The section also started high-end specialized testing: Flow Cytometry, Minimal Residual Disease testing by Flow Cytometry, Immunodeficiency Workup, Fluorescence In Situ Hybridization, Bone Marrow Biopsy, and Immunohistochemistry. Indus has also initiated an inhouse blood and Bone Marrow Karyotype testing. Quality of all these tests are ensured by participating in proficiency testing of College of American Pathologist.

Histopathology

In 2017, the section of Histopathology was established, and inhouse processing was started. Immunohistochemical studies were started in 2018, and since then, no routine specimen has been outsourced. A residency training program was started in 2019. The section participates in Karachi Cancer Registry and provides data of pediatric and adult oncology cases.



Immunology

The section was established in 2018, and since 2019 it has increased its testing repertoire. This facilitates cost-effective and timely decisions in patient management. During COVID-19, Immunology was fully involved in testing and reporting SARS-CoV-2 viral infection and anti-COVID-19 antibodies validation processes.

Microbiology

Clinical Microbiology has further sub-sections of Bacteriology and Mycobacteriology. IHHN's BSL-III laboratory is one of the largest facilities in Pakistan, with three independent BSL III rooms simultaneously carrying out TB, and COVID-19 testing. Korangi Campus is a sentinel site for typhoid surveillance and XDR Typhoid fever in a project of World Health Organization.

Molecular Biology

The COVID-19 laboratory was established within three months of the pandemic. IHHN collaborated with the Government of Sindh to establish COVID-19 testing. Molecular Biology offers six types of diagnostic tests. The section is involved in two projects: initiation of basic research and initiation of new clinical testing.

MOLECULAR
BIOLOGY
REPORTED

362,089
COVID-19
PCR TESTS

IMAGING SERVICES

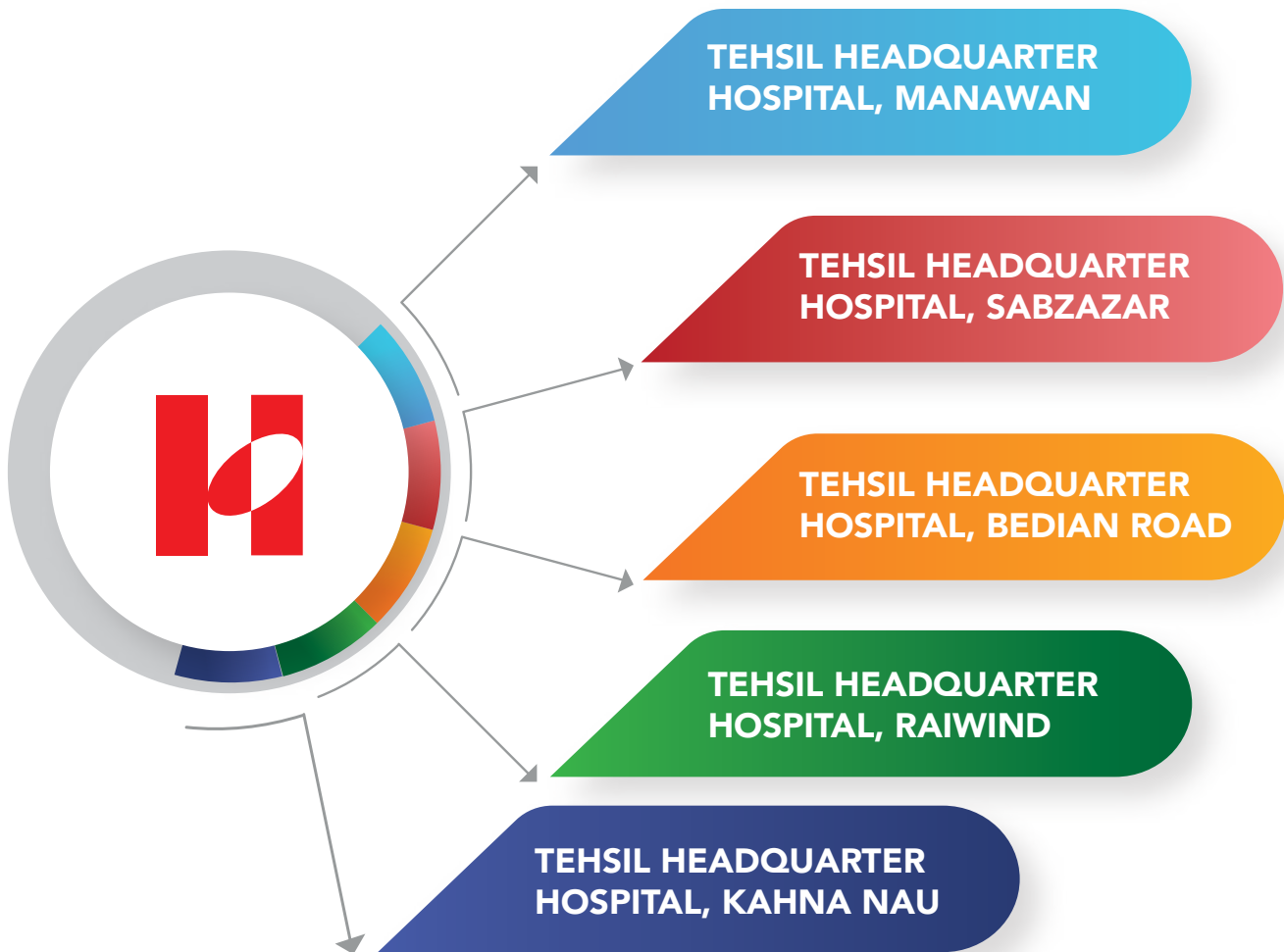
The Department of Radiology was established in 2007. Since then, the Department has scaled-up its services to include Imaging Services, including Intervention Radiology. In 2021, the Department started new projects; Vascular Anomaly Clinic, Radiation Safety Program, Fellowship, and Residency Training Program.



IHHN-MANAGED HOSPITALS

Under Public-Private Partnership programs, IHHN is managing several Government hospitals in Lahore, Muzaffargarh, Multan, and Badin.

LAHORE



IHHN is managing five Tehsil Headquarter Hospitals in Lahore: Tehsil Headquarter Hospital, Bedian Road; Tehsil Headquarter Hospital Kahna Nau; Tehsil Headquarter Hospital, Sabzazar; Tehsil Headquarter Hospital, Raiwind; and Tehsil Headquarter Hospital, Manawan. All of them are equipped with modern amenities and experienced and well-trained healthcare staff. The Bedian Road hospital is a 60-bed mother and child hospital. It also houses Physical Rehabilitation Center. Remaining are 100-bed multidisciplinary secondary care hospitals. Each hospital has dedicated inpatient, outpatient, Emergency, and Day Care services with Laboratory and Radiology services. There is also a central lab at Sabzazar Campus. These campuses are run on a framework of local hierarchy with head office support and monitoring.



MUZAFFARGARH

Recep Tayyip Erdogan Hospital (RTEH) is situated at Muzaffargarh. It is a 400-bed hospital with tertiary healthcare facilities. At present, RTEH has an old campus, a mother and child hospital, and a new campus where Medical and Surgical Allied services are available. Over the years, existing medical services have grown, and new services have been added. The Medical and Operational Directorate systems have been put in place for the smooth running of the hospital. It has also grown academically with a residency program in all major clinical specialties accredited by the College of Physicians and Surgeons Pakistan.



MULTAN

Multan Institute of Kidney Diseases (MIKD) is a 150-bed 'single specialty' hospital, that deals with both medical and surgical aspects of kidney diseases. It houses all treatment modalities of Nephrology and Urology. MIKD has inpatient, outpatient, Emergency, and Day Care services and clinical departments.



BADIN

District Headquarter Hospital, Badin is a 300-bed facility with a limited tertiary care scope of service. At the initial stage, clinical services were organized at the old campus, but due to the exponential growth of patients, relocation of campus took place in September 2018, and presently all inpatient, outpatient, Emergency, and Day Care services are being carried out at the new campus.



GROWING TO SERVE MORE

Given the staggering rise in the number of daily patient visits and admission queues at the Korangi Campus daily, IHHN realized the need to expand the facility in order to cater to a larger segment of the society. Rigorous brainstorming, consistent efforts, and hardcore planning paved the way for the construction of a new hospital and university building at the Korangi Campus. As a result, an expansion project was initiated. In addition to this, a major project was also undertaken at Lahore, the Indus Hospital & Health Network - QF, NST & SMP Campus.

INDUS HOSPITAL & HEALTH NETWORK QF, NST & SMP CAMPUS, LAHORE

The core objective of the Lahore Campus is to provide quality and free-of-cost treatment to the deserving members of society without any discrimination. The campus is being completed in three phases. On June 30, 2021 the hospital started its OPD with 34-beds. Governor Punjab Ch. Muhammad Sarwar inaugurated the campus.

It is estimated that once completely functional with 600-beds, the hospital will be able to serve 1 million patients, annually.

SERVICES

- Blood Center
- Consultant Clinics
- Day Care Surgery
- Diagnostic Center
- Dialysis Center
- Emergency Services
- Imaging/Radiology
- Intensive Care Unit
- Laboratory Services
- Oncology Center
- Pediatric Congenital Heart Diseases Center
- Pharmacy Services
- General Wards



THE INDUS HOSPITAL KORANGI CAMPUS, KARACHI

The project will become a state-of-the-art multifaceted, tertiary care teaching hospital. The hospital will be a benchmark in Pakistan's healthcare sector in terms of its infrastructure, capacity, and service delivery systems. Once completed, the facility will have 1,350 beds and include all modern facilities and service lines.

SERVICES

- Adult Psychosocial Service
- Cardiothoracic Surgery
- Chemotherapy Suite
- Dental & Oral Maxillofacial
- Dermatology
- Endoscopy
- Lithotripsy
- Intensive Care
- Neonatal Medicine
- Nuclear Medicine
- Neurology
- Neurosurgery
- Pediatric Cardiology
- Pediatric Infectious Diseases
- Pediatric Urology
- Plastic & Reconstructive Surgery
- Radiation Oncology
- Rheumatology
- Surgical Intensive Care Unit
- Transplant Intensive Care Unit
- Urodynamics
- Vascular Surgery







PUBLIC HEALTH INITIATIVES

In order to reach out to people in their own communities, to lower the burden on tertiary care hospitals, and to anticipate and respond to today's health challenges IHHN has started multiple programs in the country.

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 population. The program integrates family medicine with public health interventions and puts a premium on preventative 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.

NEW INITIATIVES OF PCP

Mobile Boat Clinic

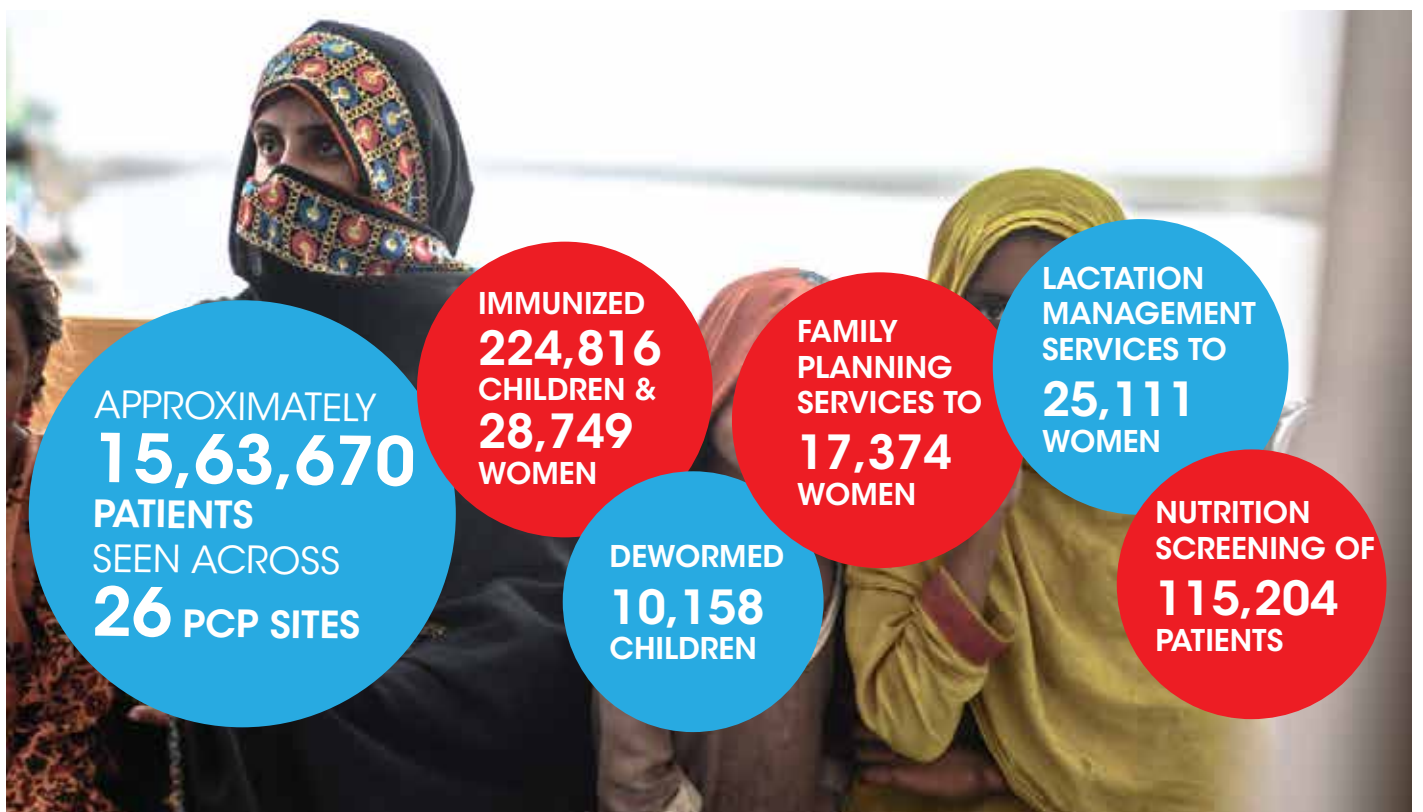
In October 2020, Pakistan's first-ever Mobile Boat clinic was launched in the riverine areas of Rajanpur, South Punjab. The Mobile Boat clinic provides services of doctors, nurses, and midwives as well as a lab collection point and immunization service to women and children of the community.

Martin Dow - Indus Hospital & Health Network Community Health Center

Martin Dow and IHHN collaborated to revive and inaugurate the center located on Baba Island near Karachi.

Pilot of Telehealth

PCP is now exploring low-cost tele-satellite units to augment the reach of primary care services. Four pilot spoke sites were set up at PCP centers in Jamshoro, Badin, and Muzzafargarh with the hub in Karachi.



Mobile Medical Bus

Primary Care Program has deployed two Mobile Medical Buses (MBB) in Badin and Tharparkar. MBB is an innovative solution to address the healthcare needs of shifting and migrating populations that previously did not have access to care.

Maternal, Neonatal, Child Health Program

Maternal, Neonatal, Child Health (MNCH) program has been an integral part of PCP. The MNCH component is running the following projects: Expanded Program on Immunization; Nutrition Program; Lactation Management Program; Safe Delivery Program; Deworming Program; Family Planning; Integrated Management of Childhood Illness and Midwifery Program.

Midwife-Led Model of Care

After a successful pilot of the midwife-led model of care at the primary care site in Bhong, Rahimyar Khan, the program was successfully scaled-up in 2020-21 to several sites across the country.

The units were opened as a response to community need for quality maternal and neonatal care; and are operated by a team of community midwives from each area who are provided with intensive training. The midwives provide antenatal care and ultrasound services to women throughout their pregnancy. They run a 24/7 labor room in selected sites, followed by post-delivery check-ups, newborn care checks, and lactation support. These units have been instrumental in transforming the entire maternal health landscape of the areas.

The program launched units at the A&M Primary Care clinic in Abbaspur, Kashmir; Gurmani clinic, Muzaffargarh; at the Martin Dow-Indus Hospital & Health Network Community Health Center at Baba Island; and at the Mobile Boat clinic.



MALARIA

Malaria is a grave public health problem which represents the fifth leading cause of death from infectious diseases worldwide. Malaria is predominantly prevalent in tropical and subtropical regions, where temperature and rainfall favor the survival of malarial parasites. According to World Health Organization (WHO) estimates, a total of 409,000 people died of malaria in 2019 and a further 300,000 were confirmed cases (WHO, 2020).

Pakistan, along with Afghanistan, Somalia, Sudan and Yemen, is reported to account for more than 95% of regional malaria burden. In 2016, Indus Hospital & Health Network (IHHN) secured the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) grant as a private-sector principal recipient for Malaria intervention. In this, IHHN has taken the responsibility of diagnosis and management of malaria cases in intervention districts that are at high-risk. The grant was initially awarded in 2016 whereby IHHN worked with the Provincial Malaria Control Program to reduce disease burden in Baluchistan and Khyber Pakhtunkhwa. Because of the success of the program and the scalable and sustainable results of the public-private partnership between IHHN and the Department of Health, the Global Fund approved funding for a further three years (January 2021-December 2023) and has continued its trust and confidence in IHHN for grant management. Looking towards the next three years, IHHN serves as a co-principal recipient with the Department of Malaria Control as the public-sector principal recipient.

Presently, the program has a geographical coverage of 34 high endemic districts; this includes 21 districts in Baluchistan and 13 in Khyber Pakhtunkhwa. Between 2020 – 2021, the Malaria Program made 2,456 health facilities functional across both provinces including RDT and microscopy centers. As part of grant implementation, in 2020 and 2021, IHHN screened 977,091 and 1,921,150 people for Malaria through RDT center respectively. Additionally, it also screened 357,827 and 577,068 people through Microscopy centers respectively over the two years. Through the grant, 88,193 cases of Malaria (*P. Falciparum*, *P. Vivax* and Mixed) in 2020 and 173,781 in 2021 were confirmed; subsequently leading to their comprehensive-treatment at functional health facilities. As such, 101,279 cases of Malaria amongst males, females and children were successfully treated in 2020 and this number rose to 194,766 in 2021. Addressing the challenge in relation to non-availability of appropriately trained healthcare providers, IHHN's Malaria Program effectively trained 1,910 healthcare providers in 2020 and 825 healthcare providers in 2021, as per National Guidelines. IHHN's Malaria Program does not only aim to screen and treat for Malaria; it is also committed to community engagement, prevention and advocacy as essential components of Malaria Control. In 2020, 340 advocacy sessions were held and 3,462 people were reached through advocacy sessions. Using Behavior Change Communication (BCC) Interventions, the Malaria Program further reached 59,917 people in 2020.

