FPHC

FRONTIER PRIMARY HEALTH CARE

ANNUAL REPORT

2020

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Abbreviations used in the Report

AIDS	Acquired Immune Deficiency Syndrome
AFP	Acute Flaccid Paralysis
ANC	Antenatal Care
API	Annual Parasite Incidence
ARI	Acute Respiratory Infections
BCC	Behaviour Change Communication
BCG	Bacilli Camette-Guerin
BEmOC	Basic Emergency Obstetric Care
BHU	Basic Health Unit
CAR	Commissioner for Afghan Refugees
CBO	Community Based Organisation
CBA	Child-bearing Age
CDU	Community Development Unit
CHW	Community Health Worker
CHS	Community Health Supervisor
CMAM	Community Based Management of Malnutrition
CHRD	Community and Human Resource Development
CPR	Contraceptive Prevalence Rate
D&C	Dilatation and Curretisation
DHQ	District Headquarters
DoH	Department of Health
DOT	Directly Observed Therapy
DPT	Diphtheria-Pertussis-Tetanus
E&C	Evacuation and Curretisation
EDO(H)	Executive District Officer (Health)
EmOC	Emergency Obstetric Care
EPI	Expanded Programme of Immunisation
EWAR	Early Warning and Response
FATA	Federally Administered Tribal Areas
FGD	Focus Group Discussion
FP	Family Planning
FHWs	Female Health Workers/ Family Health Workers
FMT	Female Medical Technician
FSMO	Field Supervising Medical Officer
GoP	Government of Pakistan
HBV	Hepatitis-B Virus
HCV	Hepatitis- C Virus
HCs	Health Centres
HE	Health Education
HIV	Human Immunodeficiency Virus
ICU	Intensive Care Unit
IEC	Information, Education and Counselling
IMR	Infant Mortality Rate
IMNCI	Integrated Management of Neonatal and Childhood Illnesses
IPV	Inactivated Polio Vaccine
IRS	Indoor Residual Spraying
IUCD	Intra Uterine Contraceptive Device
IV	Intra Venus
IYCF	Infant and Young Child Formula
JUH	Johanniter International
KP	Khyber Pukhtoonkhwa
LHV	Lady Health Visitor
LHW	Lady Health Worker
LLIN	Long Lasting Insecticidal Net
MCH	Mother and Child Health
MNCH	Maternal, Neonatal and Child Health
MMR	Maternal Mortality Rate
MNT	Maternal and Neonatal Tetanus
M.O.	Medical Officer
MoU	Memorandum of Understanding
NGO	Non-Governmental Organisation
NIDs	National Immunisation Days
OPD	Out-Patient Department
ORT	Oral Rehydration Therapy
ORS	Oral Rehydration Solution
PDH	Project Director Health
PHC	Primary Health Care
PF	Positive Falciparum
PLW	Pregnant and Lactating Woman
PNC	Postnatal Care
PoCs	People of Concern
PV	Positive Vivax
PWDs	People with Disabilities
RH	Reproductive Health
RDT	Rapid Diagnostic Test
RPR	Rapid Plasma Reagin
SAFRON	States and Frontier Region
SFP	Supplementary Feeding Programme
SIA	Special Immunization Activity
SGBV	Sexual and Gender Based Violence
SM	Social Mobiliser
SNIDs	Sub National Immunisation Days
STDs	Sexually Transmitted Diseases
STIs	Sexually Transmitted Infections
TB	Tuberculosis
TBA	Traditional Birth Attendant
ToT	Training of Trainers
TT	Tetanus Toxoid
VDRL	Venereal Disease Research Laboratory
UNAIDS	United Nations AIDS Control Programme
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
WFP	World Food Programme
WHO	World Health Organisation

BOARD OF GOVERNORS

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Dr. Wagma Reshteen,   ***Dy. Executive Director/Coordinator CHRD Unit & RH Programmes***
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Mr. Said Zaman, Senior Administrator
Mr. Naik Amal Khan, Finance Manager
Dr. Khushal Khan, Programme Manager Health
JUNIOR MANAGEMENT
Mr. Adil Khan, Logistics /Procurement Officer

INCOME SOURCES OF FPHC:

- Community Contribution in shape of:
  - (1) User charge
  - (2) Volunteer time by volunteer health workers (FHWs, CHWs & LHWs), members of support groups, members of Health Committees and members of Community Based Organisations and Jirgas.
  - (3) Free accommodation / refreshments for training purposes
  - (4) Free labour for repair / maintenance of buildings
- Bank interest
- Donations from:

Government of Pakistan through Directorate of Malaria through the Indus Hospital
UNHCR
Health Department (in kind support)
WHO (Provision of medicines)

BISMILLAH...

FPHC AT A GLANCE

IDENTITY

FPHC is a non-governmental, non-political and non-profit making developmental Organisation, working with communities on their development through provision of primary health care, Emergency Obstetric Care, Educational, emergency response and other developmental services.

LEGAL STATUS

FPHC is registered with Government of Pakistan	Societies Act of 1860 (Registration No. 5972/5/2617) in January 1995.
	Economic Affairs Division, Islamabad
	Ministry of SAFRON (Allowed to Work Permit for work in Afghan refugee camps)
	KP Charities Commission

FPHC has a Board of Governors consisting eleven residents (four females and seven males) of Khyber Pukhtoonkhwa Province. FPHC has a Memorandum of association, along with Rules and Regulations, all as required by the Act.

VISION

Healthy individuals in healthy communities living in a healthy environment making healthy choices.

MISSION

FPHC work with the people and communities in its target areas in Khyber Pukhtoonkhwa on community development through primary health care, education, nutrition and income generation focusing on women and children.

STRATEGIC AREAS

- To strengthen community development
- To focus on women, adolescents and children
- To ensure sustainability of programmes
- To conduct participatory research
- To become a resource/model of primary health care
- To respond to emergencies

PROGRAMMES OF FPHC DURING REPORTING YEAR

Reproductive Health:

- Provision of care before, during and after delivery
- Provision of appropriate information and family planning services
- Control of STIs/STDs
- Awareness raising on HIV/AIDS and Hepatitis
- Awareness raising on RH/ARH, MCH and nutrition through support group methodology and individual counselling
- Establishment and strengthening of referral system
- Provision and support for early initiation and continuation of breast-feeding
- Regular Human Resource Development on RH topics

Basic Essential Obstetric Care (24/7):

- Essential obstetric care services & management of emergencies
- Outpatient consultation (Gyn & Obs.)
- Family planning services & information sharing
- Treatment of STIs/DTDs
- Care for new-born babies
- Vaccination (TT)
  - Support services:
    - Ultrasonography
    - Laboratory'
    - Ambulance

Diagnostic and Curative:

- Outpatient consultation
- Basic Laboratory services
- Pharmaceutical services

Preventive:

- Expanded Programme of Immunization (EPI)
- Malaria, Lashmaniasis and Dengue Control Programmes
- Prevention and control of COVID-19
- HIV/AIDS control programme(awareness raising)
- TB control programme (awareness raising)
- Control of Diarrhoeal diseases

Rehabilitative:

- Nutrition rehabilitation
  - Infant and Young Child Feeding (IYCF)
  - Cooking demonstration
- PWDs interventions

Health Promotive:

- Home visiting
- School health
- Health education
- Kitchen gardening

Community and Human Resource Development (CHRD):

- Building of community institutions and processes
- Training of mid-level health workers
- Training of Community Health Workers (CHWs)
- Training of Female Health Workers (FHWs)
- In-service training of FPHC's staff and volunteers
- Social mobilisation
- Development of IEC material

Emergency Response:

- Response to different emergencies like:
  - Natural calamities (earthquake and floods)
  - Internal Displacement of People
  - Afghan refugees
  - COVID-19

Service outlets:

FPHC provides the above mentioned services to people in selected areas of Mardan, Swabi, Nowshera, Charsadda Haripur, Mansehra, Peshawar, Kohat, Dera Ismail Khan, Lakki Marwat, Tank, Bannu and Kohat districts of Khyber Pukhtoonkhwa Province through:

- ✓ Seventeen health centres out of which sixteen health centres have CHSs, FHSs and support staff whereas one health centre has a Doctor, Pharmacist and Laboratory Technician. Each health centre is supported by 20 – 40 volunteer health workers (female and male), trained and supervised by FPHC.
- ✓ Two round the clock Emergency Obstetric Care (EmOC) Hospitals, having Lady Doctors, Nurses, Dais, Laboratory Technician and support staff. The staff members work in three shifts.
- ✓ Four round the clock community labour rooms
- ✓ One Community and Human Resource Development (CHRD) Unit having qualified and experienced Master Trainers (female and male). The responsibility of this unit includes capacity building of FPHC's own staff members/volunteers and members of other NGOs/CBOs.
- ✓ FPHC's Head Office is located in Mardan city and sub offices are in Peshawar, Charsadda, D. I. Khan, Tank, Bannu, Lakki Marwat and Kohat cities.

Target Population

Direct:

Through fixed health facilities:

Local Pakistani population	39,790	
Afghan refugees in camps	247,706	
Total		**287,496**

Through short term projects:

Malaria Control Project (Local Pakistani Population)	5,000,000	
TB and PWD interventions (Afghan refugees)	201,803	
Total		**5,201,803**

Volunteer Health Workers of FPHC and their families	436	
Staff members of FPHC and their families	208	
Total		**644**

All those reporting to FPHC's Ahmed Shah Abdali Hospital in Mardan city from anywhere
More than 300,000 people living in villages surrounding FPHC's EmOC Hospital in Ismaila union council of Swabi district

Indirect:

All those elsewhere who receive services from health workers and CBOs who have been supported by FPHC.

Public Private Partnership:

FPHC is working with three different communities i.e. Afghan refugees, the population affected by natural or man-made disasters and local Pakistani population. Its strategies for community development are slightly different. For example in Afghan refugee communities it is focusing more on preparing Afghan refugees for repatriation to Afghanistan and for the post repatriation situation in that war torn country. (However, during the reporting year FPHC implemented UNHCR health strategy by linking community with public sector facilities and encouraging community for taking responsibility of their own health care). In population affected by disasters, FPHC's focus is on emergency services and early recovery. In local Pakistani population FPHC is focusing more on public private partnership and strengthening the health care services of Government of Pakistan because this is the most sustainable and cheapest way of community development. FPHC has covered a long distance in public private partnership. For example:

- *FPHC regularly facilitates EPI department in NIDs, SNIDs and MNT campaigns.*
- *FPHC reports all its activities to Health Department*
- *The health department has given right of use of an old dispensary building to FPHC for use as its health centre.*
- *In one target area of FPHC, the teams of "Family Welfare Centre" of Population Welfare Department and FPHC's health centre are working together and provide family planning services and information to community. This is a unique example of public private partnership because the two teams are very co-operative and supports each other.*
- *FPHC was selected as a member of committee formed by Director General Health Services Khyber Pukhtoonkhwa for improvement of vaccination coverage in the province.*
- *FPHC is also member of Steering Committee formed for strengthening of community health services by Government of Khyber Pukhtoonkhwa.*
- *FPHC is a member of District Technical Committee for Reproductive Health formed by Population Welfare Department of Government of Pakistan.*
- *FPHC receive technical support from health department especially DHOs like training of staff members on different diseases.*
- *FPHC closely coordinates with Population Welfare Department in family planning services to communities.*
- *FPHC has established a Birthing Centre in a Rural Health Centre of Health Department at Gumbat union council of Mardan district.*
- *FPHC's health facilities are used by Provincial Health Services Academy (PHSA) as a model of primary health care for its trainees of induction courses*
- *FPHC has strengthened infection prevention system and universal precautions in District Headquarters Hospital Mardan.*

- *FPHC has collaborated in upgradation of ICU in Lady Reading Hospital Peshawar by installing modern ICU equipment in the ICU.*

- *The Lady Health Workers of National Programme for FP/PHC support FPHC's programmes by participating in Polio Eradication Campaigns and some training programmes.*

- *FPHC has been providing health and nutrition services to communities through health facilities of DoH in Kohat, Lakki Marwat and Dera Ismail Khan districts.*

- *FPHC is implementing a Malaria Control Project together with Directorate of Malaria of Government of Pakistan. Under this project, FPHC contributes to the efforts of Malaria Directorate for prevention and control through strengthening all microscopy centres of health department in six target districts and by provision of LLINs to antenatal women.*

Strength:

FPHC's strength is the close relationship it maintains with the communities it serves. Communities are involved in planning, implementation and even evaluation of FPHC's programmes. This is one reason that FPHC is enjoying trust of these communities.

FPHC has 212 paid staff members including Female and Male Medical Doctors, LHVs, Nurses, Pharmacists, Laboratory Technicians, EPI Technicians, Master Trainers, Community Health Supervisors, Dais and support staff. Most of the staff members are working with FPHC for the last 15 – 20 years. **About 36.32% staff members are females and 63.68% males.**

FPHC has formed health committees in community. These health committees also support FPHC in implementation of health care programmes.

FPHC has also formed awareness raising groups in community. These groups meet 1 -3 times in a month to share information on a specific health topic. FPHC's staff members/volunteer health workers facilitates these groups.

FPHC has formed Community Based Organisations (CBOs) in its target areas. These CBOs also support FPHC in implementation of its programmes.

FPHC has 11 vehicles that include ambulances, pickups, motor cars and land cruisers). FPHC also has generators, medical equipment (including Ultrasound machines, micro-labs, dental machines, microscopes and autoclaves etc.), training equipment (including multi-media projectors, televisions, VCRs, slide projectors, over-head projectors and tape recorders) and furniture etc.

In three of its target areas, FPHC has buildings for health facilities. In addition FPHC has thirteen purpose built buildings. **FPHC has right of use from Health Department of Government of Pakistan** in respect of a Civil Dispensary building which FPHC is using as health centre. Other buildings held by FPHC are rented.

