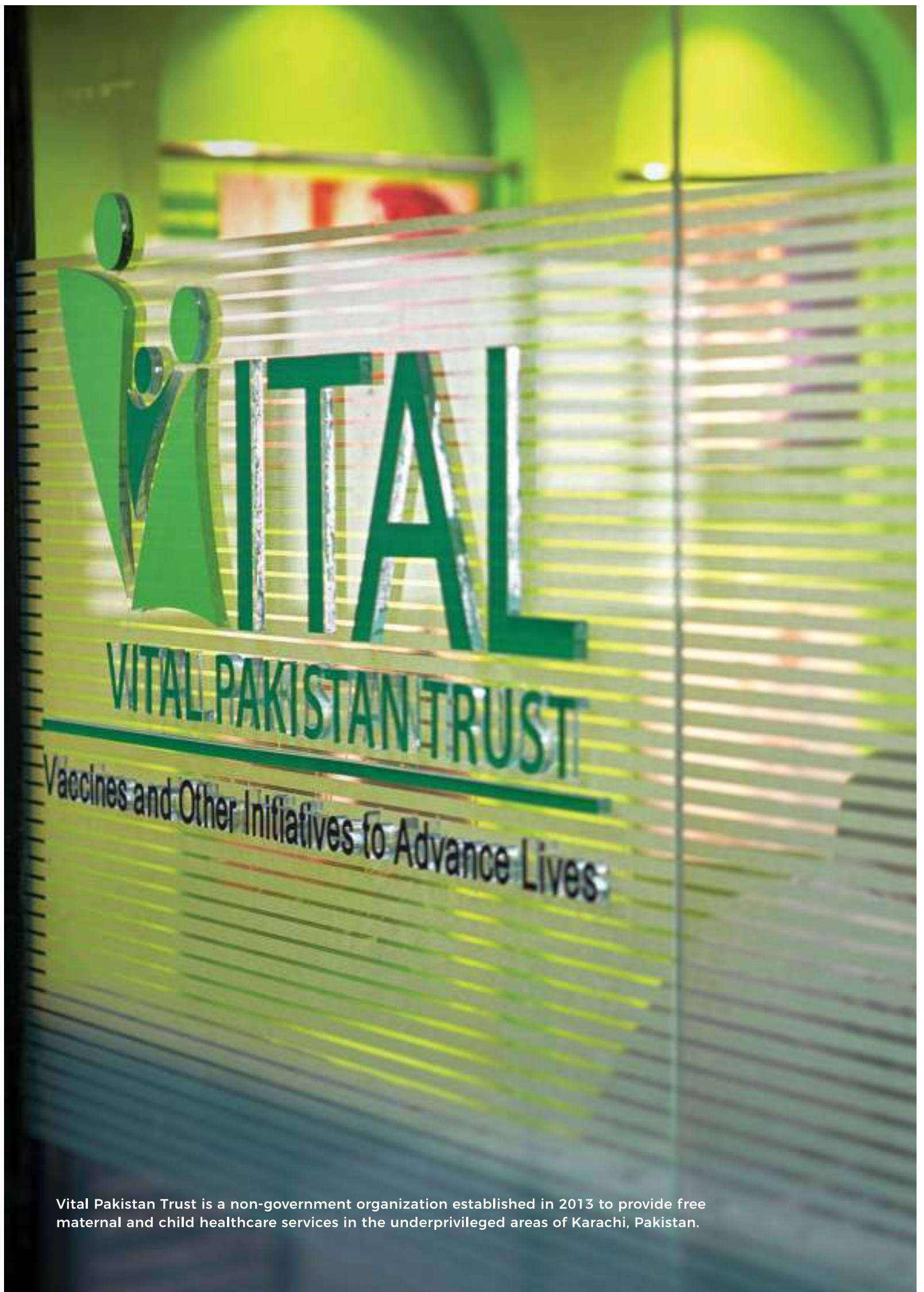




ANNUAL REPORT 2022



Vital Pakistan Trust is a non-government organization established in 2013 to provide free maternal and child healthcare services in the underprivileged areas of Karachi, Pakistan.



VITAL PAKISTAN TRUST

Vaccines and Other Initiatives to Advance Lives

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**We believe that every child deserves a chance-
a chance to be born healthy,
a chance to grow up,
a chance to leave a mark upon the world.**

**Because a basic chance at life
must never be a luxury,
but a birthright.**

- DR. IMRAN NISAR
CHAIRMAN OF VITAL PAKISTAN TRUST



VPT BOARD OF TRUSTEES

DR. IMRAN NISAR
CHAIRMAN

*Assistant Professor, Paediatrics & Child Health
at Aga Khan University*

DR. BABAR SULTAN HASAN
TRUSTEE

*Abdul Haque Endowed Chair & Professor of
Cardiology, Division of Cardiothoracic Sciences, SIUT*

RIAZ KHANDWALA
TRUSTEE

*Financial Expert with over 25 years of
experience at Bank of America and MBIA*

DR. SANA SYED
TRUSTEE

*Pediatric Gastroenterologist and Adjunct
Research Faculty at Aga Khan
University*

DR. FATIMA MIR
TRUSTEE

*Associate Professor and Section Head of
Pediatric Infectious diseases at
Aga Khan University*

MIDHAT FATIMA
TRUSTEE

Co-founder and Director of TEXT



MESSAGE FROM THE CHAIRMAN DR. IMRAN NISAR

"In my time as Chairman of the Vital Pakistan Board of Trustees, I have come to witness an evolution of medical advancement in the forgotten and forsaken regions of the city of Karachi, which were essentially exempt from basic healthcare services. Time and time again, I have been inspired by the dedication of the entire Vital team, from its determined management executives and various administrative departments to its heroic healthcare professionals and hospital personnel who have devoted their lives to the successful undertaking of this extraordinary mission.

I am incredibly proud of the rapid growth in our operations since inception, and the expansion of our services as providers of women's reproductive healthcare as well as pediatric healthcare for children up to age 5. We have made substantial strides in offering antenatal to postnatal care to masses of women, revolutionizing a change in the medically-averse and ignorant perceptions prevalent in these communities. Today, these same women are opting for hospital deliveries over unsanitary and unsafe home deliveries, as reflected by the substantial decline in maternal mortality rates in our service areas.

On the child immunization front, we are continuing to see an impressive incline.

In 2022 alone, VPT immunized over a total of 68,000 children, out of which over 15,000 are fully immunized. As a champion of children's healthcare, I feel honored to be at the helm of this life - saving and life - changing movement. As the numbers of fully immunized children in our areas of concentration continue to grow, I am reinforced with hope and strengthened with deep resolve to continue doing more. In Pakistan, even today, out of every thousand live births, forty-one babies die within the first month and fifty-six do not live past the age of 1. These dismal statistics need to change and the astonishing success of VPT's initiatives has proven that our model can be scaled to become applicable across the entire nation, where millions of vulnerable people continue to exist on the precipice of danger.

With the right attitude, the right team, and the right resources, I know that my vision of a fully immunized and safe Pakistan is no longer just a dream but an attainable reality. For the past 10. years, Vital has been a catalyst of medical progress and change; a forerunner of serving the underserved, underprivileged masses and we will not let any obstacle, big or small, halt our momentum.

I look forward to a revolutionary Vital decade!"

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MESSAGE FROM THE CEO AKBAR RAJANI

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“Fifty-seven deaths of newborns per one thousand live births. One hundred and seven deaths per thousand children before reaching the age of five. In other words, nearly sixteen percent of all children were dying within the first few years of life. This was life in Rehri Goth, Karachi, 2013. This was the startling statistic that started it all- our mission, our passion, our relentless drive to effect a change.

What I love most about Vital is how transformational our work is. I am in constant awe of the fearless and empowered healthcare providers- doctors, nurses, midwives, counsellors, and vaccinators who never falter in the face of adversity, and instead continue to break barriers via innovations, partnerships and strategic adaptations in order to help those who need it the most. The Vital impact is both tangible and intangible. Our numbers reflect that we have saved precious newborn lives, precarious maternal lives, prevented many infant deaths due to lethal infections and provided nutrition to lessen morbidity for thousands. Yet what the statistics don't reveal is that when you save a young mother, by extension you save her family and the community to which she belongs.

The bravery and selfless dedication of our healthcare personnel was apparent during the monsoon rains of late summer 2022. The floods wreaked havoc on urban and suburban life in large areas of Sindh and Baluchistan, leaving complete devastation in their wake. Much to our dismay, the struggles of expectant mothers and infants were further compounded due to grave losses of residential structures and food sources, along with exposure to unsanitary environmental conditions. However, with the help of local and international donor support, we managed to provide as much care in the form of nutrition, supplies and medical aid as possible. Despite the unforeseen and unavoidable challenges of these times (and the fact that our health care model is free of cost for the beneficiaries) we have never compromised on the quality of services rendered or the proper training of our staff, who have soldiered on relentlessly.

One of the areas we plan to make our next impact is that of family planning- an enormous concern for Pakistan with its rapid population growth and vastly ignorant masses. The total population of Pakistan has exceeded to an alarming 235 million (as of Dec. 2022), with a growth rate of 2.4% , which is double the global average. One of the biggest contributing factors is lack of awareness and use of contraceptives. Thus, via proper counselling, indigent women in our service areas will learn the value of FP and be encouraged to adopt healthy timing and space (HTSP) between successive pregnancies, allowing for better health of both mother and child, as well as posing a reduced socioeconomic burden on the family, leading to more available resources for food, education and other life necessities for the existing children.

Forging further ahead, we are hoping to strike partnerships with organizations dealing specifically in the food and nutrition sector, in order to provide the optimal foundation of health for both expectant mother and developing fetus. Decreasing complications and birth defects related to malnourishment, will enable infants to reach normal growth parameters, having a chance to lead normal lives.

Vital Pakistan Trust consists of many beautiful souls united by a beautiful vision. We believe that motherhood is sacred, that new life is precious and that every pregnancy should be a safe and happy one. That all women have the right to experience positive pregnancies with positive outcomes. We therefore continue to invite other NGOs and independent donors to join hands in our mission of serving the underserved, of helping us to expand operations at the national level, exponentially increasing our impact. We know that amid the fiscal crisis in the current socioeconomic climate of Pakistan, our collaborators and donors have difficult decisions to make. However, we remain steadfast in our faith that if we continue to tread the right path (the only path!), the right partners and the right opportunities are certain to follow. Because persistence is in our DNA- our journey has just begun and our job is far from done. While we may have been a shining beacon of hope to a select few, millions of marginalized souls still remain in the dark, and we will not allow them to fade into the shadows.

That's our promise".





WELL-BEING STARTS IN THE WOMB

A healthy life begins in utero, long before a baby is born. The quality of a woman's pregnancy (which is influenced by factors such as adequate nutrition and supplementation; access to regular medical checkups and consultations; alleviation of mental distress and anxiety) determines the onset of many chronic diseases that can affect her child at various stages in life, including heart disease, allergies, asthma, autoimmune disease, diabetes, obesity, mental illness and degenerative conditions like arthritis, osteoporosis, dementia, Alzheimer's and even cancer, to name a few.

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These factors are more severe for pregnant women residing in underprivileged areas of underdeveloped countries, with a prevalence of illiteracy and subsequent negligible medical knowledge and limited access to obstetric care facilities for both the expectant mother and the fetus. For these unfortunate reasons, high rates of high-risk pregnancies with a multitude of complications and neonatal mortality are often seen in such communities.

Whether entering the third world or first world, we believe that every baby deserves to take its first breath. Every infant deserves a chance to grow up and experience all that life has to offer- a feat which largely depends upon the quality of the nine months spent in the womb.

Those nine months set the stage for a child's lifelong health.
Those nine months are VITAL.

Those nine months are vital.

Therefore, we, at Vital Trust Pakistan, are determined to provide the required medical services to aid pregnant women across underserved, underprivileged communities in Karachi.

We are committed to helping our patients experience positive pregnancies with positive outcomes.