The Global Fund grant has enabled the team at IHHN to deliver a highly comprehensive and high-quality malaria control program in Pakistan - the tangible benefits of which can already be seen in regions where the program is being implemented. Through this collaboration and synthesis of international and national efforts, we can achieve greater progress in the realm of infectious diseases, particularly in reducing the high burden of malaria on our vulnerable communities.



MALARIA
PROGRAM HAS
A GEOGRAPHICAL
COVERAGE OF
34 HIGH
ENDEMIC
DISTRICTS

HEPATITIS C CONTROL PROGRAM



IHHN is playing an important role in tackling the Hepatitis C (HCV) epidemic in Pakistan. The program started in 2016 and since then has been implemented across eight sites in the country. Service delivery has been made possible by training 37 family medicine doctors, 41 nurses, and healthcare workers who are a part of the PCP network.

Over the last 13 years, the program has screened up to 179,014 patients using a WHO-approved rapid diagnostic test and identified 20,308 suspect cases. It has successfully diagnosed 17,437 confirmed cases. Approximately 61% of these patients belong to under-served rural regions with limited access to healthcare.

The holistic model has also been instrumental in providing linkages to care. Cases identified incidentally during blood donation and other screening drives are effectively linked to testing and treatment in Karachi.

HYPERTENSION SCREENING AND MANAGEMENT PROGRAM

Hypertension is a lifelong chronic disease and is highly prevalent. In order to tackle it, hypertensive care must be standardized, integrated, accessible, and affordable. The overarching objective of this program is to increase the hypertension control rate by 50% from baseline by the end of 2022. The program is functional at Community Health Center, Khorwah, Badin Campus, Korangi Campus; Al-Ghazi Trust Campus, Bhong.

It is estimated that the program would provide treatment for 80% of hypertensive patients visiting IHHN.

PROGRAM
WOULD PROVIDE
TREATMENT TO
80%
HYPERTENSIVE
PATIENTS

DIABETES MANAGEMENT PROGRAM

The Diabetes Management Program (DMP) assists patients in managing Diabetes and to reduce and delay the onset of complications of Diabetes by providing better control and surveillance. The Diabetes Management Program began its clinical services at Korangi Campus in September 2014. DMP has been integrated with PCP for better facilitation. DMP dispenses free insulin to patients.



SINCE 2014,
13,000
PATIENTS
ENROLLED

LUNG HEALTH PROGRAM

In 2018, the Lung Health Program (LHP) was established in response to the significant morbidity and mortality associated with chronic respiratory disease. LHP specifically focuses on non-TB-associated respiratory disorders. The program offers high-quality services on prevention, diagnosis, and management of Lung diseases in Pakistan.

The Lung Health Program is running multiple projects:

TOBACCO CONTROL

In 2020-21, LHP partnered with campaign for Tobacco-Free Kids to emphasize youth empowerment and tobacco control and has also launched the Voices Against Tobacco (VAT) - an initiative to create a dialogue about the need for meaningful change to improve tobacco control measures in Pakistan. In collaboration with the Campaign for Tobacco Free Kids, VAT will invest in school children by conducting capacity-building exercises in tobacco control.

OBSTRUCTIVE LUNG DISEASE

Obstructive Lung Diseases (OLD) such as Asthma and Chronic Obstructive Pulmonary Diseases is one of the common complaint in primary care clinics. The OLD program provides specialist education and spirometry services to patients. The program has expanded to Mushtaq Ahmed Gurmani primary care facility in 2020 and RTEH in 2021.

PULMONARY REHABILITATION

Pulmonary Rehabilitation (PuRe) provides multidisciplinary treatment for breathless patients with chronic respiratory diseases. COVID survivors with breathlessness have also been enrolled since January 2021. Free-of-cost conveyance was secured to improve program attendance and adherence, enabling 22 % of attendees to use transportation.



CENTER FOR ESSENTIAL SURGERY

The Center for Essential Surgery aims to bridge the healthcare delivery gap through research, community mobilization, capacity building, and programs focused on surgical conditions. The center is running the following programs:

SAFE CIRCUMCISION PROGRAM

The program uses the concept of 'task sharing' in which pediatric surgeons train community health workers, technicians, and midwives to perform safe circumcision on male babies under three months of age. The program has been implemented at the Sheikh Saeed Memorial Campus, Karachi since June 2016 and RTEH, Muzaffargarh since December 2017. At both sites 3,541 babies were circumcised and 17 healthcare workers were trained.



3,541
BABIES
CIRCUMCISED

PEHLA QADAM - CLUBFOOT PROGRAM

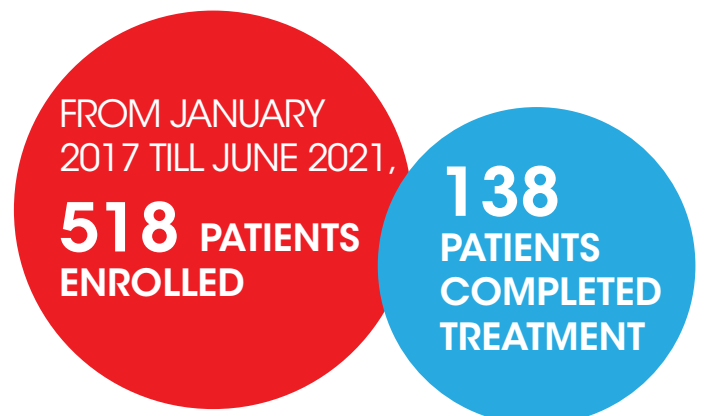
The program is part of a global commitment to eliminate untreated Clubfoot. The program provides treatment using the Ponseti method, the gold standard approach to managing uncomplicated clubfoot. Since its inception in 2011, more than 1,000 patients have been enrolled in the program and more than 250 patients have completed treatment.

The program has been implemented at Korangi Campus, since August 2011; RTEH, since December 2017; THQ Manawan, since October 2017; DHQ, Badin, since February 2019; Taluka Hospital, Kandh kot, since 2020.



VASCULAR ANOMALIES CENTER

Vascular anomalies are complex conditions commonly seen in children and can be disfiguring. As the first step towards this initiative, a pulsed dye laser machine- V Beam Perfecta, was donated to Korangi Campus in January 2017 to treat vascular anomalies. The program started at Korangi Campus in January 2017 and at RTEH in March 2021.



CERTIFICATION PROGRAM IN EMERGENCY MEDICINE

The one-year Certification Program in Emergency Medicine (CPEM) aims to train Emergency Medicine doctors through a standardized and locally-relevant training curriculum. The first course commenced at Korangi Campus in 2018. CPEM is a collaboration between IHHN and Emergency Medicine specialists based at Harvard Medical School. During the first year of the program, additional funding support was provided by the Harvard Medical School's Center of Global Health Delivery, Dubai.

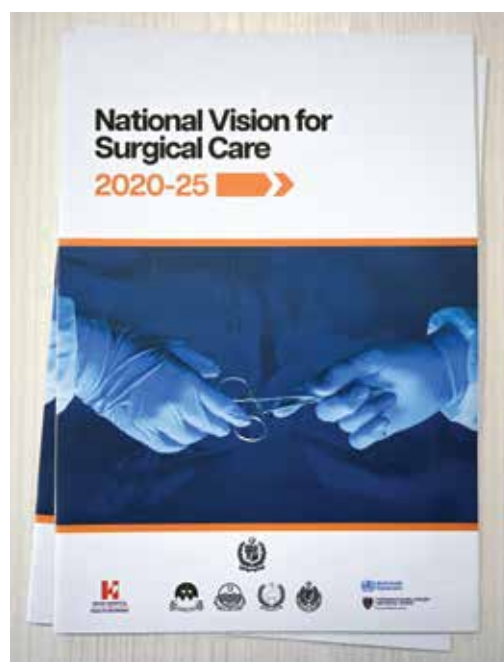


NATIONAL VISION FOR SURGICAL CARE 2025

The mortality rate due to surgical diseases is four times more than HIV/AIDS, Malaria, and Tuberculosis combined. Very little investment has been made to strengthen surgical systems.

Recognizing this gap, in May 2015, the World Health Assembly (WHA) passed a resolution to strengthen emergency and essential surgical care and anesthesia as an essential component of universal health coverage.

As a signatory to WHA Resolution, Pakistan has taken the lead as Asia's first country to develop a national surgical plan. Pakistan has devolved a health system with a federal Ministry of Health and four provincial Health Departments, to work autonomously to implement their strategic plans developed under a National Health Vision 2016-2025 (NHV2025). Utilizing the National Surgical Obstetric Anesthesia Planframework, Pakistan's National Vision for Surgical Care was developed.



IHHN led the NVSC process in collaboration with the Ministry of National Health Services, Regulation and Coordination (MoNHSR&C), with technical support provided by the Program for Global Surgery and Social Change and the World Health Organization. NVSC 2020-25 was launched in July 2021 as a virtual launch across the globe hosted by the MoNHSR&C.



IHHN'S COVID-19 RESPONSE

The COVID-19 pandemic called for extraordinary measures from both the medical and the non-medical world. Since the first case was reported in Pakistan, IHHN has been at the forefront of the COVID-19 pandemic.

During 2020-21, the Network continued its efforts to battle the pandemic. The Infectious Disease Department took the lead with leading awareness sessions, informative pamphlets, etc. Additionally, the Operations Department continued to run the Korangi Campus operations to ensure the smooth running of the other day-to-day facilities at the hospital.

A dedicated isolation unit for COVID-19 positive patients started in October 2020 with appropriate or required negative pressure and other infection control measures. There are 23 rooms to accommodate two patients in a single room requiring High Dependency Unit (HDU). Every ICU has a ventilator unit, dialysis service, along with non-stop oxygen supply. The unit has a dedicated portable X-Ray machine and ultrasound machine. The unit also has a small pharmacy unit to fulfill the immediate drug need of the patient. Along with COVID, other patients requiring isolation like measles, chicken pox, TB, MRSA are also admitted as per need. On an average basis, monthly, 60 patients are admitted to HDU and 20 patients in ICU.

The COVID-19 Unit at Korangi Campus consisted of 20-50 beds depending on the influx of COVID-19 positive patients. The inpatient beds are composed of HDU and ICU beds. Additionally, the unit was made up of day care services for specific Antibody Therapy and Chemotherapy, COVID Pharmacy, Dialysis Port, Respiratory Therapy, Physiotherapy,

Nutrition Services, Psychosocial Service, and Infection Control.

From March 2020 till September 2021, IHHN tested 112,021 people, while the total number of people admitted to the COVID unit was 1,990.

Along with the COVID inpatient unit, the need for a day care was observed to manage patients requiring treatment in a short hospital stay. The day care was formed in COVID unit, ensuring negative pressure and all requirements of infection control. Since May 2020, the COVID-19 day care unit has been providing services i.e., blood transfusion, Intravenous Medications, Dialysis, and Chemotherapy for COVID-positive patients. The average monthly admission is 100 patients.

Additionally, in 2021 Korangi Campus started offering COVID vaccination services for its staff, their families, and the general public. Approximately 250 vaccinations are being administered in a day.

All other campuses of IHHN also played an active role against COVID-19. Now all campuses are providing COVID-19 vaccination. A PCR testing lab has been established at RTEH and a building has been dedicated to COVID-19 at RTEH. The unit has played a vital role in management of COVID-19 cases including critical care services. DHQ Badin also has a dedicated COVID-19 unit.



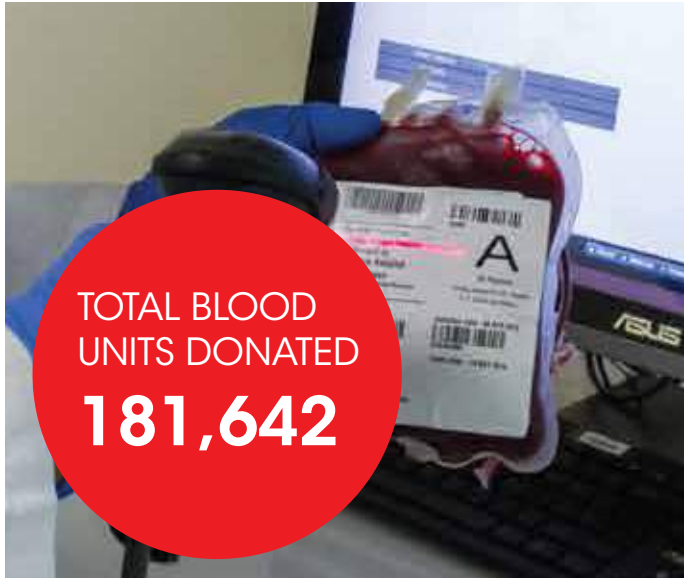
THE INDUS HOSPITAL BLOOD CENTER

The Indus Hospital Blood Center (TIHBC), Karachi is Pakistan's first centralized blood center. It was inaugurated on October 29, 2013. TIHBC's mission is to provide safe blood, meeting international standards and to mobilize the nation towards 100 percent voluntary blood donations.

The voluntary blood collection was initiated in December 2013, and till now the Indus Hospital Blood Center has formed a functional Regional Blood Center, with a network of hospital blood banks. The blood components are shipped to all these sites maintaining cold chain.

In 2017, The Indus Hospital, under a Public-Private Partnership took administrative and technical control of Regional Blood Centers (RBC) Bahawalpur and Multan. In 2018 it took control of RBC Jamshoro.

TIHBC's one of the biggest achievements is to get an affiliation with National University of Medical Science (NUMS) for Associate Degree Program in Blood Transfusion Medicine.



REGIONAL BLOOD CENTER - JAMSHORO

RBC Jamshoro has four operational blood banks. The blood banks are providing blood to 800-bed Liaquat University of Medical & Health Sciences (LUMHS); and 700-bed LUMHS city branch Hyderabad, Civil Hospital, Badin's blood bank is also attached to RBC Jamshoro. Civil Hospital, Thatta is the fourth blood bank, commissioned on June 14, 2019, with an estimated load of over 7,000 donors.

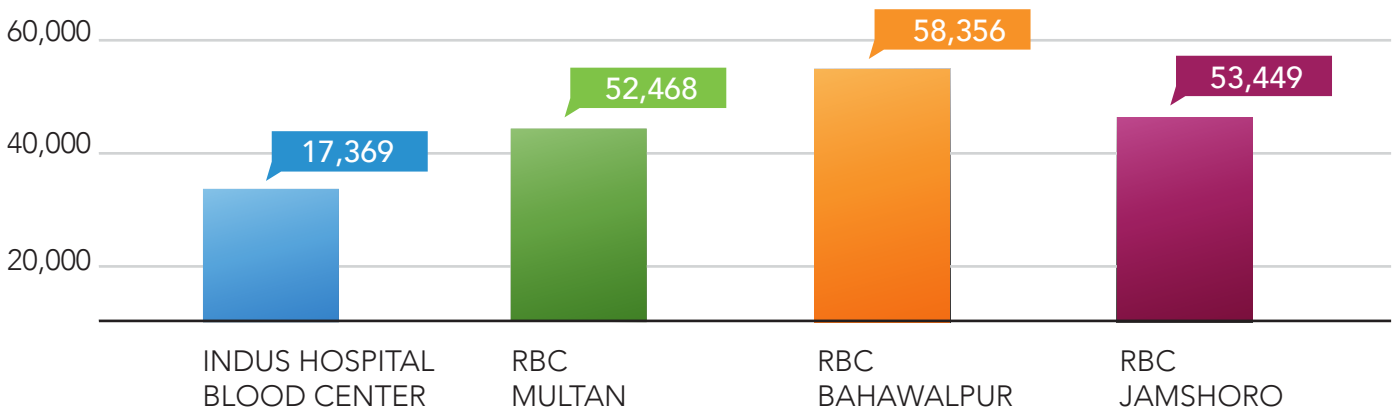
REGIONAL BLOOD CENTER - MULTAN

RBC Multan was commissioned on October 12, 2017. It provides services to the Multan Institute of Kidney Diseases, the 1,500-bed Nishter Hospital Blood Bank, Children Hospital, Multan, and other hospital blood banks associated with IHHN, including RTEH, THQ Bedian Road, and THQ Sabzazar.

REGIONAL BLOOD CENTER - BAHAWALPUR

RBC Bahawalpur was commissioned on December 6, 2017, and is connected with the 1,500-bed Bahawalpur Victoria Hospital Blood bank, Jubilee Mother and Child Hospital, and Civil Hospital, Bahawalpur.

BLOOD COLLECTION 2020-21



A close-up photograph of a person's lower leg and foot. The person is wearing a prosthetic leg that is light-colored and textured, attached to a dark brown sandal with multiple straps. The background is blurred, showing other people and a paved surface. A large red circle is overlaid on the image, containing white text.

PHYSICAL REHABILITATION CENTER

The purpose of physical rehabilitative services is to enable the physically-disabled people to become independent and contributive citizens of the country.

IHHN in collaboration with the International Committee of the Red Cross and Chal Foundation started a rehabilitation program at the Korangi Campus in 2015 through a Physical Rehabilitation Center (PRC). Now, four PRCs in Karachi, Lahore, Muzaffargarh, and Badin are providing these services. There are four type of services being provides at the PRCs: Physical Therapy, Prosthetic and Orthotic Devices, Psychological Therapy, Speech and Audiology.

PROSTHETIC AND ORTHOTIC DEVICES

The Prosthetic and Orthotic section provides services and devices to all registered patients. These services are provided to upper and lower limb amputees, polio, cerebral palsy, and stroke patients, and children born with congenital disabilities like cerebral palsy and clubfeet.

During 2020-21, 20,878 patients registered at the PRCs and 3,006 devices were provided.

PSYCHOLOGICAL THERAPY

Amputation presents multi-directional challenges. It affects function, sensation, and body image. The psychological reactions vary greatly and depend on many factors and variable. In most cases, the predominant experience of the amputee of the loss: not only the obvious loss of the limb but also

resulting losses in function, self-image, career, and relationships. Psychological Therapy is helpful for amputees and other patients who use orthotic device.

PHYSICAL THERAPY

The Physical Therapy section focuses on promoting mobility, functional ability, quality of life, and movement potential. Physical therapists work to improve a broad range of physical problems, such as treating neuromuscular, musculoskeletal, cardiovascular, and respiratory systems.

PRC, Karachi established an inpatient Physical Therapy service in 2007 to facilitate pre-operative and post-operative orthopedic patients. In 2016, Functional Electrical Stimulation Clinic was established for neurologically-impaired patients. The PRC, Karachi provides free transport service to its patients. The Physical Therapy section started Pulmonary Rehabilitation clinic for patients with Chronic Pulmonary Disease. Post-COVID Rehabilitation service is also being provided for patient suffering from post-COVID sequelae.

