



# Healing Little Souls



**CHILDLIFE**  
FOUNDATION

Annual Report 2023

1,000 children below the age of 5 die every day in Pakistan due to preventable causes\*. If we improve emergency care, 50% of these deaths can be prevented.

ChildLife Foundation is saving lives in 200+ hospitals across Pakistan in Emergency Rooms and Telemedicine Satellite Centres 24/7, free of cost.

We firmly believe that compassion and competence are fundamental pillars in the provision of exemplary healthcare services to our patients. Our commitment extends beyond the mere delivery of care; we have robust training programs for our clinical team, which also encompass a steadfast dedication to maintaining exceptional quality through clinical protocols, well-established processes, and evidence-based practices.

Our quality systems are strengthened by continuous monitoring and evaluation from our management, incorporating feedback from patients, staff, and regulatory authorities. This proactive approach helps us achieve our objectives.

Our quality motto aptly encapsulates this approach:

## **Best Possible Care Every Patient, Every Time**

Through these tireless efforts, we have been able to treat 5.8 million children since ChildLife Foundation's inception and making a meaningful contribution to the enhancement of our collective future by healing little souls.

\*Reference from UNICEF



Heal the  
root so  
the tree  
is stable.

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## Legal Status and Objective

ChildLife Foundation (the Trust) is a non-profit, non-political body of philanthropists and professionals which came into existence with effect from October 27, 2010, under a registered trust deed. The principal office of the Trust is situated at LG-49, Lower Ground, LuckyOne Mall, Block 21, F. B. Area, Rashid Minhas Road, Karachi. It is managed by the board of trustees.

The principal objectives of the Trust are:

- To promote the cause of medical care and manage emergency care units for children and setting up, establishing, managing, operating, obtaining registrations and recognitions and funding for medical, educational, and social welfare institutions.
- To accept donations, grant contributions and subsidies from philanthropists, local and offshore donors, bodies and organizations.

- To acquire, take over or receive by way of donations, develop plots, amenity sites, and immovable properties of all kinds out of funds of the Trust; and
- To provide medical and healthcare facilities for and medical treatment of the people by building, setting up, establishing, managing, operating, funding, promoting, aiding, and assisting hospitals, organizing clinics, etc. and to generally do, effectuate, fulfill, and undertake all other social welfare and charitable activities and to plan, implement and execute charitable and welfare projects of all kinds as may be permissible under the law.

The trust is currently operating Children's Emergency Rooms of 12 government teaching hospitals in Sindh (9), Balochistan (1), Punjab (1) and Islamabad (1), treating 1.5 million children free of cost every year. The trust has also established 190 Telemedicine Satellite Centres, set up at District and Taluka Hospitals in the province of Sindh, Balochistan, and Punjab as of June 30, 2023.







# VISION

## Child-Safe Pakistan

Children in Pakistan at an imminent risk of life will have access to quality care.

# MISSION

## Saving the Future of Pakistan

Facilitate rapid access to quality urgent medical care.

Identify high risk children:

- Malnourished
- Unimmunized
- Poor access to basic health

Intervene with established cost-effective preventive measures.





# VALUES

Teamwork | Competence  
Compliance | Compassion | Humility

# ROAD MAP

Working Towards a Child-Safe Future

Children's Emergency Rooms

All public teaching hospitals

Telemedicine Satellite Centers

All public secondary care hospitals

Preventive Health Program

All under 5 population

# QUALITY POLICY

Best Possible Care  
Every Patient, Every Time

# IMPACT NUMBERS



**5.5**

**MILLION**

**CHILDREN TREATED  
IN EMERGENCY ROOMS**

(Cumulative numbers from  
2011 - Jun 2023)

2022

**4,354,378**

2020

**3,032,128**

2018

**1,879,568**

2016

**1,101,902**

2014

**453,000**

2012

**57,600**

# 12

## Emergency Rooms (ERs)

In Sindh, Balochistan, Punjab, and Islamabad

# 190

## Telemedicine Satellite Centres (TSC)

In all tehsils of Sindh, and all districts of Balochistan and Punjab



# 73%

## Patient Satisfaction Rate

According to Patient Satisfaction Survey

# 323,267

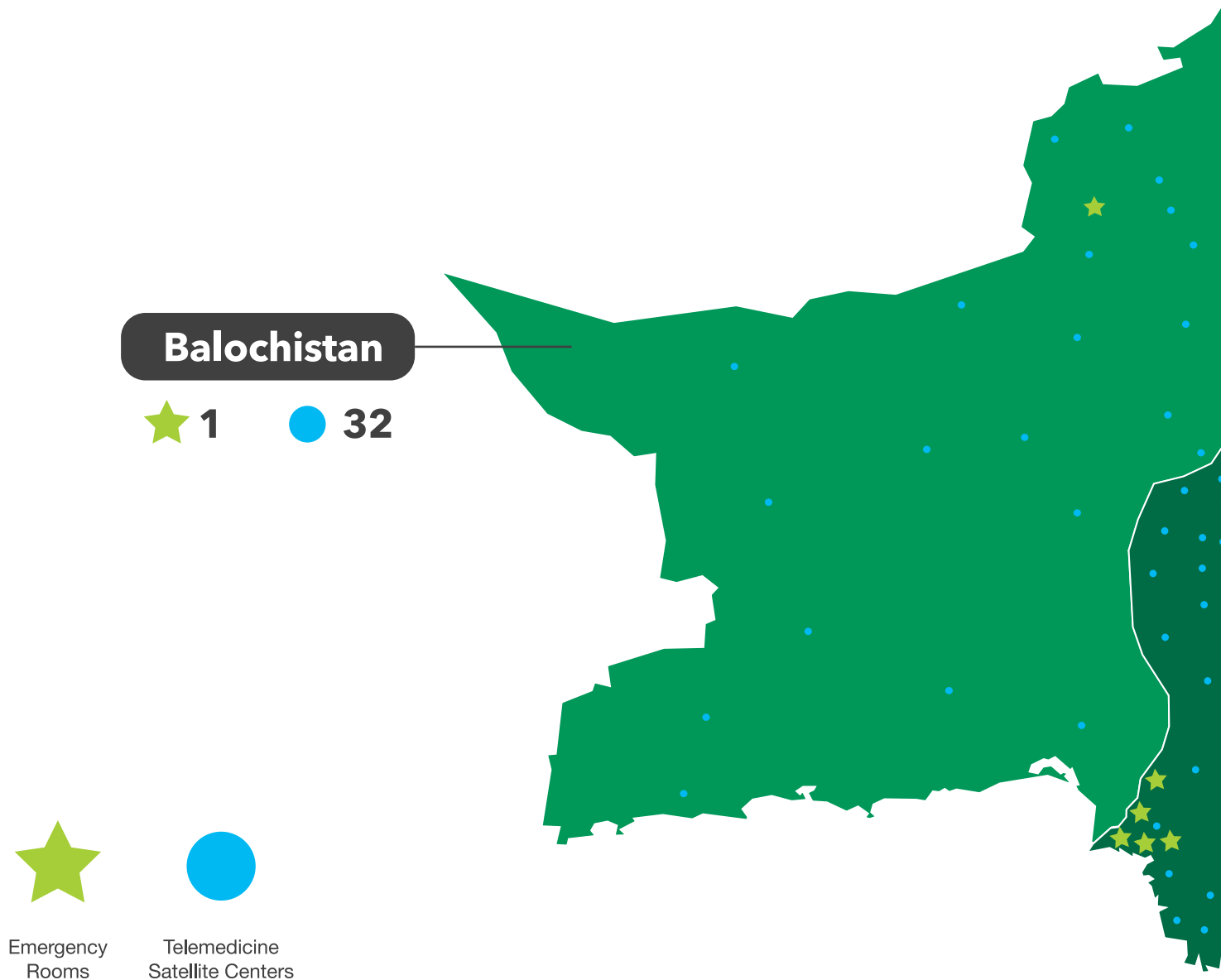
## Telemedicine Consultations

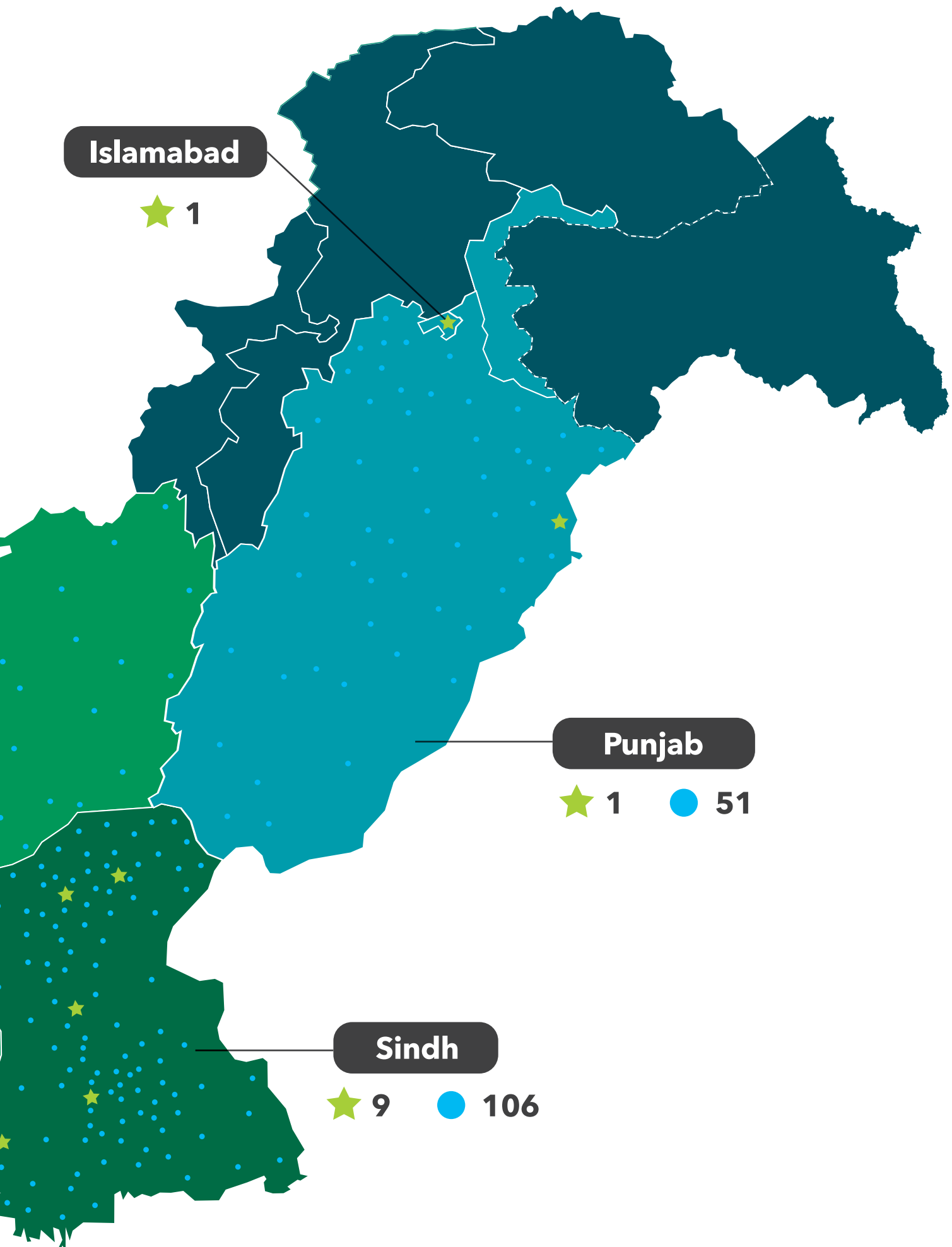
In district and tehsil hospitals of Sindh, Balochistan, and Punjab



**SAVING CHILDREN IN**  
**200+**  
**HOSPITALS**  
**ACROSS PAKISTAN**

ChildLife Foundation has expanded its operations and is managing **12 children's Emergency Rooms** and **190 Telemedicine Satellite Centers** across Pakistan, in partnership with the government.