VISION

To advance the access of quality healthcare for women and children.



MISSION

To provide quality maternal and child healthcare services in the underprivileged areas of Karachi.



CORE VALUES



* Positive Pregnancy Experience:

Maintaining physical and sociocultural normality, maintaining a healthy pregnancy for mother and baby (including preventing or treating risks, illness and death), having an effective transition to positive labour and birth, and achieving positive motherhood (including maternal self-esteem, competence and autonomy).

**As defined by 2016 WHO guidelines for routine Antenatal care.*

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POSITIVE PREGNANCY EXPERIENCE



Positive Outcome:

The quality of maternal antenatal care has a direct correlation with the outcome of the newborn. According to WHO guidelines, an increased access to, and use of, higher-quality health care during pregnancy and childbirth (as well as intake of adequate nutrition and supplements, treatment of common physiological pregnancy-related problems), can significantly increase the chances of the newborn having a healthy start in life.

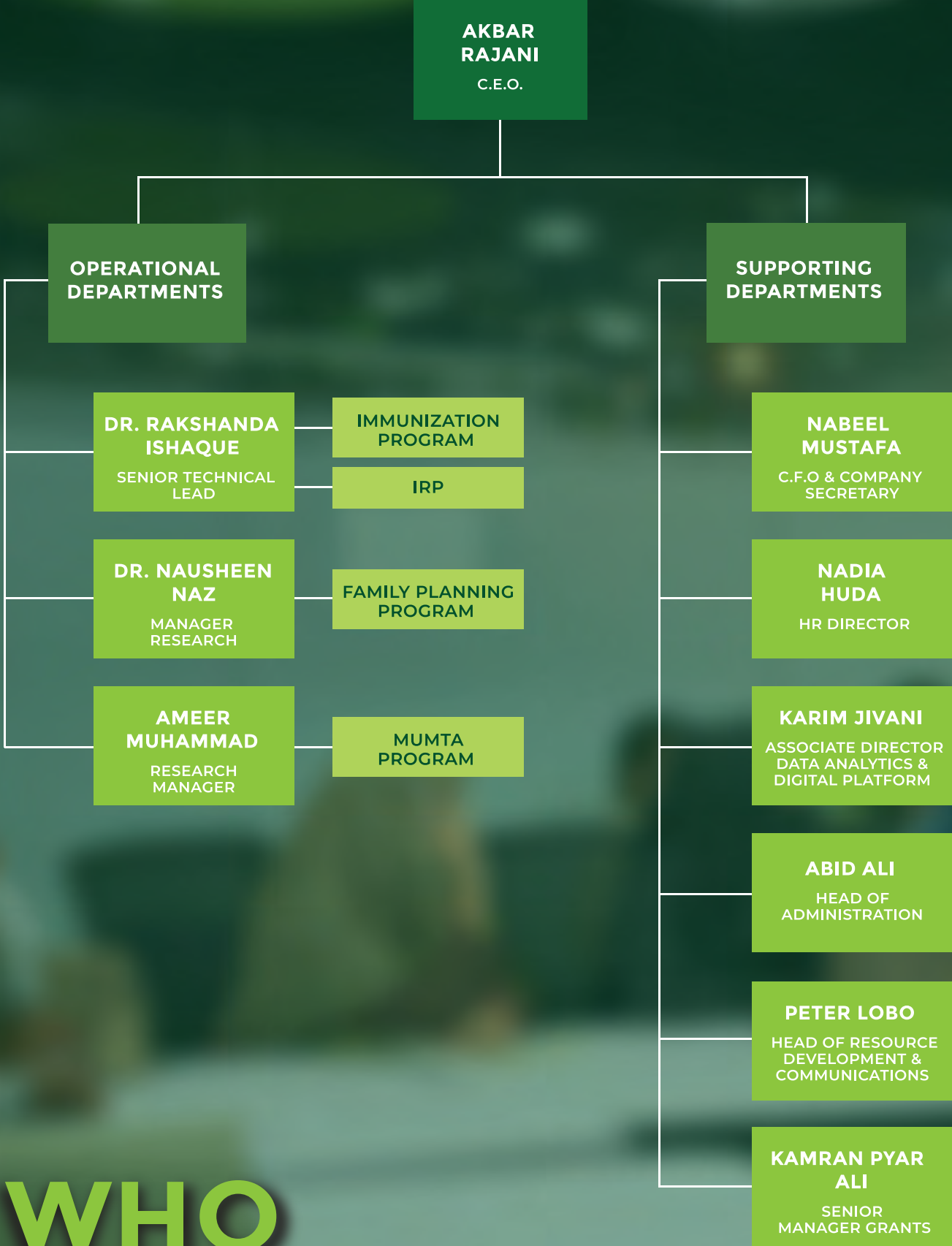
Although while each baby is unique in physical appearance and anthropometric data can vary from ethnicity to ethnicity, the accepted range of appropriate for gestational age is as follows:

PARAMETER	AVERAGE
WEIGHT	6.5 to 7.5 lbs (2.9 kg to 3.4 kg)
LENGTH	50 cm (20 in)
HEAD CIRCUMFERENCE	33 to 35 cm (13 to 13.7 in)
CHEST CIRCUMFERENCE	31 to 33 cm (2 cm less than head)
ABDOMINAL CIRCUMFERENCE	31 to 33 cm



POSITIVE
OUTCOME

THE COMPANY STRUCTURE



WHO WE ARE



OUR MANAGEMENT



AKBAR JAMAL RAJANI

CHIEF EXECUTIVE OFFICER

Akbar leads VPT's operations in Pakistan. He manages its relationships with various health system partners and focuses on the expansion of operations. He has over 25 years of management experience through various roles across finance, administration and operations at the Aga Khan University Hospital Karachi, most recently as Senior Business Manager at the Department of Pediatrics & Child Health. Akbar holds a master's degree in public administration from Karachi University.



NABEEL MUSTAFA

CHIEF FINANCIAL OFFICER & COMPANY SECRETARY

Nabeel oversees the finance department at VPT. He has more than 15 years of experience at organizations such as USAID, and Park Towers Management Services. He is currently pursuing a PhD at SZABIST University.



KARIM JIVANI

ASSOCIATE DIRECTOR DATA ANALYTICS & DIGITAL PLATFORM

Karim leads the data and digital stream at Vital. In this role he oversees the implementation and scale of Vital's Digital Platform, Data Management and Analyses, and collaboration with research partners. Karim has over 8 years of experience in building data analytics solutions for banking, micro-finance, utility sector, compliance and healthcare. Prior to this, he was leading an AI unit at HBL.



PETER LOBO

HEAD OF RESOURCE DEVELOPMENT & COMMUNICATIONS

Peter Lobo holds a degree in Master of Business Administration from Hamdard Institute of Management Sciences. He holds over 19 years of experience in Operations, Event Management, Alliances, Resource Development and Elite Client handling. In addition he worked with other industries and organizations, including Karwan-e-Hayat (KeH), AKU, Education Fund for Sindh (EFS) and The Citizens Foundation (TCF).



NADIA AKBAR HUDA

HR DIRECTOR

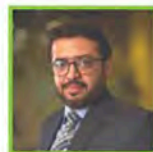
Nadia is a Senior Certified Professional from SHRM- USA and has received an MBA degree from IBA. She has above 20 years of diversified experience in leading Human Resource function in different national and multinational companies. Nadia has also received three international awards for implementing HR best practices and for achieving excellence in building the Employer's Brand.



DR. RAKHSHANDA ISHAQUE

SENIOR TECHNICAL LEAD

Dr. Rakhshanda Ishaque is a Senior Technical Lead- Programs at VPT. She has an MBBS, MBA, and MSc. in Health Policy & Management from AKUH. Previously, she was associated with World Health Organization (WHO), MNCH program, IPHQ and Bolan Medical College.



ABID ALI

HEAD OF ADMINISTRATION

Abid Ali is a certified Supply Chain Professional- APICS-USA along with an MBA degree from Muhammad Ali Jinnah University. He is a competent professional with hands-on management experience in all aspects of administration and operations. He has above 10 years of work experience in different industries including Aga Khan Education Service, International Non-Profit Organization "Community World Service Asia" (Church World Service) and AKUH.



KAMRAN PYAR ALI

SENIOR MANAGER GRANTS

Kamran has earned an M.S in Project Management & M.B.A in Finance along with the certification in Good Clinical Practice from the National Council for University Research Administrator (NCURA, USA). He previously worked with AKUH for 10 years and has sound knowledge of IRB, budgeting, regulatory compliance to ensure full adherence to institutional as well as funding agencies' policies pertaining to pre-award and post-award grants management.



OUR HISTORY

VPT's story began in Rehri Goth – an impoverished peri-urban community of over 60,000 residents on the outskirts of Karachi, Pakistan. Through baseline surveys conducted in the community in 2012 and 2013, we learnt that Rehri Goth had a neonatal mortality of fifty-seven deaths per thousand live births and an under-5 mortality of one hundred and seven deaths per thousand live births. A comprehensive vision of health was needed to help those who were consistently being left behind. Vital Pakistan Trust was established through the kind donation of the Caplow Children's Prize.

AN ORGANIZATION IS BORN

Thus began VPT's mission to provide free health care services to these marginalized and vulnerable members of society- expectant mothers and young children, who often fall victim to diseases, infections and complications, the majority of which are largely preventable or treatable.

WHY WE EXIST



OUR SERVICES



ANTENATAL
SERVICES



PREGNANCIES
COVERED



ULTRASOUND



POSTNATAL
CARE



IMMUNIZATION
OF CHILDREN



CHILD OPD



FAMILY
PLANNING



HOUSEHOLD
VISITS



COMMUNITY
MOBILIZATION

15

WHAT WE DO



VITAL DIGITAL PLATFORM

A UNIQUE TOOL HELPING TO SAVE LIVES

One of the most efficient tools helping us to make waves in the health sector is the diligent use of the Vital Digital Platform, an electronic health record system that captures longitudinal, multi-dimensional data points across the Maternal, Neonatal, and Child Health (MNCH) journey. The application has 14 integrated modules that enable front-line workers to deliver quality MNCH services in low-resource settings across Karachi, allowing for the ability to record and track a patient's essential appointments and overall progress.

This unique technology has enabled VPT to essentially become a paperless organization, capturing data digitally via the Digital Platform. All information is recorded on a tablet, stored in Cloud storage, and easily accessible for the purpose of displaying to donors. This level of transparency in our work has earned VPT a much-deserved level of trust in the community.

16

HOW WE DO IT

14
MODULES

45+
LOCATIONS

HYBRID
ONLINE AND OFFLINE

200+
USERS

150K+
WOMEN AND
CHILDREN

1900+
DATA POINTS

DIGITAL PLATFORM MODULES



VITAL REGISTRY (VR)

The VR team periodically surveils peri-urban neighborhoods and registers married women and under-five children into the system. The VR community health workers use the module to capture and update relevant household, demographic, obstetric, and child information.



ANTENATAL CARE (ANC)

When the ANC midwife assesses a pregnant woman, she logs her obstetric and health history, danger signs, and detailed pregnancy assessment into the system. The recorded information is available to the midwife throughout the woman's current pregnancy to provide quality antenatal care services.



CARE COORDINATOR

During any ANC visit, if the woman experiences pregnancy complications, needs advice on delivery planning, or is in labor, the ANC midwife creates a request for the care coordinator. The care coordinator then arranges referrals to referral facilities and updates the outcome of these requests.



FAMILY PLANNING (FP)

The FP team regularly counsels the woman about the benefits of family planning. In many instances, the husband is also counselled. If the female consents, the VPT Team assesses her health and administers the most suitable and efficient family planning method.



VERBAL AUTOPSY SOCIAL AUTOPSY

In the unfortunate event a registered woman or child passes away, the VASA coordinator visits the household to confirm the date and time of death and performs a verbal autopsy. The woman or child is then marked deceased in the system, their profile becoming inactive.