Walking and mobility aid facilities are also being provided to needy patients like walker, elbow sticks, crutches, commode chairs and wheel chairs. Patients are facilitated for pre-fabricated orthosis like knee and elbow functional brace, thoracolumbar sacral orthotics, Knee immobilizer and wrist braces to patients for home use.



AUDIOLOGY & SPEECH LANGUAGE THERAPY

Audiology & Speech Language Therapy services cater to a vast range of patient population i.e. from neonates to old-age.

The Center provides Audiological testing which includes: Neonatal Hearing Screening (Oto-acoustic Emission), Auditory Brainstem Response (ABR) Screening, Pure Tone Audiometry, Tympanometry, Brainstem Evoked Response Audiometry (BERA) diagnostic, Free Field Audiometry and Speech Audiometry. In addition, Cochlear implant mappings and rehabilitative services are also being provided.

Speech Language Therapy services include: speech, language, listening and swallowing rehabilitation of patients presenting with hearing impairment, Cochlear implants, voice disorders, swallowing disorders, stuttering, cluttering, speech sound disorder, Post-stroke aphasias, motor speech disorders, Autism, cleft lip and palate, Down's Syndrome and other related disorders.

4,200

**PATIENTS SEEN IN
AUDIOLOGICAL
SERVICES**

3,000

**PATIENTS SEEN IN
SPEECH LANGUAGE
THERAPY SERVICES**







IHHN ALIGNMENT WITH UN'S SUSTAINABLE DEVELOPMENT GOALS

The United Nation's Sustainable Development Goals (SDG) define the most-neglected areas of human and other forms of life on earth and urges all countries to improve these areas through governmental and non-governmental actors.

As a conscientious and humane organization, IHHN recognizes their value and has aligned its mission towards a sustainable and inclusive future in which no one is left behind. IHHN has a direct impact on some SDGs. However, during the past few years, Indus has made tremendous changes and is aligning itself to more SDGs.

1 NO POVERTY



The per capita household income of people falling in the three lowest wealth quintiles in Pakistan is less than PKR 5,000 per month. More than 90% of this income is spent on food, shelter, and clothing, so any health expenditure due to severe illness pushes thousands of Pakistanis into extreme poverty. Free-of-cost healthcare provision at the IHHN alleviates the grave financial struggle that accompanies illness. By generating research and providing awareness to marginalized populations, IHHN prevents these already vulnerable communities from facing further inequalities.

2 ZERO HUNGER



Pakistan has public and private healthcare systems. Private hospitals are so expensive that going to them can cost an arm and a leg. By providing free quality healthcare services, Indus is helping people to save their hard-earned money and spend it on food and other essential items. IHHN does the same for its employees by providing subsidized meals. In some disease-based programs, patients are provided with food, transportation, and a boarding facility.

3 GOOD HEALTH AND WELL-BEING



IHHN has a direct link with SDG 3. The Network believes that basic healthcare is a fundamental right of every citizen, not a privilege. IHHN works to bridge the gap between Pakistan's failing health sector and healthcare needs. It helps alleviate the burden placed on the rural and urban population. Our contributions include improving maternal and child health through elaborative programs, ending epidemic diseases, and reducing premature mortality rate.

4 QUALITY EDUCATION



Education and human development go hand in hand. The Indus University of Health Sciences promotes critical, analytical, research-based learning and empathy in dealing with the community. IHHN also provides Postgraduate Medical Education and Continued Medical Education through various courses.

Long-term diseases cause serious damage to pediatric patients' education. To make up their losses and keep them engaged, IHHN has established a hospital-based school 'Indus Kay Sitaray, so that children can continue their education.

5 GENDER EQUALITY



IHHN is an equal opportunity employer and provides employment opportunities and a platform for the women who work here. This includes having women represent every aspect of the organization, including being part of the Board of Directors, doctors, nurses, managers, to Community Health Workers.

6 CLEAN WATER AND SANITATION



IHHN addresses the importance of sanitation in all its operations, including sanitization for medical activities in a public health context. It attempts to prevent water-borne diseases, which alleviates the burden on healthcare facilities and reduces illnesses. The Korangi Campus has a filter plant to ensure the supply of clean drinking water, and the quality of the water supply is regulated by monitoring and conducting lab testing. Additionally, the community health centers facilities have reverse osmosis plants to provide purified and clean water.

7 AFFORDABLE AND CLEAN ENERGY



IHHN's container health facilities use solar energy to get electricity. This renewable source of energy is ideal for areas where the grid system is still not available.

8 DECENT WORK AND ECONOMIC GROWTH



IHHN is dedicated to fostering an environment of inclusivity and appreciation. It is an equal opportunity employer and follows the philosophy of no discrimination on the basis of race, color, religion, sex, national origin, age, disability in any aspect of a person's employment or eligibility for employment.

9 INDUSTRY, INNOVATION AND INFRASTRUCTURE



IHHN uses innovative and resilient infrastructure such as container-based community health centers, mobile clinics and a boat clinic to reach out to people living in the furthest and difficult-to-reach areas.

10 REDUCED INEQUALITIES



While IHHN provides free healthcare, accessible for all, it emphasizes the necessity for marginalized and vulnerable communities who are otherwise unable to avail such services due to cost and physical reach. By strategically locating itself, generating research, and providing awareness to marginalized populations, IHHN prevents these already vulnerable communities from facing further inequalities.

12 RESPONSIBLE CONSUMPTION AND PRODUCTION

The Network encourages practices which are environmentally-aware and sustainable. Its hospitals, facilities, and patients are managed by digital means, using an entirely paperless process. The Network also encourages a 'No Plastic Policy' in its practices which reduces non-biodegradable waste.

15 LIFE ON LAND

While expanding its horizon, IHHN is also taking care of other forms of life on earth. The Korangi Campus started a pilot project of vaccinating and neutering street dogs to reduce dog bite cases and resultant morbidity and mortality. The project was scaled up as the Rabies Free Pakistan and is making a great impact on the lives of homeless animals.

17 PARTNERSHIPS FOR THE GOALS

IHHN revitalizes resource generation through global partnerships for sustainable development.





QUALITY AND MONITORING

Quality and Monitoring is an important part of any healthcare service. The Quality and Monitoring Directorate supports and facilitates IHHN's efforts to provide patients and their families with safe, appropriate, consistent healthcare in a good environment.

The Directorate coordinates between Sindh Health Care Commission and hospital management for accreditation activities. It conducts clinical, operational, and management reviews/audits to identify improvement needs in the system and identify compliance against national and international standards. It conducts a certification course on Quality Improvement and Patient Safety (QIPS). It reviews hospital-wide SOPs, manuals, forms, guidelines, policies, and procedures as per protocol and standards of the hospital in collaboration with Medical, Operations, and Clinical Affairs directorates. The Directorate conducts quality improvement initiatives. It receives feedback from patients and attendants and records all complaints, suggestions, and appreciations. It conducts training sessions for consultants, doctors, nurses, and allied health professionals. It also conducts a Patient Satisfaction Survey. QIPS facilitated laboratory service and blood center in achieving ISO 15189:2012 certification. It obtained Sindh Healthcare Commission registration of primary care clinics for PCP sites in Islamkot, Tharparkar; Shadi Large, Badin; Marvi clinic; Khorwah; Al-Fakir Trust Campus; Sehwan.



**KORANGI CAMPUS
BECAME PAKISTAN'S**

FIRST WHO- PATIENT
SAFETY-FRIENDLY
HOSPITAL BY
ACHIEVING

**LEVEL 1
ACCREDITATION**

**KORANGI CAMPUS
RECEIVED**

**PROVISIONAL
LICENSE**

**FROM THE
SINDH
HEALTHCARE
COMMISSION**

EDUCATION

When it comes to building a healthy community and a robust healthcare system the importance of health education cannot be overlooked.

Indus University of Health Sciences is determined to create a pool of health and allied health professionals to care for an increasingly diverse patient population.

In 2015, the Government of Sindh granted charter for the Indus University of Health Sciences. The University's objective is to provide a socially-responsible, evidence-based, and transformative education to health-care professionals that is contextually-relevant and equitable to Pakistan's healthcare needs.

The University will have seven colleges. The Indus College of Nursing & Midwifery (ICoNM), Indus College of Medical Technology & Allied Health (ICMTAH), and Indus College of Physical Therapy & Rehabilitation (ICPTR) are operational. The remaining colleges are planned to be operational soon and will be housed next to the new hospital building in Korangi.

INDUS COLLEGE OF NURSING & MIDWIFERY

Indus College of Nursing & Midwifery (ICoNM) is the first academic unit of Indus University of Health Sciences. It started in September 1994 for a three-year general nursing program. In 1995, ICoNM was recognized by Pakistan Nursing Council. The College offers various programs from diploma to undergraduate level. In 2020-21 564 students enrolled at ICoNM, and students' success rate was above 95%.



INDUS COLLEGE OF MEDICAL TECHNOLOGY & ALLIED HEALTH SCIENCES

Indus College of Medical Technology & Allied Health started functioning in 2016. It is affiliated with the Jinnah Sindh Medical University. The college offers BS, diploma, and certificate programs.

ASSOCIATE DEGREE IN BLOOD TRANSFUSION MEDICINE

The Associate Degree program was established to provide educated, well-trained, and skilled technologists in blood transfusion medicine. The program aspires to produce the next-generation blood banking workforce. The first batch of the program started in March 2021 and 23 students inducted in Karachi, Jamshoro, Bahawalpur, and Multan

INDUS COLLEGE OF PHYSICAL THERAPY & REHABILITATION

The Indus College of Physical Therapy and Rehabilitation was established in 2021. The College offers programs affiliated with Jinnah Sindh Medical University. ICPTTR also offers a five-year Doctor of Physical Therapy program.

POST GRADUATE MEDICAL EDUCATION

PGME program aims to train and educate residents and fellows, emphasizing transformative education, which helps them become experts in their fields and become agents of change. PGME is recognized by the College of Physicians and Surgeons Pakistan. Currently, 222 residents are enrolled in PGME program.

INDUS RESUSCITATION TRAINING CENTER

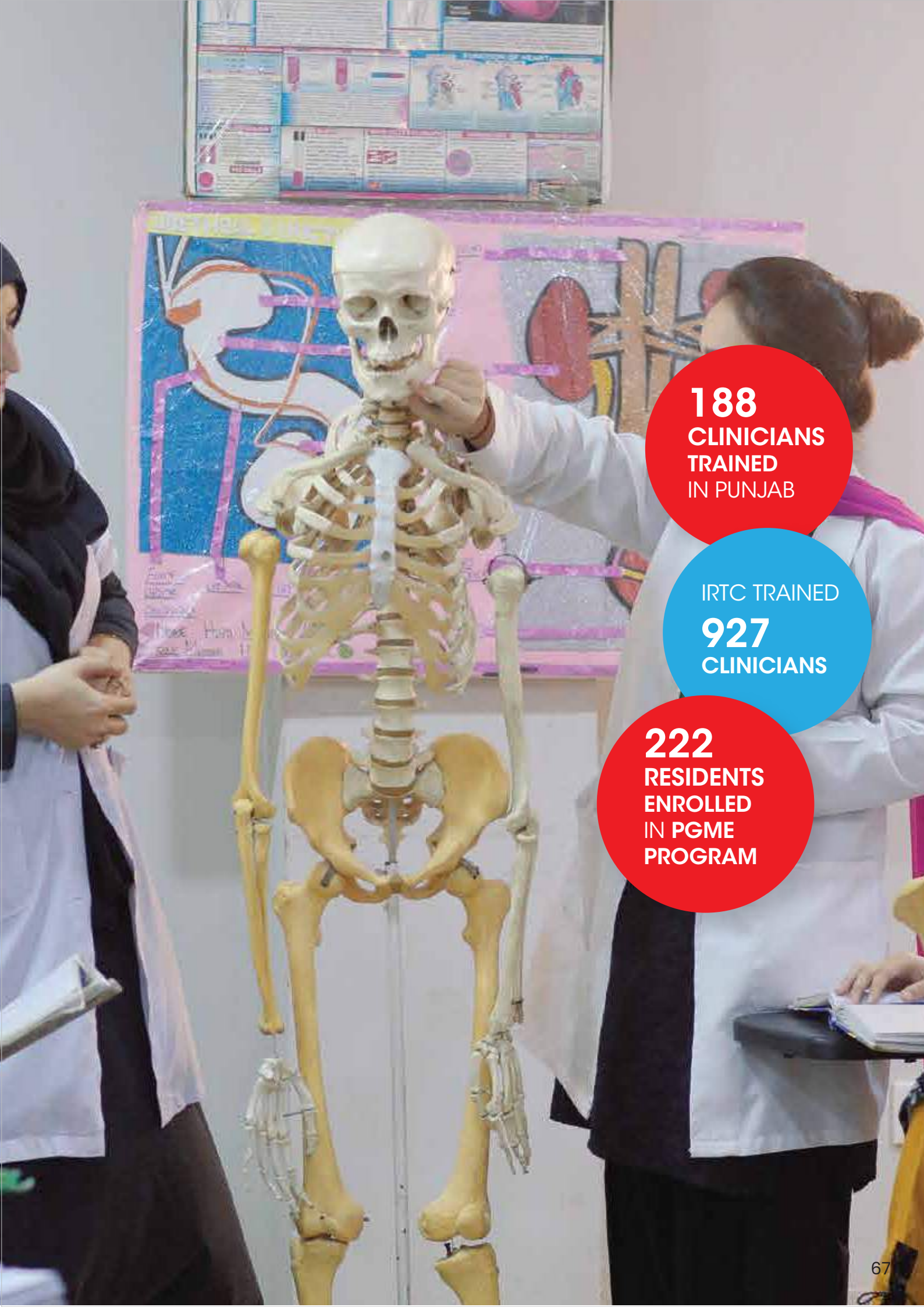
The Indus Hospital Resuscitation Training Center (IRTC) was established in September 2020. IRTC is responsible for conducting lifesaving courses. IRTC is also working to establish an authorized American Heart Association (AHA) training center. AHA offers courses in Basic Life Support; Advance Cardiac Life Support; Pediatric Advanced Life Support, Pediatrics Emergency Assessment Recognition and Stabilization course, and Cardiopulmonary Resuscitation awareness sessions. During 2020-21, IRTC trained 927 clinicians in the field of resuscitation.

INDUS TRAINING CENTER FOR INFECTION CONTROL & PREVENTION

The Infection Control Department looks after the clinical side and conducts courses and training sessions. The Department started its educational activities in 2017. So far, it has completed three batches of a one-year diploma program, with the fourth one in its ending phase.

DEPARTMENT OF HEALTH PROFESSIONALS EDUCATION

IUHS established the Department of Health Professionals Education (HPE) in 2020. It offers undergraduate and postgraduate programs. HPE has contributed to developing a structured evaluation process for PGME program. HPE started three new undergraduate programs in 2021.



188
CLINICIANS
TRAINED
IN PUNJAB

IRTC TRAINED
927
CLINICIANS

222
RESIDENTS
ENROLLED
IN PGME
PROGRAM



Indus Hospital Research Center



RESEARCH

Healthcare research can find answers to things that are unknown, fills gaps in knowledge and changes the way that healthcare professionals work.

RESEARCH OVERSEEN BY IHRC

COVID-19 VACCINE TRIALS

IHHN has been invited to participate in multinational drug and vaccine trials that have received approval from Pakistan's National Bioethics Committee and Drug Regulatory Authority.

In 2020-21, Indus participated in three COVID vaccine trials:

- Beijing Biologics vaccine
- CanSinoBIO vaccine
- ZF2001 vaccine



RABIES VACCINE TRIAL

This multi-arm trial will provide crucial information on the efficacy of a Chinese anti-rabies vaccine (Verocell). The lab aspect of this study was done in collaboration with the Biology Department, School of Science and Engineering, Lahore University of Management Sciences.

DRUG TRIALS

WHO Solidarity Trial

Pakistan is 1 out of 39 countries to receive approval to participate in this multi-country WHO clinical trial.

WHO Solidarity Plus

WHO extended the Solidarity trial by the name of Solidarity Plus to evaluate other potential drugs in addition to the local standard of care arm.

Jinhua Qinggan Granules Trial

This trial's active intervention is a traditional Chinese herbal medicine developed to treat H1N1 influenza.

HALO International Trial

The Sepsis trial is being conducted in collaboration with the University of Manitoba.

PROGRAMS

COCHLEAR IMPLANT & REHABILITATION PROGRAM

In 2020-21, the Cochlear Implant and Rehabilitation Program was completely transitioned to the Ear, Nose and Throat Department after successfully converting a service into a program.

RABIES FREE PAKISTAN

In 2019-20, Rabies Free Karachi became Rabies Free Pakistan (RFP) program after signing an MoU with Getz Pharma Pvt. Ltd. to eradicate Rabies by 2030. During 2020-21, a surgical mobile van was donated by Ghandhara Nissan Motors for sterilization activities. During 2020-21, RFP team vaccinated 6,374 street dogs and sterilized 3,602 dogs across Karachi.



RABIES FREE PAKISTAN FIELD SURVEY

RFP survey was started in April 2021 in Sindh to determine the incidence of Rabies mortality. In this survey, 4,700 households were surveyed, including 1,200 from six districts of Karachi.

USING BEHAVIORAL SCIENCES APPROACH TO IMPROVE ER CONDITIONS OF HOSPITALS IN PAKISTAN

The study focuses on testing behavioral interventions to reduce violence in the Emergency Department at two public hospitals in Karachi and Peshawar.

INHERITED METABOLIC DISORDERS

The project is an inter-departmental collaboration of the Department of Pediatrics, Neonatology, Blood Center and Laboratory with sponsorship from Muller & Phipps. The project is being run at Korangi Campus and Sheikh Saeed Memorial Campus.

PANBIO COVID-19 AG TEST

The study was sponsored by Abbott Laboratories and conducted by Blood Center and Laboratories. The study's objective was to assess the equivalence of nasopharyngeal and nasal samples tested on the Panbio™ COVID-19 Ag test.

PROGRAMS & GRANTS ADMINISTRATION

The unit primarily focuses on preparing and assessing various legal documentation, including contracts and grants, material transfer agreements, data transfer agreements, confidential disclosure agreements, non-disclosure agreements, letter of intent, and many other grant-related documents.

CLINICAL RESEARCH UNIT

The Clinical Research Unit (CRU) began functioning in October 2021 with the first COVID-19 vaccine trial. In March 2021, CRU received a three-year license from the Drug Regulatory Authority of Pakistan.