Islamabad

★ 1

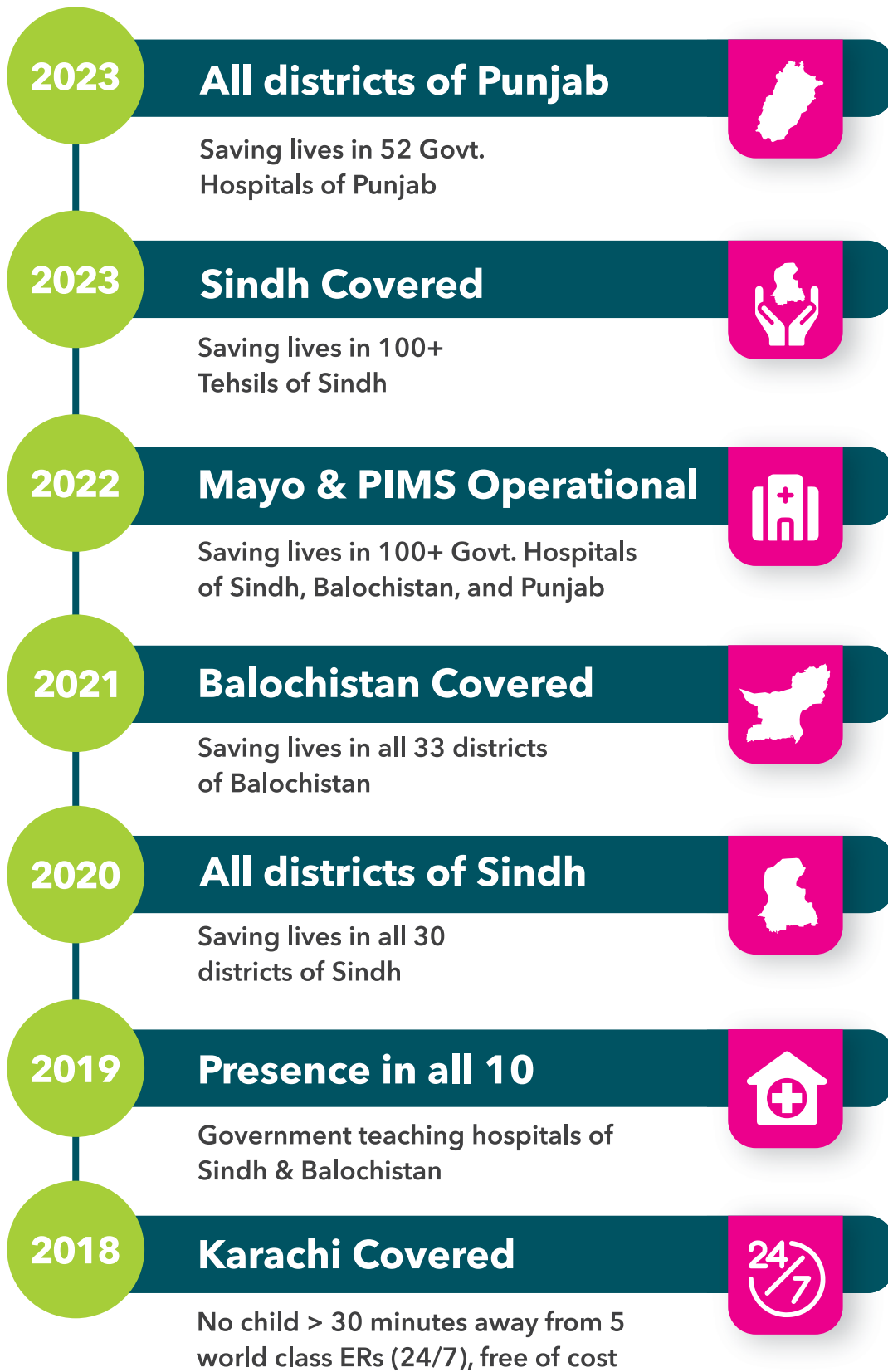
Punjab

★ 1 ● 51

Sindh

★ 9 ● 106

# MILESTONES



# CHILDLIFE FOUNDATION'S 12TH ER AT PIMS ISLAMABAD

In January 2022, an agreement was signed between the Pakistan Institute of Medical Sciences (PIMS) and ChildLife Foundation to modernize its Children's Emergency Room (ER).



The newly upgraded ER has increased its span from 2,000 to 5,000 square feet and more than doubled the bed capacity, from 12 to 30. The ER has been upgraded with our emergency care model which includes the WHO-recommended triage facility, state-of-the-art equipment such as cardiac monitors, phototherapy units, infusion pumps, a 24/7 pharmacy dispensing life-saving medicines free of cost, and 100+ staff to manage the ER operations.

As ChildLife Foundation's hub in the federal capital and twin cities, this ER is integral to providing quality emergency care to children from many adjoining areas, especially Khyber Pakhtunkhwa, AJK, Gilgit Baltistan & Northern Punjab.

## Reducing child mortality under 5 years of age

With the aim to reduce child mortality in the region, over 100,000 children have been treated at ChildLife Foundation's 12th Children's Emergency Room (ER) at PIMS, Islamabad since its inception in July 2022.



104,983

Children Treated till June 2023



30

ER Beds







PAKISTAN  
INSTITUTE OF  
MEDICAL SCIENCES  
ISLAMABAD

پاکستان انسٹی ٹیوٹ آف میڈیکل سائنسز اسلام آباد



CHILDREN'S EMERGENCY



# BEACON OF HOPE



# THE CASE OF ABDUL SAMI



United by the common thread of love for their child, Abdul Sami's parents embarked on the journey from Azad Kashmir to get lifesaving treatment for their beloved son. In a desperate race against time, Abdul Sami's parents rushed him to ChildLife Foundation's Children's Emergency Room (ER) at PIMS, Islamabad, with high fever, respiratory distress, and discoloration on the skin.

The ER team promptly shifted him to the Pediatric ward and diagnosed him with Bronchopneumonia and presence of Petechiae. After 4 hours of intense care in the ER, Abdul Sami's condition stabilized with the resolution of fever and respiratory distress.

Abdul Sami resides in Azad Kashmir, and he was referred from CMH Hospital to PIMS Children's ER. Besides being worried about their son's critical condition, Sami's parents were also conscious of the expenses of his emergency treatment that they would have to bear. The ER doctors relieved them from the distress of medical expenditure by informing them that ChildLife Foundation's children emergency care services are free of cost.

Abdul Sami is on the path to recovery, illustrating the exceptional care and dedication provided by the ER team. His parents expressed profound satisfaction and gratitude to the entire ER team.

The Foundation not only managed Abdul Sami's complex medical condition efficiently but also relieved the family's financial burden of treatment, which was a true reflection of the core mission of ChildLife Foundation, ensuring that no child's health suffers due to financial constraints.

# 2030 AND BEYOND


We aim to have world-class children's Emergency Rooms in all 40+ Government Teaching Hospitals and Telemedicine Satellite Centers in all 400+ district and tehsil hospitals of Pakistan by 2030.



**40+** 

**Emergency Rooms (ER)**

Punjab	Sindh	KP	ISB / AJK / GB	Balochistan
<b>18</b>	<b>9</b>	<b>9</b>	<b>4</b>	<b>2</b>

**400+** 

**Telemedicine Satellite Centers (TSCs)**

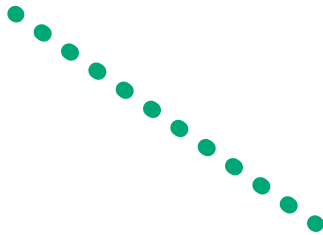
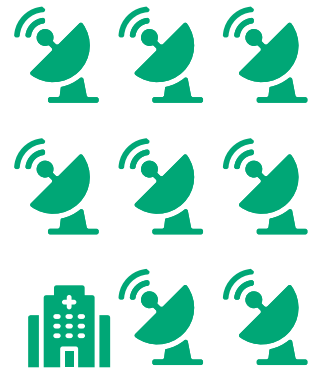
Punjab	Sindh	KP	ISB / AJK / GB	Balochistan
<b>150+</b>	<b>100+</b>	<b>100+</b>	<b>35+</b>	<b>32+</b>

# GOALS

## Short-Term

Establish **150 Telemedicine Satellite Centers** in Punjab

Modernize Children's Emergency Room in Children's Hospital, Multan

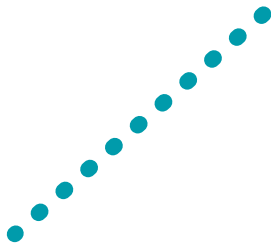
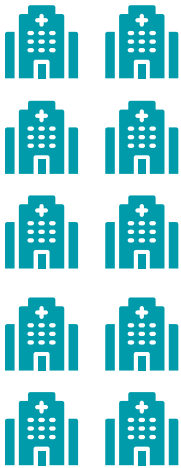


## Medium-Term

Upgrade **5 Children's Emergency Rooms** in Punjab

Upgrade **2<sup>nd</sup> Children's Emergency Room** in Balochistan

Establish **3 Urgent Care Centers**



## Long-Term

Implement our healthcare model in more than **500 government hospitals** of Pakistan

Contribute to the realization of **United Nation's Sustainable Development Goal 3.2** by serving as Pakistan's leading provider of pediatric emergency healthcare.