COMMUNITY – One of the strongest stakeholders

The most important stakeholder of FPHC's programmes is the target communities. Therefore, FPHC maintains close relationship with them and they are involved in planning, implementation and even evaluation of FPHC's programmes.

The volunteer health workers of FPHC include male Community Health Workers (CHWs) and Female Health Workers (FHWs) who have been trained by FPHC in its target areas in consultation with the local CBOs/Jirgas. The candidates for training are introduced by the CBO/Jirga which is then responsible for overall performance of the volunteers. These health workers receive basic training for 6 – 10 weeks from FPHC's CHRD unit. On completion of training they receive kits from FPHC which they use during their volunteer work. Space for training is provided by the community and FPHC's health centres are used for practical training. The knowledge of these volunteers is updated through refresher courses and one day monthly workshops. Each health centre of FPHC is supported by 20 -40 female and 20 – 40 male volunteer health workers. Most of these CHWs/FHWs are members of CBOs and Health Committees. *(Health Committees consists of CHWs/FHWs, members of CBOs/Jirga and staff members of FPHC).* The CHWs are link between community and health centre. Their role is:

- Sharing information with community on different health issues.
- Giving some basic curative services like dressings etc.
- Referral of patients to health centres.
- Active participation in crash programmes like NIDs, SNIDs, and MNT campaigns.
- Active participation in different other campaigns like sanitation and spraying of insecticides etc.
- Attending monthly meetings with staff members of FPHC for discussion on any community health problem.
- Attending monthly refresher workshops to keep their knowledge updated on health issues.

The FHWs help RH staff in:

- Detection and registration of pregnant women in antenatal clinics.
- Encouraging pregnant women for regular visits to antenatal clinic.
- Supervision/ referral of deliveries.

In all of its targets areas, FPHC is working in close collaboration with Community Based Organisations (CBOs) /Jirgas/community groups

- Provision of postnatal care.
- Registration of new-born babies in under two clinics for growth monitoring.
- Urging women for TT vaccination.
- Encouraging families to bring their new-born babies for vaccination.

Where necessary community provide labours and some building material for construction/repair of buildings.

FPHC is working with communities on involving them in their development by paying modest user's charges on some of FPHC's programmes. Community willingly pay the user's charges and in FPHC's target areas, the community has the right to decide as to how and where to spend the money collected through user's charges.

ACHIEVEMENTS:

FPHC has many achievements in its life but the most prominent are:

- A model of primary health care programme is in place which is replicable to other parts of the country.
- In FPHC's target areas the antenatal coverage is more than 96.4%.
- 91% deliveries are supervised by trained staff members and volunteers.
- About 99% delivered women in target area receive post natal care within 42 days of delivery.
- Around 98% delivered women have received 2 or more doses of TT vaccines.
- Over 84,447 attendances in OPDs in one year.
- Over 83,322 investigations are recorded in laboratories in one year.
- Over 44,271 antenatal visits to health facilities in one year
- Close relationship with community is maintained.
- Different male and female support groups are operational.
- Health Committees are functional in all target areas.
- Strong collaboration with Health Department of Government of Pakistan is maintained.
- Comprehensive community development programme is in place.
- Sustainable health models established in two Afghan refugee camps.
- **Some of the programmes of FPHC have achieved 100% financial sustainability.**

DESCRIPTION OF ACTIVITIES

Following is description of activities of FPHC:

1. REPRODUCTIVE HEALTH CARE

a) Care before, during and after delivery

REPRODUCTIVE HEALTH CARE

- Provision of care before, during and after delivery.
- Provision of appropriate information and family planning services
- Control of STIs/STDs
- Infertility management
- Referral system
- Promotion and Support for early initiation and continuation of breast-feeding

Antenatal Care

In each health centre of FPHC, there is a RH clinic. During the year, the staff members in these clinics in Afghan refugee camps were reduced to only one FHS. However, FPHC placed qualified LHVs on the positions of FHSs who continued RH services as much as possible. However, the labour rooms and EmOC hospital had complete qualified staff. The paid staff is supported by volunteer Female Health Workers who have been trained by FPHC and are supervised by the RH staff. The health centres have been linked with Ahmed Shah Abdali Hospital of FPHC (a round the clock obstetric care centre) and other secondary and tertiary level health care facilities in concerned districts. The EmOC Centre in Ismaila provides basic EmOC services to community in union council Ismaila and villages surrounding Ismaila village and also Afghan refugees in Baghicha and Kagan camps. There are also four round the clock community labour rooms in 4 Afghan refugee camps which staffed by qualified LHVs and Dais.

Services received by pregnant lady during her visit to Antenatal clinic:

- Information is shared with her on:
  - The choice of place for safe and clean delivery (birth planning).
  - Concept of clean delivery
  - Major symptoms of complications during pregnancy
  - Importance of family planning,
  - Importance of nutrition/breast-feeding
  - Importance of vaccination to both mother and baby
  - Care of mother and baby.
- Testing of her urine for pregnancy
- Testing of her blood and urine to assess her level of haemoglobin, protein and sugar.
- Testing of her blood for Syphilis and MP
- In case of complications, the client is referred to hospital.
- They receive Iron supplements, Folic Acid and TT vaccination

The primary objective of antenatal care is to establish contact with the pregnant woman, identify and manage current and potential risks and problems. This creates the opportunity for the woman and FPHC's RH staff to establish a birth plan based on her unique needs, resources and circumstances. The RH clinic in each health centre of FPHC has a well-established antenatal care clinic where women are registered for antenatal care preferably at the 16th week of pregnancy. As a result of FPHC's awareness raising programmes, most women report to the antenatal care clinic of FPHC

at their own but the responsibilities of volunteer FHWs include facilitation of clients for registration in antenatal care clinic. There are other means also which help in awareness/registration of pregnant ladies in antenatal care clinics e.g. visits by FPHC's LHVs to houses in target area, Outpatient department in FPHC's health centres (local population only) where women report to consult Doctor/LHV, and crash programmes for TT vaccination. The pregnant women are encouraged to pay at least 3 – 4 visits to the clinic with the first visit early in the pregnancy.

Birth Planning Programme

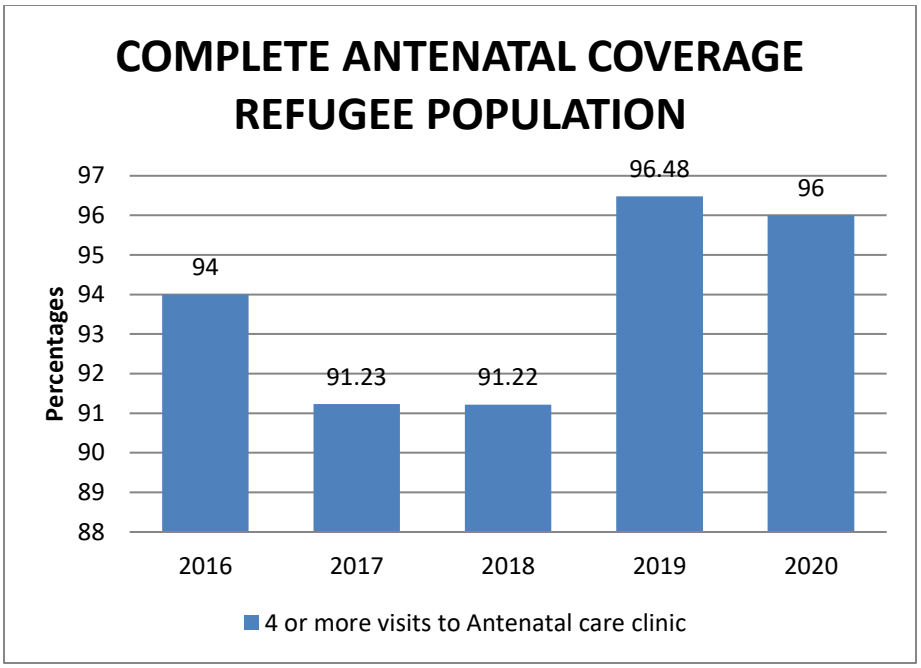
The RH staff of FPHC, in health centres, have received specific training on birth planning. They plan the birth of baby with pregnant woman and her family members to avoid any mishap. During the antenatal care, place of birth, arrangement for transport, money, attendant, vaccination of mother and baby etc. are planned with the woman and her family members. Special health education sessions are held with pregnant women during their antenatal visit to RH clinic. Disposable delivery kits are provided to the family which can be used at home in case the woman cannot be delivered in hospital for any reason.

The staff members and volunteer health workers in Afghan refugee camps specifically trace pregnant women who have plans for repatriation to Afghanistan during pregnancy. Special attention is paid to those pregnant ladies who have plans for repatriation to Afghanistan during pregnancy. She receives special health education on specific conditions inside Afghanistan because she and the baby may be at risk because of unhygienic conditions and non-availability of skilled hands there They are given their antenatal card, vaccination card, family record book containing history of sicknesses of all family members and record of family planning at the time of repatriation to Afghanistan. TB Patients also receive special health education, record of their treatment and treatment for longer time at the time of repatriation to Afghanistan.

A total of 34,218 visits were paid by pregnant women to antenatal care clinics. 156 women were treated for complication of abortions. A total of 7,604 live births were reported in target areas.

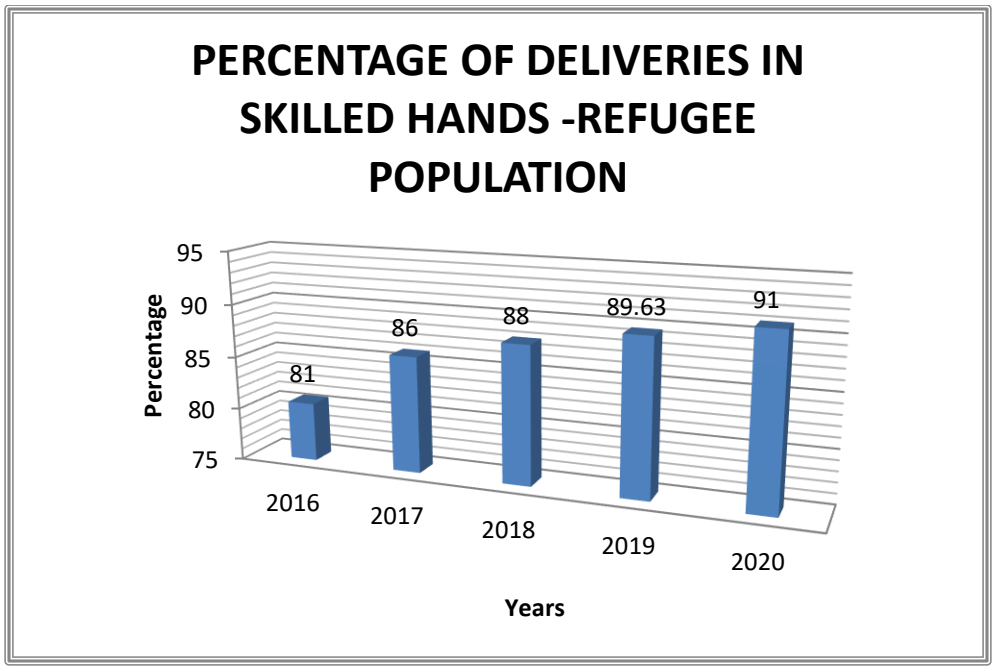
ANTENATAL CARE IN AFGHAN REFUGEE POPULATION

Name of refugee camp	Number of first visits paid by women to antenatal clinic (New Registration)	Total number of antenatal visits (New and repeat)	Number of live births	Number of women delivered after 4 or more antenatal check-ups	Number of women delivered with 2 or more doses of TT vaccines
Baghicha	135	661	127	126	127
Kagan	114	613	111	110	110
Zangal Patai	241	1,083	239	236	236
Zindai	468	1,626	436	423	438
Baghbanan	673	2,098	538	462	505
Gandaf	879	3,679	761	747	751
Barakai	976	3,743	999	985	993
Akora-2	1134	4,986	1084	1077	1077
Haripur-1	467	2,409	444	434	434
Haripur-2	565	2,466	514	509	509
Haripur-3	532	2,762	522	520	518
Haripur-4	453	1,990	418	381	383
Basu Mera	524	2,372	527	521	521
Dhenda	520	2,497	490	478	483
Khaki	375	1,233	394	325	372
Total	**8,056**	**34,218**	**7,604**	**7,334**	**7,457**



Deliveries: As it is difficult to predict the high risk delivery, WHO recommends that each and every pregnant woman should deliver in skilled hands. However, roughly two-thirds of the deliveries still take place at home, where in most cases the conditions are unhygienic and untrained Dais attends the deliveries. This causes many health problems. Therefore, FPHC's staff members and volunteer health workers encourage/educate the pregnant women and their family members to have deliveries in skilled hands. The information on importance/benefits of supervised deliveries is shared with them during their visits to RH clinics for antenatal care, during TT vaccination and during home visits by FHWs. Proper follow-up records are maintained in RH clinics to follow those registered for antenatal care.