SONOLOGIST

The ANC midwife requests for an ultrasound. The sonologist digitally captures fetal biometry, fetal presentation and other metrics. Once submitted, the ANC midwife can view the ultrasound results for informed decision-making and service delivery.



INTRAPARTUM (IP)

After the woman delivers, she is visited by the IP midwife. The IP midwife captures key details about labor and delivery characteristics.



NEWBORN (NB)

After delivery, the newborn team approaches the woman to obtain her baby's information regarding anthropometry, vaccination status, and danger signs. This surveillance lasts up to one-year post-birth.



VACCINATION

The vaccinator administers routine vaccines to children under-age-2 and updates their digital vaccination records accordingly. These efforts are conducted both on-site and through outreach.



TRIAGE

A registered woman or child can visit one of the Vital's clinics to avail free healthcare services. The Triage worker captures their vitals and anthropometric data and puts them in queue for ANC consultation, Venofer administration, Physician check-up or Vaccination accordingly.



LAB

The ANC midwife also requests for sample collection. The phlebotomist forwards the collected samples to higher-care facilities for testing and updates it in the system.



POSTNATAL CARE (PNC)

To ensure the woman's successful postpartum recovery, the PNC midwife tracks her health status up to one-year post-delivery. The PNC midwife screens for any postnatal complications in the mother and suggests management accordingly.



SOCIAL MOBILIZATION

To ensure the woman follows the routine vaccination schedule for her baby, social mobilizers visit her house. If the woman misses a vaccination date, they follow-up with her, recording her reasons for refusing vaccines. They also digitally update child vaccination records during their visits.



PHYSICIAN

If the baby ever requires general health services, the mother can visit a physician at the clinic. The physician assesses the child's health including nutritional status, previous diagnoses, medication and treatment history, and current health issues.

THE VITAL IMPACT OF 2022

Today Vital Pakistan Trust exists in over 40 locations across the vast city of Karachi, offering free MNCH services in independent as well as partnering SINA clinics and maternity hospitals. *(Please see map on the following page to see our current presence in Karachi.)* As we continue to expand our footprint and make our impact upon the women and children who need it most, so do our services, our workforce, our patient base and the lives we save on a daily basis.

The statistics below reflect our MNCH achievements of 2022. *(For a more comprehensive and detailed overview of our impact, please see Project Results, pages 34-35.)*

18

IMPACT AND GROWTH

44+
CLINICS

16K+
PREGNANCIES
COVERED

3K+
CONTRACEPTIVES
PROVIDED

68K+
CHILDREN
IMMUNIZED

25K+
CHILD OPD
VISITS

380K+
HOUSEHOLD
VISITS

VITAL SERVICE LOCATIONS

VPT has an initial focus on the following underprivileged areas for the provision of its maternal, neonatal, and child health services in Karachi, Pakistan.

KARACHI, PAKISTAN

GADAP

- ▶ Yousuf Sahab Goth
- ▶ Sairad Goth
- ▶ Hasan Noman Colony
- ▶ Machar Colony Gupro
- ▶ Qayummabad - KGH
- ▶ Jamali Goth
- ▶ Sukhiya Goth
- ▶ Hingora Goth

KORANGI

- ▶ Bilal Colony
- ▶ Mehran Town
- ▶ Ittehad Colony
- ▶ Ali Akbar Shah

KEMARI

- ▶ Kokan Colony
- ▶ Moach Goth
- ▶ Mewashah Golimar
- ▶ Machar Colony
- ▶ Shireen Jinnah SultanAbad

MALIR

- ▶ Ali Muhammad Jokhiyo
- ▶ Saleh Muhammad Goth
- ▶ Jumma Goth
- ▶ Yousuf Arfani Goth
- ▶ Ghaggar Patak
- ▶ Rehri Goth
- ▶ Bhains Colony
- ▶ Ibrahim Hyderi
- ▶ ED - Bilal Colony
- ▶ ED - Gulshan e Bunair
- ▶ Majeed Colony Metroville 2
- ▶ Sherpao Colony Lalaabad
- ▶ Bhitataiabad Airport

CENTRAL

- ▶ Paposh Graveyard
- ▶ Zareena Colony

KEMARI ITEHAD

- ▶ SGD - Muhammad Khan Ittehad Town
- ▶ Muhammad Khan Colony
- ▶ SGD - Ittehad Town Block D

WEST

- ▶ Yousuf Goth 4K
- ▶ Khair Muhammad Goth
- ▶ Khairabad Behar Colony
- ▶ ED - Islamia



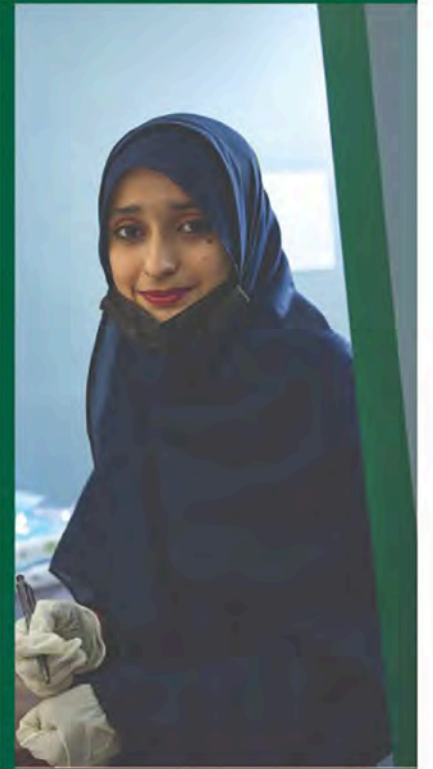
OUR STORIES

We state with great pride the impact of VPT is both tangible and intangible. While we love gathering data to see measurable results, perhaps our greatest achievements are the ones which can not be quantified by numbers, ratios or statistics, rather, are felt by the heart.

Here are just a few personal accounts exemplifying the intangible Vital Impact, ranging from patients whose lives we have forever transformed, to the heroic field workers who continued to cater our services with valor despite times of upheaval, to the dedicated hospital professionals who perform daily miracles by inculcating the importance of modern health services in rural communities of illiterate and medically-averse populations.

The surpassing of a multitude of prevalent barriers (whether psychological, societal, economical or environmental), as revealed by these stories, shows how *vital* our work truly is.

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PERSONAL ACCOUNTS



The future
is bright...

The
future is
vital.

-Dr. Rabia

DR. RABIA
OBSTETRICIAN-
GYNECOLOGIST

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"I have been working at the Vital Clinic for about 8 months now. Previously, I did my house job at Aga Khan University Hospital, in gynecology and obstetrics.

My experience with Vital is going quite well, and I must say that the initiative to provide free healthcare services to women in communities with very little medical facilities available, is highly commendable. We are able to offer services like physical checkups, consultations, ultrasounds, lab tests for blood work, and provision of medicines / supplements completely free of charge- an enormous blessing for underprivileged women of low-income households.

Our staff is friendly, knowledgeable and extremely helpful, and we do our best to make our patients feel welcome and comfortable, as for many them, being in a healthcare setting is a foreign and frightening concept.

Working in this area and helping out these underserved women has proven to many of us what an absolute need there is for gynecological and obstetrical facilities. On an average day, I personally consult about 60-70 women in my O.P.D, and this is just one shift. (There are multiple shifts of doctors working around the clock).

I am thrilled to be part of the Vital movement and would love to see more growth of its operations in remote areas of Karachi. Because our work is not yet done- there are millions more who need our help. Yet I remain hopeful that the future is bright... *The future is vital.*"



“During my last home delivery, both me and my baby nearly died... That’s why I am opting for a hospital delivery at Vital this time. My in-laws now understand that health and safety always come first- for me and my child.”

SAJDA RAHIM
OBSTETRIC PATIENT AT VPT CLINIC

“This is my fifth pregnancy, but first experience as a registered obstetric patient at VPT Clinic. I am extremely happy and satisfied with the healthcare services that I am receiving. I feel like I am finally in safe hands. My previous children were all born at home, and delivered by my own mother-in-law. The first three deliveries were normal and all my children were born healthy. However, my fourth child was born during the height of the Covid pandemic in 2020, and I had also caught the infection just 10 days prior to my delivery. (I did not get treated in the hospital for the infection because in those days, everyone was scared about the treatment of Covid patients, and I did not know whether I would survive, and if not, whether my body would be returned to my family for burial.) So on top of the extreme discomfort of the last trimester, and a severe covid infection, I was stressed out in the extreme. My daughter was born under these conditions, with a high fever and signs of chest infection which became apparent after her birth. Both of us nearly died, and it was a traumatic experience for my entire family. This is why I decided to come to a clinic for my current pregnancy, instead of opting for a home delivery. Even though the clinic is far from my home, my in-laws now understand that health and safety always come first- for me and my child.”

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Let’s reduce maternal mortality!

FACT: Home deliveries, performed by unskilled assistants have a high rate of maternal mortality in third world countries due to risk of obstetric complications like hemorrhage, sepsis, and hypertensive disorders. Thus, all women should be encouraged to opt for hospital deliveries in the presence of skilled personnel and emergency medical facilities.



GONJAL
MOTHER OF OBSTETRIC PATIENT AT VPT CLINIC

“In our area, Vital Clinic has become the go-to place for pregnant women. The hospital professionals are well-trained, welcoming, and make us feel safe like family! I was a registered patient here several years ago for my last pregnancy and had a wonderful experience, as my son was born completely healthy and active. Now I am here as an attendant for my 18-year old daughter, who recently got married and moved away to an undeveloped community. Unfortunately, shortly into the second month of pregnancy, she had a miscarriage but was unable to get access to medical aid. Naturally, her husband panicked and brought her to me. Now that she is back under my care, I’ve brought her to Vital- the only place I trust to help my daughter on her road to recovery. I have also made her husband understand the importance of hospital deliveries, (instead of relying on dais / midwives for home deliveries) and my daughter will be registered here, under the care of professional healthcare workers for her future pregnancies.”



“In our area, Vital Clinic has become the go-to place for pregnant women. The hospital professionals are well-trained, welcoming, and make us feel safe, like family!”

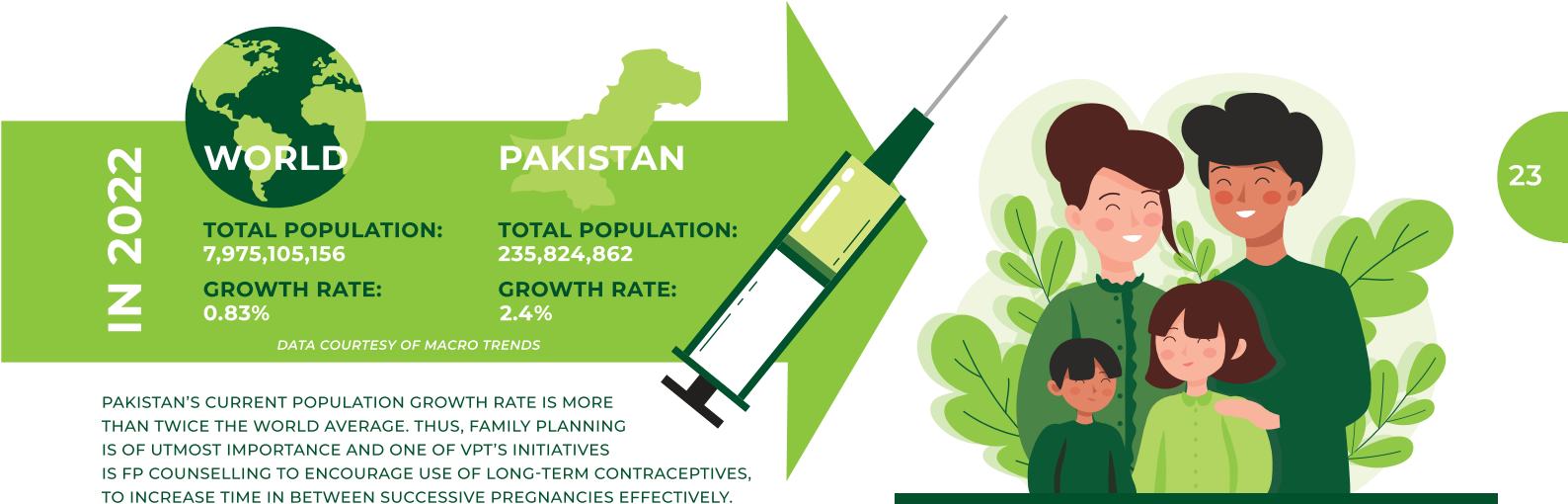


“In many cases, My female patients admit that they are in desperate need of relief from getting pregnant. Most of these women already have atleast 7 or 8 children.”