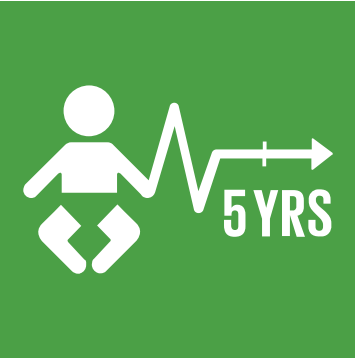


Source: Our projections and targets are based on on-ground information, market assessments, risk evaluations, and managerial and board discussions.

# SUSTAINABLE DEVELOPMENT GOALS



**TARGET 3.2**



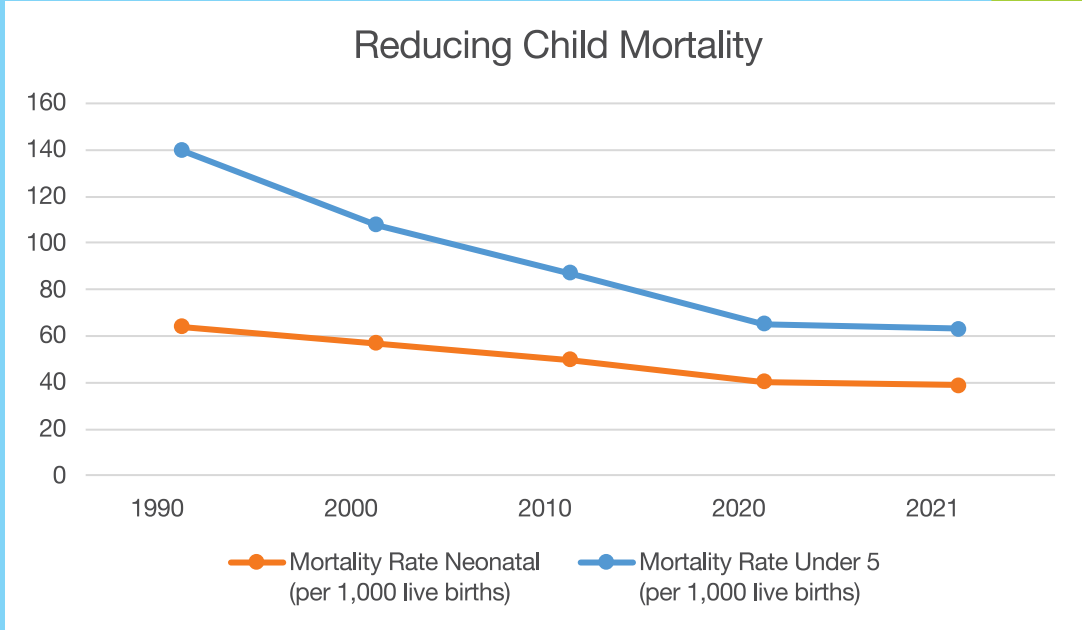
**END ALL PREVENTABLE DEATHS UNDER 5 YEARS OF AGE**

As we move forward, ChildLife Foundation has committed to aligning with the United Nations' Sustainable Development Goals (SDGs). Of particular importance is our dedication to SDG 3.2, which aims to eradicate preventable deaths among infants and children under the age of 5 by the year 2030.

Our objective for 2030 is to eliminate preventable deaths and reduce child mortality among newborns and children under 5 years of age by upgrading Pakistan's public emergency care system for children and extending the reach of impactful interventions across the entire country. We are working towards a goal where all countries aim to reduce neonatal mortality to a minimum of 12 per 1,000 live births and under-5 mortality to a minimum of 25 per 1,000 live births.

# SUSTAINABLE DEVELOPMENT GOALS

## REDUCING CHILD MORTALITY IN PAKISTAN



<https://data.worldbank.org/indicator/SH.DYN.MORT?locations=PK>

# ACCOLADES







## BEST CORPORATE REPORT AWARD 2022 1ST POSITION BY ICAP AND ICMAP IN THE NPO CATEGORY

ChildLife Foundation has secured the top position in the NPO Category for the Best Corporate Report Award 2022, as awarded by Institute of Chartered Accountants of Pakistan (ICAP) and the Institute of Cost and Management Accountants (ICMA International). This recognition underscores our commitment to financial transparency, accountability, and exemplary corporate governance practices.



## BEST PRESENTED ANNUAL REPORT GOLD AWARD BY SAFA

ChildLife Foundation has been awarded Gold Award for Best Presented Annual Report 2021 in the NGO category by the South Asian Federation of Accountants (SAFA), a forum for the highest-ranking accounting bodies in South Asia. The award is a testament to our financial transparency, accountability and good governance practices.

# ISO 9001:2015 CERTIFIED ORGANIZATION

Our ISO 9001:2015 certification underscores our commitment to delivering Emergency Services consistently while ensuring high patient satisfaction. This certification signifies our capacity to provide services that consistently meet patient and regulatory standards, reflecting our dedication to ongoing system improvement and the enhancement of customer satisfaction.



# PCP CERTIFIED ORGANIZATION

ChildLife Foundation is certified by the Pakistan Center For Philanthropy (PCP). This certificate is a testament to our credibility and trustworthiness, reaffirms the excellence we consistently demonstrate in our work and meeting all regulatory standards and requirements. Being a part of the PCP network allows us to contribute to the strengthening of nonprofits and foundations, fostering the development and enrichment of local communities, a cause we take pride in supporting.



# GUIDESTAR'S PLATINUM SEAL OF TRANSPARENCY AWARD

ChildLife Foundation has received the prestigious "Platinum Seal of Transparency" from Guidestar, a prominent information service organization renowned for its nonprofit reporting. This recognition represents the highest level of transparency attainable for an NPO, affirming our commitment to openness through the sharing of our five-year strategic goals, metrics, updated financial reports, and detailed work information.

[www.guidestar.org/profile/81-3687828](http://www.guidestar.org/profile/81-3687828)



# CHILDLIFE SHORTLISTED AS FINALIST FOR ZAYED SUSTAINABILITY PRIZE

The Zayed Sustainability Prize is a prestigious global prize recognizing impactful and innovative sustainable solutions from SMEs and NPOs over 15 years. ChildLife Foundation had been shortlisted as a finalist in the 'Health' category, alongside two other organizations from France and Indonesia. A total of 33 finalists were selected from a pool of 5,213 entries across categories like Health, Food, Energy, Water, Climate Action, and Global High Schools. The prize honours the humanitarian and sustainability legacy of the late Shiekh Zayed. This nomination marks a significant achievement for the ChildLife Foundation. The prize was announced at COP28 in UAE.



## ZAYED SUSTAINABILITY PRIZE



## BEST RESEARCH AWARD IN EMERGENCY MEDICINE BY ESEM

Awarded by the Emirates Society of Emergency Medicine (ESEM) at their annual conference held in Abu Dhabi, the award reflects ChildLife Foundation's commitment of making impactful contributions towards Emergency Medicine Research. ChildLife Foundation has been participating in ESEM conferences since its first edition back in 2014, and this year the conference recognized ChildLife Foundation's efforts for providing emergency care to children in 200+ public hospitals across Pakistan.

# COLLABORATIONS



Collaborations have played a crucial role in the success of our emergency healthcare model. We deeply appreciate all the organizations that have joined forces with us and offered their support to our mission.

- Aga Khan University
- Allegheny Health Network, USA
- Ares Management, USA
- Brother's Brother Foundation, USA
- Cornell University, USA
- Emirates Society of Emergency Medicine (ESEM)
- Helping Hand
- Indus Hospital
- International Development & Relief Foundation, IDRF Canada
- Istituto Giannini Gaslini, Italy
- Johns Hopkins University, USA
- Miami Herald
- National Institute of Cardiovascular Disease (NICVD)
- Pakistan Pediatric Association (PPA)
- Pakistan Society of Emergency Medicine (PSEM)
- People's Primary Healthcare Initiative, PPHI Sindh
- Rotary Club Karachi - New Central
- Rotary Club of Solon, Ohio, USA
- Rotary International
- SINA Trust
- Sindh Integrated Emergency Healthcare Services, SIEHS
- SOC Films
- Stanford University, USA
- UNICEF Pakistan
- University of Maryland, USA

# HEALING THROUGH COMPETENCE



**Initially, I aspired to become a cardiologist, and the idea of a career in pediatrics never occurred to me. I had the perception that pediatrics was notably challenging, primarily because children often cannot effectively communicate their medical issues.**

This inherent difficulty in diagnosing their conditions left me skeptical about the field. My parents wished that I become a doctor and serve individuals who lacked access to quality healthcare. They instilled a strong emphasis on education and self-reliance in me and my siblings.

I developed a profound interest in pediatrics and my perception changed when I joined ChildLife Foundation four years ago, ultimately pursuing an MRCP in this specialty. Pediatrics has now become my true passion. ChildLife placed confidence in my capabilities by appointing me as the physician incharge. In addition to overseeing a team of 30-35 individuals, I am responsible for the management of our state-of-the-art, fully equipped Emergency Room (ER). By implementing various international standard clinical protocols and procedures, we enhance the efficiency and effectiveness of the ER's operations.

Our resuscitation rooms and triage system play a crucial role in prioritizing patients, especially those in critical condition, to minimize any treatment delays. ChildLife Foundation's strong commitment to training and development is evident, and I have had the privilege of undergoing extensive trainings, particularly in pediatric emergency and preparing for high-pressure situations in the emergency room. The foundation is dedicated to keeping the staff motivated and ensuring their continued competence.

My tenure with ChildLife Foundation has been incredibly rewarding. The organization not only acknowledges and values our contributions, but the recovery of the children we serve and the gratitude of their parents make the entire experience deeply fulfilling and meaningful.

## Physician In Charge

**Dr. Madiha Agha**

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Ghulam Muhammad Mahar Medical  
College Hospital, Sukkur





# **CHAIRMAN'S REVIEW**





Children epitomize the paramount foundation of a nation's wealth and potential. ChildLife Foundation, by delivering high-quality healthcare services, fulfills its responsibility in safeguarding this invaluable asset. With a presence established in over 200 hospitals nationwide, our objective is to extend our reach to the maximum number of children.