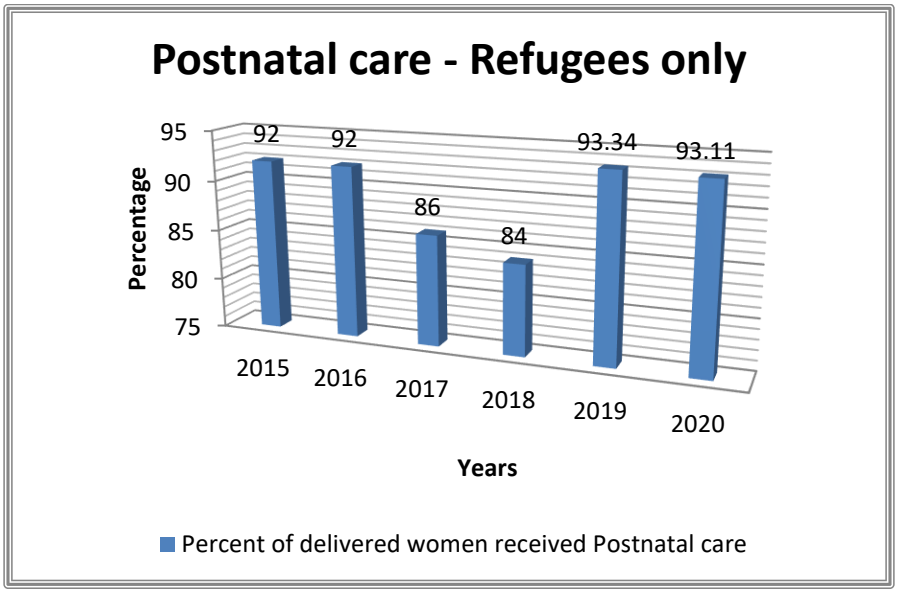
A total of 7,571 deliveries were recorded in the health centres of FPHC in Afghan refugee camps. This does not include those recorded in Ahmed Shah Abdali Hospital and BEmOC Centre at Ismaila of FPHC where clients report from target and non-target areas. Although FHWs are active in FPHC's target areas and refer pregnant women for deliveries in skilled hands and hygienic conditions, most families of pregnant women still opt to deliver the babies at home. About 91% of pregnant women in refugee population delivered in supervision of Lady Doctors and LHVs as compared with 89.63% last year.. However, this does not mean that all the remaining 9% women in refugee population delivered in unskilled hands. Deliveries by majority of the remaining pregnant women were supervised by the FHWs/Trained TBAs who have been trained by FPHC and who have disposable delivery kits from FPHC. These FHWs/TBAs have developed close relationship with community. Despite the fact that these FHWs encourage pregnant women to deliver in more skilled hands like Lady Doctors/LHVs, they opt to stay at home and deliver in the hands of FHWs. FPHC's staff members and volunteer health workers are regularly sharing information with community on importance of deliveries in skilled hands and in hygienic conditions. This has resulted increase in percentage of deliveries by skilled persons (Lady Doctors/Nurses/LHVs) during the last five years.



REFUGEE CAMPS ONLY				
Name of Camp	**Total Deliveries**	**Still births**	**Low birth weight (<2500gm)**	**Neonatal deaths**
Baghicha	127	0	0	1
Kagan	110	0	0	0
Zangal Patai	236	0	0	2
Zindai	438	9	0	2
Baghbanan	540	4	2	0
Gandaf	756	8	0	3
Barakai	993	5	3	8
Akora-2	1,078	4	1	0
Haripur-1	440	5	3	2
Haripur-2	509	1	1	0
Haripur-3	524	5	4	2
Haripur-4	419	6	4	2
Basu Mera	521	3	0	0
Dhenda	486	7	3	4
Khaki	394	0	0	0
TOTAL	**7,571**	**57**	**21**	**26**

Postnatal Care

In FPHC's target area, the FHWs visit the houses of delivered women to check the mother and new born baby. Efforts are made to visit the mother and baby during first seventy two hours of delivery and where necessary refer complicated cases for necessary care. During this visit the FHWs also share with mother and the family information on exclusive breast-feeding, EPI, personal hygiene, nutrition, family planning and other health related issues. Each of FPHC's health centres has a proper Delivery and Postnatal Kit which were kept maintained and where necessary items of these kits were replaced. The FHWs made a total of 7,080 visits to the houses of delivered women during the period of this report. These visits were made within 72 hours of delivery. In addition, 458 visits were made between 4 and 42 days of delivery.



Basic EmOC Hospital Ismaila:

FPHC's Health Centre in Ismaila union council of Swabi district was established in 1997 with support from the target community, health department of Government of Pakistan and other stake holders. Over the time, the community contributed to further strengthening the facility and health department was kind enough to hand over the responsibility of EPI in that union council to FPHC which continued till mid-2019. The health department has also given right of use of the building where this facility is functional.

Right from the beginning focus was on preventive aspect and a lot of work was done with target community on making the preventive programmes acceptable. The efforts were fruitful as the community not only accepted this community based approach of health care provision but contributed through

It is now 100% financially sustainable:

The hospital in Ismaila has been developed from a community based health facility to round the clock Basic EmOC Hospital. Continuous interest of the community is helping in financial sustainability of the hospital. It is now **100%** financially sustainable

different means towards sustainability of this much needed facility.

The health centre has been developed as round the clock basic EmOC hospital. In this hospital the following services are available:

- Essential Obstetric care
- Outpatient consultation
- Family planning services & information sharing
- Treatment of STDs
- Care for new-born babies
- Laboratory
- Pharmaceuticals

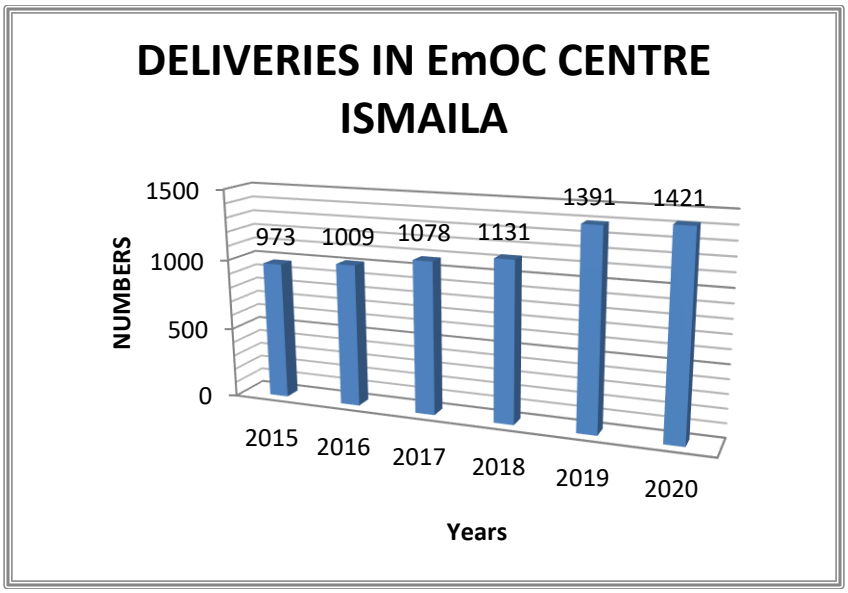
The Afghan refugees from Baghicha and Kagan Afghan refugee camps continued to visit EmOC Centre Ismaila.

PUBLIC PRIVATE PARTNERSHIP

The facility is best example of public private partnership:

- The building of this facility is property of health department of Government of Pakistan. FPHC has right of use of this building since 1997.
- Health Department has kindly given responsibility of EPI in this union council to FPHC which continued till mid-2019.
- The teams of FPHC and Population Welfare Department of Government of Pakistan work together in this facility to provide population welfare services to target community.
- The health facilities of health department in villages surrounding Ismaila union council refer cases to this facility.
- The facility maintains its linkages with secondary and tertiary care hospitals of Government of Pakistan where the complicated cases are referred.

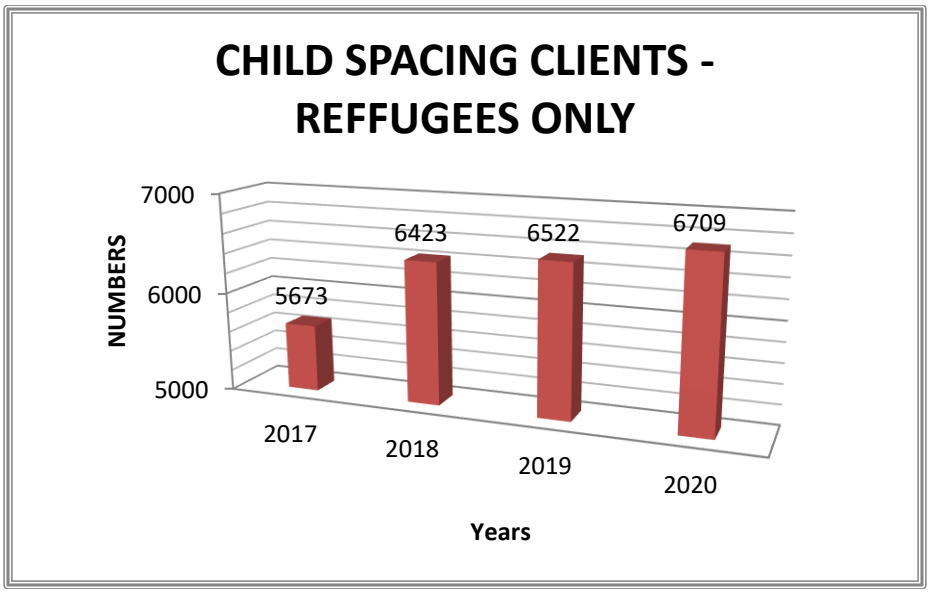
EmOC Centre Ismaila - 2020	
Total deliveries in labour room	1,421
Normal deliveries	1,377
Assisted deliveries	29
Breach deliveries	6
Twins deliveries	9
Triplets deliveries	0



1-b) Provision of appropriate information and family planning services:

Family planning plays a crucial role in saving lives of women and children and preserving their health by preventing untimely and unwanted pregnancies, reducing their exposure to the health risks of childbirth and unsafe abortion and giving women more time to take care of their existing children. All couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so. Majority of our clients in health centres are females. There is little involvement of men in family planning programme whereas in Pakistan as a whole and in FPHC's target areas particularly, mostly men are decision makers in the family unit and their understanding is essential. Therefore, FPHC lays special stress on involvement of men in reproductive health programmes especially child spacing. Different means are used for their involvement but most important is training of male staff members and volunteers on RH especially child spacing and gender.

A total of 6,522 clients were on register for child spacing in all health centres in Afghan refugee camps from previous year as compared with 6,032 in previous years. 2,911 clients were newly registered during the year which increased to number of registered clients to 9,433. At the end of the year, 6,709 family planning method users were on registers.



1-c) Control of STI/STDs:

Prevention and control of STI/STDs through diagnostic and treatment facilities is part of FPHC's programmes. The staff members of FPHC have received training in syndromic case management according to WHO's guidelines. The staff members of FPHC have also received training on prevention and control of HIV/AIDS and other STIs. The information on prevention and control of STI/STDs is shared with community during information sharing sessions. The modules specifically developed in local language for information sharing sessions with community on prevention and control of HIV/AIDS and other STIs are used during the sessions.

1,491 cases of vaginal discharge, 302 of lower abdominal pain and 1 case of neonatal conjunctivitis were reported during the year. A total of 1,464 partners of STI cases received treatment.

Health Centre	Sex	Urethral discharge	Genital ulcer	Vaginal discharge	Lower abdominal pain	Neonatal conjunctivitis	Partner treatment given	Number of condoms distributed only for STDs prevention
Baghicha	**Male**	0	0	0	0	0	13	98
	Female	0	0	15	0	0	0	
Kagan	**Male**	0	0	0	0	0	13	121
	Female	0	0	13	0	0	0	
Zangal Patai	**Male**	0	0	0	0	0	39	217
	Female	0	0	43	0	0	0	
Zindai	**Male**	0	0	0	0	0	45	326
	Female	0	0	55	0	0	0	
Baghbanan	**Male**	0	0	0	0	0	69	490
	Female	0	0	81	0	0	0	
Gandaf	**Male**	0	0	0	0	1	166	1,281
	Female	0	0	165	77	0	0	
Barakai	**Male**	0	0	0	0	0	180	1,147
	Female	0	0	128	62	0	0	
Akora-2	**Male**	0	0	0	0	0	99	490
	Female	0	0	145	0	0	0	
Haripur-1	**Male**	0	0	0	0	0	63	413
	Female	0	0	86	3	0	0	
Haripur-2	**Male**	0	0	0	0	0	189	903
	Female	0	0	150	76	0	0	
Haripur-3	**Male**	0	0	0	0	0	64	384
	Female	0	0	86	16	0	0	
Haripur-4	**Male**	0	0	0	0	0	24	98
	Female	0	0	29	0	0	0	
Basu Mera	**Male**	0	0	0	0	0	224	686
	Female	0	0	259	18	0	0	
Dhenda	**Male**	0	0	0	0	0	199	420
	Female	0	0	164	45	0	0	
Khaki	**Male**	0	0	0	0	0	77	583
	Female	0	0	72	5	0	0	
Total	**Male**	**-**	**-**	**-**	**-**	**1**	**1,464**	**7,657**
	Female	**-**	**-**	**1,491**	**302**	**-**	**-**	

1-d) Infertility management:

Cases of infertility report to FPHC's health centres where they receive counselling. Necessary laboratory investigations are carried out in FPHC's BEmOC hospitals but for specialised opinion, the cases are referred to secondary and tertiary care hospitals.

2. PREVENTIVE PROGRAMMES

Most of diseases are preventable and can be controlled by proper preventable measures. Therefore, FPHC specially design its preventive programmes to add to the efforts for reduction in morbidity and mortality.

PREVENTIVE PROGRAMMES INCLUDE:

a) Expanded Programme of Immunisation (EPI)
b) NIDs/SNIDs
c) HIV/AIDS control programme
d) Malaria and Lashmaniasis Control
e) TB Control
f) Control of Diarrhoeal Diseases

2-a: Expanded Programme of Immunisation (EPI)

In line with national EPI programme, FPHC has aimed this programme to immunise all children by the age of 1 year against 10 diseases targeted and to immunise any child missed during the previous year. The target diseases are TB. Diphtheria, Polio, Pertussis, Tetanus, Hepatitis-B, Meningitis, Diarrhoea, Measles and Influenza. The programme also aims to immunise all women of child-bearing age against Tetanus.