INSTITUTIONAL REVIEW BOARD

In January 2021, Indus registered its own Institutional Review Board with the Department of Health and Human Services Office for Human Research Protections in the United States.

PEER-REVIEWED PUBLICATIONS

In 2020-21, there were 77 peer-reviewed publications. Six such pre-print articles of IHHN are also awaiting peer-review. Nearly two-thirds of the publications were in international journals.

IRB FAST-TRACKING FOR COVID-19 RESEARCH

During COVID-19, the IRB facilitated IHHN's pandemic response for fast research review turnover.



COLLABORATIONS AND PARTNERSHIPS

Collaborations and partnerships can help improve integration and quality in public healthcare systems.

PUBLIC-PRIVATE PARTNERSHIPS

In the health sector, Public-Private Partnerships are defined as institutional relationships between the government and the private sector to achieve a shared goal based on a mutually-agreed division of labor and resources.

IHHN has been working with all provincial governments to help serve the populace and provide universal healthcare for all. With the assistance and funding provided through the Public-Private Partnerships, IHHN has expanded its network throughout Pakistan and has made significant steps towards achieving its goal of providing quality and free healthcare to all.

SINDH

Since 2015, IHHN is managing the District Headquarter Hospital, Badin, through an agreement between the Government of Sindh (GoS) and Indus.

In July 2019, the Government of Sindh commissioned the Regional Blood Center at Liaquat University of Medical and Health Sciences, Jamshoro, with associated hospital-based blood banks.

In February 2021, IHHN established a dedicated Pediatric Hematology and Oncology clinic at DHQ Badin to treat childhood cancer patients.

After seeing the improved health indicators of Badin, GoS and IHHN decided to take a step further by establishing the Physical Rehabilitation Center to help physically-challenged people.

During the COVID-19 pandemic, IHHN helped the Government of Sindh set up a 100-bed Quarantine Center in Dumba Goth and a 120-bed COVID-19 Hospital in Gadap Town, and a 20-bed COVID-19 Unit in Badin.

IHHN started a dedicated Clubfoot clinic at Taluka Hospital, Kandhkot.

PUNJAB

In Punjab, IHHN is managing seven government-run hospitals, five of them are in Lahore alone: Tehsil Headquarter Hospital (THQ); Bedian Road; THQ Manawan; THQ Raiwind; THQ Sabzazar; and THQ Kahna Nau, Lahore. The Multan Institute of Kidney Diseases and Recep Tayyip Erdogan Hospital (RTEH), Muzaffargarh, are also under the management of IHHN. RTEH was designated as a major referral center for COVID-19 in South Punjab with a mutual understanding of IHHN and the Government of Punjab.

Two Physical Rehabilitation Centers are working at THQ Bedian Road and RTEH, Muzaffargarh.

IHHN is also running two Regional Blood Centers in Multan and Bahawalpur.

BALUCHISTAN

In Balochistan, IHHN is collaborating with the provincial government and is running a Pediatric Oncology clinic at the Sheikh Khalifa Bin Zayed Hospital in Quetta. Moreover, the Network is also working with the provincial health department for the eradication of Malaria in 21 target districts.



PRIVATE-PRIVATE PARTNERSHIPS

Private-Private Partnerships involve two private entities working together for a common cause. Indus Hospital & Health Network is working with some notable private entities:

- Pakistan Bait-ul-Mal joined hands with IHHN to conduct Cochlear Implant surgeries for the poor segment of society.
- IHHN works with Karachi Down Syndrome Program (KDSP) to refer children born at the Korangi Campus to KDSP and vice-versa.
- TenPearls, Pak-Suzuki, Dawood Foundation, and Allied Bank teamed up with IHHN to support its efforts towards COVID-19 pandemic.
- IHHN joined hands with Science Fuse to promote science education and help inculcate a scientific approach in the students of Indus Kay Sitaray.
- IHHN signed an MoU with the National Institutional Facilitation Technologies to establish the Network's online presence and secure a digital commerce payment system.
- KE helped strengthen IHHN's paperless system by donating an enterprise-class data storage system with an additional 50 terabytes of data storage.
- IHHN and Punjab Group of Colleges are jointly running "Voices Against Tobacco" for tobacco control and to empower Pakistan's youth to become anti-tobacco ambassadors.
- IHHN became the Corporate Social Responsibility Partner of Pakistan Super League franchise Quetta Gladiators.
- The Pakistan Cricket Board fulfilled the wishes of two Leukemia patients by having them and their families watch a game of the Pakistan Super League.
- IHHN and IBA partnered up to promote educational, professional, and intercultural projects and to stimulate collaborations for healthcare research.
- Under its 'Bata Care' campaign, the shoemaker donated 6,500 pairs of shoes to healthcare workers.
- Matrix Pvt. Ltd. sponsored IHHN – QF, NST & SMP Campus' building project items.
- Fast Cables contributed to expand the QF, NST & SMP Campus.

INTERNATIONAL PARTNERS

To tap into the potential of Pakistani diaspora in different countries, IHHN has a presence in six countries: the US, the UK, the UAE, Australia, Switzerland, and Canada.





UAE

AUSTRALIA

FRIENDS OF INDUS HOSPITAL, USA

Friends of Indus Hospital (FOIH) is a not-for-profit charitable organization registered in the United States of America based out of New Jersey. FOIH raises funds to support the efforts of IHHN via multiple fundraising events throughout the year.

During 2020-21, FOIH raised funds for IHHN and supported its efforts, especially the COVID-19 initiative. The Seattle Chapter in the USA helped establish a Container-based Community Health Center at Shadi Large, Sindh.

155 Cedar Lane Teaneck, NJ 07666

Web: www.foihus.org

Email: friend@foihus.org | Phone: +1 201 357 5549



INDUS HEALTH NETWORK, UK

Indus Health Network UK (IHN UK) is a registered charity with the Charity Commission of England & Wales. The purpose of IHN UK is to create awareness amongst the expatriate Pakistanis living in the UK about the contributions of Indus Hospital & Health Network by arranging fundraising events, mobilizing individual and corporate volunteers to support IHHN with the supply of equipment, assistive devices, infrastructure material, knowledge, and skill transfer.

During 2020-21, a grant of £1.34 million was awarded from IHN UK to support the medical care of over 300,000 patients of IHHN. Over 25,000 patients have benefitted from facilitated visits, diagnostics, and meal services in Pakistan. Over 5,500 cancer treatments and chemotherapy treatments and nearly 500 prosthetic limbs and clubfoot treatments for both children and adults have been provided because of the efforts of donors from the UK.

IHN UK supported the running costs of a boat clinic that provides treatment to patients on the Indus River and a primary care clinic in Abbaspur, Azad Jammu and Kashmir.

7 Bradman House, Abercorn Place, London NW8 9XY

Web: www.indushospital.org.uk

Email: contact@indushospital.org.uk | Phone: +44 0207 993 8082



THE INDUS HOSPITAL, UAE

The Indus Hospital UAE branch is registered with International Humanitarian City, UAE. It was established to support and create awareness about the efforts of IHHN. The branch raises funds to support the cause via multiple fundraising and awareness events throughout the year.

TIH UAE continues to mobilize a team of volunteers and youth groups to create awareness among the community about the healthcare services in Pakistan. 15 young and motivational individuals from the UAE branch chose to be part of TIH UAE's active Youth Ambassadors by raising funds for the Pediatric Oncology Unit at Korangi Campus. These champions of change were able to sponsor 1,000 chemotherapy sessions for the childhood cancer patients.

Office 330, Building 1, 3rd Floor, International Humanitarian City, Dubai, UAE P.O. Box 506019

Web: www.indushospital.org.ae

Email: info@indushospital.org.ae | Phone: +971 50 877 8103



INDUS DEVELOPMENT FOUNDATION, CANADA

Indus Development Foundation (IDF) is a not-for-profit charitable organization registered with the Canada Revenue Agency. IDF creates awareness about IHHN's work through annual fundraising initiatives, community events, and awareness drives. It seeks to mobilize a strong tradition of community giving and a shared commitment to change the paradigm of healthcare delivery in Pakistan.

In 2020, a grant of \$405,000 funded free treatment of 830 pediatric cancer patients from 55 cities across Pakistan. During Ramazan, IDF conducted three live telethons to raise funds to sustain the mission of IHHN.

Suite 302, 2233 Argentia Road, Mississauga, ON L5N 2X7
Web: www.indushospital.ca
Email: info@indushospital.ca | Phone: +1 289 309 3895



INDUS

DEVELOPMENT FOUNDATION

FRIENDS OF INDUS HOSPITAL, SWITZERLAND

Friends of Indus Hospital, Switzerland is a not-for-profit charitable organization registered with the Kantonal registration office of Basel Stadt and the Swiss Federal Government, with the mission to raise awareness about the healthcare needs of thousands of deserving patients and funds to support the endeavors of Indus Hospital & Health Network in Pakistan. Through annual fundraising initiatives, community events, and awareness drives FOIH Switzerland seeks to mobilize a strong tradition of community giving and a shared commitment to change the paradigm of healthcare delivery in Pakistan.

Gempen Strasse 41, 4053 Basel, Switzerland
Web: www.foih.ch
Email: contact@foih.ch | Phone: +41 797 363 264



Friends of

INDUS HOSPITAL
SWITZERLAND

FRIENDS OF INDUS HOSPITAL AUSTRALIA LIMITED

Friends of Indus Hospital Australia Limited (FOIHAU) is a not-for-profit organization registered in Australia with the Australian Charities and Not-for-Profits Commission under the Australian Charities and not-for-profits Commission Act 2012. FOIHAU is an initiative taken by Australians of Pakistani origin and supported by the wider community in Australia.

The activities of Friends of Indus Hospital Australia include creating awareness about the efforts of IHHN by holding fundraising events, mobilizing individual and corporate volunteers to support Indus.

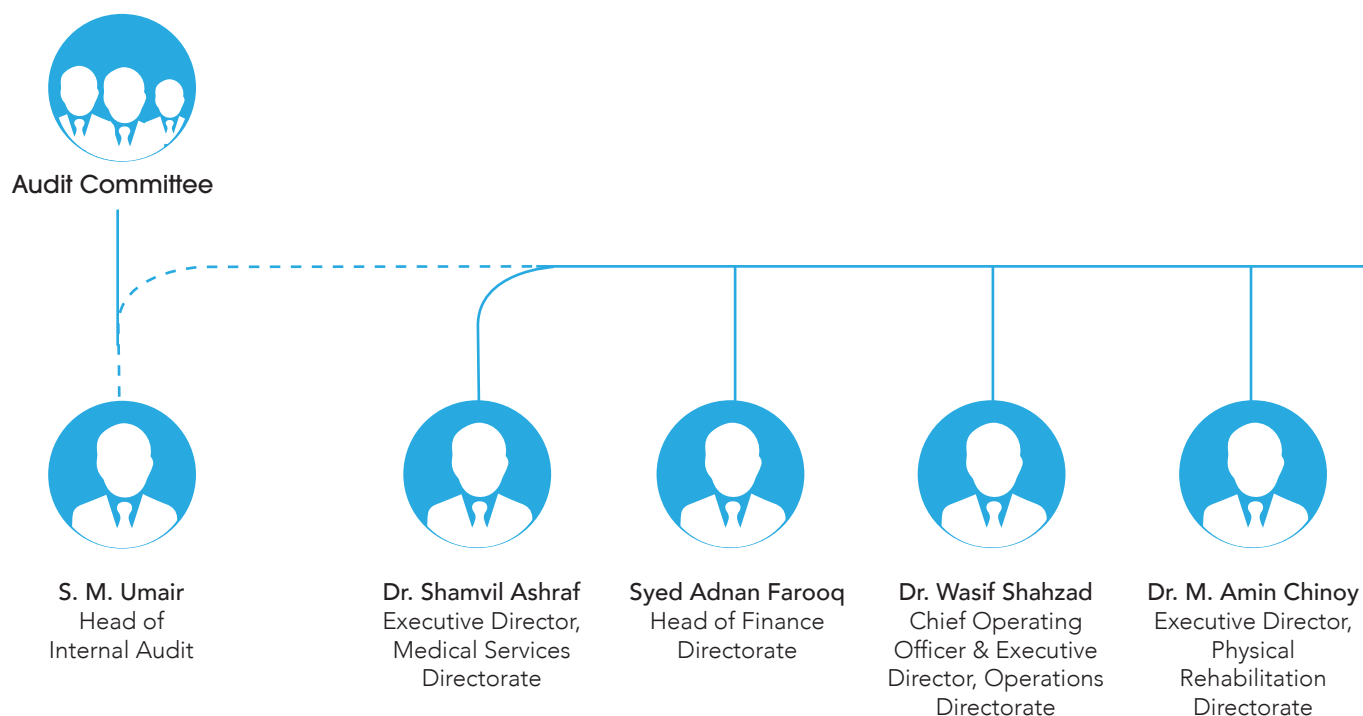
76 St. George Crescent Sandy Point NSW, 2172
Web: www.foih.org.au
Email: info@foih.org.au | Phone: +61 491 183 898



Friends of

INDUS HOSPITAL
AUSTRALIA CHAPTER

GOVERNANCE & TRANSPARENCY



BOARD OF DIRECTORS

ABDUL KARIM PARACHA

Chairman, CIM Shipping
Chairman
Indus Hospital & Health Network

DR. ABDUL BARI KHAN

Chief Executive Officer
Indus Hospital & Health Network

NASIM HYDER

Former Sr. Partner
Ford Roads Sidat Hyder & Co.

DR. YAHYA CHAWLA

Director
Burque Corporation (Pvt.) Ltd.

MIAN MUHAMMAD AHSAN

Chief Executive Officer
US Apparel (Pvt.) Ltd.

SHAIKH MOHAMMAD PERVEZ

Director
Din Group of Companies

ADNAN ASDAR ALI

Chief Executive Officer
Multinet Pakistan Ltd.

KHALID KHANANI

Chief Executive Officer
Metatax (Pvt.) Ltd.



Dr. Abdul Bari Khan
Chief Executive Officer



S. Shahab Akhtar
Executive Director,
Project & Facilities
Directorate



**Pervaiz Ahmed &
S. Mashhood Rizvi**
Executive Director,
Communication &
Resource
Development
Directorate



Dr. Mah Talat
Executive Director,
Community Health
Directorate



Dr. Lubna Mushtaque
Deputy General Manager,
Quality Improvement &
Patient Safety
Directorate



Shakeel Akhtar
Chief Information
Officer,
Information
Technology
Directorate



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

DR. AMBER RASHID

*Director Preventive Healthcare
King's College Hospital London, UAE*

ANWAAR AHMAD KHAN

*Chief Executive Officer
Ghani Value Glass (Pvt.) Ltd.*

ADVISORY BODY

STATUARY AUDITORS

**A.F. Ferguson & Co.
(PWC)**

LEGAL ADVISOR

Mohsin Tayyebaly & Co.

TAX ADVISOR

EY Ford Rhodes

HAPPENINGS



EVENTS

- IHHN hosted two golf tournaments in Karachi and Lahore. The theme for the Karachi tournament was Maternal, Neonatal, and Child Health, while the Lahore tournament raised funds for QF, NST & SMP Campus.
- To give an authentic shopping experience to the children, the Psychosocial team hosted a five-day Eid Bazaar for patients.
- IUHS held its first meeting of Board of Governors to discuss the university's mission, vision, and education policy.
- IUHS held a White Coat ceremony for the new students enrolling in the Indus College of Physical Therapy & Rehabilitation and Indus College of Medical Technology & Allied Health Sciences.
- The CEO met with leading media representatives at the Korangi Campus.
- Amna Mufti – screenwriter, columnist, and novelist – was invited as a guest in *Koocha-e-Fan o Sukhan*.

RECOGNITION

- Korangi Campus became one of the first 100 medical institutions to join the St. Jude Global Alliance to advance care for every child, everywhere.
- IHHN was chosen from amongst multiple entries in the 'public health' category to win the KE 'KHI Award' that recognizes organizations that have embraced the city of Karachi in the name of hope, peace, and development.
- The Primary Care Program won the 'Best Innovative Solution' award at the International Humanitarian City MGM awards 2021.
- Dr. Ghazanfar Saleem, Chair Emergency Medicine, received Engro Foundation's 'I AM THE CHANGE' Impact Award 2020.

INITIATIVES

- Korangi Campus introduced Peritoneal Dialysis which gives patients a chance to enjoy a better quality of life.
- IHHN established the Vascular Interventional service at RTEH.
- IHHN launched a YouTube channel, i-Health, which features a weekly live digital show, 'Sehat Sub Kay Liye.'
- Cochlear Implant team initiated 'Ehsas ka Safar' – a support group for mothers of children with Cochlear Implants.

ACHIEVEMENTS

- IHHN added the 13th hospital to its network of hospitals, Indus Hospital & Health Network – QF, NST & SMP Campus, Lahore.
- Dr. Naseem Salahuddin addressed WHO's 'United Against Rabies' forum.
- IHHN launched Pakistan's first-ever mobile 'Boat Clinic' to serve the population of Southern Punjab.
- Graduates of Al-Ghazi School of Midwifery secured the top three positions in their Community Midwifery Part I board examination from the Nursing Examination Board, Punjab.

EDUCATION/TRAINING/RESEARCH

- The Infection Control Department conducted a one-week infection prevention and control certificate course.
- IHHN started the third cohort of Certification Program in Emergency Medicine.
- 233 physicians, midwives, dispensers, nurses, and nurse aides attended the 'Helping Baby Breathe' training.

DIRECTOR'S REPORT

Your Directors are pleased to submit their report together with the audited financial statements of Indus Hospital & Health Network (IHHN) (formerly The Indus Hospital) for the year ended 30th June 2021.

1. SIGNIFICANT ACHIEVEMENTS & CHALLENGES 2020-21

1.1 COVID-19

Most of this financial year has been overshadowed by COVID-19 second and third wave related restrictions which impacted service volumes as well as expansion project planned milestones.

During the year IHHN continued being in the frontline in the fight against COVID-19. IHHN conducted more than 365,000 tests in partnership with the Government of Sindh (GoS) and other donor agencies and has successfully treated numerous COVID patients.

IHHN has also been providing COVID-19 vaccination service.

1.2 RESEARCH & VACCINATION TRIALS

Apart from providing treatment, IHHN has been a part of various research projects and vaccine trials. Including vaccination trial for **Cansino** AJM Pharma & **Zheifi**.

1.3 SKOLL FOUNDATION GRANT

During the year IHHN was awarded a USD 4 million Grant from Skoll Foundation for setting up a COVID unit & Container Clinics.