BADAR
FAMILY PLANNING (FP) MIDWIFE

“In my line of work, I encounter several barriers to the successful implementation of Family Planning: lack of awareness of what FP is and the benefits it can provide for a young married couple; fear of contraceptive methods (especially injectables like Depo-Provera, Nova-Ject, or Femi-Ject); refusal to even consider FP due to either religious beliefs, or familial / societal pressures on a woman to continue the line of procreation. It takes multiple sessions of counselling and great persistence to continually educate a particular couple about the importance of a minimum 3-year gap in between successive pregnancies. This rest period is essential for a woman’s optimal reproductive health, as well as allotting time for more care and attention for the existing children. Having fewer children to raise drastically reduces the economic burden, which is in turn beneficial for the entire family dynamics.

In many cases, my female patients admit that they are in desperate need of relief from getting pregnant, because most of these women have at least 7 or 8 children. Many times, they ask for their husbands to be counselled and convinced separately- a service I am more than happy to provide. On a positive note, I am delighted to report that we have now begun seeing a change in the mindset of the female masses. Whereas several years ago, they hadn’t heard of even basic condoms, now they are requesting information on intra-uterine devices and progestin injections to delay conception. This shift in the winds is due to word-of-mouth spread by our success stories which are serving as prime examples for their medically-resistant neighbors.”



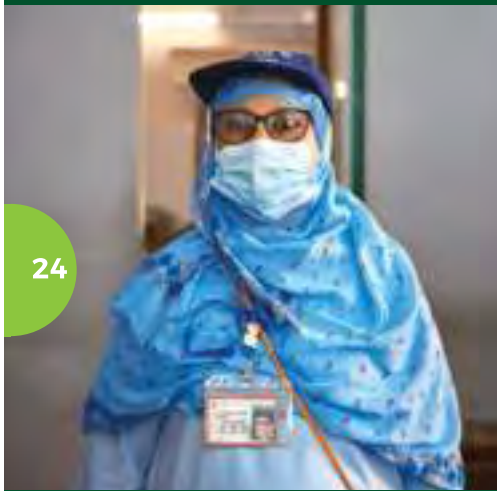
PAKISTAN’S CURRENT POPULATION GROWTH RATE IS MORE THAN TWICE THE WORLD AVERAGE. THUS, FAMILY PLANNING IS OF UTMOST IMPORTANCE AND ONE OF VPT’S INITIATIVES IS FP COUNSELLING TO ENCOURAGE USE OF LONG-TERM CONTRACEPTIVES, TO INCREASE TIME IN BETWEEN SUCCESSIVE PREGNANCIES EFFECTIVELY.

SHAHANA SHAFI AND FOUZIA
DATA COLLECTORS OF IMMUNIZATION TEAM

“Our experience while working for Vital Clinic, Bhains Colony, has been nothing short of miraculous. It feels wonderful to be part of a team that cares so much for its indigent population that it is willing to provide free transportation services for patients to the clinic. Many of our female patients are unable to seek out health-care facilities on their own, as they lack family vehicles, face hindrances from their in-laws for getting medical consultations or are busy taking care of a number of children. These women are so grateful and appreciative of being able to utilize our transport facilities to get checkups. While we face many other challenges on the immunization front (i.e. resistance to vaccines and fear of FP methods, especially the injectables), we are slowly winning that battle in our concentration areas. In many instances, we visit out patients’ homes regularly to consult, comfort and guide them about the life-time value of immunizations for young children and the long-term benefits of FP for maintaining an overall healthier and happier family dynamic.”



“While we face many challenges on the immunization front (i.e. resistance to vaccines and fear of FP methods, especially the injectables), we are slowly winning that battle in our areas of concentration.”



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OUR WORK

Throughout the years, Vital Pakistan Trust has successfully implemented several studies, programs and initiatives to enhance the catering of our services, as well as the ability to gather and record essential data.

Though most of our studies are ongoing at present, we have begun seeing positive results for both maternal and child populations in our areas of concentration.



VITAL PROJECTS

DID YOU KNOW

Preterm birth, low birth weight, birth asphyxia, congenital defects, maternal age below 20 and lack of access to prenatal care are factors contributing to neonatal mortality.

PRISMA

PREGNANCY RISK STRATIFICATION INNOVATION MEASUREMENT ALLIANCE for Maternal and Newborn Health (2022 - 2025)

PRISMA PROJECT OVERVIEW

The PRISMA Project aims to generate robust evidence and address the gaps in implementation research around maternal and newborn health, with an emphasis on pregnancy risk factors and their associations with adverse pregnancy outcomes, including stillbirth, neonatal mortality and morbidity, and maternal mortality and morbidity. The goals are to develop a harmonized data set to improve the understanding of pregnancy risk factors, vulnerabilities, and morbidity and mortality and to estimate their burden of these risk factors and outcomes in Low to Mid Income Countries (LMICs). We aim to collect data from over 6,000 pregnant women. Ultimately, this data will lead to the development of innovative strategies to optimize pregnancy outcomes for mothers and their newborns. *(More details on page 30.)*

PROJECT CONCENTRATION AREAS

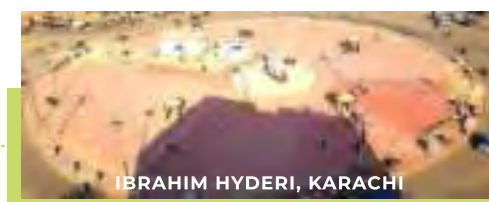
The PRISMA MNH study is a prospective, open cohort study with five countries including sites from:

- 1> INDIA (Haryana and Assam)
- 2> KENYA (Kisumu and Siaya counties)
- 3> GHANA (Kintampo)
- 4> ZAMBIA (Lusaka)
- 5> PAKISTAN (Rehri Goth and Ibrahim Hyderi)

PROJECT OBJECTIVES

- 1> **VULNERABILITIES FOR MORBIDITY**
To improve the global understanding of key risk factors or vulnerabilities for morbidity and mortality among pregnant women and mother-infant pairs during antenatal care and postnatal care (up to one year).
- 2> **ASCERTAINMENT OF POPULATION**
To provide baseline / ascertainment of population outcomes prior to the intervention testing phase. To provide population based baseline estimates of key maternal and child health outcomes. This may inform future interventions and randomized trial study designs.
- 3> **RISK PREDICTION TOOLS**
To collect data to enable the application of novel analytical techniques (i.e., machine learning) to create risk prediction tools.

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DID YOU KNOW

Only 55% of under-5 children in Karachi are immunized. These children born into underprivileged, marginalized families have a high mortality rate.

IMMUNIZATION

EPIK IMMUNIZATION PROGRAM IN KARACHI (2021 - 2024)

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IMMUNIZATION PROGRAM OVERVIEW

Our Immunization Program is a civil society coalition to strengthen immunization services. It aims to increase the coverage of routine immunization by placing full-time female vaccinators at all partner clinics in disease hotspot areas as well as other high-risk urban slums of Karachi. Other services include organizing weekly camps, social mobilization activities, specialized defaulter counseling, placement of care coordinators at each facility, as well as offering transportation services to families with children under the age of 5, to reduce access barriers at all facilities in the disease hotspot areas.

Karachi has poor routine immunization coverage with only 55% of children under the age of 2 fully immunized (FIC). MICS survey of Karachi (2014) and PDHS survey findings of the Sindh Province (2017-18) show a slight increase in FIC with basic vaccines in the urban areas. Immunization coverage is particularly low in 8 union councils Super High Risk Union Council (SHRUC) which include Gujro, Songal, Manghopir, Ittehad town, Chisti Nagar, Islamia Colony, Muzaffarabad, and Muslimabad.

PROJECT CONCENTRATION AREAS

- 1 MALIR**
Ali Muhammad Jokhiyo, Saleh Muhammad Goth, Jumma Goth, Yousuf Arfani Goth, Majeed Colony Metroville 2, Sherpao Colony Lalaabad, Ghaggar Patak, Rehri Goth, Bhains Colony, Ibrahim Hyderi
- 2 EAST KARACHI**
Yousuf Sahab Goth, Bhitataiabad Airport, Saidad Goth, Hassan Noman Colony, Machar Colony Gujro, Qayummabad - Koohi Goth Hospital, Jamali Goth, Sukhiya Goth, Hingora Goth
- 3 WEST KARACHI**
Khairabad Behar Colony, Yousuf Goth 4K, Khair Muhammad Goth.

PROGRAM OBJECTIVES

- 1 COVERAGE OF ROUTINE IMMUNIZATION**
Expansion of coalition partner clinic footprint in SHRUC increase coverage of routine immunization.
- 2 PLACING FULL-TIME FEMALE VACCINATORS**
Placement of full-time vaccinators at all partner clinics in (SHRUC) high-risk urban slums.
- 3 HEALTH CAMPS**
Monthly camps, social mobilization activities, and specialized defaulter counseling in disease hotspot areas.
- 4 ZERO DOSE AND DEFAULTER CHILDREN COVERAGE.**

- 4 KEMARI**
Muhammad Khan Colony, Kokan Colony, Moach Goth, Mewashah Golimaar, Shireen Jinnah Sultan Abad, Machar Colony, SGD - Muhammad Khan Ittehad Town, SGD - Ittehad Town Block D
- 5 KORANGI**
Bilal Colony, Mehran Town, Ittehad Colony, Ali Akbar Shah
- 6 CENTRAL KARACHI**
Paposh Graveyard, Zareena Colony

DID YOU KNOW

Global analytics of stillbirths and neonatal deaths have consistently revealed that odds of neonatal death are higher for women who do not receive prenatal care in the first trimester of pregnancy.

IRP

INTEGRATED RESEARCH PLATFORM (2021 - 2024)

IRP PROJECT OVERVIEW

It is critical to establish trends of the burden of disease, facilitate the development of contextually appropriate guidelines, and test relevant interventions. However, establishing disease burden estimates is often resource intensive and marred by limitations such as reliance on self-reported data. In addition, there is also a need to reduce the lag between the generation of knowledge or evidence and translation into practice. Robust electronic healthcare records have the potential to overcome these limitations. Through prior investments by BMGF, VITAL Pakistan Trust has developed and implemented a unique, integrated digital platform for front-line healthcare workers.

STUDY DESIGN

A prospective cohort study is carried out where women seeking antenatal and/or postnatal care services who consent to be enrolled in the study. All women who seek antenatal and/or postnatal care services at any partner clinic in our catchment population will be eligible for the study. Data on key variables (e.g., socio-demographics, pregnancy history, risk factors, maternal morbidity, birth outcomes, infant danger signs, anthropometry, and EBF practices) will be collected through the integrated digital platform during the antenatal and postnatal care periods.

BENEFITS TO SOCIETY

The project will expand antenatal, intrapartum, and postnatal care services in underserved communities of Karachi.

PROJECT OBJECTIVES

To expand the integrated research platform across a wide range of marginalized communities in Karachi that will enable longitudinal data collection on pregnant women and children under the age of 2 years.