This fiscal year commenced with unprecedented floods that caused unparalleled havoc across the country, affecting millions, including children. Conversely, it concluded with an extraordinary surge in inflation and economic turmoil that has cast a shadow over everyone. ChildLife Foundation has also faced the effects of these challenges. The floods resulted in nearly tripling the influx of patients, consequently driving up our operational costs and placing an additional burden on our hospital personnel. While, as of now, donations remain unaffected by inflation and economic instability, our purchasing power has been notably diminished.

Pakistan, according to UNICEF has the third-highest under-5 child mortality rate in the world and the highest under-5 mortality rate in South Asia, with 400,000 children dying annually. To address this, we are managing a life-saving network in 200+ public sector hospitals - treating 1.5 million critically ill children annually, absolutely free of cost.

## Key Quantitative Information

In the fiscal year 2022-23, our organization received a sum of approximately PKR 3 billion from donors on account of zakat, strategic funding, and general contributions. These funds are allocated towards various vital endeavors, including emergency room (ER) operations, Telemedicine Satellite Centers (TSCs), the procurement of medicines, disposables and medical equipment, and the advancement of our human resources including capacity building.

Of noteworthy significance is our achievement in maintaining high patient satisfaction, a key performance indicator of quality. We have achieved patient satisfaction rating of 73% through our surveys, surpassing the global benchmark of 64% set by world-class emergency rooms in developed countries.


## The Board's Operation

ChildLife Foundation is governed by a dedicated board consisting of ten individuals, consisting of clinical, business, and financial experts. These trustees offer valuable leadership and direction, primarily in operational, administrative, and strategic matters. Our effective emergency healthcare model, which can be replicated, is in harmony with the board's vision and has contributed to a substantial reduction in child and infant mortality rates within the region.

The Board has played a pivotal role in maintaining stringent oversight to strike a delicate balance between rapid expansion and the need for prudence, especially considering the unpredictable environment we navigate. This approach has yielded a steady and sustainable growth trajectory while safeguarding our financial stability.

**WE ARE  
MANAGING A  
LIFE-SAVING  
NETWORK IN**

**200+**



**PUBLIC SECTOR  
HOSPITALS TREATING**

**1.5 MILLION**

**CRITICALLY ILL  
CHILDREN ANNUALLY,  
ABSOLUTELY FREE OF  
COST.**

## The Board's Review of the Business Continuity Plan

The board of trustees at ChildLife Foundation places a strong emphasis on the significance of business continuity management in serving the best interests of our stakeholders. This commitment to responsible governance is exemplified by our unwavering dedication to maintaining uninterrupted services through a comprehensive business continuity plan, should we encounter emergencies or significant disruptions in our operations.

In our pursuit of excellence, we had three Business Continuity Plan meetings. Over the past year, we have convened every 4 months to review and enhance our strategies for maintaining operational continuity. This frequency allows us to stay ahead of potential challenges and strengthens our ability to serve our stakeholders with resilience and efficiency.

Furthermore, these meetings are conducted by our resolute and experienced board of trustees. Their collective knowledge and insights enable us to continuously improve our business continuity plan and address any emerging risks proactively.

## Assessing Risks and Ensuring Risk Tolerance

The board remains watchful for any significant external risks that may arise. In the past year, the economic environment has become exceptionally volatile, with a notable increase in inflation affecting our cost structure and procurement needs for the necessary equipment and medicines. The potential risks have been mitigated through regular risk assessments. In accordance with our comprehensive business continuity planning, we have systematically evaluated potential threats that could confront us in the future. Our risk assessment at ChildLife Foundation is an outcome of regular morbidity meetings, incident reports, real-time communication, feedback mechanisms, and a keen awareness of the prevailing environment.

Our Hub-and-Spoke model, crucial for telemedicine and effective healthcare delivery, heavily depends on our IT infrastructure, which is susceptible to both natural disasters and implementation risks. As part of our management oversight, we conduct routine risk assessments and disaster recovery tests to ascertain our resilience. Considering these efforts, the board has diligently evaluated potential risks from various angles, devised contingency plans based on what-if scenarios, and taken decisive measures to fortify ChildLife Foundation's tenacity during challenging periods.

## Advancements made in the past year

This fiscal year has been a remarkable one for us in terms of growth and impact. At the beginning of the year, we had a presence in 75 hospitals, intending to double our reach. As the year ends, we are proud to announce that we have far surpassed this target by extending our services to over 200+ hospitals across the country, including the newly ventured territory of Punjab.

Our ERs have increased from 11 to 12, with the addition of the children's ER at PIMS Hospital, Islamabad, starting operations in July 2022. Since the launch, the facility has treated over 100,000 children.

Our Telemedicine Satellite Centers have increased from 67 to 190 across Pakistan. To accommodate this notable expansion, we have established two new control rooms, one in Lahore and one in Islamabad, to ensure the delivery of quality emergency care consultations without any discrepancies.

Beyond fostering synergies via public-private partnerships, we have initiated collaborations with Indus Hospital Health Network (IHHN) and People's Primary Healthcare Initiative (PPHI) Sindh to share best practices of the Telemedicine Network with them and to implement our Telemedicine model at their sites located in rural regions across Sindh. Furthermore, we are planning to install cameras in 1122 Ambulances, enabling continuous monitoring of pediatric patients during their transfer to larger medical facilities. To date, we have successfully equipped and evaluated four ambulances in Karachi as part of this initiative. We believe that by combining our efforts and expertise, we ensure that all children have basic emergency care closer to their homes.



Furthermore, we are committed to advancing research. Our team has submitted 30 research paper abstracts to the Emirates Society of Emergency Medicine (ESEM), while 7 research paper abstracts were accepted by Cornell University, New York.

## Strategizing for Success

The momentum of the ChildLife Foundation is proof of our thoroughly formulated strategies. We are in 200+ hospitals and are set to cover 150 secondary care hospitals in Punjab by the end of the next fiscal year, while adding another ER in Multan during the next fiscal year. ChildLife Foundation adopts an integrated approach that encompasses tertiary, primary, and preventive care while adhering to stringent clinical protocols, coupled with the utilization of emergency rooms and telemedicine. This comprehensive strategy aims to provide every child with the opportunity to lead a healthy life and contribute to the future of Pakistan.

Through this holistic endeavor, we move closer to realizing our vision of ensuring that every child in Pakistan can access emergency care within 30 minutes when needed.



### Mr. Iqbal Adamjee

Founding Trustee & Chairman  
ChildLife Foundation



Fostering  
Partnerships and  
Unlocking Synergies



190 Telemedicine  
Sattelite Centers in  
Secondary Care  
Hospitals



Our team has  
submitted a total of  
30 research paper  
abstracts to the  
Emirates Society  
of Emergency  
Medicine (ESEM).



PKR 3 billion  
Collection of  
Donations and  
Zakat



# CEO'S REPORT

Over the last 13 years, ChildLife Foundation has diligently strived to provide hope to the children of Pakistan by making quality emergency care available to them, 24/7 and free of cost. ChildLife Foundation has built this hope through its alliance with the government. The public-private partnership model has been tremendous in achieving our objective of saving little lives.



Providing quality and timely healthcare to children is the core of ChildLife Foundation's operations. We feel that quality is never coincidental; rather, it consistently arises from a profound intention, genuine dedication, intelligent guidance, judicious selection, and proficient execution. Our clinical protocols form the cornerstone of delivering exceptional emergency care to our patients. Our dedication to the continuous search for improvement empowers us to enhance our systems, experiment with various models, and explore diverse avenues for betterment.

ChildLife Foundation provides round-the-clock world-class emergency care to the sickest and poorest children through its Emergency Rooms (ER) and Telemedicine Satellite Centers (TSCs). ChildLife Foundation manages children's ERs at tertiary care hospitals in partnership with the government, modernizes them by following WHO-approved protocols, and adheres to a proven process to provide the best possible emergency care to underprivileged children. We have scaled our provision in emergency care facilities across Pakistan by replicating our model of emergency care in 12 hospitals. Through our Emergency Rooms, we have treated more than 5.5 million children to date.

A significant demographic fact is that over two-thirds of Pakistan's population resides in rural regions, while all 40+ government teaching hospitals are concentrated in metropolitan areas. Given this urban-centric focus of tertiary healthcare, children in remote areas are transported to these urban centers for treatment. This not only results in the loss of precious time but also entails out-of-pocket expenses for transportation and living. To address this issue, ChildLife Foundation has established a vast Telemedicine network in secondary care public hospitals covering more than 190+ districts and tehsils of Sindh, Balochistan, and Punjab. Expert consultation is available 24/7 through the Telemedicine Control Rooms, a game-changing model that enables children to access quality emergency care close to their homes, saving their families from facing logistical barriers and expenses.

## NEW INITIATIVES

We have undertaken several noteworthy initiatives to enhance the quality of emergency care provided to children. These include the implementation of a more practical and cost-effective **Bubble CPAP** equipment which helps newborns and infants to have precise delivery of oxygen, concentration, flow, and pressure which can improve their condition significantly. We have now taken the additional responsibility to conduct **Diagnostic Laboratory Tests**. In our 7 ERs, we perform 11,000 diagnostic laboratory tests in-house every month (on average) which helps us in accurate diagnosis and giving timely emergency care to the children. Moreover, we are providing training to obstetricians and pediatricians in utilizing the **Helping Babies Breathe (HBB)** international training protocol. This training is to equip our clinical staff with essential neonatal resuscitation and newborn care skills to support babies who are not able to breathe on their own after birth. When diligently adhered to, this approach can reduce stillbirths by 25% and first-day mortality rates by 50%.

THROUGH OUR  
EMERGENCY  
ROOMS, WE  
HAVE TREATED  
MORE THAN



5.5 MILLION  
CHILDREN  
TO DATE.

## Resource Mobilization Strategy and Financial Capital Structure

ChildLife Foundation effectively utilizes government resources and networks without displacing them, thereby ensuring the sustainability of resources and an unparalleled level of operational reach. Although support from the government, domestic and international partners continues; the unprecedented inflation and economic turmoil in the country have significantly impacted our ability of purchasing lifesaving equipment and medicines. Despite the external challenges our operations are running smoothly.

## Current Performance and Future Projections

At the commencement of fiscal year 2022-23, we were operational in 75 hospitals, aiming to double our presence. As the year draws to a close, we have surpassed this target, extending our reach to over 200 hospitals, including hospitals covered in the newly ventured territory of Punjab. This expansion has significantly enhanced access to quality emergency care for the children. In the current financial year 2023-24, we aim to further elevate this figure to 313.

Our expansion efforts are extending nationwide. Having already established a presence in all tehsils of Sindh, and in all districts of Balochistan and Punjab, our next objective is to ensure coverage in 150+ secondary care public hospitals of Punjab within the coming year. At present, we are diligently working on replicating our ER model in Children's Hospital, Multan. Simultaneously, we have plans in progress to expand our services in both Gilgit Baltistan and Azad Jammu and Kashmir soon.