1.4 OIG REPORT & CESSATION OF TB GRANT

In December 2020 headline news relating to Indus Hospital & procurement irregularities in Global Fund Tuberculosis Program (TB Program) – these allegations were the most damaging and tragic event of the year. The investigation culminated with Office of Inspector General (OIG), an agency appointed by The Global Fund (GF), issuing an investigation report (the Report) on April 1, 2021 relating to alleged conflict of interest, procurement and implementation irregularities with respect to the TB Program, involving IHHN and its vendors Interactive Research and Development (IRD) and Interactive Health Solution (IHS). As per the report, OIG has proposed GF for the recovery of USD 1,171,589.

However no demand has been raised to date by GF in this respect and it is hoped the matter will be resolved in a favourable manner as IHHN relationship has strengthened with GF.

Further, subsequent to the reporting date, another grant confirmation has been received by IHHN from GF as "Sub Recipient" for the TB Program.

In view of these developments no provision in respect of potential claim has been made in the financial statements and the matter has been disclosed as a contingent liability in note 16.1.3 of the financial statements.

1.5 GLOBAL FUND MALARIA GRANT

The Global Fund's Malaria Grants' three year period completed on December 31st, 2020. GF was very satisfied with IHHN's delivery in the Malaria intervention program this was evidenced by the enhancement of the Global Fund Malaria Grant – from USD 2.4 million to USD 6.3 million (C. USD 9M to 13.6 M). The program will now cover 34 districts as to earlier 19 districts across Pakistan.

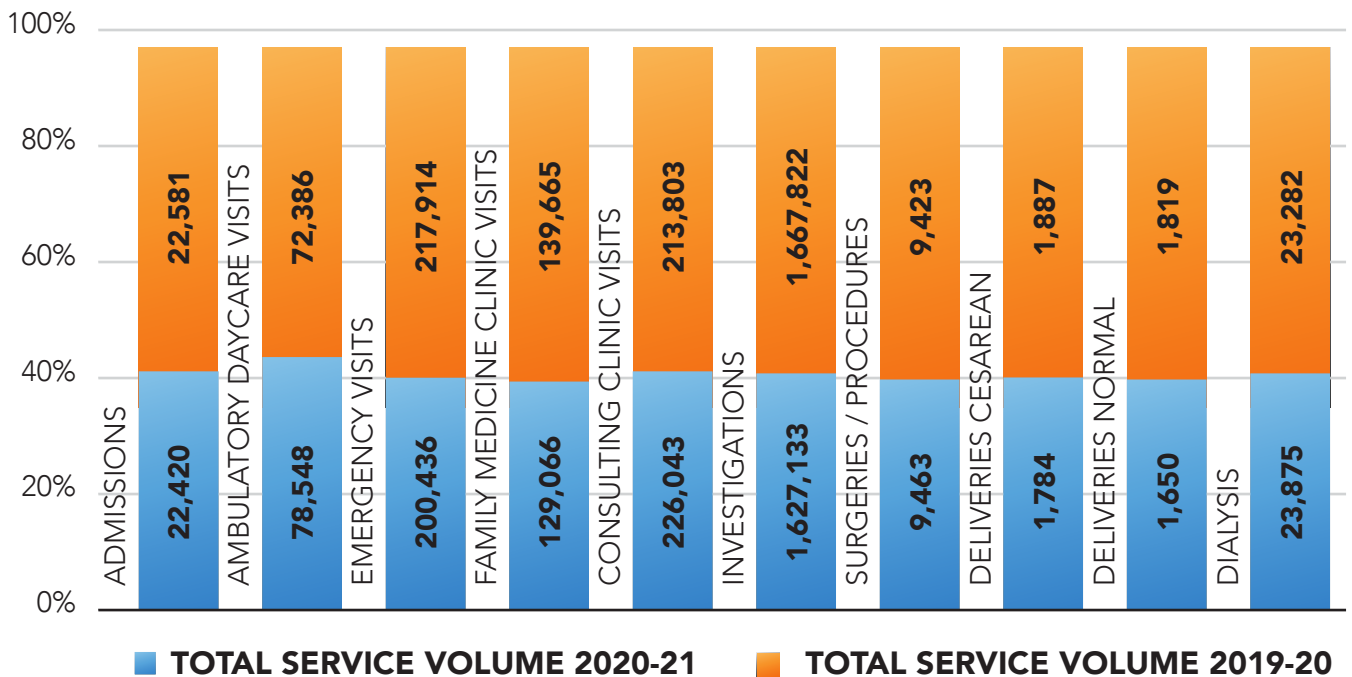
1.6 STRENGTHENING GOVERNANCE & PROCESSES

IHHN recognises the importance of strengthening governance and processes for sustainable growth. The Board taking cognizance of the same has approved policies on *Anti-Money Laundering Compliance, Anti-fraud, Anti-bribery/ Corruption, Conflict of Interest, and Code of Conduct for Directors.*

2. OPERATIONAL PERFORMANCE REVIEW YEAR-TO-YEAR COMPARISON

1.6 VOLUMES

Owned Campuses Services



Managed Campuses Services

Managed Campuses: July 2020 - June 2021

Sr No.	Services	Badin	MIKD	RTEH	MSSH	Kahana	Manawa	Raiwind	Sabzazar	Total
1	ER Visits	94,124	30,077	89,794	32,258	118,871	149,726	112,373	102,294	729,517
2	Consulting Clinic Visits	75,366	46,377	105,866	48,567	57,631	57,491	53,399	58,951	503,648
3	Primary Care Visits	152,118	75,370	74,759	84,848	158,764	180,371	151,155	161,306	1,038,691
4	Total Admissions*	22,977	10,399	24,985**	8,631	15,310	20,309	15,391	18,873	136,875
5	Surgeries / Procedures	1,925	4,798	9,856	1,828	3,574	3,881	4,204	4,350	34,416
6	Deliveries	4,296	n/a	4,502	3,010	3,888	4,491	3,519	4,649	28,355
7	Diagnostics***	566,143	470,584	522,637	50,065	171,486	92,420	210,992	254,553	2,338,880

* Includes Inpatient and Day Care admissions

** Includes 1,012 COVID-19 admissions

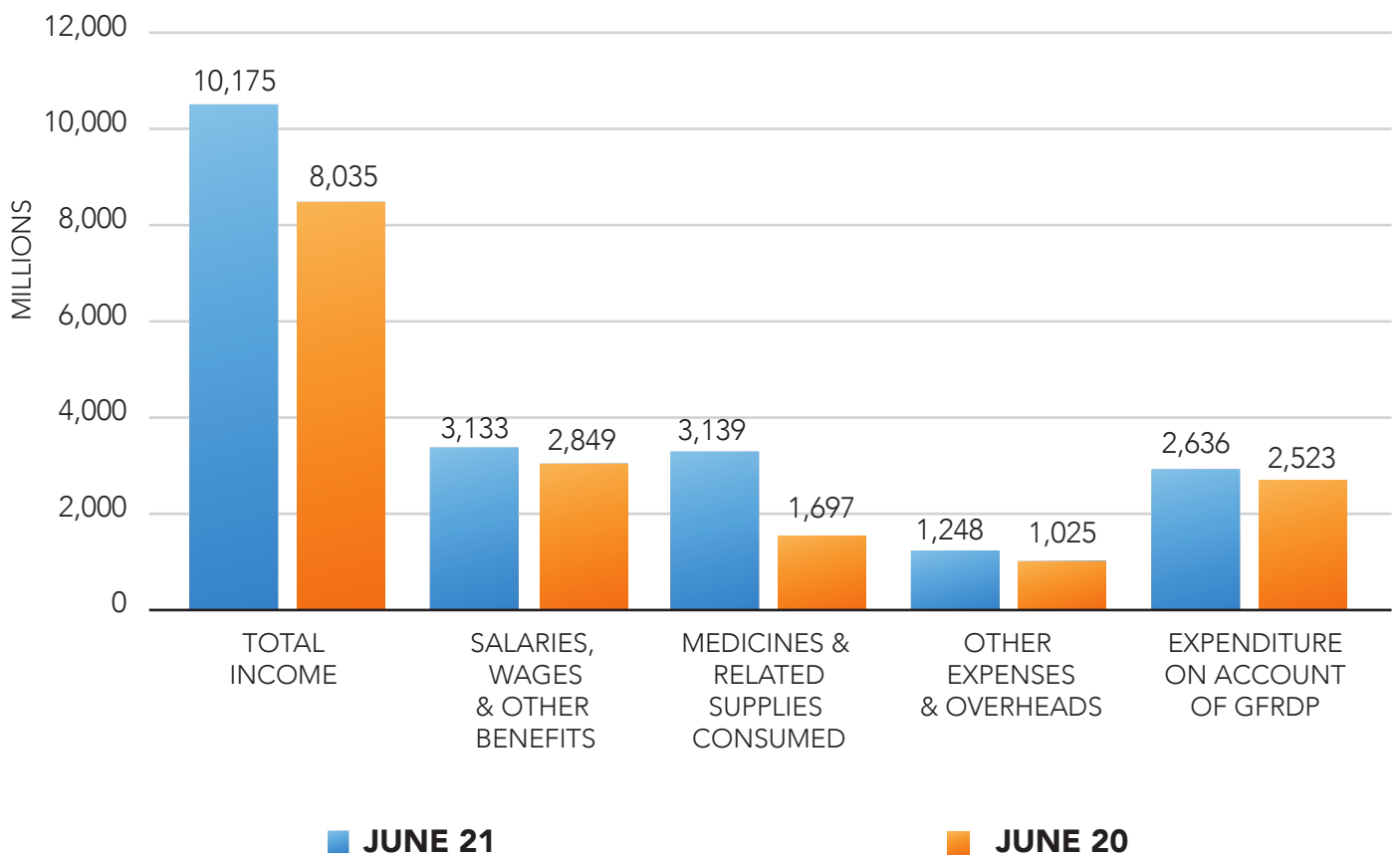
*** Laboratory & Radiology

3. FINANCIAL PERFORMANCE REVIEW

Excludes Managed Campuses and International Chapters

PARTICULARS	2020-21	2019-20	VARIANCE	VARIANCE%
	RUPEES (IN MILLION)			
Income	10,175	8,035	2,140	27%
Expenditure	10,155	8,093	2,061	25%
Surplus/ (Deficit) for the year	20	(58)	78	-
Non Current Assets	15,960	12,345	3,615	29%
Property Plant & Equipment	15,791	12,150	3,641	30%
Current Assets	9,883	5,945	3,938	66%
Short Term Investments	819	407	412	101%
Cash in Hand / Bank	7,160	3,227	3,932	122%
Fund	833	813	20	2%
Non Current Liabilities	16,853	11,995	4,857	41%
Deferred Capital Grant	16,680	11,814	4,865	41%
Current Liabilities	8,156	5,481	2,675	49%
Deferred Income	5,261	4,233	1,028	24%
Trade & Other Payables	2,887	1,244	1,643	132%

ANALYSIS OF INCOME STATEMENT



ANALYSIS OF INCOME

PARTICULARS	2020-21	2019-20	VARIANCE	VARIANCE%
	RUPEES (IN MILLION)			
Value of Services Rendered to Patients through:				
• Zakat	3,530	2,910	620	21%
• Donations	3,672	2,303	1,369	59%
• Deferred Capital Grant	172	164	8	5%
Grant Funded Research & Development Projects	2,636	2,523	113	4.5%
Proceeds from Academic Activities	76	63	13	21%
Other Income	89	73	16	22%

4. FUTURE OUTLOOK

4.1 EXTENDING OUR SERVICES TO ALL REGIONS OF PAKISTAN

Punjab Lahore

In 2017, Qarshi Foundation and Naimat Saleem Trust, in collaboration with IHHN laid the foundation of the QF, NST & SMP Campus. In 2021, the Din Group also joined the cohort and became an active partner. In July 2021, IHHN opened the doors of its newly-built, state-of-the-art hospital in Jubilee Town, Lahore. It is estimated that once completely functional, the hospital would serve 1 million patients annually.

Balochistan Quetta

With the blessings of the Almighty another milestone has been the initiation of the Pediatric Oncology unit at Sheikh Khalifah Bin Zayyad Hospital, Quetta strengthening our healthcare footprint in Balochistan.

Sindh Karachi - Indus Hospital Expansion

The grey structure of the Karachi expansion project has been completed. This project on completion will become a state-of-the-art multifaceted, tertiary care teaching hospital the facility will have 1,350 beds and include all modern facilities and service lines. It will also feature the Indus University of Health Sciences.

Among the many challenges is the rise in inflation and currency depreciation which has tremendously increased construction costs. However, through divine help generous donors including GoS have been supporting this project – a dream of excellence for all in health care in Pakistan.

4.2 PRIMARY CARE PROGRAM (PCP)

We plan to establish 200 clinics based on the hub and spoke model in the next three years. The plan includes setting up of container clinics, mobile bus clinics, boat clinics, fixed clinics, and telehealth centers. Presently there are 11 active sites in Sindh and 06 in Punjab, Kashmir and Gilgit Baltistan other 5 than Family Medicine Clinics at IHHN campuses. Fixed facilities are 18, Container Clinics 05 (two are on hold), mobile medical bus 01, boat clinic 01 and Telehealth clinics 06.

During the year notable sites added were Baba Bhatt Island and Shah Jamal.

Telehealth is an important component of this program.

5. GOVERNANCE

The Governing Body of IHHN - the Board of Directors are experienced and qualified professionals who bring a diverse range of professional and technical expertise to the organization. One of the directors has a background of accountancy and finance. The Board deliberates on long term strategy, sustainability and provides direction in key operational matters. The Board ensures that effective risk management policies and procedures are in place for risk identification, assessment, mitigation, monitoring and reporting. The IHHN Board monitors strategic, financial and operational risks through its Audit & Finance Committee (AFC).

The Board provides oversight and guidance through its Committees ensuring alignment with IHHN's vision, mission and core values:

- Audit & Finance Committee
- Community Health Committee
- Construction & Maintenance Committee
- Endowment Committee
- Fund Raising Committee (Local & International)
- Human Resource & Remuneration Committee
- Information & Technology Committee
- Members Induction Committee
- Procurement Committee
- Project Evaluation Committee
- Quality Improvement & Patient Safety Committee
- Shariah Committee
- Zakat Committee

The Board and its Committees play a critical role in ensuring the company's financial sustainability through its fundraising efforts as well as being a source of guidance and expertise for all functional leaders within the organization.

6. EVALUATION OF COMPANY'S PERFORMANCE

There is a robust mechanism for evaluating the performance of the company. The management uses several indicators to assess performance including benchmarking with other NPOs, historical results, economic and compliance situations, grantors and donors funding and other factors.

Budgets are designed to set targets for the management and used to measure progress against actual results periodically, allowing necessary actions to be taken pre-emptively.

7. BOARD OF DIRECTORS

No casual vacancy occurred on the Board during 2020 – 2021. The election of the directors were held on October 19, 2020. During the financial year ended June 30, 2021, ten (10) meetings of Board of Directors were held. The detail of attendance of the meetings is as follows:

NAME OF DIRECTOR	MEETINGS ATTENDED
Non-Executive Directors	
Mr. Abdul Karim Paracha **	7
Mr. Adnan Asdar Ali **	6
Dr. Amber Rashid **	7
Mr. Anwaar Ahmed Khan	10
Mr. Hafiz Muhammad Aamir*	3
Mr. Khaleequr Rahman*	3
Mr. Khalid Khanani **	7
Mr. Mian Muhammad Ahsan	8
Dr. Muhammad Yahya Chawla	10
Mr. Muhammad Yasin Malik*	1
Mr. Nasim Hyder	10
Mr. Salim Razzak Tabani *	2
Mr. S. M. Pervez **	7
Mr. Yunus Hashim Bengali*	3
Executive Director	
Prof. Abdul Bari Khan	10

**Retired on October 19, 2020*

*** Inducted on October 19, 2020*

8. FINANCIAL STATEMENTS

The Financial Statement of the Company have been approved by the Directors and duly audited by A.F. Ferguson & Co. Chartered Accountants, their report is attached with the financial statements.

9. AUDITORS

The audit firm has a satisfactory rating under the Quality Control Review Program of The Institute of Chartered Accountants of Pakistan (ICAP). It is fully compliant with the International Federation of Accountants' guideline on codes of ethics, as adopted by ICAP.

The Audit & Finance Committee and the Board of Directors of the Company have endorsed their re-appointment for members' consideration at the forthcoming Annual General Meeting.

10. ACKNOWLEDGEMENT

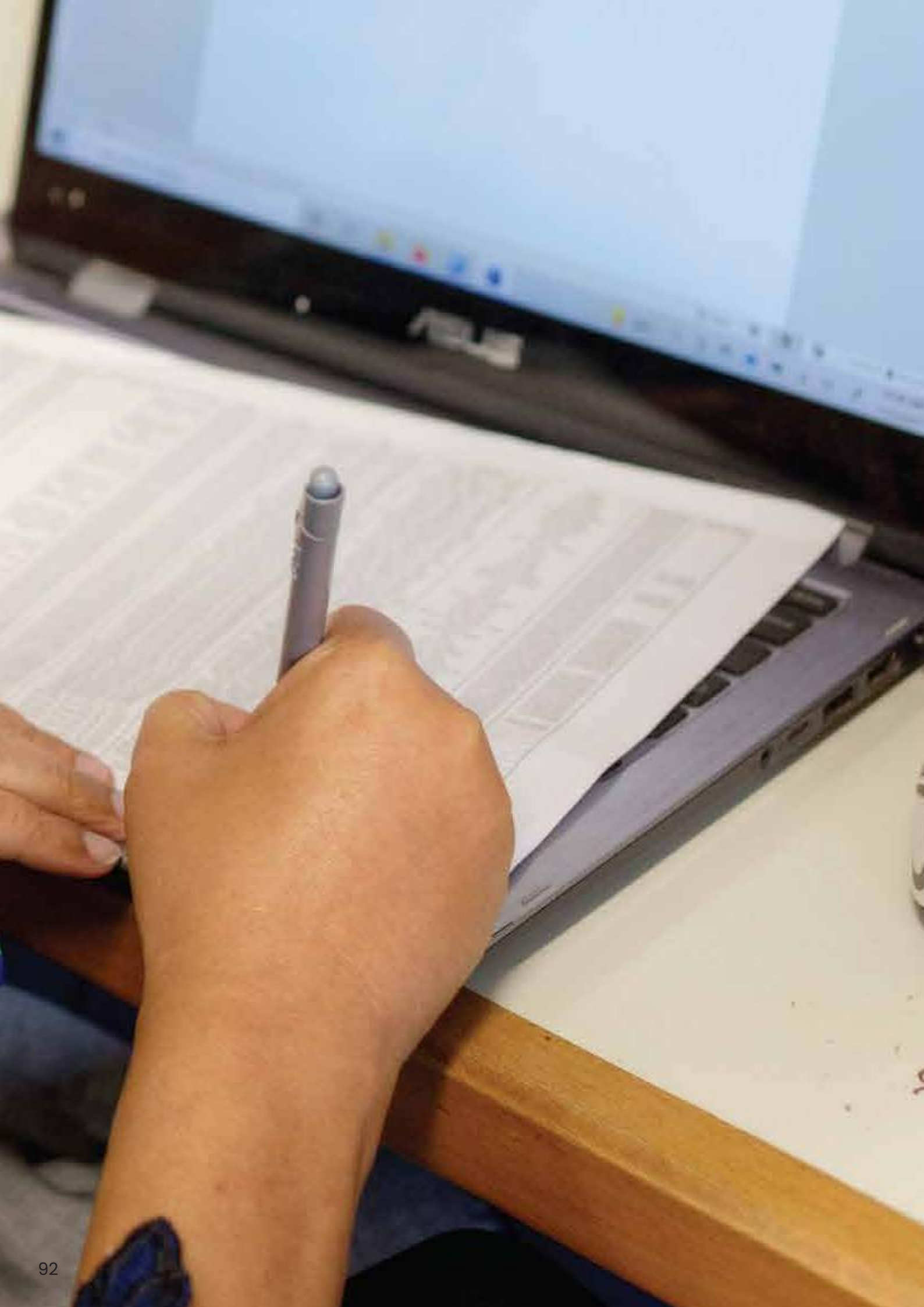
We extend our appreciation and heartfelt gratitude for the support provided by members of the General Body, management, faculty, staff, donors and our well-wishers. May the Almighty guide us to serve sincerely and continue this legacy.