Right from its establishment in 1995 till Sep 2019, all health centres of FPHC had well established EPI system (static and mobile) and each one had a well experienced EPI technician (female/male). FPHC had also a proper system of cold chain e.g. Refrigerators, Vaccine Carriers and Boxes, Ice Packs and Thermometers etc. which supported the EPI programme in all of its target areas. Generators and solar systems were arranged for use during electricity load shedding to maintain the cold chain.

FPHC had taken over the responsibility of immunisation in Pakistani villages of its target area from Government of Pakistan. FPHC also participate in crash programmes organised by Government of Pakistan.

Under UNHCR's new health strategy a number of high level meetings were held with department of health to streamline FPHC's EPI with Government EPI. By end of Jun 2019, FPHC handed over EPI to department of health. However, the available staff members in FPHC's health centres continue to facilitate the department of health in immunization. In local population, FPHC handed over EPI to department of health in Sep 2019.

Polio eradication/Vit 'A' supplementation campaigns

Since handing over EPI to department of health of Government of Pakistan, Polio eradication programme has also become responsibility of department of health in FPHC's target areas. However, FPHC still continued to facilitate the staff members in reaching maximum number of children.

2-b: HIV/AIDS Control Programme:

According to Pakistan's National AIDS Control Programme, Pakistan has an estimated 190,000 cases of HIV/AIDS showing 0.1 per cent prevalence. The high rate of medical injections, approximately 4.5 per person per year, widespread reuse of un-sterilized needles, and poor performance within the health system, current medical practices put people at risk. Low level of literacy and education hampers efforts to increase awareness in the general population. Restriction on women's mobility and gender discrimination limits women's access to information and prevention services. Women are powerless and have less or no say in decision-making processes. Significant numbers of refugees and local villagers leave to find work elsewhere. Away from their families for extended periods of time, they are vulnerable to high-risk behaviour such as drugs and unprotected sex. Domestic abuse is felt by health workers to be common but is rarely reported. Contact tracing for Sexually Transmitted Infections (STIs) is difficult because women are reluctant to discuss such matters.

In order to assist in checking the epidemic at an early stage in the areas where FPHC works and to contribute to the efforts of Government of Pakistan and world community, FPHC has made significant efforts to further strengthen its HIV/AIDS prevention and control programme.

- Prevention and control of HIV/AIDS has been integrated into activities in all health centres. Majority of staff has received recent training on prevention and control of HIV/AIDS.

- As a founding member of the national RH Network formed by like-minded NGOs with support from World Population Foundation(WPF) Islamabad, FPHC has assisted in development of IEC material, including a module on HIV/AIDS. The six RH modules written in Urdu, were, at WPF request, translated into Pushto by FPHC so they could be used by people in KPK Province.

- The staff members of FPHC have received training on infection prevention and universal precautions. Periodically refresher training workshops are conducted for these staff members to keep their knowledge and skills updated. In all health facilities of FPHC, maintenance of proper infection prevention and universal precaution system is ensured.

- Prevention and control of STI/ HIV are included in the list of health education topics. Health education sessions are conducted prior to every OPD; in the MCH centre by LHVs; during home visiting by female staff members; in community by community health workers and as part of clinical encounters.

- Prevention and control of HIV/AIDS has been added to the curriculum for training and refresher courses for FPHC's volunteer health workers.

- World AIDS Day (1st December) is celebrated through a week-long health education activities by FPHC in all health units. During the week, seminars are held for both men and women as well as quiz competitions are held in schools; walks and sports festivals are organised; messages are displayed on walls by wall chalking in target area; IEC

materials are printed and banners are developed and displayed to raise the level of awareness in community.

- In its AIDS Control programme, FPHC is closely co-ordinating with UNAIDS Islamabad, Provincial AIDS Control Programme in Peshawar, UNHCR and other organisations working on prevention and control of HIV AIDS.

2c: Malaria, Lashmaniasis and Dengue Control:

Malaria:

Malaria is one of the killer diseases in this part of the world and it increases the risk of maternal anaemia, abortion, stillbirth, premature birth and low birth weight. The two types of Malaria occurring are Plasmodium falciparum and Plasmodium vivax. The basic objective of Malaria control is to reduce the transmission of malaria by the mosquito vector to a level where the infections no longer cause death nor are able to cause excessive sickness in community. In the health centres of FPHC, prevention and control of Malaria remains on list of topics for health education in health facilities as well as in community.

Expanding support to Malaria Control Interventions in High Priority Districts of Pakistan- (January 2018 –December 2020)

This three years project was implemented in Mardan, Charsadda, Dera Ismail Khan, Lakki Marwat, Bannu and Tank districts of KP. ***Please see separate detail on the project in this report.***

We feel pride in mentioning here that the donors of Malaria Control Project have decided to extend this project for another three years period i.e., 2021 – 23.

Malaria control interventions in Ismaila union council:

A total of 2,877 slides were examined in health centre Ismaila out of which 534 cases were found positive Malaria cases. Out of these, 533 were PV and 1 was Mixed cases. As earlier mentioned, Afghan refugees from Baghicha and Kagan refugee camps attend health centre Ismaila, out of total 534 positive Malaria cases, 144 were Afghan refugees.

Dengue

Dengue fever is a viral infection transmitted by mosquitoes found in tropical and sub-tropical regions around the world. It is a severe, flu-like illness that affects infants, young children and adults, but seldom causes death. In recent years, transmission has increased predominantly in urban and semi-urban areas and has become a major international public health concern.

Since 2016 when the dengue fever started to spread widely in KP like other provinces, health emergency was announced. In 2017 after the dengue cases were reported from refugees camps of Gandaf – Swabi, Peshawar and Nowshera, FPHC started EWAR

interventions in all the targeted refugee camps of District Haripur, Mansehra, Swabi, Mardan, Nowshera and Peshawar. An effective and efficient campaign was launched and implemented including different interventions to combat the implications of outbreak.

2020 marked with world's most deadly pandemic, COVID-19. Due to its trajectory sooner it became an emergency of immediate and prompt response across the country. FPHC with its own limited resources and support from UNHCR started COVID-19 response. However in the heavy trafficked information, news and affected caseload of this Pandemic, FPHC understand that dengue response must not be overlooked. Public health system was already overburdened due to the pandemic and it's not capable to respond to another outbreak and health emergency.

As mid of April mark the start period of the dengue fever, FPHC initiated its Dengue response right from the start of the month. FPHC dengue response program is designed on following initiatives:

Larviciding: Larviciding (Temephos sprinkling) carried out in all targeted refugee camps of Haripur, Mansehra, Swabi, Mardan, Nowshera and Peshawar.

On Job refresher trainings on Dengue fever: Master trainers and supervisory staff of FPHC conducted refresher orientations of community health supervisors and community health workers. The purpose was to make the response more appropriate, adequate and timely.

Awareness raising: FPHC through its social mobilization and PHC teams carried out awareness raising on dengue fever.

Focal Points: FPHC established EWAR focal points in every health centre, where CHS was responsible for sharing the information's, reports and support dengue cases in referrals as and when required.

Lashmaniasis:

During the year FPHC implemented Lashmaniasis control programme in its target Afghan refugee camps in Peshawar district. FPHC's staff members have received training on identification and treatment of Cutaneous Lashmaniasis. Medicine for treatment of the diseases was not available in open market. Therefore, FPHC referred the patients to next level health care facilities.

During the year, 3 cases of Lashmaniasis were reported all of which were females. All cases were referred to next level health care facilities.

2d: Control of Diarrhoeal Diseases

Diarrhoeal diseases and dysentery are endemic in community and are a leading cause of childhood death. These deaths are usually caused by dehydration, dysentery, and persistent

diarrhoea. The contaminated water and food and poor sanitary practices are the main reasons for spread of the agents of these diseases. Therefore, FPHC lays special stress on prevention and control of Diarrhoeal diseases. The experienced staff members of FPHC share information with volunteers and community on importance and use of latrines; safe drinking water; proper hand washing and regular disposal of garbage etc. The FHWs, during their visit to houses, see if the family has a proper latrine and uses safe drinking water. Where necessary, she shares information on hygienic practices with family members. Dehydration from acute diarrhoea in all age groups can be treated safely and effectively by the simple method of oral rehydration therapy (ORT). ORT has made possible reduction in number of deaths from dehydration and diarrhoea-associated malnutrition. Therefore, in the health centres, FPHC has provided a corner for ORT where community members receive information on how to prepare homemade fluids or ORS and how to administer it to the dehydrated person. FPHC also encouraged community to carry out campaigns to clean streets and drainage systems in camps.

3. DIAGNOSTIC AND CURATIVE PROGRAMMES

3-a) Outpatient Consultation (OPD):

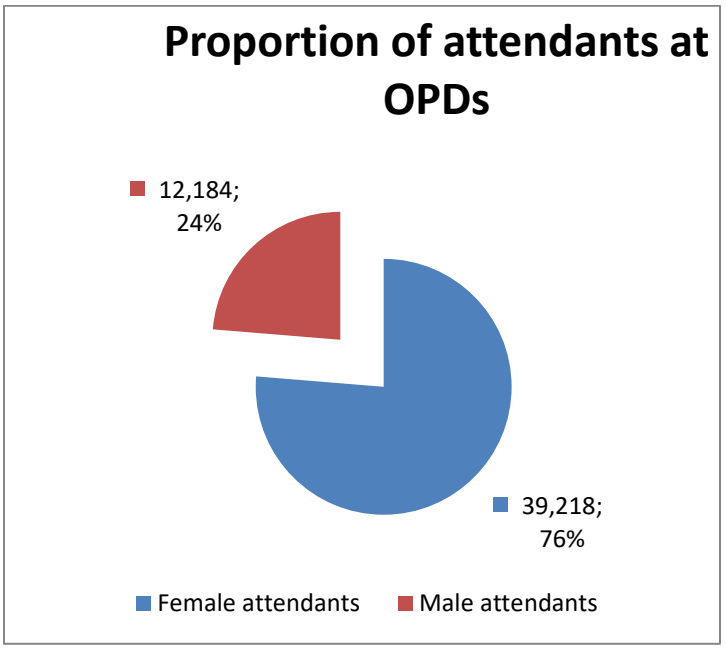
DIAGNOSTIC AND CURATIVE PROGRAMMES INCLUDE:

a) Outpatient consultation including IMNCI services
b) Laboratory services
c) Pharmaceutical services (only in local population)

The health centres of FPHC have curative programmes but the programmes in health centres in Afghan refugee camps have been reduced to IMNCI OPD only. The LHVs in MCH centres have received formal 11 days training on IMNCI in Khyber Institute of Child Health (KICH). The community in FPHC's target Afghan refugee camps has been mobilised on utilising curative services available in nearest government health facilities. However, children and women avail IMNCI services in the health centres. However, in the health centre at Ismaila union council the curative and diagnostic services are available. One male medical doctor was available on all working days. Right from the beginning modest user's charges have been introduced in FPHC's health and EmOC Centres as part of its efforts for financial sustainability of programmes. These charges are introduced and modified from time to time in consultation with target communities especially volunteer health workers, members of CBOs and Jirgas. However, not all programmes in health centres can be made financially sustainable which includes preventive and health promotive programmes.

During the year, 51,402 diagnosis were made to patients visited OPDs in all health centres (refugees + Ismaila). This does not include those reported to Ahmed Shah Abdali Hospital and other facilities. The patients in refugee camps had access to FHC and routine diagnostic facilities including health education services but those in Ismaila had access to doctor, nurses, pharmacy, laboratory diagnosis, and health education services, all during one visit.

The number of total visits is based on the number of OPD days in respective health centre and its target population. Among the attendants of the OPD, female patients outnumbered male patients. Following graph shows the proportion of attendants:



Following is detail of total diagnosis in OPDs:

Health Centre	Number of diagnoses						Total	Repeat visits
	<1 year		1-4 years		>=5 years			
	Male	Female	Male	Female	Male	Female		
Baghicha	9	7	40	27	95	294	472	-
Kagan	25	36	66	60	92	329	608	-
Zangal Patai	8	11	25	30	196	904	1,174	-
Zindai	35	11	37	47	74	13	217	-
Baghbanan	4	7	24	41	105	891	1,072	-
Gandaf	45	156	108	144	213	2,504	3,170	151
Barakai	68	78	56	84	188	783	1,257	-
Akora-2	19	22	103	144	278	4,358	4,924	-
Haripur-1	25	58	53	95	81	1,499	1,811	-
Haripur-2	40	40	105	112	377	1,406	2,080	-

Haripur-3	31	42	95	101	308	2,960	3,537	-
Haripur-4	27	25	73	86	123	979	1,313	-
Basu Mera	71	45	113	142	565	1,642	2,578	-
Dhenda	25	15	80	59	319	1,039	1,537	-
Khaki	4	2	163	214	187	1,511	2,081	-
Ismaila	155	169	722	591	6,529	15,405	23,571	1,388
Total	591	724	1,863	1,977	9,730	36,517	51,402	1,539

3-b) Basic Laboratory Services:

As there is no laboratory in none of the health centres in Afghan refugee camps, the FHWs use strip methods to carry out some important laboratory investigations. For specialized investigations, clients are referred to laboratories in nearest government health facilities. However, in its health centre in local population there is proper laboratory which supports the curative programmes.