- 1 >> STUDY CLINICAL CARE**
An opportunity to study maternal and childhood morbidities of global and local relevance within a local clinical care setting.
- 2 >> DATA DIAGNOSTICS**
The potential to leverage the vast amount of sociodemographic, clinical, and diagnostics data.
- 3 >> SUPPORT FRONTLINE WORKERS**
Generated the platform to enable contextually relevant decision support for front-line workers.
- 4 >> MODEL APPROACH DEPARTMENT**
These platform capabilities are likely to have broad generalizability in similar resource-constrained settings.

PROJECT CONCENTRATION AREAS

- ALI AKBAR SHAH
- BHENS COLONY
- MACHAR COLONY
- YUSUF SAAB GOTH
- HASAN NOMAN COLONY
- ISLAMIA
- CHISHTI NAGAR
- SAINDAD GOTH
- SUKIA GOTH
- HINGORA GOTH
- JAMALI GOTH
- QAYUMMABAD
- SONGAL
- MANGHOPIR

DID YOU KNOW

Most under-5 deaths of children in Pakistan are due to malnutrition and infections.

These deaths are preventable.

CAPLOW

INTEGRATED MNCH PROGRAM (2014 - 2018)

CAPLOW CHILDREN'S PRIZE

Vital Pakistan Trust implemented an integrated maternal, newborn, and child health (MNCH) program using a continuum-of-care framework, carried out over a 4-year duration from 2014-2018 to simultaneously assess the impact on child mortality, we partnered with The Aga Khan University Department of Pediatrics, starting two years before, and continuing till the end of the intervention period. The project yielded positive results across several metrics (see below).

PROJECT DESIGN

- Quasi experimental methods
- Bi-monthly household surveillance

BENEFITS TO SOCIETY

Scaling this program to a larger population has the potential to demonstrate a powerful model to reduce under-5 mortality in Pakistan and other low-to-middle-income countries.

PROJECT RESULTS

Between 2014 and 2018, the Caplow Project yielded the following improvements:

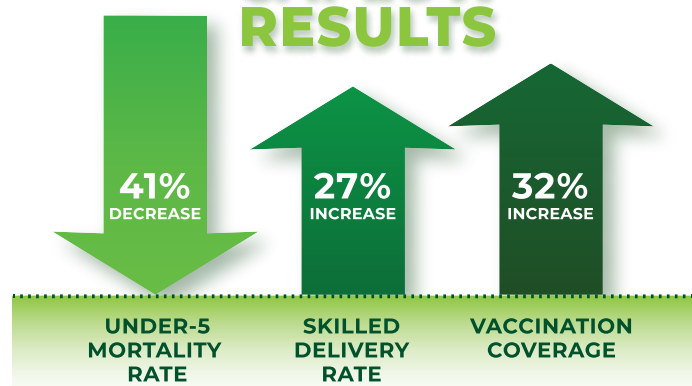
- The Under-5 mortality rate decreased from 109 deaths per thousand live births to 64 deaths per thousand live births, translating to a 41% reduction.
- The program resulted in an increase in the skilled delivery rate from 43% to 70%
- Increase in vaccination coverage up-to Penta-3 vaccine from 23% to 55%.

PROJECT OBJECTIVES

The MNCH package consisted of the following:

- 1 >> PROMOTION OF ANTENATAL CARE AND SKILLED DELIVERY
- 2 >> NEWBORN AND INFANT FOLLOW-UP CARE
- 3 >> INFANT NUTRITION COUNSELLING AND SUPPLEMENTATION
- 4 >> PROMOTION AND DELIVERY OF IMMUNIZATION SERVICES
- 5 >> COMMUNITY-BASED PHYSICIAN SERVICES
- 6 >> FAMILY PLANNING COUNSELLING

CAPLOW RESULTS



DID YOU KNOW

Globally, nearly 4 million 6-month old infants are severely malnourished.

These children are at risk of stunted physical growth.

MUMTA

LACTATING WOMEN (LW) + PREGNANT WOMEN (PW) INTERVENTION

MUMTA (NUTRITIONAL) INTERVENTION OVERVIEW

Addressing the prevalent issue of malnourishment, the Mumta intervention is designed to improve the nutritional health of pregnant and lactating women, to effectuate healthy growth in their babies. Vital Pakistan Trust provided extensive medical health and nutritional supplements of Balanced Energy Protein (BEP), as well as offering wider psychological counselling and creating awareness of the importance of family planning.

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	MUMTA LW TRIAL	MUMTA PW TRIAL								
IMPLEMENTATION DURATION	2018 - 2020	2022 - 2024								
PROJECT OVERVIEW	Globally, 45% of under-five deaths are either directly or indirectly attributable to malnutrition. Children are particularly vulnerable in the first 6 months of life. An estimated 4.7 million infants under the age of 6 months are moderately wasted, whereas 3.8 million are severely wasted.	Maternal undernutrition is critical in the etiology of poor perinatal outcomes and accounts for 20% of small-for-gestational-age (SGA) births. High levels of food insecurity, antenatal undernourishment, and childhood undernutrition necessitate the supplementation of fortified balanced energy protein (BEP) during pregnancy in low-income settings.								
TRIAL DESIGN	This is a community-based, open-label multi-arm randomized controlled trial that will include parallel group assignments with a 1:1:1 allocation ratio in low-income squatter settlements in urban Karachi, Pakistan.	Prospective cohort trial. All pregnant women (PW), if identified between > 8 and <19 weeks of gestation based on ultrasound, will be offered routine antenatal care (ANC) counseling and voluntary participation in the trial after written informed consent. A total number of 1836 PW will be enrolled with informed consent.								
PROJECT STUDY GROUPS	<p>CONTROL ARM</p> <p>These LW will receive standard counselling only.</p> <p>INTERVENTION ARM 1</p> <p>These LW will receive 2 sachets of BEP/day until their infant reaches 6 months of age.</p> <p>INTERVENTION ARM 2</p> <p>Same as Intervention 1 plus babies received a single dose of Azithromycin (20mg/kg orally) at day 42.</p>	<p>This trial has the objective to aid undernourished pregnant women with fundamental supplements.</p> <table border="1"> <tr> <td>CONTROL ARM</td> <td>INTERVENTION ARM 2</td> </tr> <tr> <td>These PW will receive ANC counselling only.</td> <td>ANC counselling + BEP supplementation.</td> </tr> <tr> <td>CONTROL ARM</td> <td>INTERVENTION ARM 1</td> </tr> <tr> <td>These PW will receive ANC counselling + BEP supplement + 2 doses of Azithromycin.</td> <td>ANC counselling + BEP supplement + Single daily dose of nicotinamide and choline.</td> </tr> </table>	CONTROL ARM	INTERVENTION ARM 2	These PW will receive ANC counselling only.	ANC counselling + BEP supplementation.	CONTROL ARM	INTERVENTION ARM 1	These PW will receive ANC counselling + BEP supplement + 2 doses of Azithromycin.	ANC counselling + BEP supplement + Single daily dose of nicotinamide and choline.
CONTROL ARM	INTERVENTION ARM 2									
These PW will receive ANC counselling only.	ANC counselling + BEP supplementation.									
CONTROL ARM	INTERVENTION ARM 1									
These PW will receive ANC counselling + BEP supplement + 2 doses of Azithromycin.	ANC counselling + BEP supplement + Single daily dose of nicotinamide and choline.									

DID YOU KNOW

Nearly half of all pregnancies in Pakistan, (equating to 4.2 million), are unintended.

FAMILY PLANNING

FAMILY PLANNING (2022 - TO DATE)

FAMILY PLANNING OVERVIEW

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Today, Pakistan is the world's fifth-most populous country with an alarming population growth rate of nearly 2.4% per year. According to the recent (2022), Pakistan's population is estimated to be over 235 million and is projected to increase to 262 million by 2030.

Such rapid population growth impacts people's social, economic, and general well-being and affects national systems, particularly health and education. One of the reasons for this population growth is the lack of family planning services for couples. The unmet need for family planning services is high (17% in PDHS 2017-18). The main barriers to contraceptive use include social barriers and misconceptions, lack of access to care, poor quality of services, and relatively high cost.

FP PROGRAM ACTIVITIES

The FP Program launched in July 2022 at Rehri Goth, Karachi, incorporating the following activities:

1. COMMUNITY MOBILIZATION & DEMAND GENERATION
2. COMMUNITY ENGAGEMENT ACTIVITIES TO ADDRESS PREVALENT BARRIERS
3. DIGITAL PLATFORM FOR REAL-TIME DATA ENTRY
4. QUALITY SERVICE PROVISION OF MODERN CONTRACEPTIVE METHODS
5. PUBLIC-PRIVATE PARTNERSHIP FOR FP COMMODITIES AND FOR REFERRAL OF PERMANENT CONTRACEPTIVES



PAKISTAN'S POPULATION GROWTH

*DATA COURTESY OF WWW.WORLDDATA.INFO

PROJECTED POPULATION:

BY 2030:
262.96 million

BY 2040:
302.13 million

BY 2050:
338.01 million

COMMUNITY MOBILIZATION AND DEMAND GENERATION

The FP team raises awareness about Family Planning methods via counselling and provides various contraceptives to Married Women of Reproductive Age (MWRAs). These activities aim to increase demand for Family Planning services and address the unmet needs of birth spacing. In 2022, a total of 6,296 door-to-door visits were conducted.

FAMILY PLANNING AWARENESS RAISING ACTIVITIES

Family planning midwives / counsellors at the intervention sites conduct group education and Awareness counselling sessions with pregnant women and accompanying family members in ANC clinics in postnatal wards and waiting areas of immunization corners / clinics to create awareness about Healthy Timing for Pregnancy and Spacing (HTSP). Once awareness of this process is initiated, the community is subsequently informed of what to do. These sessions only provide an introductory overview of family planning counselling and interested women are further guided individually and facilitated for their needs-related services. In 2022, 92 such sessions were held at service delivery points.

COMMUNITY ENGAGEMENT ACTIVITIES

Working with entire communities while considering circles of influence is the key to facilitating population-related decision-making and adapting birth spacing methods. Sensitizing community leaders including religious and societies of influence can greatly contribute to creating more encouraging environments for Birth Spacing, thereby catalyzing change in social perceptions attitudes, and behaviors. VPT engaged Traditional Birth Attendants (TBAs) women, men, and youth at the individual, family, and community levels. In 2022, a total of 24 meetings were held involving 332 community members and leaders (political and religious.)

VITAL FP APPROACH

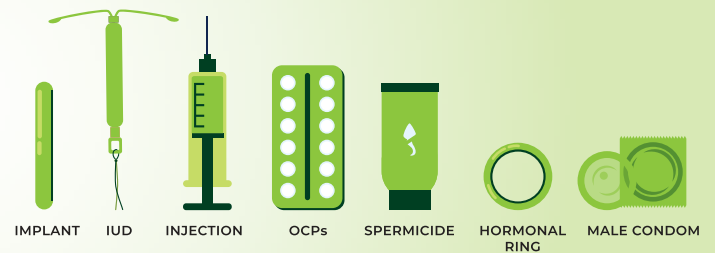
The services are provided through a community-based Family planning facility. The scope of work of the FP center includes the provision of the following services.

1. Antenatal Counselling during ANC visit
2. Promotion of Healthy timing and spacing of pregnancy (HTSP) for at least 3 years and PPFPP services in labor room.
3. Post-natal Family Planning, counselling, informed choices, FP services.
4. Quality of services by following National standards for all procedures providing for Short-term and Long-Term methods.

In 2022, a total of 4,602 women were counselled.