Additionally, in response to our rapidly growing network of Telemedicine Satellite Centers, we have established two more Telemedicine Control Rooms, one in Lahore and one in Islamabad. These centers have proven highly effective in delivering emergency care consultations to on-ground doctors, resulting in a notable reduction in referrals to urban hospitals.



## Managing Risks and Threats

Extensive discussions and deliberations within the Board have been devoted to assessing the economic, political, and law and order conditions of the country. Comprehensive contingency plans and "what-if" scenarios have been thoroughly examined to ensure the organization's financial stability.

Diligent efforts have been made to maintain the team's motivation and enthusiasm at optimal levels. Furthermore, substantial attention has been directed towards succession planning to mitigate potential gaps in the event of personnel departures.



**Dr. Ahson Rabbani**

Chief Executive Officer  
ChildLife Foundation



A Journey  
of Excellence  
75 to 200+



Health is a  
fundamental right



ChildLife  
Foundation is  
healing 1.5 million  
children yearly

### Video Messaging Explaining ChildLife Foundation Progress

For further details on the organization's overview, performance, strategy and outlook, watch CEO ChildLife Foundation, Dr. Ahson Rabbani's video message on our website: [www.childlifefoundation.org/ceo-message/](http://www.childlifefoundation.org/ceo-message/)

# CARING FOR LITTLE SOULS







## THE CASE OF **HASSAN RAZA**

The parent-child relationship is a unique bond that nurtures the physical, emotional, and social development of the child. Hassan, a 2-month-old boy, was brought by his parents, in critical condition with fits and a high fever at ChildLife Foundation's managed Emergency Room (ER) at Abbasi Shaheed Hospital, Karachi.

ChildLife's team at the ER took Hassan to the Resuscitation room for immediate care, swiftly diagnosing the child with meningitis and bronchopneumonia. To address the gravity of the situation, the doctor-initiated Bubble CPAP, a form of respiratory support significantly reducing the requirement of ventilator and preventing the child from further critical condition. As part of the emergency treatment, the doctor also inserted feeding tubes in his stomach, and administered respective doses of antibiotics, to further enhance Hassan's prospects for recovery.

After 24 hours, as Hassan's seizures were brought under control and his chest infection began to recede, he was transferred to the pediatric ward to keep him under observation for a while before discharging.

His parents were relieved to see their son recover from such a critical condition. Hassan's mother shared her remarks about her son's treatment "I am grateful to ChildLife Foundation and their dedicated staff for saving my son's life and providing quality emergency care at no charges. This has been made possible through the quality emergency care given by doctors, generosity of the foundation's supporters."

The journey of Hassan Raza's recovery exemplifies the impact of ChildLife Foundation's mission of providing emergency care to those in need. His story also highlights the critical role played by the ER team in transforming lives and providing hope to families facing adversity.





# Our Services

# HEALING CODE



# CLINICAL SYSTEMS & PROTOCOLS

## TRANSFORMING PEDIATRIC EMERGENCY CARE

ChildLife Foundation is committed to delivering exceptional emergency care to children in need across Pakistan. Upholding global standards of clinical protocols, it is ensured that the highest quality of care is provided to children in the Emergency Rooms (ERs). Through continuous evaluation, transformation, and retrospective audits, strict adherence to these protocols is done diligently, guaranteeing that every child gets the right treatment at the right time.

Over the past decade, ChildLife Foundation has made significant strides in reducing child mortality by modernizing ERs and expanding telemedicine consultations to secondary care hospitals across Pakistan.



## QUALITY MEASURES & CLINICAL EXCELLENCE

ChildLife Foundation's commitment to continuous improvement includes patient satisfaction surveys, clinical quality audits, and innovative clinical initiatives. CPAP devices without electricity and Bedside Lung Ultrasound (BLUS) have revolutionized patient care, expedited decision-making, and improved outcomes, particularly in resource-constrained settings.

### Strategies for Continuous Improvement

To ensure the highest quality of care, ChildLife Foundation implements various strategies for continuous improvement. Patient satisfaction is key to measuring the success and impact, actively seeking feedback from parents to gain valuable insights into the care provided. Every parent who brings their child to the ER for emergency care is asked about their satisfaction with the services. If any **dissatisfaction is reported, immediate follow-up is conducted** to gather detailed feedback and take appropriate actions to improve upon the services.

However, ChildLife Foundation's commitment to quality measures goes beyond patient satisfaction. **Regular clinical quality audits are conducted to enhance decision-making and patient care** on the ground. These audits include mandatory clinical case reviews, as well as reviews of mortality and morbidity cases. Moreover, ChildLife Foundation has a dedicated quality and patient safety sub-division

responsible for **conducting clinical audits and assessing compliance with the guidelines, protocols, and SOPs that reflect global standards of care.**

### Enhancing Diagnosis Accuracy

ChildLife Foundation's Telemedicine Control Room (TMCR) doctors ensure efficient and accurate diagnosis by providing second opinions to on-ground doctors in the Resuscitation rooms of ChildLife Foundation-managed ERs and to the public secondary care hospitals where ChildLife Foundation's Telemedicine Satellite Centers are established. This eliminates errors and allows for quality care without time constraints. Survival rates in ChildLife Foundation ERs have quadrupled from a low of 20% to 80% and above.

## NEW CLINICAL INITIATIVES

### Bedside Lung Ultrasound

Bedside Lung Ultrasound (BLUS) plays a pivotal role in Emergency Rooms, serving as a diagnostic tool. It swiftly identifies lung-related issues, thereby enhancing the management of patients with respiratory illnesses. BLUS is instrumental in diagnosing conditions such as Pleural Effusion, Pneumothorax Pneumonia (bacterial or viral), and Bronchiolitis. This not only expedites decision-making but also results in shorter stays for patients in the emergency room. This innovation is particularly beneficial in resource-constrained settings like public hospitals in Pakistan, where every moment counts to save lives.



### CPAP (Continuous Positive Airway Pressure)

In the continuous pursuit to improve the quality of care provided in the Children's Emergency Room (ER), ChildLife Foundation introduced the use of CPAP machines, which is a Columbia University innovation and significantly reduces the requirement for ventilators. This cost-effective solution has proven to be highly successful in providing respiratory support to critically ill children, while also reducing resource utilization and associated costs as it does not need electricity to operate.

CPAP provides a non-invasive method of respiratory support, delivering a continuous flow of pressurized air to maintain adequate oxygenation and prevent airway collapse. This therapeutic intervention is particularly beneficial in managing respiratory distress, asthma exacerbation, bronchiolitis, and other similar conditions in children.



## CLINICAL AUDITS

The Foundation implements rigorous clinical audits, mortality and morbidity reviews, and comprehensive training programs, which drive continuous learning efforts. These programs empower the clinical workforce and ensure adherence to global standards. The clinical faculty screens all mortalities, specifically focusing on cases where modifiable factors could potentially change the outcome.

This review process allows for a thorough evaluation of the standard of care provided in each Emergency Room (ER) and provides a valuable feedback mechanism for healthcare providers to improve their skills.



## Case Reviews







Each month, the clinical instructors review 30 cases from each Emergency Room (ER). These cases are carefully selected to ensure that all triage categories and shift times are properly covered. The highest priority is given to P1 patients, who are the most critical, as they make up 50% of the cases reviewed.

The purpose of these case reviews is to evaluate the on-ground practices in the ER and identify areas for improvement for individual doctors as well as for the overall operations of the ER. The feedback provided on the assessment, intervention, and disposal of physicians is crucial in guiding them toward areas of focus for improvement.

To ensure that the feedback is personalized, each physician receives one-on-one feedback from their respective Physician-In-Charges. This feedback includes specific areas that require improvement and suggestions for enhancing performance. Feedback provided to the physicians is documented, which allows for easy tracking and monitoring of progress over time.

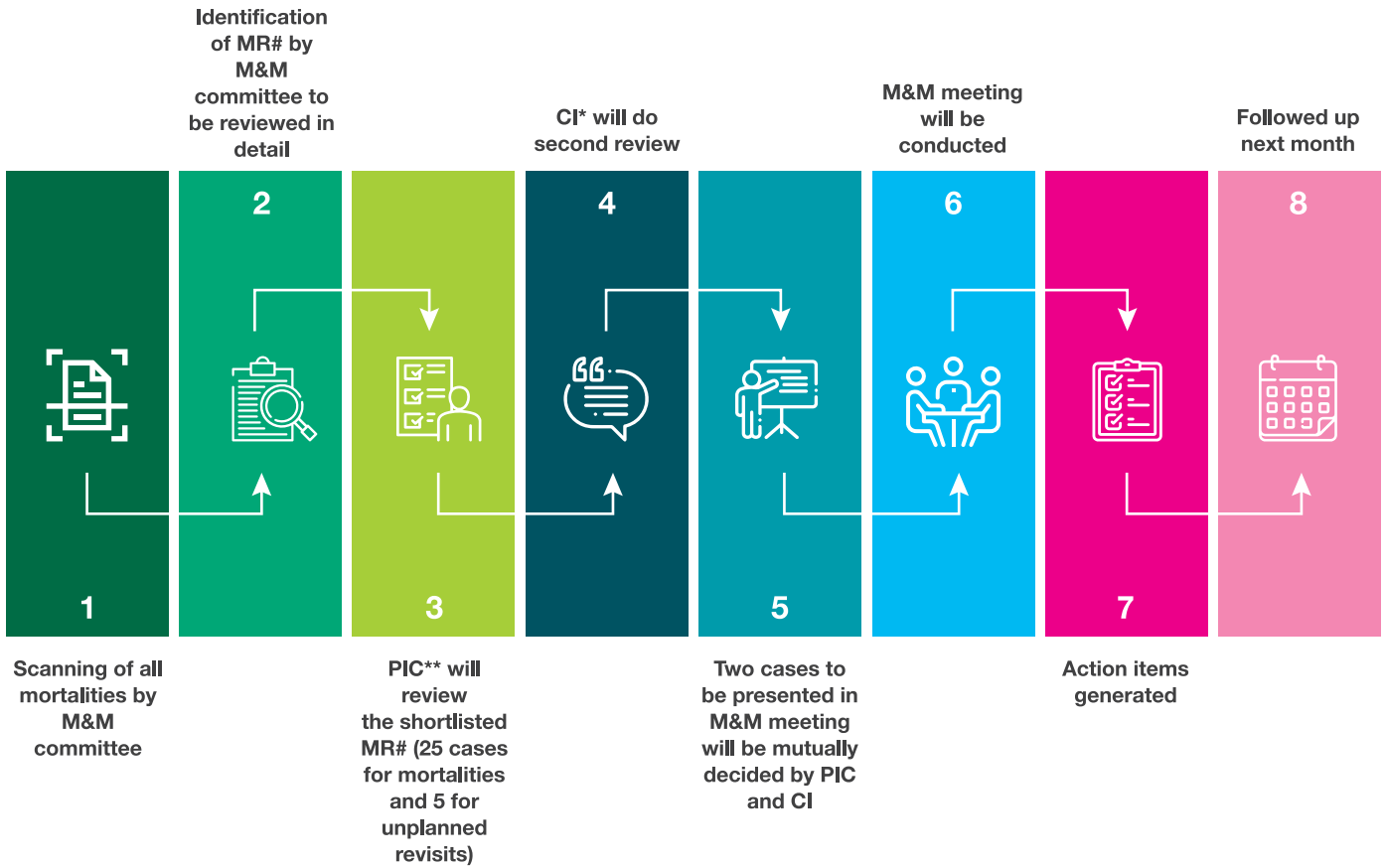
### Shift Breakdown for each triage category

Each triage category is further divided into shifts for review, with varying cases for each shift, especially to see the standard of practices in night shifts and late evenings.