LABORATORY FACILITIES INCLUDE:

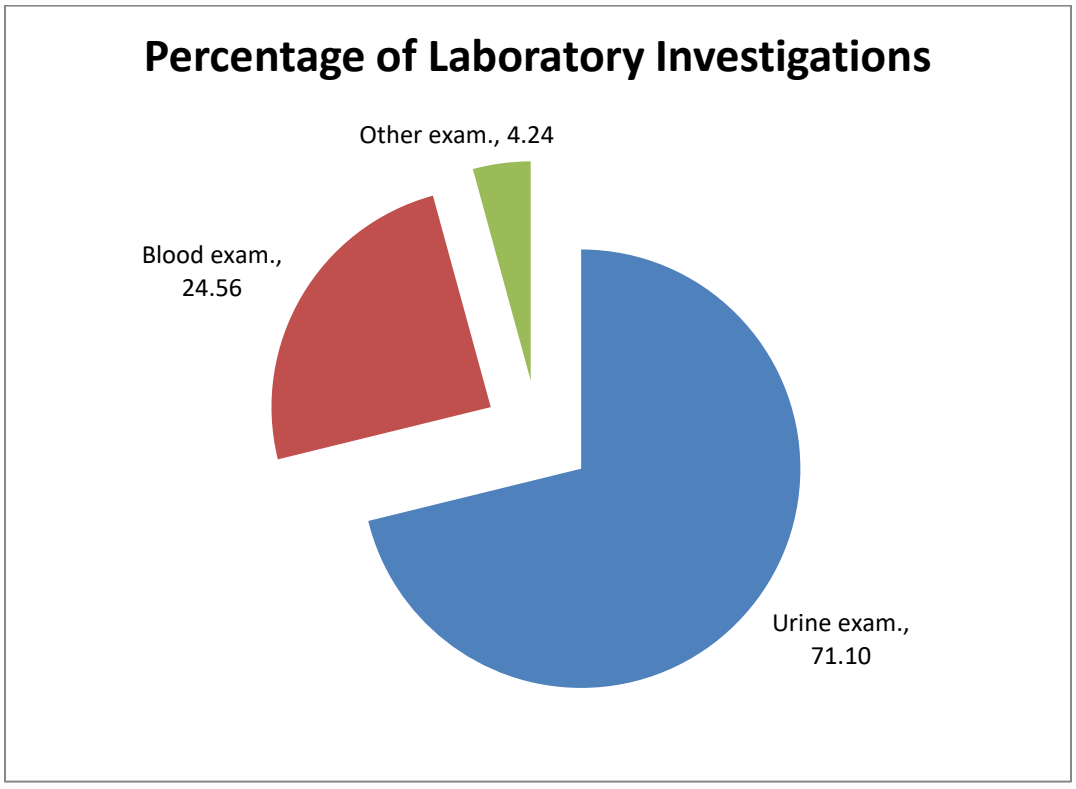
a) Sputum examination for AFB detection
b) Blood examination for Malaria Parasites
c) Complete blood examination
d) Urine examination
e) Stool examination
f) Siemens analysis
g) Blood sugar
h) Blood grouping
i) Examination for Hepatitis-B & C
j) Others (skin scraping, widal, vaginal smears, pregnancy test)

As earlier mentioned, FPHC is charging some of the laboratory services which the community willingly pay. The reasons for community trust includes quality laboratory investigations, far less charges as compared to those charged in private laboratories and availability of the services at village level.

During the year, a total of 41,156 laboratory examinations were carried out in the laboratories of FPHC's health centres in refugee camps and Ismaila union council. These include examinations carried out by FHWs through strip methods in MCH Centres where there is no laboratory. The examinations included 38 stool examinations, 29,263 urine, 10,108 blood and 1,747 other examinations.

LABORATORY INVESTIGATIONS					
Health Centre	**Stool**	**Urine**	**Blood**	**Other**	**Total**
Ismaila	38	3371	8781	1747	13937

Baghicha	0	398	108	0	506
Kagan	0	356	91	0	447
Zangal Patai	0	605	131	0	736
Zindai	0	1525	26	0	1551
Baghbanan	0	1988	11	0	1999
Gandaf	0	2751	0	0	2751
Barakai	0	2201	960	0	3161
Akora-2	0	4284	0	0	4284
Haripur-1	0	1371	0	0	1371
Haripur-2	0	1284	0	0	1284
Haripur-3	0	1764	0	0	1764
Haripur-4	0	2441	0	0	2441
Basu Mera	0	1732	0	0	1732
Dhenda	0	2288	0	0	2288
Khaki	0	904	0	0	904
TOTAL	38	29263	10108	1747	41156



3-c) Pharmaceutical Services:

During the reporting year, round the clock pharmaceutical services were made available in FPHC's health and BEmOC facilities. In two health centres in Afghan refugee camps, community pharmacies were functional. In all facilities medicine are provided to community on subsidised rates. However, in health centre Ismaila, some medicines especially essential medicine and those for preventive programmes like TB and Malaria control and Reproductive health are provided free of cost.

In Ahmed Shah Abdali hospital of FPHC the medicine bank is fully sustained and needs no external support. However, in health centres in refugee camps policy of UNHCR and CAR is followed.

4. HEALTH PROMOTIVE PROGRAMMES

Volunteer Health Workers – CHWs and FHWs:

Involvement of community in its programmes is one of the strengths of FPHC. In its target areas in Afghan refugee camps, FPHC has pool of volunteer health workers trained and supervised by FPHC. (For detail of their role, please see separate chapter on community in this report).

Following is numerical data of some of the activities carried out by the volunteer health workers and their supervisors during the reporting year:

			CHS	CHWs	FHS	FHWs
Referrals	Adult	Male	297	479	6	279
		Female	1929	4816	1578	2107
	Children	Male	995	2,650	660	1,028
		Female	1,163	2,946	688	1,171
	Antenatal	Normal	608	910	3,480	3,297
		Complicated	-	1	353	237
	Postnatal Care	Normal	69	197	763	720
		Complicated	2	2	10	5
	Deliveries	Normal	115	276	1,141	1,035
		Complicated	3	5	-	6
	Child Spacing		300	121	1,735	1,543
Birth Reported			986	1,059	1,992	2,387
Death Reported			316	163	12	11
Migration	In camps		18	-	-	-
	Out of camps		-	-	-	-
Defaulters	E PI		1,975	2,998	820	1,235

Traced	MCH	1,039	1,252	3,304	2,624
TB DOT Patients Attended		1	-	-	-
# of visits in camps with staff		300	1,266	374	1,687
# of Home visit by CHSs/FHSs		3,322		2,287	
No. of first aid given		4,104	25,971	1,683	10,785
Deliveries Conducted by trained TBAs/FHSs				3	501
Deliveries assisted by FHWs	In homes			-	57
	In hospitals			-	82
No of participants in polio campaigns		12	14	-	24
No of Seminars		2	-	-	-

Awareness Raising on Health, Gender and other issues:

FPHC has developed a programme of information sharing with community on different issues like health, gender, education and now specifically of COVID-19 etc. This is because raising the level of awareness in community is necessary for successful implementation of programmes. The staff members and volunteers of FPHC understand that health education is their essential responsibility. In FPHC's programmes, no one person is designated as health educator. Instead, health education is integral part of each encounter between a community member and staff member/volunteer of FPHC. The purposes of FPHC's health education programme include enabling people to take wise, appropriate steps to prevent illnesses; adopting appropriate practices to prevent spread of communicable diseases; helping them to take more responsibility for their own health and keeping them updated on signs, symptoms, prevention and control of modern diseases like HIV/AIDS and Hepatitis etc.

Varying methods are used in FPHC's information sharing programme and it is difficult to quantify them. These methods include:

- sharing of information in the morning with patients/clients waiting at HC to see the health care provider. The subjects and health educators are decided in advance by the staff.
- After examining the patient, s/he is referred to CHS, LHV, or other concerned staff member for appropriate advice.
- sharing of information with families by FHWs when they visit houses.
- sharing of information with community on health related issues by FPHC's volunteer Community Health Workers (CHWs), in *hujras*, mosques and other places of community gatherings.
- a staff member may advice to certain patients as a group who have similar health problems, for example, at prenatal consultation where several women are gathered.

- sharing of information on special issues with staff members, volunteers or members of other organisations during specific information sharing sessions/training workshops.

- special awareness raising sessions are conducted in community separately for females and males on special health issues.

The topics include Prevention and control of different diseases like COVID-19, Diarrhoea/Dysentery, TB, Malaria, Dengue, Hepatitis, HIV/AIDS etc., personal and community hygiene, importance of EPI and its schedule, importance of safe motherhood, care of new born babies, child survival, importance of breast-feeding, importance of family planning and Iodine Deficiency Disorders etc.

Type of Health Educator		LHVs	EPI Technicians	CHSs	FHSs	CHWs	FHWs
In Health Centres	No. of individual sessions	22715	27283	0	0	1261	22715
	No. of Group sessions	4078	4943	0	0	322	4078
	No. of Participants	21413	27932	0	0	1891	21413
In Community	No. of individual sessions	38218	18520	89147	29100	0	38218
	No. of Group sessions	8155	5092	14805	7321	0	8155
	No. of Participants	42180	27946	81921	41201	0	42180

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Gender Sensitisation:

Because of low literacy rate, local culture and lack of awareness among populations living in Mardan, Swabi, Nowshera, Haripur, Mansehra and Peshawar districts of KP Province, high level of gender inequality can be observed. FPHC is providing its services to communities since long and it has established close relationship with these communities. This close relationship with communities provided a base for thoroughly analysing the gender gaps and FPHC recognised that in this conservative society filling of these gaps is essential. It has also recognised that all developmental projects must be engendered to achieve desired results. To ameliorate the health situation of people especially women, it is necessary to address their deplorable situation within the family.

Over the years, FPHC has sensitised all its staff members and even volunteer health workers on gender. This has led to behavioural change among the staff members. Four out of eleven members of the Board are females. Females are enjoying working on senior most positions like Deputy Executive Director, RH Co-ordinator, Technical Director and MCH Supervisor etc. FPHC has institutionalised gender and its staff members and volunteers are regularly sensitising community. All this has made FPHC a gender sensitive organisation.

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Establishment of Sustainable Health Model in Afghan Refugee Camp – Barakai (Swabi)

Barakai is a thickly populated and geographically wide-spread Afghan refugee village of district Swabi established 04 decades ago where the ethnic group is mostly Pakhtoon refugees from the eastern and central eastern regions of Afghanistan. Currently approximately 31000 refugees reside in the camp with a versatile and challenging range of health needs. Vulnerability is term associated to masses during the life of displacement and refuge, however its severity increases for different groups within the masses like mothers and children and with circumstances like pandemics and epidemics. As under new health strategy when phasal transition started by reducing centre-based interventions this created an abrupt gap in the health services needs against provision. After the EmOC services terminated, a huge gap was created and community started facing issues in access to safe motherhood in adjacent areas or district headquarters due to financial and accessibility constraints associated. Sooner when the COVID-19 pandemic hit the globe, health issues further increased for the refugee population due to lockdowns. In the said scenario FPHC with support from UNHCR further focused on establishment of sustainable health model with the consent and requests of community to avoid any humanitarian issue and major morbidity or mortality specially MNCH related.

FPHC with support from UNHCR, started the process as,

1. Coordination with Key Stakeholders of the Refugee Programs
2. Coordination with Key Stakeholders of Refugee Community
3. Identification and Selection of Service Providers
4. Health Centre assessment along with defining referral paths
5. Equipment and resources assessment
6. Drafting Joint MoU
7. Social Mobilization Sessions with Male Community and Religious Stakeholders
8. Social Mobilization Sessions with Female Community
9. Strengthening the capacity of PHC Program and its paid and volunteer staff on sustainable health model

Summary of Inputs

SNO	ACTIVITY	FREQUENCY
01	Social Mobilization Sessions – Male	51
02	Social Mobilization Sessions – Female	59
03	Health Facility and Equipment Assistance	02
04	Meetings with Jirga and Shura	09
05	Service Providers evaluated	02 teams
06	Coordination with DA and RVA Offices	07

07	UNHCR and FPHC Joint Visits	03

A formal MoU was signed between Jirga/Health Committee in Barakai RV and service provider in presence of representatives from CAR and FPHC on 10 Dec 2020 and by end of Dec 2020 the facility was established.

Summary of Service Provision

1. Number of Safe Deliveries Assisted: 12
2. Number ENC: 03
3. Number of ANC Visits and OPD: 130
4. Number of IMNCI OPD: 63
5. Number of PNC Visits: 10
6. Number of Ultrasonography: 83
7. Number of Family Planning: 43
8. Number of individual counselling: 173

==========.

5. REHABILITATIVE PROGRAMMES

The rehabilitative programmes include:

Nutrition Rehabilitation

5-a) Nutrition Rehabilitation:

Malnutrition is one of the major public health problems in Pakistan. Malnutrition occurs throughout the life resulting in low birth weight, wasting and stunting. National Nutritional Survey 2018 shows the alarming situation of Pakistan. Micronutrient deficiency in Pakistan is widespread and reflects a combination of dietary deficiency, poor maternal health and nutrition, high burden of morbidity and low micronutrient content of the soil especially for iodine and zinc. Most of these micronutrients have profound effects on immunity, growth and mental development and may underlie the high burden of morbidity and mortality among women and children in Pakistan. The 2018 nutrition survey results show that 40.2% of children are stunted and in KP it is 40%. 17.7% are wasted but in KP it is 15%. Overall 28.9% are underweight but in KP it is 23.1%. More than half (53.7%) of children are anaemic and 5.7% are severely anaemic. Iron deficiency anaemia in children under five years is 28.6% while zinc deficiency anaemia is 18.6%. 51.5% children under five years have Vitamin A deficiency, of whom 12.1% have severe deficiency.

All of FPHC's health centres share information with community on importance of exclusive breast-feeding and importance of starting supplementary feeding after six months of age.

5-b) PWD Interventions:

There are special issues of the Afghan refugee community living in Afghan refugee camps, one of which is rehabilitation of persons with special needs & disabilities and access to needs of persons with disability. Persons with disability develop dependency in livelihood, social and communal engagements and other productive matters of life, whose response rely on the services available in the vicinity of refugee camps or approachable services within the nearest host community. According to a rapid need assessment of WHO in Pakistan refugee community old age persons has a disability prevalence of 46.6 % which is far more than the global index. This disability prevalence when combined with compromised livelihood and social insecurity carries the consequences of mental health disorders and create a room for further humanitarian crisis.