CHIEF EXECUTIVE OFFICER



DIRECTOR



INDEPENDENT AUDITOR'S REPORT

TO THE MEMBERS OF INDUS HOSPITAL AND HEALTH NETWORK REPORT ON THE AUDIT OF THE FINANCIAL STATEMENTS

OPINION

We have audited the annexed financial statements of Indus Hospital and Health Network (the Hospital), which comprise the statement of financial position as at June 30, 2021, 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, 2021 and of the surplus 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 obtained at the date of this auditor's report is information included in the director's 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 on the other information obtained prior to the date of this auditor's report, 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 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:

- (a) proper books of account have been kept by the Hospital as required by the Companies Act, 2017 (XIX of 2017);
- (b) 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;
- (c) investments made, expenditure incurred and guarantees extended during the year were for the purpose of the Hospital's business; and
- (d) no zakat was deductible at source under the Zakat and Ushr Ordinance, 1980 (XVIII of 1980).

The engagement partner on the audit resulting in this independent auditor's report is Azhar Hussain.



A. F. Ferguson & Co.,
Chartered Accountants
Karachi

Date: December 1, 2021

STATEMENT OF FINANCIAL POSITION
AS AT JUNE 30, 2021

		2021	2020
ASSETS	NOTE	----- RUPEES -----	
Non-Current Assets			
Property, plant and equipment	4	15,791,256,913	12,150,222,401
Right-of-use assets	5	155,017,091	179,350,930
Intangible assets	6	7,237,406	9,201,875
Long term deposits	7	6,600,000	6,600,000
		<u>15,960,111,410</u>	<u>12,345,375,206</u>
Current Assets			
Inventories	8	1,185,509,628	1,157,090,509
Advances, deposits, prepayments and other receivables	9	718,195,221	1,153,301,884
Short term investments	10	819,415,348	407,424,864
Cash and bank balances	11	7,159,568,518	3,227,094,533
		<u>9,882,688,715</u>	<u>5,944,911,790</u>
TOTAL ASSETS		<u><u>25,842,800,125</u></u>	<u><u>18,290,286,996</u></u>
FUND			
Accumulated fund		833,348,038	813,462,489
LIABILITIES			
Non-Current Liabilities			
Lease liabilities	12	173,585,952	181,682,887
Deferred capital grant	13	16,679,663,789	11,814,308,424
		<u>16,853,249,741</u>	<u>11,995,991,311</u>
Current Liabilities			
Deferred income	14	5,261,032,044	4,233,027,924
Current portion of lease liabilities	12	8,096,935	3,958,495
Trade and other payables	15	2,887,073,367	1,243,846,777
		<u>8,156,202,346</u>	<u>5,480,833,196</u>
CONTINGENCIES AND COMMITMENTS	16		
TOTAL FUND AND LIABILITIES		<u><u>25,842,800,125</u></u>	<u><u>18,290,286,996</u></u>

The annexed notes 1 to 32 form an integral part of these financial statements.

Mers



Chief Executive Officer



Director

**STATEMENT OF INCOME AND EXPENDITURE AND OTHER
COMPREHENSIVE INCOME**
FOR THE YEAR ENDED JUNE 30, 2021

		2021	2020
	NOTE	RUPEES	
INCOME			
Value of services rendered to patients financed through:			
• Zakat		3,529,813,707	2,909,724,985
• Donations		3,672,215,539	2,303,449,652
• Deferred capital grant		172,351,315	163,497,673
Grant-Funded Research and Development Projects (GFRDP) including deferred capital grant		2,635,642,099	2,522,955,225
		10,010,022,660	7,899,627,535
Proceeds from academic activities		76,094,440	62,522,552
Other income	17	10,086,117,100	7,962,150,087
		89,062,978	72,818,611
		10,175,180,078	8,034,968,698
EXPENDITURE			
Salaries, wages and other benefits		3,133,123,399	2,848,611,352
Medicines and other supplies consumed	18	3,138,625,920	1,696,740,146
Depreciation	4.1.2	360,270,316	333,489,139
Depreciation on right of use assets		24,333,839	24,333,839
Utilities		288,286,487	245,229,302
Marketing and advertisement		139,864,553	105,307,894
Repairs and maintenance		123,774,786	69,309,092
Outsourced - Medical facilities and diagnostics charges		69,529,159	65,896,971
Expense relating to short-term leases		576,529	121,984
Printing, stationery and courier		13,778,142	24,865,078
Security services		24,097,577	21,530,836
Travelling and transportation		28,104,845	18,152,146
Training and development		5,736,999	7,296,913
License fee		44,090,685	17,996,417
Fuel		10,692,826	14,376,456
Communication charges		16,051,611	16,106,703
Technical and professional services		11,061,531	9,989,156
Other expenses		16,300,445	9,505,118
Return on lease liabilities		25,594,363	26,198,236
Loss on disposal / write-off of property, plant and equipment	4.1.1	-	897,182
Insurance / takaful		19,960,176	9,073,216
Amortization	6.2	2,833,830	3,675,318
Inventories written-off	8.1	21,883,049	910,819
Auditor's remuneration	19	745,670	703,683
Research and publications		335,693	-
Expenditure on account of GFRDP	20	2,635,642,099	2,522,955,225
		10,155,294,529	8,093,272,221
Surplus/(Deficit) for the year		19,885,549	(58,303,523)
Other comprehensive income		-	-
Total comprehensive income/(loss)		19,885,549	(58,303,523)

The annexed notes 1 to 32 form an integral part of these financial statements.

M. S.



Chief Executive Officer



Director

STATEMENT OF CHANGES IN FUND BALANCE
FOR THE YEAR ENDED JUNE 30, 2021

	2021	2020
	RUPEES	
Balance at beginning of the year	813,462,489	871,766,012
Surplus / (deficit) for the year	19,885,549	(58,303,523)
Other comprehensive income	-	-
Total comprehensive Income / (loss)	19,885,549	(58,303,523)
Balance at end of the year	833,348,038	813,462,489

The annexed notes 1 to 32 form an integral part of these financial statements.

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Chief Executive Officer



Director

STATEMENT OF CASH FLOWS

FOR THE YEAR ENDED JUNE 30, 2021

	2021	2020
NOTE	-----	-----
	RUPEES	RUPEES
CASH FLOWS FROM OPERATING ACTIVITIES		
Surplus/(deficit) for the year	19,885,549	(58,303,523)
Adjustments for non-cash expenses and other items:		
Depreciation	626,824,453	611,480,321
Depreciation on right of use assets	24,333,839	24,333,839
Expenses relating to short-term leases	576,529	121,984
Amortization	2,896,670	3,722,328
Inventories written-off	21,883,049	910,819
(Gain) / loss on disposal of property, plant and equipment	(12,728,434)	897,182
Value of services rendered to patients through donations and zakat	(7,202,029,246)	(5,213,174,637)
Value of services rendered to patients through deferred capital grant	(172,351,315)	(163,497,673)
Return on lease liability	25,594,363	26,198,236
Income from Grant-Funded Research and Development Projects (GFRDP)	(2,635,642,099)	(2,522,955,225)
	(9,320,642,191)	(7,231,962,826)
Working capital changes		
Decrease/(Increase) in current assets:		
Inventories	(50,302,168)	232,783,405
Advances, deposits, prepayments and other receivables	435,106,663	(854,235,593)
	384,804,495	(621,452,188)
Increase in current liabilities:	1,643,226,590	71,662,816
Trade and other payables	2,028,031,085	(549,789,372)
Donations received during the year	3,964,895,868	2,444,036,035
Donations paid during the year	(48,554,485)	(10,493,584)
Payment made in terms of short-term leases	(576,529)	(121,984)
Zakat received during the year	3,604,482,081	2,904,322,046
Contribution received on account of GFRDP	2,958,811,410	2,691,876,040
	10,479,058,345	8,029,618,553
Net cash generated from operating activities	3,206,332,788	189,562,832
CASH FLOWS FROM INVESTING ACTIVITIES		
Capital expenditure	(3,642,765,082)	(1,875,691,887)
Proceeds received from disposal of property, plant and equipment	60,461,935	1,140,886
Purchase of intangible assets	(932,201)	(3,502,279)
Investment made during the year	(952,162,448)	(634,104,300)
Investment encashed during the year	828,120,000	574,000,000
Profit received on short term investments and saving accounts	189,951,701	251,751,558
Net cash used in investing activities	(3,517,326,095)	(1,686,406,022)
CASH FLOWS FROM FINANCING ACTIVITIES		
Contribution for capital expenditure	4,548,020,150	2,123,868,169
Principal portion paid	(3,958,495)	(667,999)
Lease rentals paid	(25,594,363)	(26,198,236)
	4,518,467,292	2,097,001,934
Net increase in cash and cash equivalents	4,207,473,985	600,158,744
Cash and cash equivalents at beginning of the year	3,227,094,533	2,626,935,789
Cash and cash equivalents at end of the year	7,434,568,518	3,227,094,533

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The annexed notes 1 to 32 form an integral part of these financial statements.

M. S.



Chief Executive Officer



Director

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED JUNE 30, 2021

1. LEGAL STATUS AND OPERATIONS

1.1 Indus Hospital & Health Network (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 on the date of transfer 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 1.3.

1.2 The hospital on January 14, 2021 after obtaining authorization from Securities & Exchange Commission of Pakistan (SECP) has changed it's name to Indus Hospital & Health Network.

1.3 Hospital / facility management services

The Hospital entered into various agreements with Recep Tayyip Erdogan Hospital Trust (RTEHT), Government of Punjab, Government of Sindh, Government of Balochistan 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.



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 standards, amendments and interpretations to existing standards

(a) Amendments to accounting and reporting standards that became effective during the year

There are certain amendments to accounting and reporting standards that are applicable for the financial year beginning on July 01, 2020, however, these are considered not to be relevant or do not have any significant impact on the Hospital's financial reporting and operations and, therefore, have not been presented in these financial statements.

(b) Standards and amendments to accounting and reporting standards that are not yet effective and have not been early adopted by the Hospital

There other new standards and amendments to accounting and reporting standards that are not yet effective are either considered not to be relevant or do not have any significant impact on the Hospital's financial reporting and operations and, therefore, have not been presented in these financial statements.

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 Right-of-use assets and lease liabilities

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 an 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 an 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 liabilities are initially measured at the present value of the remaining lease payments 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, amounts expected to be payable by the lessee under residual value guarantees, the exercise price of a purchase option if any, and if the Hospital is reasonably certain to exercise that option, 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 amortised cost using the effective interest 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

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exercise a purchase, extension or termination option. The corresponding adjustment is made to the carrying amount of the respective right-of-use asset, or is recorded statement of income and expenditure and other comprehensive income if the carrying amount of that right-of-use asset has been reduced to zero.

A change in scope of a lease, or the consideration for a lease, that was not part of the original terms and conditions of the lease is accounted for as 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 costs 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 asset is 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.

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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

Classification

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 Instruments

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

(a) Amortized cost

Assets that are held for collection of contractual cash flows where those cash flows represents solely payments of principal and interest are measured at amortized cost. A gain or loss on a debt investment that is subsequently measured at amortized cost and is not part of a hedging relationship is recognized in income and expenditure when the asset is derecognized or impaired. Return for 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 represents solely payment of principal and return, are measured at FVOCI. Movement in the carrying amount are taken through other comprehensive income (OCI), except for the recognition of impairment gains or losses, return and foreign exchange gains and losses which are recognized in Income & expenditure. When the financial assets is derecognized, the cumulative gain or loss previously recognized in OCI is reclassified from fund balance to income and expenditure and recognized in other gains / (losses). Return 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 or 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. Return 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 and other comprehensive income.

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 and other comprehensive income 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 amount of ECL is updated at each reporting date to reflect changes in credit risk since initial recognition of the respective financial asset.

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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 cost. 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. 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.

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- 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

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 assets and intangible assets

The Hospital reviews appropriateness of rate of depreciation / amortization, useful life and residual values used for recording the depreciation / amortization of the Hospital's operating assets and intangibles 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

	2021	2020
	RUPEES	
Operating assets (note 4.1)	3,388,447,677	3,700,043,285
Capital work-in-progress (note 4.2)	12,402,809,236	8,450,179,116
<i>Mper</i>	<u>15,791,256,913</u>	<u>12,150,222,401</u>

4.1 OPERATING ASSETS	Leasehold land	Building and civil work on leasehold land	Plant, machinery and equipment	Computers, printers and network cabling	Furniture and fixtures	Vehicles	Books and others	Total
RUPEES								
As at July 01, 2019								
Cost	1,846,544,515	649,663,574	2,566,988,827	209,550,364	104,073,876	242,643,511	3,358,877	5,622,823,544
Accumulated depreciation	(64,204,711)	(151,627,022)	(1,183,665,673)	(125,097,383)	(66,476,710)	(92,158,006)	(2,287,264)	(1,685,516,769)
Net book value	<u>1,782,339,804</u>	<u>498,036,552</u>	<u>1,383,323,154</u>	<u>84,452,981</u>	<u>37,597,166</u>	<u>150,485,505</u>	<u>1,071,613</u>	<u>3,937,306,775</u>
Year ended June 30, 2020								
Opening net book value	1,782,339,804	498,036,552	1,383,323,154	84,452,981	37,597,166	150,485,505	1,071,613	3,937,306,775
Additions including transfers from CWIP	-	79,416,076	214,975,869	18,811,230	49,581,837	13,469,887	-	376,254,899
Disposals/Write-offs (note 4.1.1)								
Cost	-	-	(33,819,400)	(1,454,117)	(285,000)	-	-	(35,558,517)
Accumulated depreciation	-	-	31,917,846	1,430,174	172,429	-	-	33,520,449
	-	-	(1,901,554)	(23,943)	(112,571)	-	-	(2,038,068)
Depreciation charge (note 4.1.2)	(18,465,445)	(41,511,810)	(434,440,561)	(50,415,555)	(20,075,374)	(46,273,949)	(297,627)	(611,480,321)
Closing net book value	<u>1,763,874,359</u>	<u>535,940,818</u>	<u>1,161,956,908</u>	<u>52,824,713</u>	<u>66,991,058</u>	<u>117,681,443</u>	<u>773,986</u>	<u>3,700,043,285</u>
As at July 01, 2020								
Cost	1,846,544,515	729,079,650	2,748,145,296	226,907,477	153,370,713	256,113,398	3,358,877	5,963,519,926
Accumulated depreciation	(82,670,156)	(193,138,832)	(1,586,188,388)	(174,082,764)	(86,379,655)	(138,431,955)	(2,584,891)	(2,263,476,641)
Net book value	<u>1,763,874,359</u>	<u>535,940,818</u>	<u>1,161,956,908</u>	<u>52,824,713</u>	<u>66,991,058</u>	<u>117,681,443</u>	<u>773,986</u>	<u>3,700,043,285</u>
Year ended June 30, 2021								
Opening net book value	1,763,874,359	535,940,818	1,161,956,908	52,824,713	66,991,058	117,681,443	773,986	3,700,043,285
Additions including transfers from CWIP	-	78,521,347	212,637,550	35,476,167	21,619,834	12,371,346	2,336,102	362,962,346
Disposals (note 4.1.1)								
Cost	(45,892,665)	(3,091,000)	(118,960)	(87,000)	-	(3,393,854)	-	(52,583,479)
Accumulated depreciation	1,908,298	708,718	52,135	86,038	-	2,094,789	-	4,849,978
	(43,984,367)	(2,382,282)	(66,825)	(962)	-	(1,299,065)	-	(47,733,501)
Depreciation charge (note 4.1.2)	(20,661,421)	(39,424,728)	(452,907,090)	(40,922,713)	(24,493,948)	(47,904,177)	(510,376)	(626,824,453)
Closing net book value	<u>1,699,228,571</u>	<u>572,655,155</u>	<u>921,620,543</u>	<u>47,377,205</u>	<u>64,116,944</u>	<u>80,849,547</u>	<u>2,599,712</u>	<u>3,388,447,677</u>
As at June 30, 2021								
Cost	1,800,651,850	804,509,997	2,960,663,886	262,296,644	174,990,547	265,090,890	5,694,979	6,273,898,793
Accumulated depreciation	(101,423,279)	(231,854,842)	(2,039,043,343)	(214,919,439)	(110,873,603)	(184,241,343)	(3,095,267)	(2,885,451,116)
Net book value	<u>1,699,228,571</u>	<u>572,655,155</u>	<u>921,620,543</u>	<u>47,377,205</u>	<u>64,116,944</u>	<u>80,849,547</u>	<u>2,599,712</u>	<u>3,388,447,677</u>
Annual rate of depreciation (%)	<u>1</u>	<u>5</u>	<u>20</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:

Description	Cost	Accumulated Depreciation	Net Book Value	Sale Proceeds/ Insurance Claim	Gain/(Loss)	Mode of Disposal	Particulars of Buyers
RUPEES							
Leasehold Land	Residential Plot # A-47, Sector-V, Gulshan-e-Maymar, Karachi	4,504,000	286,602	4,217,398	12,800,000	8,582,602	Negotiation Ahmer Iftikhar
Leasehold Land	Residential Plot # B-11, Block-L North Nazimabad, Karachi	41,388,665	1,621,696	39,766,969	42,803,348	3,036,379	Negotiation Syed Akkas ul Husaini
Building on Leasehold Land	Residential Plot # B-11, Block-L North Nazimabad, Karachi	3,091,000	708,717	2,382,283	3,196,652	814,369	Negotiation Syed Akkas ul Husaini
Vehicles	Toyota Corolla - XLI	1,667,290	1,026,868	640,422	805,781	165,359	Takaful Claim United Insurance Limited
Vehicles	Toyota Corolla - XLI	1,667,290	1,026,868	640,422	805,781	165,359	Takaful Claim United Insurance Limited
		<u>52,318,245</u>	<u>4,670,751</u>	<u>47,647,494</u>	<u>60,411,562</u>	<u>12,764,068</u>	
Items sold during the year with book value below Rs. 500,000							
Plant, Machinery & Equipment	Various	118,960	52,135	66,825	6,300	(60,525)	Scrap Sales Local Scrap Dealers
Computers, Printers, Network cabling and installation	Various	87,000	86,038	962	4,500	3,538	Scrap Sales Local Scrap Dealers
Vehicle	Motor Bike Honda CD - 70	59,274	41,054	18,220	39,573	21,353	Takaful Claim Pak Qatar Takaful Limited
		<u>265,234</u>	<u>179,227</u>	<u>86,007</u>	<u>50,373</u>	<u>(35,634)</u>	
June 30, 2021		<u>52,583,479</u>	<u>4,849,978</u>	<u>47,733,501</u>	<u>60,461,935</u>	<u>12,728,434</u>	
June 30, 2020		<u>35,558,517</u>	<u>33,520,449</u>	<u>2,038,068</u>	<u>1,140,886</u>	<u>(897,182)</u>	

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4.1.2 Comprises of depreciation amounting to Rs. 360,270,316 (2020: Rs. 333,489,139) pertaining to operating expenses and Rs. 266,554,137 (2020: Rs. 277,991,182) pertaining to assets purchased on account of GFRDP.