	Morning Shift 	Evening Shift 	Night Shift 
 <b>P1 Critical</b>	<b>3</b>	<b>5</b>	<b>7</b>
 <b>P2 Moderate</b>	<b>2</b>	<b>4</b>	<b>4</b>
 <b>P3 Mild</b>	<b>1</b>	<b>2</b>	<b>2</b>



# Morbidity and Mortality (M&M) Reviews



The Mortality and Morbidity (M&M) Committee guides the processes and steps in setting up an organizational system for reviewing or auditing child mortality and unplanned revisits within 72 hours of discharge, to improve the systems in pediatric Emergency Rooms (ERs). All mortalities within ChildLife Foundation-managed ERs are initially screened by the nominated reviewer of the M&M committee. They are responsible for giving an initial review report to categorize the mortality as salvageable or not salvageable, within ER resources as per inclusion and exclusion criteria defined by the M&M committee.

\*CI - Clinical Instructor

\*\*PIC - Physician In-Charge



## TRAINING & CAPACITY BUILDING

The Clinical Affairs department of ChildLife Foundation has been dedicated to the continuous capacity building of its clinical workforce for the past 12 years. With a clear vision in mind, they strive to create an empowered, competent, and confident team of future pediatricians, working towards making Pakistan a child-safe country. To achieve this, a range of pediatric emergency resuscitation courses are offered, including PELS (Pediatric Emergency Life Support), NELS (Neonatal Emergency Life Support), and PAM (Pediatric Airway Management). These courses have gained global recognition for their systematic approach to evaluating, managing, and resuscitating critically ill pediatric patients.

Moreover, ChildLife Foundation has also introduced two specialized courses in essentials and advanced emergency medicine. The Essential Pediatric Emergency Medicine Course for Physicians and Nurses (EPEMC and EPEMCN) aims to provide physicians and nurses with the necessary knowledge and skills in pediatric emergency medicine. Building upon this, the foundation has also introduced the Advanced Pediatric Emergency Courses (APEMC and APEMCN) for both physicians and nurses. All the training and courses provided by ChildLife Foundation are certified by Dow University of Health Sciences, ensuring that participants earn Continued Medical Education (CME) hours.



### Helping Babies Breathe (HBB)

A new training program “Helping Babies Breathe” by the American Academy of Pediatrics has been initiated by ChildLife Foundation for the doctors and nurses in OBS and Gynae Departments of the government hospitals across Sindh to equip participants with essential skills to provide routine newborn care and effective neonatal resuscitation for babies who encounter difficulties in breathing after birth. It is estimated that 10% of babies require assistance to breathe when they are born. HBB reduces 47% of early neonatal mortality and reduces stillbirths by 24%.



**10%  
OF BABIES**

REQUIRE ASSISTANCE TO  
BREATHE WHEN THEY ARE BORN.

**HBB REDUCES 47%**

OF EARLY NEONATAL  
MORTALITY AND

**REDUCES  
STILLBIRTHS BY**

**24%**

## Doctors Trained

Training	For
BLS – Basic Life Support (CPR and Choking)	All clinical and support staff in the ER
PELS – Pediatric Emergency Life Support	Doctors and Nurses
PAM – Pediatric Airway Management	Doctors and Nurses
NELS – Neonatal Emergency Life Support	Doctors and Nurses
E-PEMC – Essentials of Pediatric Emergency Medicine Course	Doctors
A-PEMC – Advanced Pediatric Emergency Medicine Course	Doctors
E-PEMCN - Essentials of Pediatric Emergency Medicine Course for Nurses	Nurses
A-PEMCN - Advance Pediatric Emergency Medicine Course for Nurses	Nurses
PEMO – Pediatric Emergency Medicine Orientation	Doctors
BLUS – Basic Lung Ultrasound	Doctors
IPEM-MP – International Pediatric Emergency Medicine Mentorship Program	Doctors
PEMS – Pediatric Emergency Medication Safety	Pharmacists

**CHILDLIFE FOUNDATION HAS TRAINED OVER  
3,000 DOCTORS & NURSES** 

## CLINICAL AUTOMATION

In 2021, ChildLife Foundation introduced a new healthcare system, Microsoft Power Platform, designed to guarantee the accuracy, confidentiality, and rapid accessibility of data, which are essential elements in emergency healthcare scenarios. Time is of paramount importance in such critical situations.

This system helps reduce the time they spend on administrative and academic tasks. Now, team leaders and those in charge can easily access case reviews, schedules, health evaluations, and important performance data, all in one place. This makes things smoother and helps them make quick decisions in emergency situations.

### Hospital Management Information System (HMIS)

In October 2021, ChildLife Foundation introduced a cutting-edge Hospital Management Information System (HMIS). This cloud-based software, customized as per the organization’s needs, prioritizes efficiency and user-friendliness, offering global accessibility for seamless communication and reporting across borders.



## Benefits of HMIS



User access controls are in place



User-friendly and efficient



Cloud-based, globally accessible



Facilitates ER staff by ensuring the accuracy of patient data



Seamless management of patient records



Secure software ensures patient confidentiality



Fast processing improves decision-making and updating patient conditions



Database on SQL platform, easy to manage, modify, and integrate



Seamlessly integrates with ERP system

## Electronic Medical Records (EMR)

Electronic Medical Records (EMR) improves work efficiency as it allows for faster access to patient information, eliminating the need for physical paper charts and reducing the time spent on searching for information. EMR provides real-time access to a patient's medical history, medications, allergies, and previous test results. This helps the clinical staff in staying abreast with the patient's current condition at all times. Furthermore, EMR enables easy sharing and transfer of patient information, making communication and collaboration between clinical team members very smooth.

## PHARMACY

### Safeguarding Children's Health

At ChildLife Foundation's pharmacy, patient safety and optimal care are top priorities. As a vital component of our Emergency Room, the pharmacy block plays a vital role in saving children's lives by ensuring that the right medicine is provided with the correct dosage.

To maintain the quality of medicines and to ensure their sterility, they are kept in a laminar flow hood for dilution as per the stability guidelines before being dispatched. Additionally, the UV lights are turned on for 30 minutes in an empty Laminar to eliminate any potential presence of germs. ChildLife Foundation's licensed pharmacists go above and beyond in ensuring accuracy in dosage calculation, especially when dispensing high-alert medications. With meticulous scrutiny, the pharmacists identify and rectify any errors to guarantee the utmost safety for children. In addition to dispensing medications, our pharmacists play a vital role in ensuring quality emergency care is being provided to the children. They actively investigate adverse drug reactions, proactively identify and mitigate potential risks to prescribed medications, and ensure that up to 45 days stock is kept in the ER.



## Performance with Precision

To ensure stringent quality standards, the pharmacy in charge conducts retrospective reviews of medicines dispatched on the previous day. Each day, ten random samples from the previous day's operations are meticulously scrutinized to check for any errors and to foster continuous learning. Any deviations from prescribed pharmacy protocols are thoroughly examined, with immediate measures implemented to ensure strict compliance.



## Metrics for Excellence

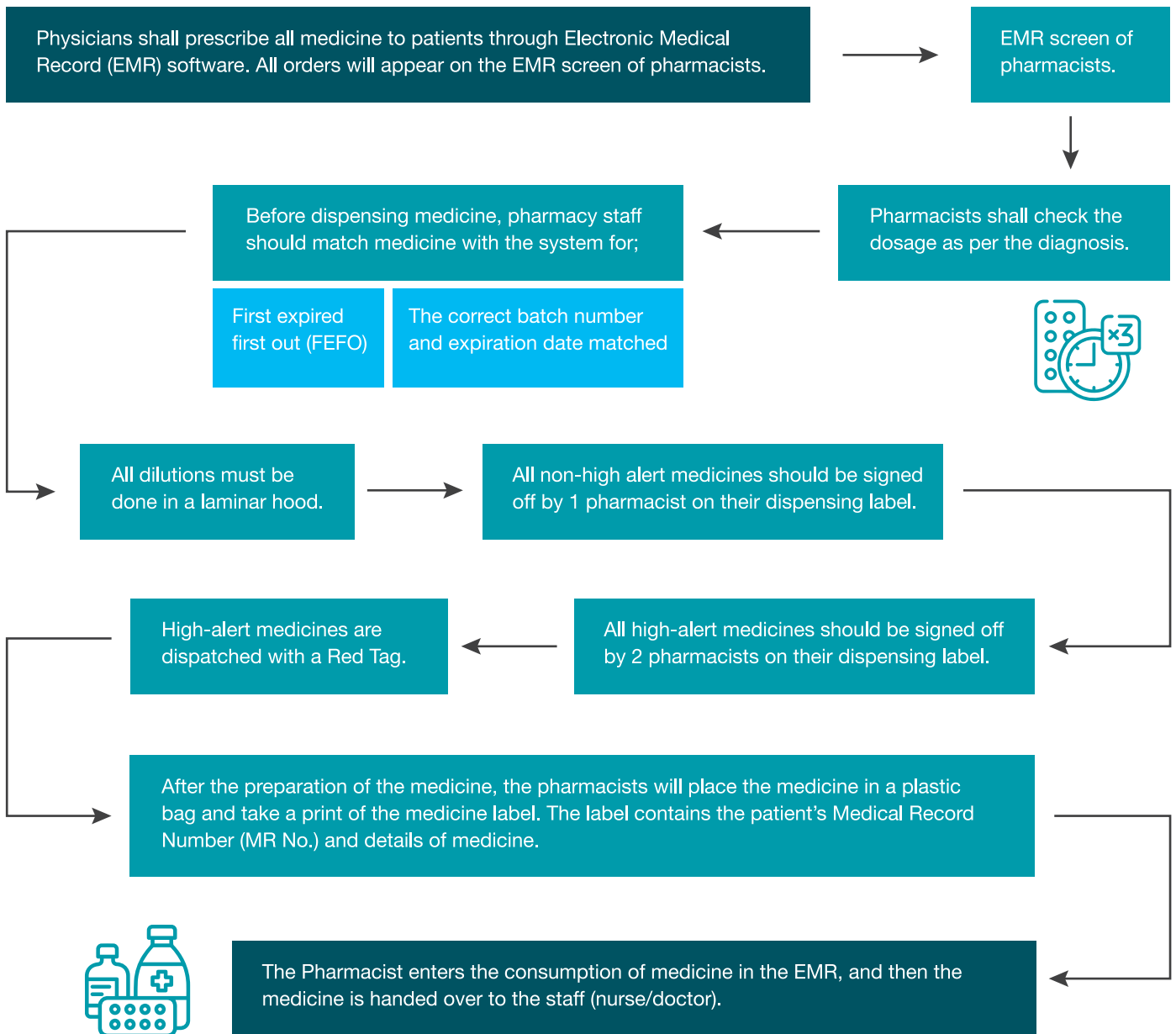
In addition to our protocols and procedures, we also track Key Performance Indicators (KPIs) to monitor our pharmacy's performance. These include:

- **Prescription Errors:** Recheck the prescription as per the diagnosis and the patient's body weight.
- **Per-patient Consumption:** Ensuring proper dosage is given based on the diagnosis of each patient.

These KPIs allow us to continuously improve our services and ensure patient safety.



# PHARMACY PROTOCOLS FOR DISPENSING MEDICINES



## VISION FOR THE FUTURE

ChildLife Foundation has demonstrated an unwavering commitment to clinical excellence, leading to measurable advancements in children’s emergency care throughout Pakistan. The organization’s future vision places a strong emphasis on continuous innovation, comprehensive quality audits, and the expansion of telemedicine services to guarantee that every child in need receives prompt and exceptional care. Moreover, ChildLife Foundation has set a grand objective for 2024, aiming to attain prestigious quality accreditation from a renowned international accreditation body.

# HEALING THROUGH COMPLIANCE



**My path to ChildLife Foundation has been very exciting, driven by a desire to impact the healthcare sector. Hailing from Mastung, Balochistan, I earned my Pharm-D degree from the University of Balochistan, Quetta. It was a significant achievement for me considering a society where, due to cultural norms, females typically do not pursue careers even after acquiring education.**

I had not heard about ChildLife Foundation until I completed my degree and came across a job opportunity in the newspaper. Intrigued by the prospect of contributing to the healthcare sector, I decided to apply, not fully comprehending the profound impact this decision would have on my career and life. To my delight, I was selected for a position and embarked on a month-long training at Abbasi Shaheed Hospital, Karachi, a phase that would prove to be an eye-opener. I was warmly welcomed into a setup where all the pharmacy practices I had studied in books were not just theoretical concepts but were diligently implemented. This stark contrast to the practices in my hometown of Quetta left a deep and lasting impression on me, and I genuinely enjoyed the learning experience.

What inspired me to continue my journey with ChildLife Foundation was the impeccably structured setup and the implementation of pharmacy practices that aimed at ensuring the highest standards of patient care. ChildLife Foundation gave me the chance to manage a team of eight female pharmacists. My role includes ensuring pharmacy staffing, conducting audits, and promoting rational medication use. The pharmacy stocks lifesaving medicines including antibiotics, vaccines, and high-alert medications, with protocols strictly adhered to while maintaining 45 days stock to account for any unforeseen shortages. ChildLife Foundation's impact lies in providing free high-quality medication with strict dispensing protocols and minimizing prescription errors. Our streamlined prescription process enhances efficiency and accuracy.

My time at ChildLife Foundation has been transformative. The organization's commitment to high-quality healthcare and the positive impact on countless children's lives serve as a constant source of motivation and inspiration towards my dedication to this noble cause.

## Pharmacy Incharge

**Farah Naz**

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Sandeman Provincial Hospital, Quetta



# EMERGENCY ROOMS

Timely emergency care can significantly decrease the number of preventable child deaths. ChildLife Foundation has dedicated its efforts to improving the public pediatric emergency care network across the country. ChildLife Foundation's approach is to enable quality emergency care access to cities, districts, and tehsils across Pakistan by following a protocol approved by the World Health Organization and adhering to a proven process to ensure that the poorest and sickest children receive the best possible emergency care.

Children's Emergency Rooms (ERs) of public tertiary care hospitals are crucial in providing life-saving care to underprivileged children needing urgent medical attention. Unfortunately, these ERs frequently face resource shortages and struggle to offer equitable access to high-quality healthcare. ChildLife Foundation adopts these children's ERs in public tertiary care hospitals, boasting improved infrastructure, trained staff, and life-saving equipment, elevates them to international standards, and ensures provision of round-the-clock, free-of-cost, and high-quality emergency care. The impact metrics showcase reduced triage times and quicker treatment, ensuring timely care.

## CHILDLIFE FOUNDATION ER MODEL



Improved infrastructure



100+ trained staff/ER



Life-saving equipment



Electronic queue management system



Fully automated



Well-stocked pharmacy

## BY FOLLOWING CLINICAL PROTOCOLS, WE METICULOUSLY MEASURE



Time to Triage



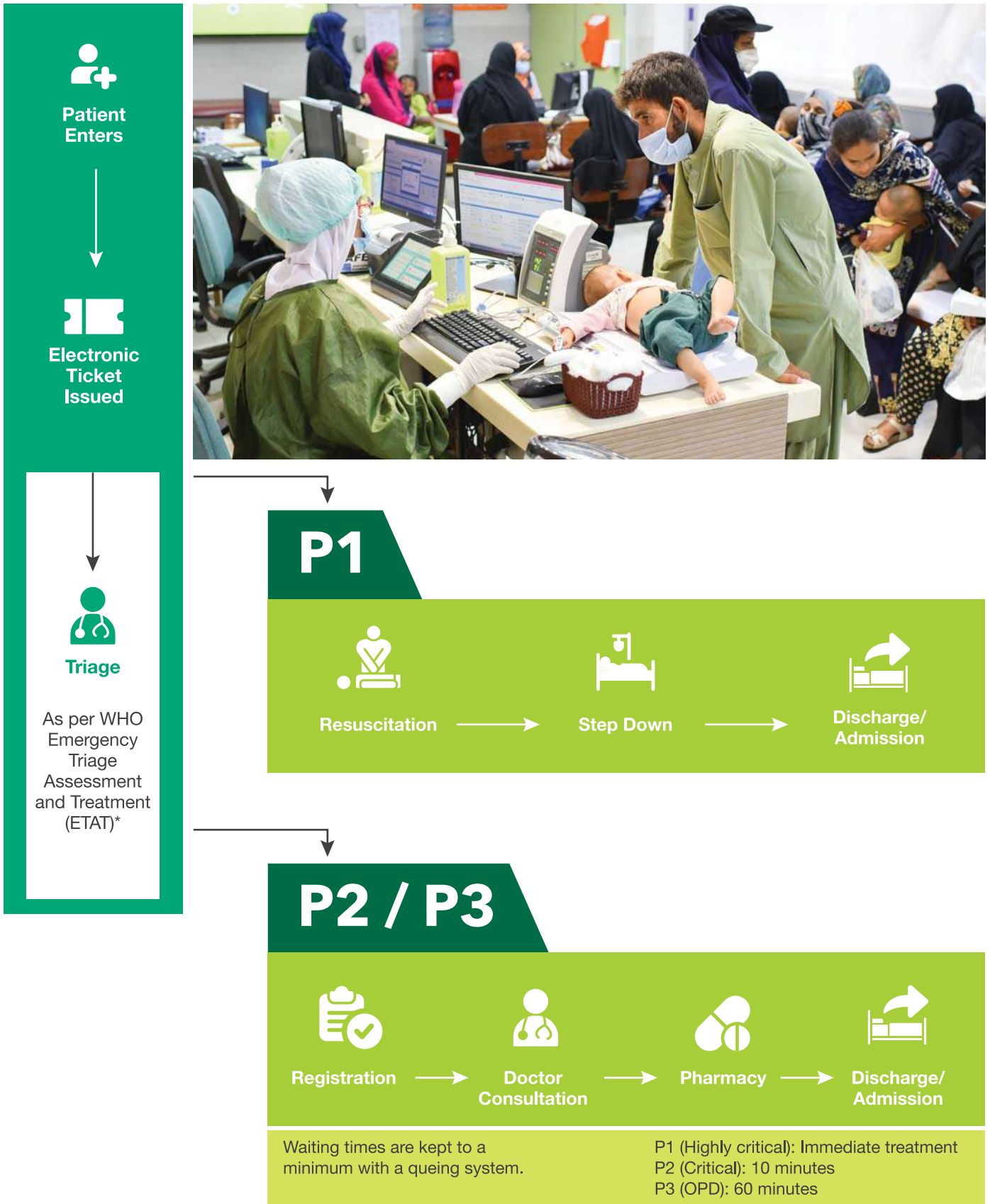
Time to Doctor



Time to Treatment  
to prevent any  
delays in care



# THE ER PROCESS FLOW



\*Children at the triage are assessed in terms of weight, temperature, heart rate, respiratory rate and oxygen saturation.

# OUR EMERGENCY ROOMS (GEOGRAPHICAL LOCATIONS)

Our journey of more than a decade has helped decrease child mortality. The future will deepen this impact to make Pakistan child-safe.

We started offering free children's emergency care from

**2011**

**Dr. Ruth Pfau Civil Hospital, Karachi**

Mission Rd, New Labour Colony, Nanakwara, Karachi

Children Treated

**1,133,362**



**National Institute of Child Health (NICH), Karachi**

Rafiqi S.J. Shaheed Road, Karachi Cantonment, Karachi

Children Treated

**1,531,279**

**2016**

**Sindh Government Hospital Korangi-5, Karachi**

Korangi No. 05, Landhi Road, Sector 35-E, Landhi Town, Karachi

Children Treated

**524,115**



**Lyari General Hospital, Karachi**

Rangiwara Road, Lyari, Karachi

Children Treated

**203,911**



**2013**



**2018**

Cumulative numbers of children treated in each ER till June 2023.