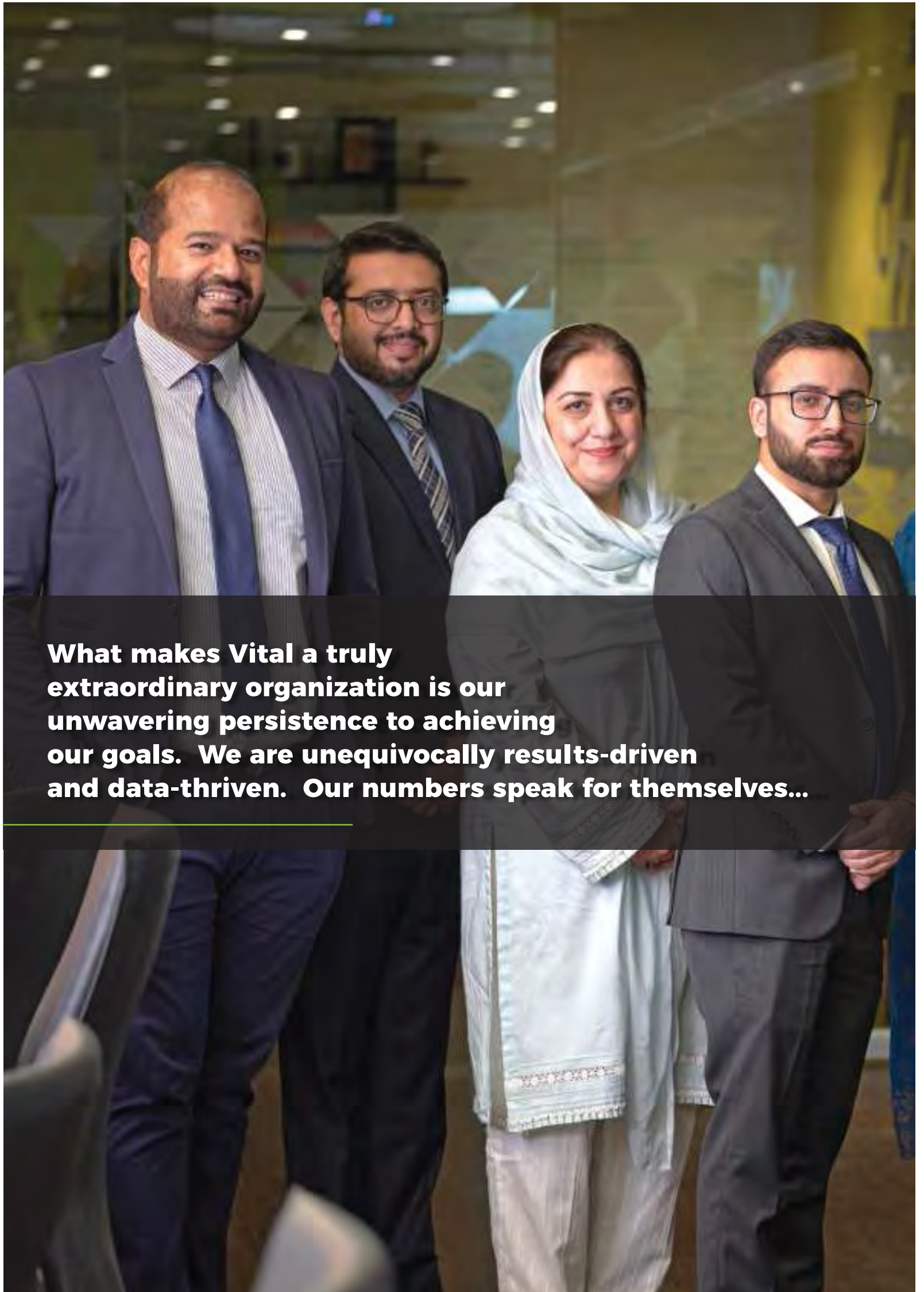
A RANGE OF FP METHODS OFFERED AT VPT

Our team of skilled FP counsellors and dedicated midwives at VPT (and partnering) clinics is adept at assessing a particular woman's needs and finding the right solution for offering her healthy timing and spacing between pregnancies. While it is our goal to promote an HTSP of at least 3 years which is best accomplished via progestogen implants, intra-uterine devices (IUDs) or regular use of FP injectables, some women are more comfortable with short-term contraceptive methods (including oral contraceptive pills, condom use by spouses, etc.)

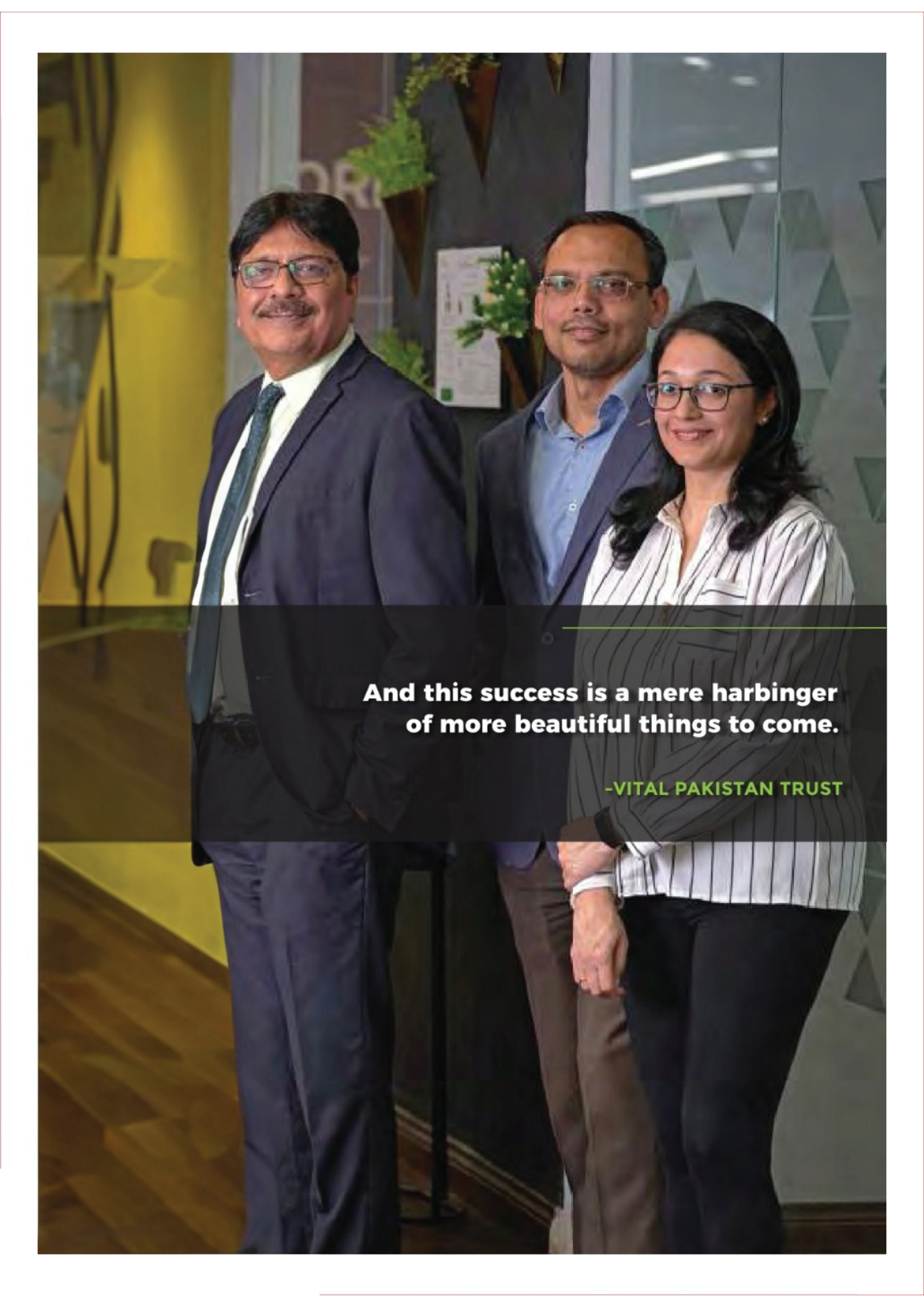


VPT OFFERS A RANGE OF CONTRACEPTIVE SOLUTIONS FROM LONG TO SHORT TERM: SURGICAL, INJECTABLE, TRADITIONAL





What makes Vital a truly extraordinary organization is our unwavering persistence to achieving our goals. We are unequivocally results-driven and data-thriven. Our numbers speak for themselves...

A photograph of three people in professional attire standing in an office. On the left is a man with a mustache and glasses, wearing a dark blue suit and tie. In the center is a man with glasses, wearing a blue shirt and a dark blazer. On the right is a woman with glasses, wearing a white and black striped shirt and dark trousers. They are all smiling slightly. The background shows office decor, including a plant and a bulletin board.

**And this success is a mere harbinger
of more beautiful things to come.**

-VITAL PAKISTAN TRUST

PROJECT RESULTS

STUDY RESULTS FOR VARIOUS VPT INITIATIVES

2022 PRISMA RESULTS (2022 - 2025)

Listed below are the results from the ongoing PRISMA Project, which involves data collection from above 6,000 women, over a 3-year implementation period, from 2 areas of concentration in Karachi- Rehri Goth (RH), and Ibrahim Hyderi (IH). Please note that “Enrollments” refers to the the total number of women enrolled in the program, and “Outcomes” refers to the number of healthy babies born via normal deliveries.



TARGET (1 YEAR)

Total: 2,000
RH: 1,000
IH: 1,000



ENROLLMENTS

Total: 943
RH: 478
IH: 465



OUTCOMES

Total: 43
RH: 17
IH: 26



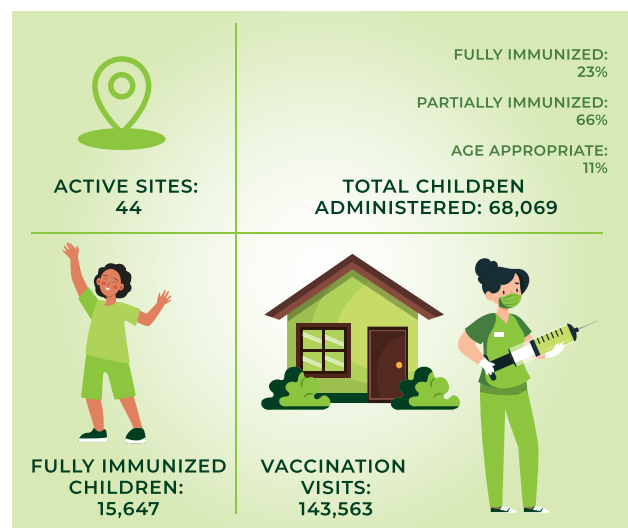
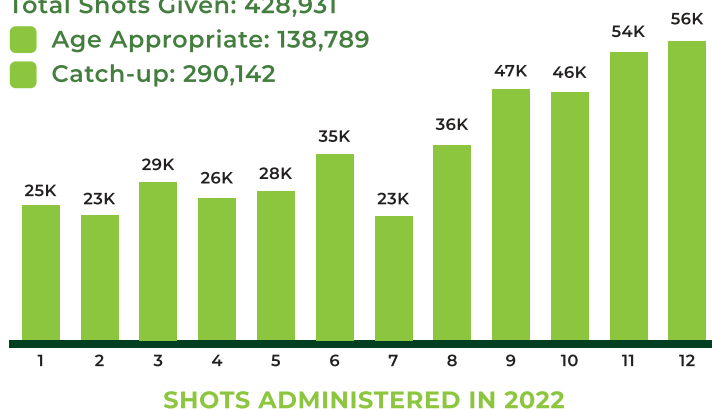
2022 IMMUNIZATION PROGRAM (2021 - 2024)

2022 was a remarkable year in terms of total vaccinations administered under our ongoing Immunization Project, targeting 26 UCS of Karachi. The numbers of fully immunized and partially immunized children are listed below. Vaccines administered under the EPI Program of Pakistan.