UNHCR has been implementing a project through one of its implementing partners to address the needs of People with Disabilities (PWDs) in Afghan refugee camps. However, during the year UNHCR engaged FPHC to implement the said project in Afghan refugee camps in the districts of Haripur, Peshawar and Kohat. The previous partner had worked on identification of PWDs in the camps and provided the lists of PWDs to FPHC through UNHCR. FPHC started implementation of this project from 1st July 2020 and the following interventions were carried out:

- FPHC's team for the intervention devised a work plan as per the initial assessment report shared through UNHCR and visited specific refugee community to carry further technical and medical evaluation of the disabilities / impairments identified.
- FPHC's technical team suggested response required by persons with disabilities and were accordingly facilitated in the effective and efficient response.
- FPHC kept close liaison with UNHCR for operational assistance and support and developed linkages with public and private sector organizations who are already engaged in extending likewise responses.
- During the course of technical evaluation and service / response provision, FPHC conducted psychosocial counselling with the person with disability (person with special needs) and sensitization and mobilization sessions with the care takers for quality care and treatment follow-up.

No. of staff trained on disability, inclusion, technical assessment and referral of PoCs	16
No. of staff received refresher training	17
No. of existing CHWs and FHWs received training on support, facilitation and concepts of disabilities	221
No. of frontline workers trained	25
No. of PWDs received psycho-social counselling	408
No. of sensitization and mobilization sessions held with community on disability and protection	94
No. of events organised on international disability day	6
No. of PWDs referred for advanced assessment and care	140
No. of PWDs supported in advance medical care for sensory and physical disabilities	96

6. EMERGENCY RESPONSE:

COVID-19 EMERGENCY:

Pneumonia of unknown cause detected in Wuhan, China was first reported to the WHO Country Office in China on 31 December 2019. The disease later on called as Novel COVID-19 started spreading more contagiously in China and to the rest of world that it claimed hundreds of thousands affected and thousands of lives in a short time. While its spread continued the outbreak was declared a Public Health Emergency of International Concern on 30th January 2020. While after declaration of the disease as Pandemic and worst of the 75 years history of UN, Pakistan also started adopting preventive measures and awareness raising campaigns. After the confirmation of first COVID-19 case in Sindh in last week of February, the activities were made even more solid and focused on masses.

FPHC started the response to the pandemic by activating its own emergency response fund and reviving its emergency response plan in the start of March, 2020. The initial step was taken by developing the IEC material to create awareness in masses regarding the pandemic and ensure the protection of community from this disease. The response was made more tangible and broad with passage of time.

A. **Provision of IEC Material:** IEC materials were printed on banners and leaflets in Urdu and Pashto languages and were disseminated for wider use in the community. Leaflets were also distributed. These served a lot in reaching out the community with concrete and pictorial messages.

During COVID emergency, FPHC has provided these IEC materials to:

- FPHC's operated health centres
- Offices of the District Health Officers
- Tertiary care hospitals
- Public sector health facilities
- Offices of District Administrators and Refugee Village Administrators

B. **Health Education:** informative booklets and training materials were discussed in detail with field staff. Initially social mobilizers, supervisors and master trainers were trained on the basic concepts of COVID-19 who later on delivered trickle down trainings with community health supervisors and female health supervisors. Right from the inception of COVID-19 response, FPHC has delivered and extended COVID specific 8821 sessions while reaching approximately 40510 individuals. 3948 meetings were conducted with Jirga and Shura members on COVID prevention, testing and awareness.
FPHC also focused on working on reducing COVID related stigmas. All the CHWs and FHWs were regularly sensitized and educated on addressing the stigma issues for further wider mass mobilization in the community.

S. No.	All target refugee camps in following districts	Health Education Sessions in Community		Meetings with Community based organisations (Shuras)		Meetings with Health Committees	
		No. of Sessions	No. of Participants	No. of Meetings	No. of Participants	No. of Meetings	No. of Participants
1	Peshawar	872	3,505	268	784	340	923
2	Mardan	1,089	4,074	649	2,017	678	2,205
3	Nowshera	645	3,475	270	958	268	841
4	Swabi	1,321	5,536	212	617	196	531
5	Haripur	3,699	19,524	391	1,200	501	1,418
6	Mansehra	1,195	4,396	102	346	73	311
Total		**8,821**	**40,510**	**1,892**	**5,922**	**2,056**	**6,229**

C. **Updating CHWs/FHWS Curriculum**: As CHWs and FHWs trainings were in plan, the curriculum and session plan was revised. COVID-19 was added as a dedicated session by updating the curriculum. Training of fresh CHWs and FHWs was completed by properly following COID-19 SOPs and using the revised curriculum.

D. **Training of fresh CHWs and FHWs:**

The existing pool of trained CHWs and FHWs was maintained. However, the CHWs and FHWs become inactive because of certain reasons including repatriation to Afghanistan, displacement from existing camp in Pakistan or becoming aged. As part of response to COVID emergency, UNHCR kindly allocated funds for training of fresh CHWs and FHWs in Afghan refugee camps to fill the gaps. During the year 150 CHWs and FHWs were newly trained after following proper identification, selection and training criteria.

E. **Personal protection measures:** FPHC from its own resources / emergency response fund procured and supplied safety masks and soaps to all the health centres and staff there. At the same time UNHCR kindly allocated emergency funds for procurement of PPEs and also provided in kind support in terms of PPEs. Below mentioned PPEs were secured and provided to HCs accordingly,

- Hand Sanitizers
- Disposable Gloves
- Surgical Masks
- K N-95 Masks
- Hand drying tissues
- Personal protection gears (gowns and goggles)

- Disinfectants (Chlorine)
- Sanitation (pads) cloth
- Detergent and hand washing soaps

Initially FPHC provided these items to health centres and community fund supported labour rooms but later on the distribution was extended to volunteer health workers and communities in affected areas in RVs.

F. **Establishment of emergency and information retrieval focal points:** In order to have timely, valid and concrete information on COVID-19, suspected cases, referrals and health education, FPHC nominated focal persons at every health centre in all refugee villages. These focal persons were community health supervisors who were responsible for sharing the information with FPHC head office on daily basis where the data was compiled and shared with UNHCR on weekly basis. Yet so far in all refugee camps the suspects were accessed and extended support. In Haripur and Gandaf 09 families were facilitated for COVID testing through DoH and were provided all necessary PPEs and disinfection support through these foal points.

G. **Crowd Management:** In order to avoid crowding in the health centres and ensure a safe social distancing, FPHC ensured to implement the social distancing protocols by adopting following measures,

- Number of participants in all health and TB related sessions were made limited to 5 or less.
- Elective health services were redesigned as per DGHS guidelines and later on were restored completely in line with the social distancing SOPs.
- Waiting areas were redesigned by placing the chairs at distance and avoiding bench setting
- One client – One care giver policy was adopted

H. **Staff Training on COVID-19:** In third week of March, with the support of UNHCR, FPHC's core team had a full day session on COVID-19. The training was arranged by UNHCR and delivered by WHO which mainly focused on history, case definition, suspect identification and prevention of COVID-19. The training activity was fruitful enough to maximize the spectrum of understanding for better delivery of information at field level. Later on in June 2020, Dr. Asmatullah, a private consultant held a one day Orientation session on his team's developed software for COVID surveillance. Session was attended by the supervisory and management staff of FPHC where not only the suspect identification, initial decision making and support mapping was discussed but different aspects of COVID with public health perspective were brainstormed.

I. **Provision of charge free health care services:** FPHC was charging the services offered in community labour rooms with consent of community. As the lock down in Pandemic negatively affected the income sources, majority of the families in RV especially those on daily wages and temporary income were not able to pay the user's charges. On request from FPHC, UNHCR kindly amended FPHC's PPA by adding resources for the

community labour rooms and exempt the community from user's charges for six month period. This helped the community out and after detailed discussions with community the charge system was revived from 1st Nov 2020.

J. **Mobile Health Services:** UNHCR also made another amendment in FPHC's PPA and provided resources for three mobile health teams for three months period. The mobile health teams provided health care and pharmaceutical services including RH, IMNCI, and general OPD services. A total of 16,110 attendances were recorded in mobile health clinics in three months with 18,739 diagnoses. The teams referred 123 cases to other health facilities including public sector, FPHC and private clinics.

Expanding support to Malaria Control Interventions in High Priority Districts of Pakistan- (January 2018 –December 2020)
Grant Agreement No: PAK-M-TIH-FPHC

Reporting Period: 1 Jan 2020 - 31 Dec 2020
Introduction

Malaria is one of the most devastating parasitic diseases in Pakistan, with a higher malaria death rate compared with any other country in Asia. Plasmodium Falciparum and P. Vivax are two widespread species that cause a high rate of morbidity and mortality. According to the World Health Organization's (WHO) 2013 malaria report, the prevalence of P. Vivax and P. Falciparum was 88% and 12% respectively in Pakistan. An estimated 500 000 cases of malaria and 50 000 deaths are attributed to malaria annually in Pakistan (4,5), with a 37% malaria incidence reported along the borders of Afghanistan and the Islamic Republic of Iran. In the past few decades, malaria transmission has been highest in the northern part of Pakistan, especially in Khyber Pakhtunkhwa province. Four of FPHC's supported districts (Tank, Lakki Marwat, D.I.Khan, Bannu) fall in high risk categories (API more than 5/1000 population). The main target of the project is to decrease disease burden in the high-risk districts through diagnosis and prompt treatment, which is supplemented by LLINs and IRS in case of outbreaks.

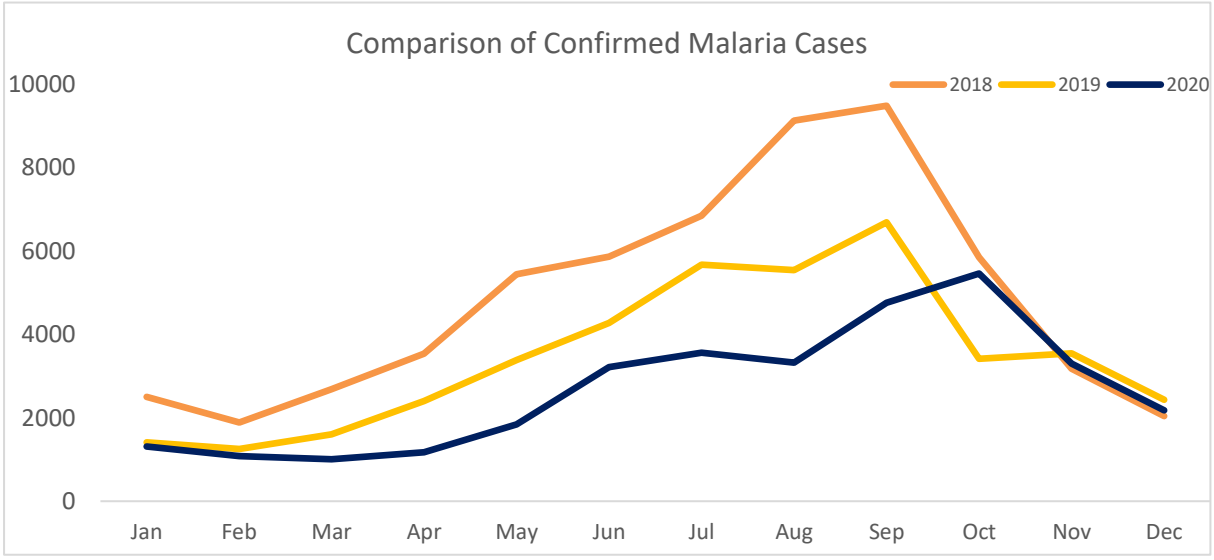
There were 429 health facilities in public and private sectors supported by Global Fund through Frontier Primary Health Care in 2020. A total of ten performance indicators were developed and progress was reported through these indicators

Overall districts burden

A total of 787669 suspects, 787669 were screened for malaria in which 32225 were found positive among 8757654 populations in the six target districts, namely Bannu, Charsadda, Dera Ismail Khan, Lakki Marwat, Mardan and Tank. Slide positive rate (SPR) was 4% while Annual Parasite Incidence (API) 3.7/1000 population. These are the 2 main measurement tools used for measuring malaria endemicity.

A 23% decrease has been observed in positive cases, compared to previous year that can easily be seen form the graph below.

Table 1. Comparison of malaria cases 2018-2020 in FPHC's supported six districts



Performance indicators:

1. Proportion of suspected malaria cases that receive a parasitological test at public and private sector health facilities

One of the main indicators was to perform blood examination of each suspect either by microscopy or RDT, passive case detection method was used that mean community members, having signs and symptoms of malaria seek diagnostic help coming to health facility or private clinic. Out of 429 health facilities, 89 clinics were setup in private sector which provided diagnostic and treatment facilities to the target population. In 2020, a total of 787669 patients were screened for malaria, out of these 31478 were Plasmodium Vivax, 698 PF and 49 were mixed Malaria cases.

2. Proportion of confirmed malaria cases that received first-line antimalarial treatment according to national policy at public and private sector sites

99.8% of all positive cases were treated according to National Guidelines, while the remaining 0.2% were prescribed drugs from the local market.

3. Proportion of health facilities without stock-outs of key commodities during the reporting period

There was no health facility with stockout.

4. Number of long-lasting insecticidal nets distributed to at-risk populations through mass campaigns:

1082870 Long Lasting Insecticide nets were distributed to 2 highly endemic districts through mass distribution. These districts were Bannu and Lakki Marwat.

5. Number of long-lasting insecticidal nets distributed to targeted risk groups through continuous distribution:

There was no continuous distribution through ANC in 2020.

6. Trainings

S. No	Nature of Training	Target	Achieved	%age
1	Microscopy refresher	25	25	100
2	MIS – Malaria Information System	430	424	98.60%

7. Advocacy/BCC

Advocacy/ BCC is an interactive process with communities to develop and deliver prime messages to the communities to equip them with proper knowledge and skills and make them aware about their own health issues. Following activities were conducted in this regard.