4.1.3 Operating assets includes assets costing Rs. 1,386,904,148 (2020: 1,370,770,175) having net book value of Rs. 435,123,209 (2020: 682,484,579) purchased on account of GFRDP.

4.2 CAPITAL WORK-IN-PROGRESS	Expansion project	Building and civil works	Plant, machinery and equipment	Furniture and fixtures	Vehicle	Intangible	Total
RUPEES							
Year ended June 30, 2020							
Balance at beginning of the year	3,844,202,986	2,494,109,291	104,413,084	11,219,260	1,305,200	-	6,455,249,821
Add: Additions during the year	1,343,025,567	35,571,562	66,494,119	697,000	-	-	1,445,788,248
Add: Additions for QFT and NST during the year	-	760,884,071	-	39,670,587	-	-	800,554,658
Less: Transfers to operating assets	(14,451,755)	(73,369,163)	(117,215,297)	(45,912,196)	(465,200)	-	(251,413,611)
Balance at end of the year	<u>5,172,776,798</u>	<u>3,217,195,761</u>	<u>53,691,906</u>	<u>5,674,651</u>	<u>840,000</u>	<u>-</u>	<u>8,450,179,116</u>
Year ended June 30, 2021							
Balance at beginning of the year	5,172,776,798	3,217,195,761	53,691,906	5,674,651	840,000	-	8,450,179,116
Add: Additions during the year	2,009,201,478	698,288,276	150,795,431	13,344,620	4,110,000	18,522,605	2,894,262,410
Add: Additions for QFT and NST during the year	-	1,073,107,499	-	-	-	-	1,073,107,499
Less: Transfers to operating assets	-	(14,739,789)	-	-	-	-	(14,739,789)
Balance at end of the year	<u>7,181,978,276</u>	<u>4,973,851,747</u>	<u>204,487,337</u>	<u>19,019,271</u>	<u>4,950,000</u>	<u>18,522,605</u>	<u>12,402,809,236</u>

5 RIGHT-OF-USE ASSETS

	2021	2020
RUPEES		
Net carrying value		
Balance at beginning of the year	179,350,930	203,684,769
Depreciation charge for the year	(24,333,839)	(24,333,839)
Balance at end of the year	<u>155,017,091</u>	<u>179,350,930</u>
Gross carrying value		
Cost	203,684,769	203,684,769
Accumulated depreciation	(48,667,678)	(24,333,839)
Net book value	<u>155,017,091</u>	<u>179,350,930</u>
Annual rate of depreciation (%)	<u>11.17 to 12.76</u>	

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

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6 INTANGIBLE ASSETS

Net carrying value

	2021	2020
Balance at beginning of the year	9,201,875	9,421,924
Add: Additions	932,201	3,502,279
Less: Amortization charge for the year (note 6.2)	(2,896,670)	(3,722,328)
Balance at end of the year	<u>7,237,406</u>	<u>9,201,875</u>

Gross carrying value

Cost	24,516,189	23,583,988
Less: Accumulated amortization	(17,278,783)	(14,382,113)
Net book value	<u>7,237,406</u>	<u>9,201,875</u>

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

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

6.2 Comprises of amortization amounting to Rs. 2,833,830 (2020: 3,675,318) pertaining to operating expenses and Rs. 62,840 (2020: 47,010) related to GFRDP.

7 LONG TERM DEPOSITS

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

8 INVENTORIES

	2021	2020
Medicines	489,438,548	535,019,137
Consumables	549,711,793	431,058,868
General	35,685,328	31,262,739
	<u>1,074,835,669</u>	<u>997,340,744</u>
Stock in-transit	58,467,641	84,252,214
Stores and spares	52,206,318	75,497,551
	<u>1,185,509,628</u>	<u>1,157,090,509</u>

8.1 During the year, inventories spoiled / damaged, amounting to Rs. 21,883,049 (2020: Rs. 910,819) were written off.

8.2 Inventories include medicines, consumables and general supplies amounting to Rs. 531,924,890 (2020: 281,735,051) held on account of GFRDP out of which inventories amounting to Rs. 152,339,766 (2020: 167,233,625) and Rs. 379,585,214 (2020: Nil) were stored in warehouse owned and operated by TCS Logistics (Private) Limited and Euro Cool Chain (Private) Limited respectively.

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9 ADVANCES, DEPOSITS, PREPAYMENTS AND OTHER RECEIVABLES

	2021	2020
	RUPEES	
Considered Good		
Advances to:		
- Suppliers and others (notes 9.2 and 9.3)	204,251,543	470,522,189
- Employees	7,371,326	1,561,463
- Global Fund sub-recipients (note 9.1)	97,154,205	170,475,616
- IRD Pakistan (Private) Limited	-	18,990,738
Deposits	79,234,407	24,338,196
Prepayments	6,432,073	11,764,833
Receivable under Hospital Management Services (notes 9.4 and 9.5)	177,311,401	409,383,524
Other receivables	146,317,982	45,006,735
Tax refundable / adjustable	87,324	1,103,490
Insurance claim receivable	34,960	155,100
	<u>718,195,221</u>	<u>1,153,301,884</u>

- 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. 66,559,972 (2020: Rs. 104,291,293) and Nil (2020: Rs. 50,136,374) 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. 15,968,734 (2020: Rs. 7,326,459) and Rs. 14,625,498 (2020: Rs. 8,721,490) 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. 6,363,204 (2020: Rs. 1,865,874) 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.

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9.4 As explained in note 1.3, 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	Transferred to payable / Transferred from payable 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	Receivable at end of the year
-----Rupees-----							
Regional Blood Centers in Jamshoro	Health Department - Government of Sindh	74,772,668	-	(325,031,076)	(1,349,278)	273,967,113	22,359,427
Civil Hospital Badin	Health Department - Government of Sindh	307,090,384	-	(1,091,258,830)	(15,601,356)	890,878,457	91,108,655
Level 1 - Health Care Facility - Thatta Gurmani - Tehsil Kotadu District Muzaffargarh	The Gurmani Foundation	507,882	-	(42,602,113)	-	42,735,723	641,492
A&M Clinics Kashmir		3,032,890	-	-	-	22,893,931	25,926,821
Jahangir Siddiqui Hospital - Sehwan	Mahvash & Jahangir Siddiqui Foundation	14,700,095	-	(25,000,000)	-	33,328,556	23,028,651
Marvi Mother & Child Clinic - Site Tharyo Halepota	Engro Energy Limited & Sindh Engro Coal Mining Company	9,279,605	-	(25,599,258)	-	30,566,008	14,246,355
		<u>409,383,524</u>	<u>-</u>	<u>(1,509,491,277)</u>	<u>(16,950,634)</u>	<u>1,294,369,788</u>	<u>177,311,401</u>

9.5 The maximum amount due from managed Hospitals at the end of any month during the year aggregated to Rs. 675,628,862 (2020: Rs. Rs. 495,008,531).

9.6 The ageing analysis of receivables under Hospital Management Services is as follows:

	Neither past due nor impaired		
	Total	Up to 6 months	6 to 12 months
-----Rupees-----			
2021	<u>177,311,401</u>	<u>157,470,687</u>	<u>19,840,714</u>
2020	<u>409,383,524</u>	<u>393,181,443</u>	<u>16,202,081</u>

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10 SHORT TERM INVESTMENTS

	2021	2020
	RUPEES	
At fair value through profit or loss		
- Meezan Sovereign Fund	1,680,128	1,731,918
- Allied Bank Limited - Islamic Income Fund	2,615,768	2,472,946
	4,295,896	4,204,864
Amortized Cost		
- Islamic Income Certificate - Habib Metropolitan Bank Limited	-	376,220,000
-Term deposit - Habib Bank Limited	513,119,452	-
-Term deposit - Dubai Islamic Bank Limited	27,000,000	27,000,000
-Term deposit - Meezan Bank Limited	275,000,000	-
	815,119,452	403,220,000
	<u>819,415,348</u>	<u>407,424,864</u>

11 CASH AND BANK BALANCES

	2021	2020
	RUPEES	
Local currency		
Cash in hand	2,833,883	2,627,059
Cheques in hand	112,997,766	-
	115,831,649	2,627,059
Balances with banks in:		
- current accounts (note 11.3)	520,078,521	58,289,758
- savings accounts (notes 11.1, 11.2 & 11.3)	6,466,813,506	3,098,442,682
	6,986,892,027	3,156,732,440
Foreign currency		
Balances with banks in current accounts	56,844,842	67,735,034
	<u>7,159,568,518</u>	<u>3,227,094,533</u>

11.1 These savings accounts carry markup ranging from 2.75% to 7.00% (2020: 5.70% to 13.50%) per annum.

11.2 This includes Rs. 34,090,219 (2020: Rs. 36,790,796) on which bank has charged lien in respect of letter of credits.

11.3 This includes Rs. 947,197,169 and Rs. 20,010,550 in respect of Zakat kept in savings accounts and current accounts respectively. Out of which Rs. 855,603,492 have been utilised as at June 30, 2021 against Value of Services rendered to Zakat eligible patients and will be transferred to operational account after approval of Zakat Committee.

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12 LEASE LIABILITIES

	2021	2020
	RUPEES	
Current portion		
Non-current portion	8,096,935	3,958,495
	173,585,952	181,682,887
	<u>181,682,887</u>	<u>185,641,382</u>

13 DEFERRED CAPITAL GRANT

	2021	2020
	RUPEES	
13.1 Movement in deferred capital grant		
Balance at beginning of the year	11,814,308,424	9,574,096,060
Add: Deferred capital grant received against:		
- Donation for construction of Paeds Ward	503,874	14,095,484
- Donation for other construction and capital expenditure (note 13.3)	2,530,190,004	1,058,413,306
- Donation from Government of Sindh for Expansion	2,000,000,000	1,000,000,000
- Donation in kind	672,827,384	495,492,307
- Donation for capital expenditure on account of GFRDP	17,326,272	51,359,379
- Profit on Paeds Ward funds held in short term investments	21,963,930	37,264,102
- Profit on funds for other construction and capital expenditure held in daily product account	61,449,353	25,076,641
	5,304,260,817	2,681,701,219
Less: Deferred capital grant released against:		
- Depreciation on account of other construction and capital expenditure	65,588,472	74,460,236
- Depreciation of Paeds Ward	18,614,695	18,190,224
- Depreciation of donated assets	88,148,148	70,847,213
- Depreciation of assets pertaining to GFRDP (note 4.1.2)	266,554,137	277,991,182
	438,905,452	441,488,855
Balance at end of the year	<u>16,679,663,789</u>	<u>11,814,308,424</u>
13.2 Balance at end of the year comprises of:		
- Donation for construction of Paeds Ward	935,779,064	931,925,955
- Donation for other construction and capital expenditure (note 13.3)	11,718,805,619	7,192,754,734
- Donation in kind	3,275,811,064	2,691,131,828
- Donation for capital expenditure on account of GFRDP	749,268,042	998,495,907
	<u>16,679,663,789</u>	<u>11,814,308,424</u>

13.3 Includes donation restricted for expenditure for expansion of the Hospital amounting to Rs. 7,533,019,009 (2020: 4,782,551,043).

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14 DEFERRED INCOME

Movement in the deferred income balance is as follows:

	2021				2020			
	Zakat	Donation	GFRDP	Total	Zakat	Donation	GFRDP	Total
	RUPEES							
Balance at beginning of the year	20,546,835	3,338,369,125	874,111,965	4,233,027,925	1,116,737	2,324,137,881	374,040,525	2,699,295,143
Zakat / donations / grants received during the year (note 14.4)	3,604,482,081	1,964,895,868	2,958,811,410	8,528,189,359	2,904,322,046	1,893,462,247	2,691,876,040	7,489,660,333
Donation from Government of Sindh	-	2,000,000,000	-	2,000,000,000	-	1,323,132,749	-	1,323,132,749
Profit on short term investments	-	6,698,892	-	6,698,892	12,022,209	4,002,652	-	16,024,861
Profit on daily product account	16,389,018	77,417,764	18,980,779	112,787,561	12,810,828	107,576,831	53,159,443	173,547,102
	3,620,871,099	4,049,012,524	2,977,792,189	10,647,675,812	2,929,155,083	3,328,174,480	2,745,035,483	9,002,365,045
Value of services rendered to patients	(3,529,813,707)	(3,672,215,539)	-	(7,202,029,246)	(2,909,724,985)	(2,303,449,652)	-	(5,213,174,637)
Expenses incurred in respect of GFRDP	-	-	(2,369,087,962)	(2,369,087,962)	-	-	(2,244,964,043)	(2,244,964,043)
Donations utilized to aid other hospitals / patients	-	(48,554,485)	-	(48,554,485)	-	(10,493,584)	-	(10,493,584)
	(3,529,813,707)	(3,720,770,024)	(2,369,087,962)	(9,619,671,693)	(2,909,724,985)	(2,313,943,236)	(2,244,964,043)	(7,468,632,264)
Balance at end of the year	111,604,227	3,666,611,625	1,482,816,192	5,261,032,044	20,546,835	3,338,369,125	874,111,965	4,233,027,924

- 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. 2,295,194,922 (2020 : Rs. 1,882,172,787).

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15 TRADE AND OTHER PAYABLES

	2021	2020
	RUPEES	
Creditors (note 15.1)	791,200,008	495,381,874
Accrued liabilities	9,133,860	45,941,472
Payable to Provident Fund	539,553,372	34,903,275
Retention money	27,616,635	32,098,597
Security deposit - ICON & M students (note 15.2)	6,687,600	5,295,600
Payable under Hospital Management Services (note 15.3)	1,483,136,863	602,565,335
Withholding tax payable	19,734,592	471,610
Miscellaneous	10,010,437	27,189,014
	<u>2,887,073,367</u>	<u>1,243,846,777</u>

15.1 This includes payable to Swiss Pharmaceuticals (Private) Limited, a related party, amounting to Rs. 1,767,885 (2020: Rs. 2,775,405) 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 1.3, 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	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							
Recep Tayyip Erdogan Hospital - Muzaffargarh	RTEHT	315,701,502	-	2,085,000,000	38,946,632	(1,700,832,226)	738,815,908
General Hospital Manawan Lahore	RTEHT	14,037,844	-	442,000,000	7,362,937	(443,364,885)	20,035,896
Multan Institute of Kidney Diseases (MIKD)	RTEHT	70,503,538	-	800,000,000	21,155,123	(772,378,515)	119,280,146
Regional Blood Centers at Multan and Bahawalpur	RTEHT	80,324,017	-	457,053,000	2,972,498	(438,958,334)	101,391,181
Tehsil Headquarter Hospital Kahna Nau Lahore	RTEHT	17,467,526	-	511,000,000	3,802,717	(416,827,641)	115,442,602
Mian Muhammad Shahbaz Sharif Hospital - Lahore	RTEHT	86,144,544	-	354,000,000	12,509,901	(338,834,052)	113,820,393
Tehsil Headquarter Hospital Sabzazaar Lahore	RTEHT	6,884,009	-	402,000,000	2,509,480	(369,514,169)	41,879,320
Tehsil Headquarter Hospital Raiwind Lahore	RTEHT	11,502,355	-	421,000,000	3,767,748	(374,927,470)	61,342,633
Peads Oncology Unit - Shaikh Zayed Hospital - Quetta	Government of Balochistan	-	-	171,854,000	-	(725,216)	171,128,784
		<u>602,565,335</u>	<u>-</u>	<u>5,643,907,000</u>	<u>93,027,036</u>	<u>(4,856,362,508)</u>	<u>1,483,136,863</u>

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16 CONTINGENCIES AND COMMITMENTS

16.1 Contingencies

16.1.1 Contingent liabilities represent bank guarantees given to following suppliers:

	2021	2020
	RUPEES	
Canteen Stores Department	2,000,000	1,000,000
Government of Sindh	27,000,000	27,000,000
	<u>29,000,000</u>	<u>28,000,000</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 (DCIR) for perusal. Subsequently, the DCIR issued a notice whereby the Hospital in response submitted the requisite information to the DCIR and the case is pending to date. The management is confident that the case will be decided in favour of the Hospital.

16.1.3 On April 1, 2021, the Office of Inspector General (OIG), an agency appointed by the Global Fund (TGF) issued an investigation report (the report) asserting certain irregularities in the utilization of funds in relation to the Tuberculosis (TB) grant to the tune of USD 1,171,589. The related grant has been discontinued with effect from September 30, 2021. No subsequent demand or claim has been received from TGF in this respect.