SHOTS ADMINISTERED

Total Shots Given: 428,931

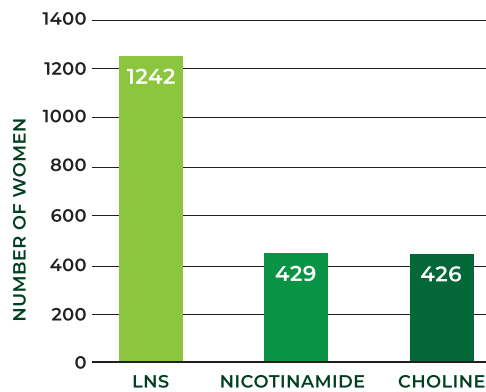
- Age Appropriate: 138,789
- Catch-up: 290,142



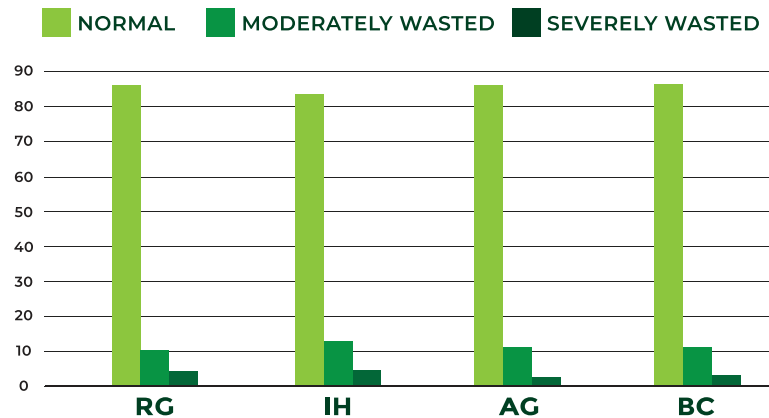
2022 MUMTA ACHIEVEMENTS (ONGOING STUDY 2022 - 2024)

For assisting in lactational health support and pregnancy complications, the Mumta Nutritional Intervention aims to lessen the risk of morbidities and mortalities, increase the growth and development of infants and babies by treating their mothers' gut inflammatory factors, as well as providing healthy survival among healthy and unhealthy women in our 4 chosen areas of concentration: Rehri Goth (RG), Ibrahim Hyderi (IH), Bhains Colony (BC) and Akbar Ali Goth (AG). Though our Mumtra PW trial is still ongoing, we have begun gathering data based on participant compliance and assessment of childrens' health based on nourishment.

TOTAL NUMBER OF ENROLLMENTS: 1884



MUMTA PARTICIPANTS WITH 75% COMPLIANCE



SITE-WISE CHILDREN'S NUTRITIONAL STATUS



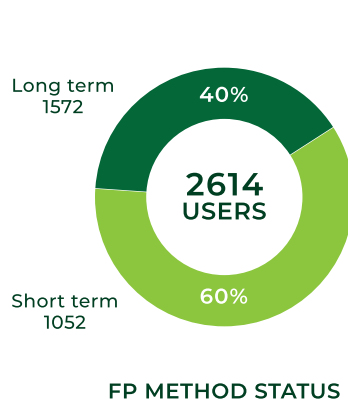
2022 FAMILY PLANNING RESULTS (ONGOING STUDY 2022 - TO DATE)

After launching our FP Counselling Program during mid-2022 in Rehri Goth, we immediately began seeing positive results and generation of interest from a previously medically-averse and closed-minded community. Though more time is required for conclusive results pertaining to a decline in the population growth rate of this community, we are excited about the feedback from our initial FP awareness efforts, the new FP users we have added, and will continue to educate our clients and their families about FP methods. We currently have a total of 2614 women using various types of long and short-term FP methods (see pie charts below.)

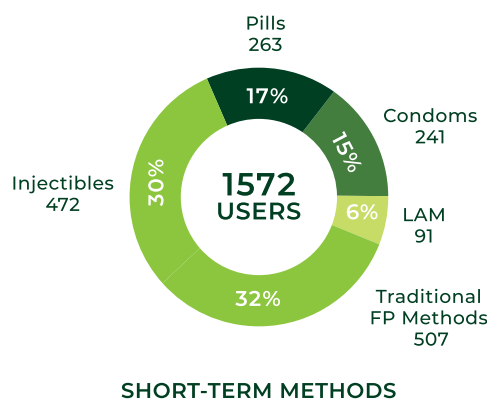
6,296 DOOR-TO-DOOR VISITS

24 COMMUNITY ENGAGEMENTS WITH 332 INFLUENTIAL MEMBERS TO AFFECT PERCEPTION ABOUT FP

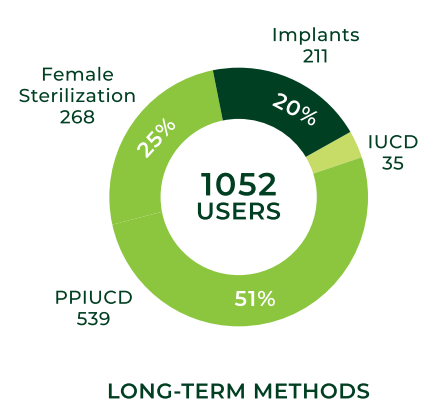
**4,012 WOMEN COUNSELLED
2,614 WOMEN USING FP METHODS
992 NEW USERS ADDED**



FP METHOD STATUS



SHORT-TERM METHODS



LONG-TERM METHODS



**TEAM
WORK
MAKES
THE
DREAM
WORK!**



LIFE AT VITAL

2022 VPT HR BEST PRACTICE INITIATIVES (HRBPI)

OUR CULTURE

The culture of Vital Pakistan Trust allows employees to work as one big family. We believe in treating each other with the utmost respect and kindness, creating a nurturing atmosphere which fosters great ideas. We also look after our own, and in 2022 we launched several new ways to make our employees feel more involved and more cherished than ever before. As our organization continues to expand and shine, we hope to continue giving back to our stars- the backbone of all the work we do.

VITAL'S BRAND AMBASSADOR PROGRAM

In 2022, VPT launched a Vital's Brand Ambassador Program to encourage their maximum participation in the Learning and Development initiatives planned for the year. The employees were assessed and bestowed the Ambassador Award on the following criteria:

- Training assessment scores
- Participation during training programs attended
- Demonstration of values learned during training and workshops in their daily lives

The vast majority (98%) of our total 426 participants earned either Gold or Silver Ambassadorship, whereas 18 people were awarded the title of Vital Platinum Ambassadors.

2022

List of VPT Platinum Brand Ambassadors include:

Dr. Nausheen Naz, Dr. Wajiha Faisal, Ghazal Moin, Mohsin Nawaz, Nadia Huda, Sumera Shaheen, Dr. Fareeha Rizwan, Hina Naz, Gulnaz Noor, Rafia Afzal, Arisha Farooq, Nazleen Navorz, Saba Zulfiqar, Mahnoor Fatima, Areeba Shehzad, Carol George, Nusrat Shaheen, Rabia Nizar



EMPLOYEE BENEFITS

The following benefits became available to VPT's employees during 2022:

1. **OPD ALLOWANCE**
A healthcare allowance of PKR 2,000 per month was allotted for junior level staff and field workers.
2. **COST OF LIVING ALLOWANCE (COLA)**
A sum was added to the monthly salaries of all entry-level employees to Assistant Managers.
3. **HR AUTOMATION**
Decibel became a technological partner for process automation and personnel management to assist HR.
4. **FLOOD COMPENSATION**
For employees who went above and beyond the call of duty during challenging times, a hardship allowance was given, benefitting 30 staff members.
5. **FUEL CARD**
All employees from Managers to C-suite executives were allotted a fuel card for consumption.
6. **PROVIDENT FUND**
All staff (including the previously ineligible), became eligible for a company Provident Fund with increased percentages.
7. **LEARNING & DEVELOPMENT (L&D)**
A new L&D budget was allotted to enhance company productivity and elevate the skill-base of employees.

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EMPLOYEE ENGAGEMENT & MORALE BOOSTING INITIATIVES:

- AGAAHI SESSIONS (*the policy rollout*)
- COMMUNICATION SKILLS TOOLKIT
- AWARENESS SESSIONS (*for safety, security, mental health*)
- MANAGEMENT DEVELOPMENT PROGRAM
- LANGUAGE ELEVATOR (*ESL Lessons for staff*)
- ZUMBA AND YOGA SESSIONS (*for physical fitness*)
- TABLE TENNIS TOURNAMENT
- FUN FRIDAYS (*monthly game events*)
- HR CONNECT (*HR visits to VPT field workers*)
- TEA TALK WITH THE HR DIRECTOR (*a platform for all staff to share ideas and feedback with the leadership directly*)
- UNIFORM CELEBRATIONS (*for Independence Day, Women's Day and Eid for all staff across 40 vicinities*)



VITALLY IMPORTANT WOMEN

While there are many organizations laying claim to female empowerment, gender equality or equal pay, VPT is one of the few which truly embraces it. As an organization with a female-dominant backbone, we are proud to report that our employee base consists of 87% (or 418) women and 13% (or 62) men.

Because at VPT, we live what we preach and lead by example. We will continue making bold waves and breaking barriers for women, where ever and whenever we can.

The future is female. The future is vital.

-VITAL PAKISTAN TRUST



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Bank Al-Habib
Address: Stadium Road Branch, Plot # PP-14,
Block # 17, Sir Shah Suleman Road,
Scheme # 24, Karachi, Pakistan

AUDITED FINANCIAL STATEMENTS

JUNE 2022

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INDEPENDENT AUDITOR'S REPORT TO THE TRUSTEES OF VITAL PAKISTAN TRUST**Opinion**

We have audited the financial statements of Vital Pakistan Trust (the Trust), which comprise the statement of financial position as at June 30, 2022, and the statement of income and expenditure, the statement of other comprehensive income, the statement of changes in funds and 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 present fairly, in all material respects, the financial position of the Trust as at June 30, 2022, and of its financial performance and its cash flows for the year then ended in accordance with the accounting and reporting standards as applicable in Pakistan.

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 Trust 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.

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

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

Those charged with governance (i.e. the Trustees of the Trust) are responsible for overseeing the Trust's financial reporting process.



A. F. FERGUSON & CO., Chartered Accountants, a member firm of the PwC network
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Tel: +92 (21) 32426682-5/32426711-5; Fax: +92 (21) 32415007/32427338/32424740; www.pwc.com/pk

•KARACHI •LAHORE •ISLAMABAD

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 Trust's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Trust's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Trust to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with the Trustees 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.

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


A. F. Ferguson & Co.
Chartered Accountants
Karachi

Date: June 2, 2023
UDIN: AR202210160UIIhcJY4

VITAL PAKISTAN TRUST
STATEMENT OF FINANCIAL POSITION
AS AT JUNE 30, 2022

	Note	As at June 30,		Opening balance as at July 1, 2020 (Restated)
		2022	2021 (Restated)	
(Rupees)				
ASSETS				
Non-current assets				
Property and equipment	5	41,676,346	23,782,578	8,124,563
Right-of-use assets	6	33,004,518	-	-
Intangible assets	7	88,301,957	41,317,553	18,087,336
		<u>162,982,821</u>	<u>65,100,131</u>	<u>26,211,899</u>
Current assets				
Advances, deposits and prepayments	8	295,739,048	287,810,338	118,547,105
Short-term investments	9	600,000,000	-	-
Accrued income and other receivables	10	61,000,321	12,902,899	4,958,799
Cash and bank balances	11	606,068,927	1,023,246,468	289,379,001
		<u>1,562,808,296</u>	<u>1,323,959,705</u>	<u>412,884,905</u>
Total assets		<u><u>1,725,791,117</u></u>	<u><u>1,389,059,836</u></u>	<u><u>439,096,804</u></u>
FUND				
Accumulated surplus / deficit		4,974,439	(1,961,673)	(2,688,077)
LIABILITIES				
Non-current liability				
Lease liabilities	12	17,203,937	-	-
Current liabilities				
Deferred income - restricted	13	1,612,740,351	1,371,657,090	436,752,723
Accrued and other liabilities	14	74,896,593	19,364,419	5,032,158
Current portion of lease liabilities	12	15,973,797	-	-
		<u>1,703,612,741</u>	<u>1,391,021,509</u>	<u>441,784,881</u>
Total fund and liabilities		<u><u>1,725,791,117</u></u>	<u><u>1,389,059,836</u></u>	<u><u>439,096,804</u></u>
CONTINGENCIES AND COMMITMENTS 15				

The annexed notes 1 to 28 form an integral part of these financial statements.