Advocacy: 1750 participants attended sessions, organized for the advocates against the target of 2070, they include opinion leaders, decisions makers, community elders, and religious personnel who further arranged SBCC sessions voluntarily on Malaria control interventions at their community level.

BCC: 2070 SBCC sessions were conducted by Community Based Organizations and Lady Health Workers where they reached a total of 35003 individuals against the target of 41400.

These advocacy and BCC sessions were only conducted from Jan – June 2021 and then halted due to COVID-19 pandemic.

AHMAD SHAH ABDALI HOSPITAL

A SELF-SUSTAINED BASIC EmOC HOSPITAL

Pakistan like other developing countries has still to make progress in reduction of maternal and neonatal mortality, morbidity and disability rate as these rates are very high. 15% of all deliveries are always complicated which need extreme care. However, 10% of them can be handled in basic Essential Obstetric Care centres but 5% must be handled in comprehensive Obstetric Care centres. According to WHO/UNICEF, there should be at least one comprehensive EmOC facility for 500,000 population. Keeping with this standard, there should be 4 public sector comprehensive EmOC facilities in Mardan district alone where the population is around 1,800,000 but there is only one comprehensive EmOC facility for this district. This shows the burden on public sector facilities. This is one reason for low quality EmOC services.

In order to contribute to the efforts of Government of Pakistan for improvement of the RH indicators and facilitate the people in this poorly served areas, FPHC established an EmOC hospital called Ahmed Shah Abdali Hospital in Mardan city at a location accessible for common people. The facility has been established in a rented building and has a well equipped labour room, wards, a modern laboratory and ultrasound machine etc. supported by round the clock ambulance service. The staff members work in shifts to provide services to clients round the clock.

Health education is part of the programmes in A. A. Abdali hospital. Therefore, about all attendants received health education from the staff members.

Services offered in the Centre

- Essential Obstetric Care services
- Outpatient consultation (Gyn.&Obs.)
- Family planning services & information sharing
- Treatment of STDs
- Care for new-born babies
- Vaccination (TT)
- Laboratory
- Ultrasonography
- Pharmaceuticals
- Ambulance service

Referral System and Linkages

- The clients report to this hospital at their own or on advice from FPHC's staff members and volunteer health workers in target area. The volunteers refer cases to HCs and HCs refer them to the A. A. Abdali hospital but when the HCs are closed (off working hours), the volunteers refer them directly to A. A. Abdali hospital.
- The hospital has developed linkages with different community based organisations/ health care facilities and even the facilities in cities. These organisations/ facilities refer cases to this centre
- The hospital has also developed linkages with secondary and tertiary hospitals for referral of cases. They refer cases to DHQ Hospital Mardan and Lady Reading Hospital Peshawar etc.

FINANCIAL SUSTAINABILITY

Right from the beginning, FPHC introduced affordable charges on services in this hospital after carrying out proper market and community-based survey. These charges are affordable and are far less than those in private clinics but the best quality of services is ensured.

This hospital has achieved 100% financial sustainability even when some of the preventive services like vaccination and awareness-raising are free and the clients are not refused services if they cannot afford the charges.

The Medicine Bank facilitates the clients reporting to OPD in obtaining the prescribed medicine. Quality medicine and other items needed by clients have been made available. This Medicine Bank is also financially sustainable. The medicines needed by clients at the time of delivery are provided free. However, medicine for home is the responsibility of client.

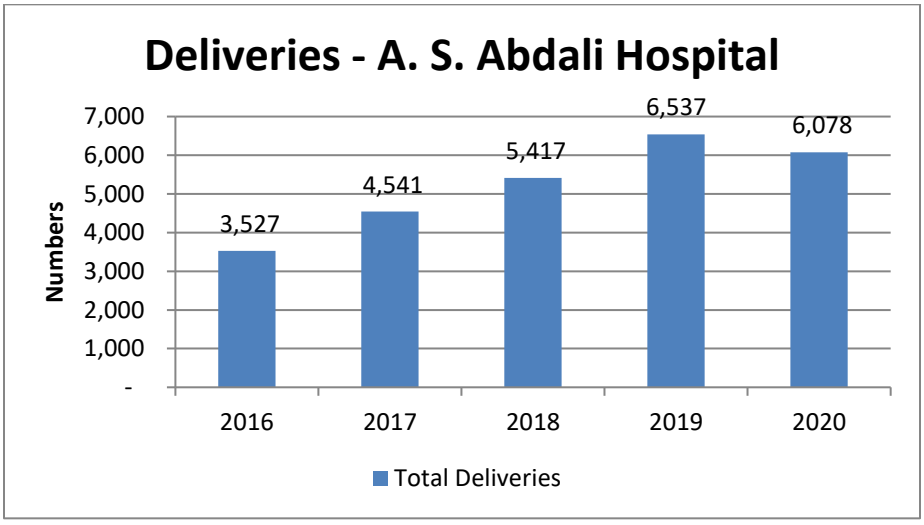
The second such hospital has been established by FPHC in its health centre at Ismaila union council is also functional and has achieved financial sustainability.

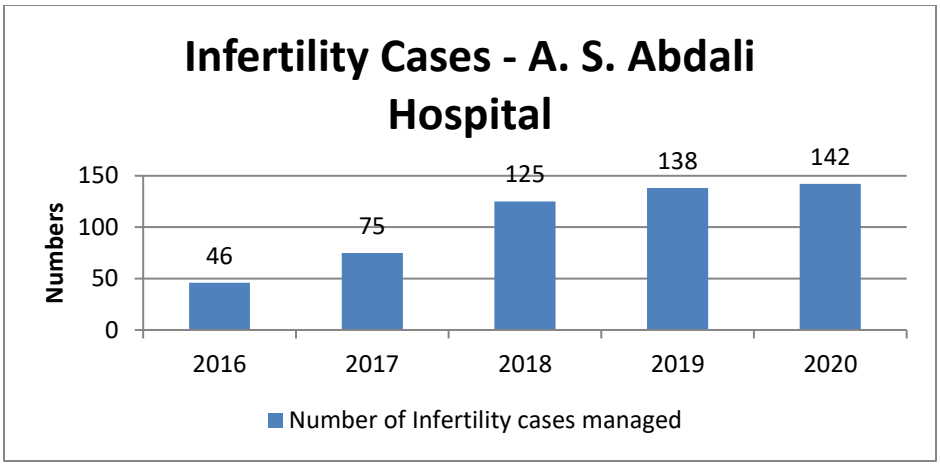
The following table shows activities during the year and comparison with preceding years:

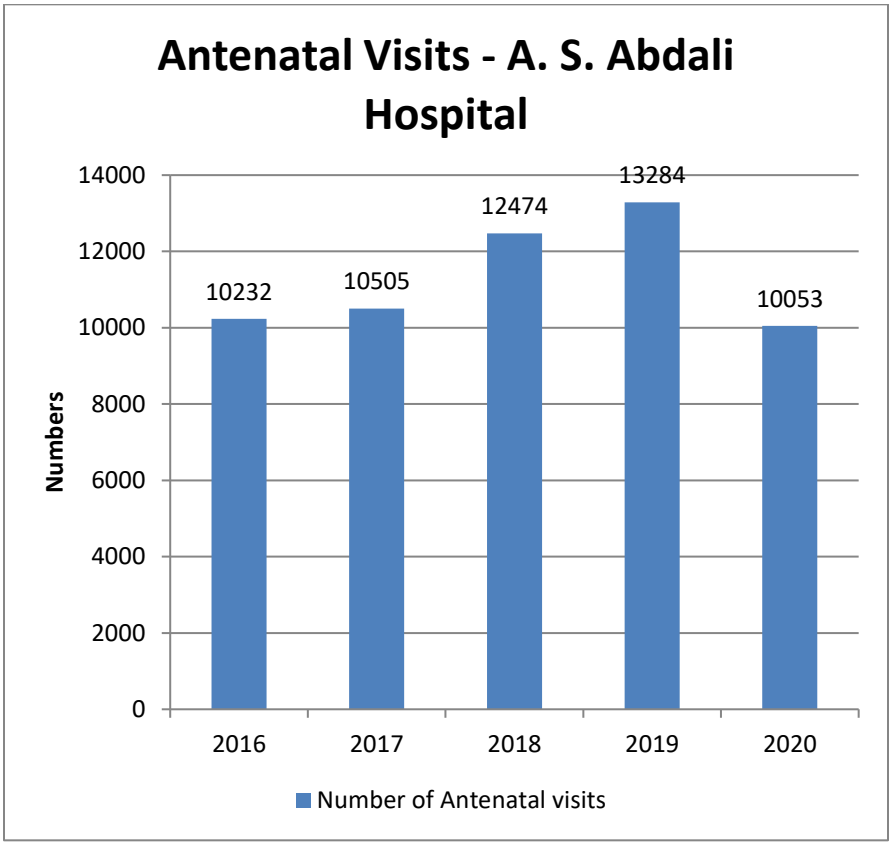
Description of activities	2016	2017	2018	2019	2020
Total number of deliveries	3,527	4,541	5,417	6,537	6,078
Twin deliveries	49	42	41	62	61
Live births	3,544	4,553	5,412	6,547	6,091
Still births	32	34	52	52	48
Babies with Low Birth Weight (<2500 grams)	9	8	18	18	11
No. of Obstetric emergencies managed	163	199	212	282	159
Neonatal deaths	0	0	0	0	0
Total visits to OPD	14258	15,212	16,658	18,062	13,411
Total antenatal visits	10232	10,505	12,474	13,284	10,053
Total number of STI cases	273	105	222	151	109
Number of visits by infertility cases	46	75	125	138	142

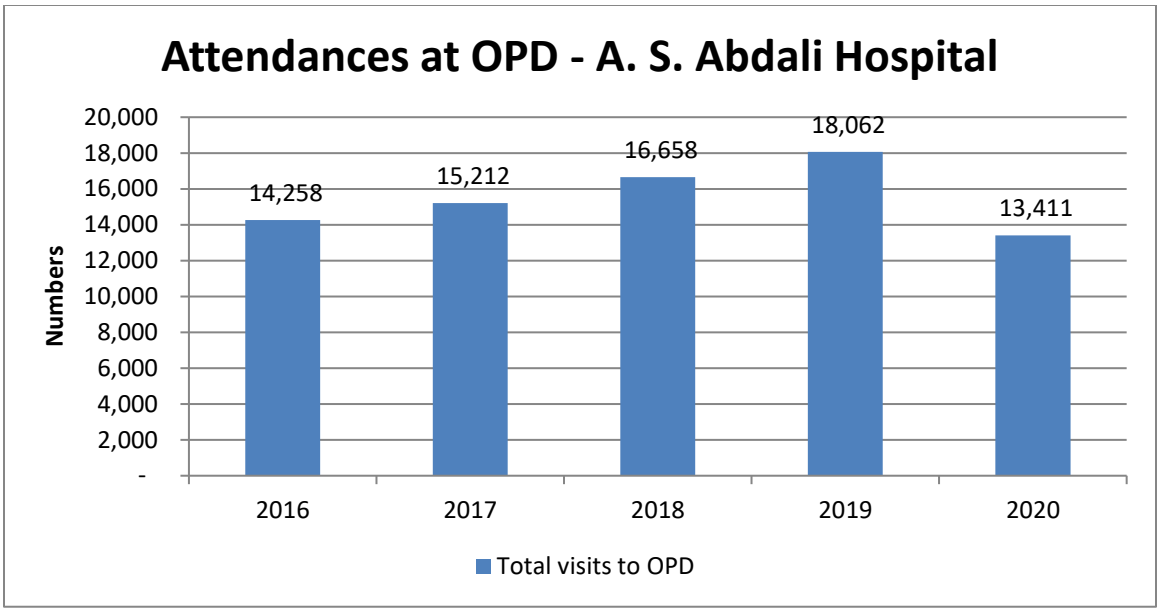
Number of cases referred to other health facilities	105	80	103	115	174
Total number of family planning clients	49	33	34	43	30
Total Laboratory Investigations	31865	37185	40,264	44,744	42,166
Stool examinations	5	6	4	0	-
Urine examinations	7971	10611	10,330	10,699	10,271
Blood examinations	16610	26547	29,910	34,014	31,869
Sputum examinations	0	0	0	0	-
Other examinations	7279	21	20	31	26

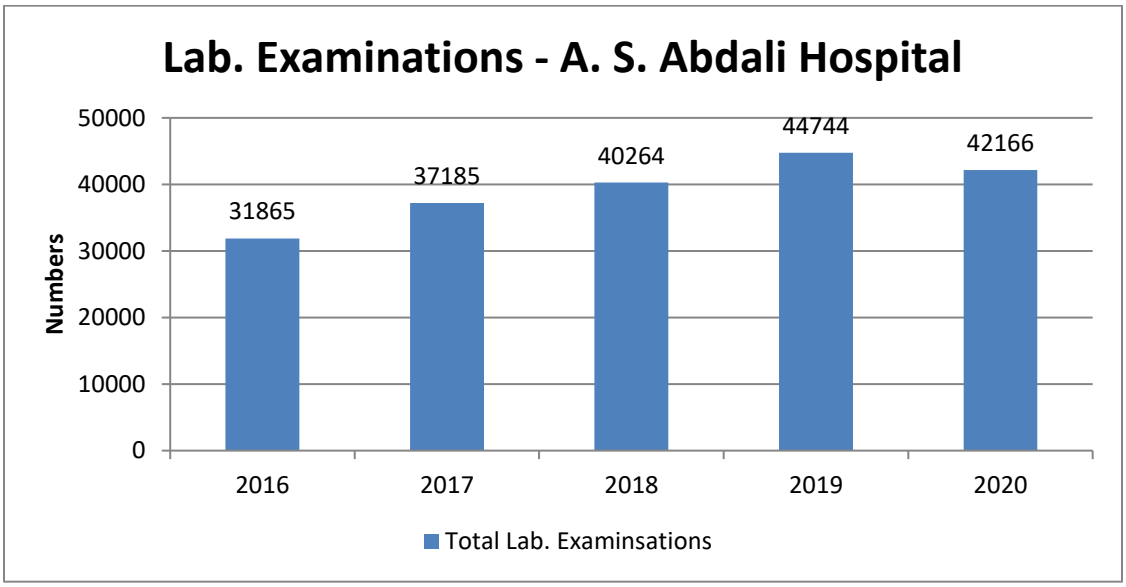
During the year, lock downs because of COVID-19 emergency had negative effects on clientele of the hospital.