16.1.4 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 (2020: Rs. 1,500,000,000) for opening letters of credit, the amount utilized as at June 30, 2021 was Rs. 118,390,991 (2020: Rs. 154,769,942).

16.2.2 Hospital's commitment in respect of capital expenditure amounts to Rs. 2,552,277,049 (2020: Rs. 2,435,575,574).

16.2.3 Commitments in respect of local and foreign purchases as at June 30, 2021 amount to Rs. 46,141,308 (2020: Rs. 137,565,985).



17. OTHER INCOME

	2021	2020
	----- RUPEES -----	
From other than financial assets		
Proceeds from sale of waste materials	3,804,070	828,000
Proceeds from cafeteria	31,575,842	28,061,048
Proceeds from blood screening services provided to third parties	35,278,058	31,589,133
Others	18,405,008	12,340,430
	<u>89,062,978</u>	<u>72,818,611</u>

18. MEDICINES AND OTHER SUPPLIES CONSUMED

Opening inventory	875,355,458	436,055,996
Add: Purchases	2,938,738,249	2,136,950,427
Less:		
• Inventory written-off (note 8.1)	21,883,049	910,819
• Closing inventory	653,584,738	875,355,458
	<u>3,138,625,920</u>	<u>1,696,740,146</u>

19. AUDITOR'S REMUNERATION

Fee for statutory audit	600,000	600,000
Out of pocket expenses	145,670	103,683
	<u>745,670</u>	<u>703,683</u>

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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:

Projects	Year ended June 30, 2021						Year ended June 30, 2020							
	Grants / fund received			Expenditure			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	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	Surplus/ (Deficit)
	RUPEES						RUPEES							
TB - The Global Fund	710,756,789	549,644,694	632,942,318	271,998,932	660,016,407	1,564,957,657	(304,556,174)	1,244,952,450	839,929,134	727,350,364	327,982,384	817,310,987	1,872,643,735	212,237,849
Malaria - The Global Fund (note 20.2)	685,944,271	221,075,414	201,121,324	-	463,254,442	664,375,766	242,643,919	342,935,104	57,502,503	171,628,994	-	191,300,917	362,929,911	37,507,696
TB MDR Project Round 9	-	14,493,288	-	21,293,327	49,539	21,342,866	(6,849,578)	115,563	51,977,198	-	60,267,197	103,507	60,370,704	(8,277,943)
Pak Covid Response - Skoll Foundation	387,591,406	-	30,099,185	-	52,807	30,151,992	357,439,414	6,767,967	-	6,360,115	-	2,334,601	8,694,716	(1,926,749)
HMS - PET	40,620,991	-	551,770	-	794,503	1,346,273	(1,346,273)	907,181	-	1,324,265	-	81,275	1,405,540	(498,359)
CansinoBio - Phase III - Vaccine Trial	-	-	5,398,813	5,813	18,776,210	24,180,836	16,440,155	17,758,658	-	4,178,063	-	5,127,774	9,305,837	8,452,821
END TB Program	-	-	-	-	-	-	-	1,882,131	4,875,249	5,052,996	1,341,445	2,217,633	8,612,074	(1,854,694)
MCM - My Child Matters	14,273,048	-	5,343,206	132	1,732,946	7,076,284	7,196,764	-	-	-	-	-	-	-
Project - Rabies Free Karachi	22,862,396	-	8,685,911	1,967,797	2,254,822	12,908,530	9,953,866	-	-	-	-	-	-	-
ZF2001 - Phase III Vaccine Trial	49,136,241	-	10,303,341	-	8,828,276	19,131,617	30,004,624	-	-	-	-	-	-	-
Fleming Funds Project	4,770,361	-	8,607,930	640,000	347,413	9,595,343	(4,824,982)	-	-	-	-	-	-	-
Onco Psychology Project	-	-	-	-	-	-	-	-	-	-	-	-	-	-
VAC Project	-	-	2,375,804	8,382	480,906	2,865,092	(2,865,092)	-	-	2,301,573	11,718	1,720,105	4,033,396	(4,033,396)
ICCBS - COVID Vaccine Trial - Phase I	8,667,654	-	3,120,841	572,000	6,332,066	10,024,907	(1,357,253)	-	-	-	-	-	-	-
Emergency Medicine Project - Habib	5,000,000	-	273,282	-	409,466	682,748	4,317,252	-	-	386,034	34,950	3,684,265	4,105,249	(4,105,249)
Bank Foundation	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Jinhua Qinggan Granules (JHGG) Trial	5,378,952	-	-	144,000	4,649,023	4,793,023	585,929	-	-	-	-	-	-	-
for Mild COVID-19 symptoms	-	-	-	-	-	-	-	8,130,678	-	6,909,841	795,613	5,328,095	13,033,549	(4,902,871)
TB Reach Project	-	-	2,074,136	(273,796)	1,005,301	2,805,641	(2,805,641)	-	-	-	-	-	-	-
Martin Dow - IHIN	-	-	-	915,347	257,400	1,172,747	1,610,409	-	-	-	-	-	-	-
MEDGLOBAL	2,783,156	-	-	2,087,614	23,164,483	67,332,938	(5,308,536)	23,760,357	-	37,638,340	2,775,306	15,499,432	55,913,078	(32,152,721)
Zindagi Mehfooz - GAVI	62,024,402	-	42,080,841	-	-	-	-	1,038,858	-	-	7,520	643,719	651,239	387,619
Emergency Medicine Project - HMS	-	-	10,362	-	122,957	133,319	(133,319)	13,743,456	-	8,735,966	16,500	330,386	346,886	(346,886)
Lancet Indicator	-	-	-	63,000	10,828	73,828	(73,828)	-	-	-	-	-	-	-
Smooching Sessions	-	-	125,000	-	41,837	166,837	1,833,163	-	-	-	-	-	-	-
Midwifery Project - HBL Foundation	2,000,000	-	30,529,207	44,754,438	12,274,792	87,558,437	(15,027,506)	24,069,073	25,560,949	18,674,104	25,560,949	7,565,709	51,800,762	(2,170,740)
END TB Clinical Trial	33,426,062	39,104,869	-	-	60,000	60,000	(60,000)	-	-	-	-	-	17,651	(17,651)
SPI - Studying Predictor Interagency	-	-	2,396,315	-	239,305	2,635,620	(2,635,620)	14,938,517	-	-	-	-	-	14,938,517
Links	9,875,979	-	83,597	-	83,597	9,792,382	-	-	-	-	-	-	-	-
Pambio Study	755,958	536	890,179	-	28,344	918,523	(162,029)	-	-	-	-	-	-	-
QIAGEN Project	2,688,959	-	1,170,003	18,829	129,879	1,318,711	1,370,248	-	-	-	-	-	-	-
Tobacco Control Program	-	-	61,033	-	-	61,033	(61,033)	-	-	-	-	-	-	-
Typhoid XDR Project	28,500,000	71,558,905	1,243,306	86,073,250	7,779,446	95,096,002	4,962,903	57,513,282	-	201,752	49,458,024	816,734	50,476,510	7,036,772
Covid - 19 - Engro Project	3,203,351	-	694,390	-	70,000	764,390	2,438,961	-	-	-	-	25,000	25,000	(25,000)
Rabies Free Pakistan - Survey	-	-	1,406,504	-	621,038	2,027,542	(2,027,542)	917,954	-	5,535,286	-	912,278	6,447,564	(2,487,286)
Basic Pediatric Oncology Course	-	-	-	-	-	-	-	3,960,278	-	83,705	-	-	83,705	(83,705)
Work Place Violence Study	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Bristol University (UoB)	2,080,259,976	895,877,706	991,505,001	430,269,065	1,213,868,033	2,635,642,099	340,495,583	1,763,391,507	979,845,033	996,361,398	468,260,606	1,058,333,221	2,522,955,225	220,281,315
Total														

- 20.1** These amount represents cash grants / donation-in-kind received directly by grant funded research and development projects and are which are recognized at fair value when received.
- 20.2** Includes expense in respect of auditor's remuneration amounting to Rs. 3,021,200 (2020: Nil).

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. 178,047,827 (2020: Rs. 172,424,759) has been charged during the year in respect of Hospital's contribution to the fund.

22. CASH AND CASH EQUIVALENTS

	2021	2020
	RUPEES	
Short term investments	275,000,000	-
Cash and bank balances (note 11)	7,159,568,518	3,227,094,533
	<u>7,434,568,518</u>	<u>3,227,094,533</u>

23. ADVANCES TO FOREIGN SUPPLIERS

As at June 30, 2021, 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	Advanced Instruments	USA
2	Cephied Sas	USA
3	Porcellan Company LLC	United Arab Emirates
4	Kone Middle East LLC	United Arab Emirates
5	International Hardware Consultants FZC	United Arab Emirates

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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
CIM Shipping, Inc	Common Directorship
Multinet Pakistan (Private) Limited	Common Directorship
Grace Apparel (Private) Limited	Common Directorship
Ghani Glass Limited	Common Directorship
Feroze 1888 Mills Limited	Common Directorship
Burque Corpration (Private) 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 Muhammad Shahbaz Sharif Hospital	Associated undertaking
Civil Hospital - Badin	Associated undertaking
Manawan General Hospital, Lahore	Associated undertaking
Multan Institute of Kidney Diseases	Associated undertaking
Tehsil Headquarter Hospital - Sabzazar Lahore	Associated undertaking
Tehsil Headquarter Hospital - Raiwind Lahore	Associated undertaking
Regional and Other 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
Sheikh Khalifa Bin Zayed Hospital, Pediatric Oncology Unit	Associated undertaking
The Indus Hospital Employees' Provident Fund	Post retirement benefit plan
Mr. Abdul Karim Paracha	Director
Mr. Shaikh Muhammad Pervez	Director
Mr. Adnan Asdar Ali	Director
Mr. Khalid Khanani	Director
Mr. Yunus Hashim Bengali	Director (Retired)
Mr. Salim Razzak Tabani	Director (Retired)
Mr. Khaliq Ur Rehman	Director (Retired)
Mr. Anwaar Ahmed Khan	Director
Mr. Muhammad Yahya Chawla	Director
Mr. Hafiz Muhammad Aamir	Director (Retired)
Mr. Nasim Hyder	Director



Name	Basis of relationship
Dr. Abdul Bari Khan	Chief Executive Officer
Mr. Ahson Tariq	Key management personnel
Mr. Syed Adnan Farooq	Key management personnel
Dr. Syed Zafar Zaidi	Key management personnel
Mr. Syed Mashhood Ul Hassan Rizvi	Key management personnel
Mr. Shakeel Akhtar	Key management personnel
Mr. Syed Shahab Akhter	Key management personnel
Dr. Shamvil Ashraf	Key management personnel
Dr. Wasif Shahzad	Key management personnel
Dr. M. Amin Chinoy	Key management personnel
Mr. Pervaiz Ahmed	Key management personnel
Dr. Akhtar Aziz	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	2021	2020
			RUPEES	
Directors & Key Management Personnel	Statement of financial position	Donation/Zakat received	402,737,116	14,665,151
Other related parties (note 24.3.3)	Statement of financial position	Donation/Zakat received	72,149,816	116,866,345
	Statement of income and expenditure and other comprehensive income	Purchases	2,184,550	10,131,441
Retirement benefit fund	Statement of income and expenditure and other comprehensive income	Contribution	178,047,827	172,424,759

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 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.

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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:

	2021		2020	
	RUPEES			
Management remuneration	14,400,000	1,105,946,175	14,400,000	1,182,273,878
Retirement benefits	960,000	61,379,082	960,000	66,215,930
Total	15,360,000	1,167,325,257	15,360,000	1,248,489,808
Number of persons including those who worked part of the year	1	275	1	277

25.1 No remuneration has been paid to any of the 9 (2020: 9) directors including those who worked part of the year, except the Chief Executive of the Hospital.

26 NUMBER OF EMPLOYEES

	2021	2020
	RUPEES	
Average number of employees during the year	4,323	4,069
Number of employees including contractual employees at 30 June	4,083	4,194

27 FINANCIAL INSTRUMENTS BY CATEGORY

27.1 Financial assets

- At fair value through profit or loss

Short term investments	4,295,896	4,204,864
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- Amortized cost

Short term investments	815,119,452	403,220,000
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Deposits and other receivables	409,498,750	485,483,555
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Cash and bank balances	7,159,568,518	3,227,094,533
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	8,384,186,720	4,115,798,088
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	8,388,482,616	4,120,002,952
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27.2 Financial liabilities

At amortized cost

Lease liabilities	181,682,887	185,641,382
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Trade and other payables	2,327,785,403	1,208,471,892
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	2,509,468,290	1,394,113,274
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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 were no changes in the valuation techniques during the year.

	Level 1	Level 2	Level 3	Total
	RUPEES			
Year ended June 30, 2021				
Short term investments	-	4,295,896	-	4,295,896
Year ended June 30, 2020				
Short term investments	-	4,204,864	-	4,204,864

Level 2 fair valued instruments comprise mutual funds units which are valued using net Assets Value.

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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, 2021, 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	2021	2020
	RUPEES	
USD	2,261,846	2,680,311
EUR	-	66
AED	(2,842,242)	(3,424,797)

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 rate risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market returns. The Hospital's short term investments are fixed rate instruments and therefore not subject to mark-up risk. The hospital is exposed to mark-up risk on its balances maintained with banks.

As at June 30, 2021, if the mark-up rates on savings bank accounts had been 5% higher / lower with other variables held constant deficit for the year would have been lower / higher by Rs. 8,711,846 (2020: Rs. 9,931,187).

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(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 mark-up 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. 8,388,482,616 (2020: Rs. 4,120,002,952), the financial assets exposed to credit risk amount to Rs. 8,385,648,733 (2020: Rs. 4,117,375,893).

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

	2021	2020
	RUPEES	
Deposits and other receivables	409,498,750	485,483,555
Short term investments (note 10)	819,415,348	407,424,864
Bank balances (note 11)	7,156,734,635	3,224,467,474
	<u>8,385,648,733</u>	<u>4,117,375,893</u>

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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
ABL Asset Management Company Limited	JCR-VIS	-	AM2++

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- **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, 2021			June 30, 2020		
	Maturity upto one year	Maturity after one year	Total	Maturity upto one year	Maturity after one year	Total
	RUPEES					
Trade and other payables	2,327,785,403	-	2,327,785,403	1,208,471,892	-	1,208,471,892
Lease liabilities	34,164,554	228,337,370	262,501,924	31,058,685	262,501,924	293,560,609
	<u>2,361,949,957</u>	<u>228,337,370</u>	<u>2,590,287,327</u>	<u>1,239,530,577</u>	<u>262,501,924</u>	<u>1,502,032,501</u>

Mper

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 EVENTS OCCURRING AFTER THE REPORTING PERIOD

On account of the discontinuation of TGF Grant Fund (GF) relating to TB during the year, as more fully disclosed in note 16.1.3 of the financial statements, the Hospital, subsequent to reporting date, has transferred operating assets and inventory amounting to Rs. 332,851,298 and Rs. 507,032,081 respectively to the relevant primary recipient on directions of TGF

32 DATE OF AUTHORISATION FOR ISSUE

These financial statements were approved and authorised for issue on November 25, 2021 by the Board of Directors of the Hospital.

npes



Chief Executive Officer



Director

DONATION COLLECTION CENTERS

KARACHI

KORANGI CROSSING

Plot C-76, Sector 31/5, Opposite Darussalam Society, Korangi Crossing, Karachi
021 3511 2710 - 17

DHA

Plot # 103-C, Shop # 03, Ground Floor, Jami Commercial, Street # 11, near Dow Lab, Phase-VII, DHA, Karachi
021 3539 4611

AYESHA MANZIL

Shop # H-28, Shamim Apartment, Block # 10, F. B. Area, near DOW Lab, Ayesha Manzil, Karachi
021 3636 1966 | 021 3634 8866

BAHADURABAD

M-1 Co-operative Bank Building, Begum Rabia Siddiqui Road, near OPTP, 4 Minar Chowrangi, Bahadurabad, Karachi
021 3729 3322

UNIVERSITY ROAD

Shop # 4, Plot # SB-18, Zenith Heights, Opposite NED University, Block - 01, Gulistan-e-Johar, Karachi
021 3416 5013

NORTH NAZIMABAD

Rays Center, Plot # SC-24, Block-N, North Nazimabad, Near DC Office, Karachi
021 3729 3321

SITE AREA

Office No. M1 & M2 Extension, Dhedhi Business Avenue, Phase-1, S.I.T.E, Karachi
021 3258 6500

HYDERABAD

MAIN AUTO BAHN ROAD

Shop no. 8, Assis Mall, Main Auto Bahn Road, Opp. City Nursery School, Hyderabad, Sindh
022 612 5121

LAHORE

JUBILEE TOWN

The Indus Hospital - QF, NST & SMP Campus, Plot # 779-802, Block-B, near Mian Chowk, Jubilee Town, Lahore, Pakistan
042 3751 4371-5

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 flyer to The Indus Hospital.



Indus Hospital & Health Network (Formerly The Indus Hospital)

Head Office, Plot C-76, Sector 31/5,
Opposite Darussalam Society,
Korangi Crossing, Karachi
T: (021) 111 111 880

Lahore Office, QF, NST & SMP Campus,
Plot # 779-802 Block-B, Near Mian Chowk,
Jubilee Town, Lahore, Pakistan
T: (042) 111 111 880

www.indushospital.org.pk
indushospital.org.pk/qfnstsmc-campus

CONTRIBUTIONS

Editorial

Saira Bano, Deputy Manager, CRD
Onusha Ahmad, Assistant Manager, CRD
Talha Nadeem, Senior Officer, CRD
Ayesha Syed, Intern, CRD

Photography

Kohi Mari
Khaula Jamil
Fawad Bin Rashid
Mubahila Abidi

Design

Sada Abbas, Assistant Manager, CRD

Logistics

Saad Alim, Assistant Manager, CRD

Supervisor

Syed Mashhood Rizvi, Executive Director, CRD
Afifa Batool, Senior Manager, CRD

Printing

Sofline



INDUS HOSPITAL & HEALTH NETWORK
(Formerly The Indus Hospital)

Head Office, Plot C-76, Sector 31/5,
Opposite Darussalam Society, Korangi Crossing, Karachi
T: (021) 111 111 880

Lahore Office, QF & NST Campus, Plot # 779-802 Block-B,
Near Mian Chowk, Jubilee Town, Lahore, Pakistan
T: (042) 111 111 880

www.indushospital.org.pk | indushospital.org.pk/qfnst-campus