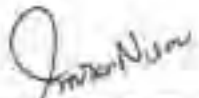

Trustee


Chairperson / Trustee

VITAL PAKISTAN TRUST
STATEMENT OF INCOME AND EXPENDITURE
FOR THE YEAR ENDED JUNE 30, 2022

	Note	2022	2021 (Restated)
		(Rupees)	
Income			
Amortisation of deferred income	16	883,732,129	410,544,417
Donations	17	8,314,713	3,695,225
Total income		892,046,842	414,239,642
Expenditure			
Project direct healthcare associated costs and supplies	18	417,924,040	192,617,690
Salaries, wages and other benefits		218,411,546	123,753,339
Rent and utilities expense		15,417,359	5,206,362
Office supplies and running cost		13,069,825	9,809,228
Vehicle running expense		130,197,921	38,421,598
Depreciation on property and equipment	5	9,915,099	5,158,681
Amortisation on intangible assets	7	14,714,016	12,359,128
Depreciation on right-of-use assets	6	11,968,040	-
Property and equipment written off	5	5,421,854	-
Printing and stationary		4,304,215	1,441,684
Fuel charges		4,583,926	2,557,483
Communication		3,148,978	2,680,646
Repairs and maintenance		4,411,959	2,333,326
Auditor's remuneration	19	1,802,000	700,000
Insurance expense		7,565,719	2,854,030
Legal and professional charges		16,220,035	12,076,289
Interest expense on lease liabilities	12	2,067,352	-
Others		3,966,846	1,543,754
Total expenditure		885,110,730	413,513,238
Surplus of income over expenditure for the year		6,936,112	726,404

The annexed notes 1 to 28 form an integral part of these financial statements.


 Trustee


 Chairperson / Trustee

VITAL PAKISTAN TRUST
 STATEMENT OF OTHER COMPREHENSIVE INCOME
 FOR THE YEAR ENDED JUNE 30, 2022

	2022	2021 (Restated)
	(Rupees)	
Surplus of income over expenditure for the year	6,936,112	726,404
Other comprehensive income for the year	-	-
Total comprehensive income for the year	<u>6,936,112</u>	<u>726,404</u>

The annexed notes 1 to 28 form an integral part of these financial statements.



 Trustee




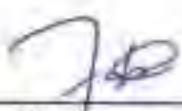
 Chairperson / Trustee

VITAL PAKISTAN TRUST
STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED JUNE 30, 2022

	Note	2022	2021 (Restated)
		------(Rupees)-----	
CASH FLOWS FROM OPERATING ACTIVITIES			
Surplus of income over expenditure for the year		6,936,112	726,404
Adjustments for:			
Amortisation of deferred income	16	(883,732,129)	(410,544,417)
Depreciation on property and equipment	5	9,915,099	5,158,681
Amortisation on intangible assets	7	14,714,016	12,359,128
Depreciation on right-of-use assets	6	11,968,040	-
Property and equipment written off	5	5,421,854	-
Gain on disposal of property and equipment		(150,000)	-
Interest expense on lease liabilities	12	2,067,352	-
		(839,795,768)	(393,026,608)
		(832,859,656)	(392,300,204)
WORKING CAPITAL CHANGES			
(Increase) / decrease in current assets			
Advances, deposits and prepayments		(7,928,710)	(169,263,233)
Accrued income and other receivables		(48,097,422)	(7,944,100)
Grant receivable		-	-
Increase / (decrease) in current liabilities			
Accrued and other liabilities		55,534,174	14,332,261
Net cash outflow on operating activities		(833,351,814)	(555,175,276)
CASH FLOWS FROM INVESTING ACTIVITIES			
Acquisition of property and equipment	5	(33,230,721)	(20,816,696)
Acquisition of intangible assets	7	(61,698,420)	(35,589,345)
Proceeds from disposal of property and equipment		150,000	-
Net cash outflow on investing activities		(94,779,141)	(56,406,041)
CASH FLOWS FROM FINANCING ACTIVITIES			
Grants received during the year	13	975,628,673	1,290,305,037
Lease rentals paid during the year	12	(13,862,176)	-
Increase in deferred income		149,186,717	55,143,747
Net cash inflow from financing activities		1,110,953,214	1,345,448,784
Net increase in cash and cash equivalents		182,822,459	733,867,467
Cash and cash equivalents at beginning of the year		1,023,246,468	289,379,001
Cash and cash equivalents at end of the year	20	<u>1,206,068,927</u>	<u>1,023,246,468</u>

The annexed notes 1 to 28 form an integral part of these financial statements.

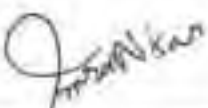

Trustee


Chairperson / Trustee

**VITAL PAKISTAN TRUST
STATEMENT OF CHANGES IN FUNDS
FOR THE YEAR ENDED JUNE 30, 2022**

	Accumulated surplus / deficit —(Rupees)—
Balance as at July 1, 2019 - as previously stated	12,141,455
Effect of restatement (refer note 4)	<u>(10,929,329)</u>
Balance as at July 1, 2019 - restated	1,212,126
Total comprehensive income for the year	
Surplus of income over expenditure for the year	18,085,152
Effect of restatement (refer note 4)	(21,985,355)
Other comprehensive income for the year	-
	(3,900,203)
Balance as at June 30, 2020 - restated	<u>(2,688,077)</u>
Total comprehensive income for the year	
Surplus of income over expenditure for the year - restated	726,404
Other comprehensive income for the year	-
	726,404
Balance as at June 30, 2021 - restated	<u>(1,961,673)</u>
Total comprehensive income for the year	
Surplus of income over expenditure for the year	6,936,112
Other comprehensive income for the year	-
	6,936,112
Balance as at June 30, 2022	<u>4,974,439</u>

The annexed notes 1 to 28 form an integral part of these financial statements.



Trustee



Chairperson / Trustee



ALHAMD SHARIAH ADVISORY SERVICES

(PVT) LIMITED

18 Feb 2023

**SHARIAH APPROVAL FOR PAYING ZAKAT TO
VITAL PAKISTAN TRUST**

INTRODUCTION:

VITAL's story began in Rehri Goth – an impoverished peri-urban community of over 60,000 residents on the outskirts of Karachi, Pakistan. Through baseline surveys conducted in the community in 2012 and 2013, we learnt that Rehri Goth had a neonatal mortality of 57 deaths per thousand live births and an under-5 mortality of 107 deaths per thousand live births. A comprehensive vision of health was needed to help those who were consistently being left behind. Currently, Vital Pakistan Trust is present in over 40 sites across Karachi, providing free health-care services to Mothers and Children.

METHOD OF UTILIZATION OF ZAKAT:

The financial needs of Vital Pakistan Trust are being covered by Zakat that individuals & corporate contribute. After verification of Zakat eligibility, the specifically assigned official of Vital Pakistan Trust requests permission to collect Zakat on behalf of Zakat eligible and to spend it directly on expenses of Zakat eligible as per the conditions of Zakat form. According to these limits Vital Pakistan Trust uses Zakat funds very carefully.

SHARIAH RULING:

We confirm that Vital Pakistan Trust has appointed Alhamd Shariah Advisory Services (Pvt.) Limited as Shariah Advisor to guide the management in collection and utilization of Zakat and to ensure that the whole process is Sharia-compliant, both in letter and in spirit.

Based on our review, we hereby confirm that Vital Pakistan Trust collects and spends Zakat fund in accordance with the instructions of Shariah. It is also confirmed that whosoever will give Zakat to Vital Pakistan Trust; their Zakat will be paid as per Shariah point of view.

May Allah grant the management of Vital Pakistan Trust best reward for their services, and may give in their mission more blessings and sincerity. Aameen

For and on behalf of Alhamd Shariah Advisory Services (Pvt.) Limited

Mufti Ibrahim Essa
Chief Executive Officer



Mufti Abdul Rafay
Research Scholar

Note: This certificate is valid till 31st December 2023

☎ +92 322 2671867 | 🌐 www.alhamdshariahadvisory.com | ✉ info@alhamdshariahadvisory.com

Pakistan CSOs Coalition for Health and Immunization

PCCH

Together for a difference

Membership Certificate

VITAL Pakistan Trust

This certificate can be used to demonstrate commitment of the awarding CSO for supporting and complementing childhood immunization in Pakistan

Chairperson NEB, PCCH

January 01, 2021

Issued On

December 31, 2022

Valid Until

This PCCH Membership is awarded to only selected CSOs who qualify for our rigorous process including financial and technical assessment.



Pakistan Centre *for* Philanthropy

(The first NPO Certification Agency, authorized by The Government of Pakistan vide notification No.1116 (I)/2003)

Pakistan Centre *for* Philanthropy hereby certifies that
according to the records of the organization

VITAL PAKISTAN TRUST

is certified as per NPO evaluation standards notified by FBR.


Executive Director



PCP-R1/2021/585

Certification No.

14-06-2021

Issued on

14-06-2024

Valid up to

Islamabad

Place of issue



THANK YOU

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Over the years, Vital Pakistan Trust has built successful partnerships and collaborations with various organizations in both health and corporate sectors, who have aligned with us for a common goal of delivering quality maternal and child healthcare across underprivileged areas of Karachi. We have also had the privilege of receiving donations from several compassionate international organizations.

To all those who have walked this journey of serving the underserved humanity with us, and to those who have enabled us with the required resources to carry out our mission, we express our deepest gratitude: Thank you for the unwavering support, thank you for being an unflickering beacon of hope, but most of all, thank you for making our seemingly impossible undertaking truly possible.

PARTNERS & COLLABORATORS





YOUR SUPPORT IS VITAL TO THEIR WORLD.

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JOIN THE VITAL MOVEMENT!

Your donations will help save the lives of underprivileged mothers and children who have no access to basic healthcare facilities. When you help save a young mother, you save her entire family by extension, giving a lifeline to tiny hopes and dreams. The ripple effect of kindness leaves an unfathomable impact- it makes the world go round.

Donations of any size are welcome and can be made by cash, cheques, direct bank transfer, or via I-Care.

FOR CHEQUES:

ACCOUNT TITLE: Vital Pakistan Trust

FOR I-CARE:

VISIT: <https://vitalpakistantrust.org/donation>

FOR DIRECT BANK TRANSFER:

BANK NAME: Bank Al-Habib Limited

ACCOUNT TITLE: Vital Pakistan Trust

ACCOUNT NUMBER: 1262-0071-022548-02-9

IBAN NUMBER: PK74BAHL1262007102254802

BANK ADDRESS: Bank Al-Habib, Stadium Road Branch
Plot # PP14, Block # 17, Sir Shah Suleman Road,
Scheme # 24, Karachi, Pakistan.



**No act of kindness,
no matter how small,
is ever wasted.**

- AESOP

VITAL PAKISTAN TRUST DONATION FORM

Name: _____ Phone / Mobile: _____

Address: _____

City / Province: _____ Email: _____

I pledge an amount of Rs. _____

- Donation
 Cash
 Cheque (Payable to Vital Pakistan Trust)
- Direct Bank Transfer
 Zakat
 Sadqa

Care during pregnancy	Rs. 15,000
Delivery services & nutrition, family planning (spacing) and postnatal care	Rs. 25,000
Newborn care & immunization up to 2 years	Rs. 15,000
Total package for 1 woman and child for 2 years	Rs. 55,000



PLEASE RETURN THE COMPLETED FORM TO THE FOLLOWING ADDRESS:

9th Floor Al-Tijarah Center,
 32-1-A Shahrah-e-Faisal,
 Block-6-PECHS, Karachi, Sindh 74000

0304-8244825 | 0302-8240100
 giving@vitalpakistantrust.org
 www.vitalpakistantrust.org



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on behalf of Vital Pakistan Trust.



VITAL PAKISTAN TRUST

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