Infertility Cases - A. S. Abdali Hospital
Numbers
150
100
50
0
46
75
125
138
142
2016
2017
2018
2019
2020
Number of Infertility cases managed


Antenatal Visits - A. S. Abdali Hospital
Numbers
14000
12000
10000
8000
6000
4000
2000
0
10232
10505
12474
13284
10053
2016
2017
2018
2019
2020
Number of Antenatal visits


Attendances at OPD - A. S. Abdali Hospital
Numbers
20,000
18,000
16,000
14,000
12,000
10,000
8,000
6,000
4,000
2,000
-
14,258
15,212
16,658
18,062
13,411
2016
2017
2018
2019
2020
Total visits to OPD


Lab. Examinations - A. S. Abdali Hospital
Numbers
50000
40000
30000
20000
10000
0
31865
37185
40264
44744
42166
2016
2017
2018
2019
2020
Total Lab. Examinsations

COMMUNITY AND HUMAN RESOURCE DEVELOMENT (CHRD) UNIT

The Community and Human Resource Development (CHRD) unit of FPHC consists of experienced and qualified female and male Master Trainers and support staff. The unit is always active to boost the wealth of knowledge in FPHC by training staff members in FPHC's health centres on specific topics like EPI, RH, infection prevention, CMAM, IYCF, communication and counselling skills, so that these staff members can also play role as Master Trainers in future. This unit plays important role in keeping FPHC always conversant with latest health updates. The unit regularly builds the capacity of FPHC's staff members and volunteer health workers on different health issues. The unit also plays important role in development of FPHC by helping the staff members in assessment of different programmes, community mobilisation/organisation and dialogue with community members for launching different programmes, conducting baseline surveys and even involving itself in different types of research activities. However, the basic role of this unit is development of community and human resources.

Presently, this unit consists of the following manpower:

- 1 x CHRD Coordinator (Full time)
- 1 x Female Master Trainer (Full time)
- 2 x Male Master Trainers (Full time)
- 1 x Driver (Full time)
- 2 x Support staff (Full time)
- More than 10 part time Master Trainers (female and male)

During the year of this report, major objectives of this unit included but were not limited to:

1. **Increased level of knowledge and capacity of FPHC staff, in specific areas.**
2. **Increased level of knowledge of CHWs/ FHWs and target communities.**
3. **Capacity building of other organisations.**

To achieve its objectives, CHRD unit carried out the following activities during the year:

1. CHRD unit conducted 83 training sessions during the year for FPHC's staff members and volunteer health workers. These sessions were attended by 1,025 participants. One participant attended more than one training sessions. Topics varied according to training need assessments.

2. The concerned staff members in Health Centres (HCs) conducted 141 training sessions for the staff members in same HC.

3. The staff members in Health Centres conducted 341 training sessions for female and male volunteer health workers. These sessions were attended by 1,767 female health workers and 2,041 male health workers. One participant attended more than one training sessions. Topics varied according to training need assessments.

4. On the job training of FPHC's staff continued during the year.

5. Training of FPHC staff by other organisations:

S.NO	Topic	No. of participants (FPHC)	Venue	Name of Organization
1	Corona Virus	1	Head Office FPHC	UNHCR
2	Corona Virus	9	Head Office FPHC	WHO

6. Celebration of World Breast Feeding Week:

To celebrate Global Breast Week FPHC organised awareness raising sessions in all of its facilities in Mardan, Nowshera, Peshawar, Swabi, Haripur and Mansehra districts on importance of breast feeding. Instead of continuing the activities for one week, FPHC continued to share information with community during whole month of August 2019. In addition, banners and leaflets carrying information on importance of breast feeding were developed and printed. Banners were displayed in Government hospitals where as the leaflets were distributed among community.

Annex-1. ACKNOWLEDGMENTS

We would like to acknowledge the support of all those organisations and individuals who helped us in achieving our objectives. They are far too many to mention here. However, we would like to specifically mention:

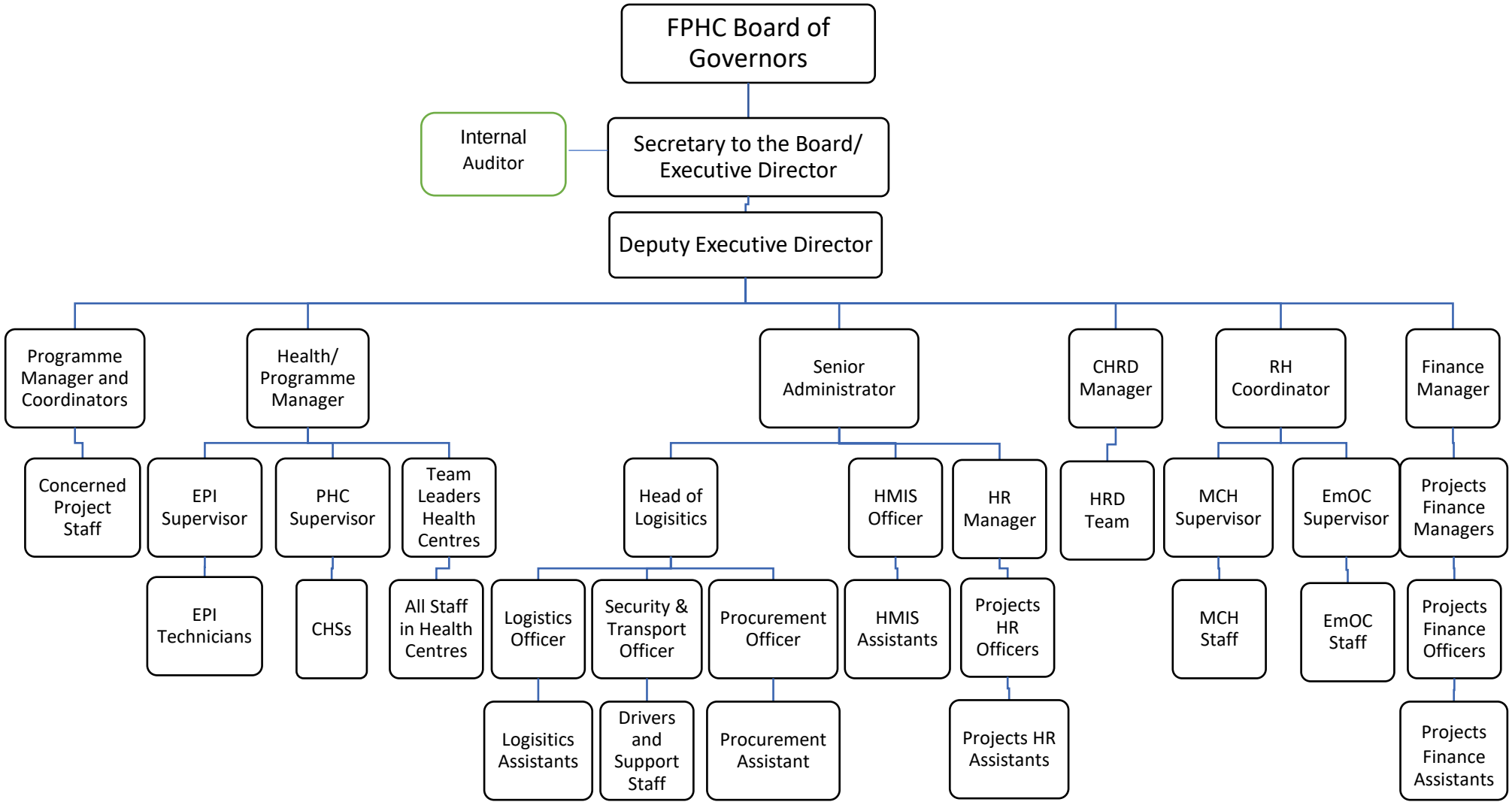
- The Members of FPHC's Board of Governors for their interest, assistance and guidance
- Health Department of Government of Khyber Pukhtoonkhwa, especially Director General Health Services, Directorate of Malaria Control, DHOs in Mardan, Swabi, Nowshera, Charsadda, Peshawar, Haripur, Mansehra, Bannu, Lakki Marwat, Tank, Kohat and Dera Ismail Khan districts
- Commissioner for Afghan refugees in Peshawar and his team for their continued support and co-operation.
- United Nations High Commissioner for Refugees (UNHCR)
- The Indus Hospital
- Project Director Health for Afghan refugees, Khyber Pukhtoonkhwa
- World Health Organisation (WHO)
- The communities in FPHC's target areas
- Jirgas in target refugee villages of FPHC
- Friends of FPHC everywhere in the world

And finally, all staff members of FPHC and volunteers (CHWs/FHWs/ LHWs/ members of health committees) for their hard work, dedication and enthusiasm.

Dr. Emel Khan
Executive Director FPHC

FRONTIER PRIMARY HEALTH CARE (FPHC)

ORGANOGRAM



FRONTIER PRIMARY HEALTH CARE (FPHC)

AUDITOR'S REPORT & AUDITED FINANCIAL STATEMENTS FOR THE YEAR ENDED DECEMBER 31, 2020

PKF F.R.A.N.T.S.
Chartered Accountants

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INDEPENDENT AUDITOR'S REPORT TO THE BOARD MEMBERS

Opinion

We have audited the financial statements of **"FRONTIER PRIMARY HEALTH CARE (FPHC)",** which comprise the statement of financial position as at December 31, 2020, and the statement of income and expenditure, the statement of changes in funds, the statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements of the organization for the year ended December 31, 2020 are prepared in all material respects, in accordance with the financial reporting framework as detailed in note 2.1 to the financial statements.

Basis for Opinion

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

Emphasis of Matter - Basis of Accounting and Restriction on Distribution and Use

We draw attention to Note 2.1 to the financial statement, which describes the basis of financial reporting framework. The financial statements are prepared to assist the organization to meet the specific requirement of the organization financial reporting. As a result, the financial statement may not be suitable for another purpose. Our report is intended solely for the FPHC management and the Donor organizations. Our opinion is not modified in respect of this matter.

Responsibilities of Management and those Charged with Governance for the Financial Statements

The management is responsible for the preparation and fair presentation of the financial statements in accordance with the accounting policies described in note 2.1 to the financial statements and for such internal control as the management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is responsible for assessing the organization 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 organization or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the organization financial reporting process.

Cont'd----2

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 organization 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 organization 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 organization to cease to continue as a going concern.

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

DATE:
PESHAWAR

PKF F.R.A.N.T.S.
Chartered Accountants

Zeeshan Ali, FCA
Engagement Partner

FRONTIER PRIMARY HEALTH CARE (FPHC), MARDAN
STATEMENT OF FINANCIAL POSITION
AS AT DECEMBER 31, 2020

	Note	2020	2019
		RUPEES	RUPEES
ASSETS			
Current assets			
Short term investments	4	46,700,000	42,800,000
Accrued interest		2,194,842	2,255,036
Advances and receivables	5	1,085,232	959,090
Employee advances		215,583	123,931
Security deposits	6	862,700	398,700
Cash and bank balances	7	111,278,741	93,760,205
		162,337,098	**140,296,961**
FUNDS AND LIABILITIES			
Funds			
Unrestricted funds	8	119,486,205	107,129,654
Restricted funds	9	27,941,594	23,681,861
		147,427,798	130,811,515
Current liabilities			
Staff salaries payable		5,691,929	5,965,184
MIS training		1,429,673	-
Accrued and other liabilities	10	7,787,698	3,520,262
		14,909,300	9,485,446
		162,337,098	**140,296,961**

AUDITOR'S REPORT ANNEXED

The annexed notes 1 to 17 form an integral part of these accounts.

FINANCE MANAGER **EXECUTIVE DIRECTOR**

FRONTIER PRIMARY HEALTH CARE (FPHC), MARDAN
STATEMENT OF INCOME AND EXPENDITURE
FOR THE YEAR ENDED DECEMBER 31, 2020

	Note	2020			2019
		Amount in PKR			Amount
		Un Restricted Funds	Restricted Funds	Total Funds	Total Funds
INCOME					
Grants & donations recognized	11	-	187,913,214	187,913,214	167,273,513
FPHC income	12	55,041,309	-	55,041,309	56,460,932
		55,041,309	187,913,214	242,954,522	223,734,445
EXPENDITURE					
Program cost	13	-	187,913,214	187,913,214	167,273,513
Administrative expenses	14	28,316,681	-	28,316,681	27,790,722
Operational & maintenance	15	14,019,549	-	14,019,549	13,075,072
FPHC contribution	Annex - B	348,528	-	348,528	160,790
		42,684,758	187,913,214	230,597,972	208,300,097
Net surplus transferred to unrestricted funds		**12,356,551**	-	**12,356,550**	**15,434,348**

The annexed notes 1 to 17 form an integral part of these accounts.

FINANCE MANAGER **EXECUTIVE DIRECTOR**

AREA OF OPERATION OF FPHC - 2020

FPHC is active in selected local and refugee villages of Mardan, Swabi, Charsadda, Nowshera, Peshawar, Haripur, Mansehra, Kohat, Tank, Bannu, Lakki Marwat and D. I. Khan districts of KP. In addition, FPHC can work anywhere in Pakistan on need basis and also on request from NGOs/CBOs and Government agencies for building capacity of their staff members .