2018



**Abbasi Shaheed Hospital, Karachi**

Tabish Dehlavi Road, Block 3, Nazimabad, Karachi

Children Treated

**373,124**

2018



**Chandka Medical College Hospital, Larkana**

Children Hospital, Opp. Shaikh Zaid Hospital, Larkana

Children Treated

**560,700**

**Ghulam Muhammad Mahar Medical College Hospital, Sukkur**

Opposite Medical Superintendent Office, Ghulam Muhammad Mehar Medical College Hospital, Sukkur

Children Treated

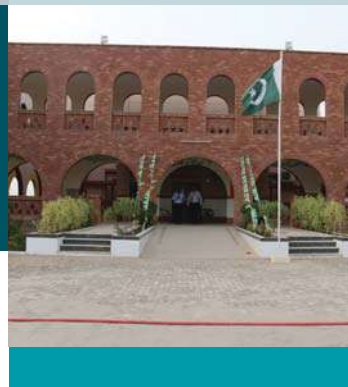
**119,912**

**People Medical College Hospital, Nawabshah**

Maternity & Child Healthcare Centre, Near Society Naka, Qazi Ahmed Road, Nawabshah

Children Treated

**295,802**



2018



2020

**2020**

**Sandeman Provincial Hospital, Quetta**

Jinnah Road, Quetta City, Quetta

Children Treated

**241,636**



**CHILDREN'S EMERGENCY**



**Liaquat University of Medical and Health Sciences, Hyderabad**

Liaquat University Hospital, Hyderabad

Children Treated

**230,199**

**2022**

**Mayo Hospital, Lahore**

Anarkali Bazar Road, Lahore

Children Treated

**178,209**

**CHILDREN'S EMERGENCY**



**Pakistan Institute of Medical Sciences (PIMS), Islamabad**

Ibn-e-Sina Rd, G-8/3, Islamabad

Children Treated

**104,983**

**2020**

**2022**



By June 2023, we have treated more than 5.5 million children at 12 locations.

# DR. RUTH PFAU CIVIL HOSPITAL, KARACHI

Mission Rd, New Labour Colony, Nanakwara, Karachi

Children's Emergency Rooms (ER) at government teaching hospitals are a lifesaver for underprivileged children needing urgent care for their illness. However, these ERs often suffer from resource deprivation and inequitable access to quality care. ChildLife Foundation adopts and manages children's ERs at government teaching hospitals, brings them at par with international standards, and makes free, quality emergency care available 24/7, giving a renewed hope to the children for a healthier tomorrow.

**BEFORE**



**AFTER**



# HEALING THROUGH CONNECTION



# TELEMEDICINE SATELLITE CENTERS

At ChildLife-managed Emergency Rooms (ERs) based in urban centers, there has been a significant influx of patients from rural regions, where there is a lack of quality emergency care services and availability of senior doctors. As a result, children are forced to travel long distances in extreme sickness for treatment. Delays in transportation would often worsen their condition and their parents would take on huge debts just to meet the travel costs.

Two-thirds of Pakistanis live in rural areas and ChildLife Foundation’s telemedicine network empowers them to receive the necessary help close to their homes. The network enables reaching children in their districts or tehsil hospitals, ensuring they receive timely and quality emergency care assistance with minimal costs.

Adopting a technology-first approach, ChildLife Foundation launched its unique telemedicine hub-and-spoke network which follows a physician-to-physician emergency care consultation model, mitigating the problems caused by lack of trained healthcare staff in rural areas. ChildLife Foundation’s expert doctors at the Telemedicine Control Room observe patients who arrive at public secondary care hospitals through the high-definition camera installed at each site. The on-ground nurse or doctor at these hospitals can consult with ChildLife Foundation doctors at the Control Room anytime through an IP-phone which is also installed at each site. Such continuous knowledge-sharing builds the capacity of the on-ground healthcare staff, effectively training them to treat future patients appropriately and paving the way for sustained health benefits in their respective regions.

## CONSULTATION PROCESS



# BENEFITS OF TELEMEDICINE

<p><b>Overcome logistical barriers</b></p> <p>Telemedicine sites reduce the need for long-distance travel to seek treatment.</p> 	<p><b>Capacity enhancement of local doctors</b></p> <p>Local doctors can access knowledge through the counsel of professionals in urban areas.</p> 	<p><b>In-time delivery of critical healthcare</b></p> <p>The well-spread TSC network delivers healthcare close to patients' homes.</p> 
<p><b>Minimal healthcare expenditure</b></p> <p>Free-of-cost treatment and medicines allow families to minimize healthcare expenditure.</p> 	<p><b>Quick set-up</b></p> <p>It takes less than a week for a TSC to be set up, which is much less than it takes to build and operate a clinic or hospital.</p> 	<p><b>Fatal errors are reduced</b></p> <p>With local doctors being supported in their diagnosis and treatments by senior doctors; there is less chance of error that can cost children their lives.</p> 

## CHILDLIFE FOUNDATION'S TSCS As at June 30, 2023

106 Telemedicine Sites in Sindh		
<p>Bakrani, Arija (THQ) Bhiria (RHC) Bulri S. Karim (THQ) Chachro (THQ) Chambar (RHC) Dadu (DHQ) Daharki (THQ) Dahli (THQ) Daur (RHC) Digri (THQ) Diplo (THQ) Dokri (THQ) Faiz Ganj (RHC) Gambat (THQ) Garhi Khairo (RHC) Garhi Yasin (RHC) Ghorabari (RHC) Ghotki (THQ) Hala (THQ) Islamkot (RHC) Jacobabad (DHQ) Jam Nawaz Ali (RHC) Jati (THQ) Jhando Mari (BHU) Jhuddo (RHC) Johi (THQ) Kaloi (BHU) Kandhkot (THQ) Kandioro (THQ) Kashmore (THQ) Keti Bandar (RHC) Khairpur (DHQ) Khairpur N. Shah (THQ) Khangarh (RHC) Khanpur (RHC) Kharo Chan (THQ)</p>	<p>Khipro (THQ) Kingri (RHC) Kohsar (THQ) Kot Diji (RHC) Kot Ghulam M. (THQ) Kotri (THQ) Kunri (THQ) Lakhi (RHC) Latifabad (THQ) Liaquat University of Medical &amp; Health Sciences Manjhand (THQ) Matiari (DHQ) Matli (THQ) Mehar (THQ) Mehrabpur (RHC) Mirokhan (THQ) Mirpur Bathoro (THQ) Mirpur Mathelo (DHQ) Mirpur Sakro (THQ) Mirpurkhas (DHQ) Mithi (DHQ) Moro (THQ) Nagarparkar (THQ) Nara (RHC) Nasarpur (THQ) Nasirabad (BHU) Nasirabad (RHC) Naushahro Feroze (DHQ) Nindo (RHC) Pano Aqil (THQ) Patoyoon (BHU) Phullahdyoon Sindhri (RHC) Pithoro (THQ) Qambar (DHQ) Qasimabad (THQ)</p>	<p>Qazi Ahmed, Daulatpur (RHC) Qubo Saeed Khan (RHC) Rato Dero (THQ) Rohri (THQ) Saeedabad (THQ) Sakrand (THQ) Salehpat (BHU) Samaro (THQ) Sanghar (DHQ) Sehwan (THQ) Sh. Fazal Rahu (THQ) Shah Bunder (RHC) Shahdadkot (THQ) Shahdadpur (THQ) Shikarpur (DHQ) Shujabad (RHC) Sijawal Junejo (RHC) Sindh Government Hospital, New Karachi Sinjhoru (THQ) Sobho Dero (RHC) Sujawal (DHQ) Talhar (RHC) Tando Adam (THQ) Tando Allahyar (DHQ) Tando Bago (THQ) Tando G. Hyder (THQ) Tando M. Khan (DHQ) Tangwani (RHC) Thano Bula Khan (THQ) Thari Mirwah (RHC) Thatta (DHQ) Thul (RHC) Ubauro (THQ) Umerkot (DHQ) Warah (THQ)</p>



## 51 Telemedicine Sites in Punjab

18-Hazari (THQ) Ahmadpur Sharqia (THQ) Ahmadpur Sial (THQ) Bahawalnagar (DHQ) Bhakkar (DHQ) Chakwal (DHQ) Chichawatni (THQ) Chiniot (DHQ) Choa Saidan Shah (THQ) Daska (THQ) Fateh Jang (THQ) Hafizabad (DHQ) Hassanabdul (THQ)	Hazro (THQ) Isfandyar Bukhari, Attock (DHQ) Jand (THQ) Jhang (DHQ) Jhelum (DHQ) Kallar Kahar (THQ) Kamoke (THQ) Kasur (DHQ) Khanewal (DHQ) Khanpur (THQ) Kharian (THQ) Khushab (DHQ)	Kot Momin (THQ) Kot Radha Kishan (THQ) Layyah (DHQ) Liaquatpur (THQ) Lodhran (DHQ) Mandi Bahauddin (DHQ) Mianwali (DHQ) Multan (DHQ) Muzaffargarh (DHQ) Nankana Sahib (DHQ) Narowal (DHQ) Nowshera Virkan (THQ) Okara (DHQ)	Pakpattan (DHQ) Pindi Gheb (THQ) Rajanpur (DHQ) Sadiqabad (THQ) Samundri (THQ) Sheikhupura (DHQ) Shorkot (THQ) Talagang (THQ) Taunsa Sharif (THQ) Taxila (THQ) Toba Tek Singh (DHQ) Vehari (DHQ) Wazirabad (THQ)
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## 32 Telemedicine Sites in Balochistan

Awaran Barkhan Chagai Dera Allahyar Dera Bugti Duki Gwadar Harnai	HUB Jhal Magsi Kachhi Kalat Kech Kharan Khuzdar Killa Abdullah	Killa Saifullah Kohlu Loralai Mastung Musakhel Naseerabad Nushki Panjgur	Pishin Sherani Sibi Sohbatpur Surab Washuk Zhub Ziarat
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## TELEMEDICINE CONSULTATION PROCESS



### Telemedicine Sattelite Center at THQ Hospital Kot Momin, Sargodha:

Patients arriving at any Telemedicine Sattelite Center are first observed by the on-ground nurse/doctor. The on-ground doctor can consult with expert doctors based at Control Room through an IP phone regarding patient's condition and treatment.

### Telemedicine Control Room, Lahore:

The doctor at the Control Room observes the incoming patients through an HD camera and advises the on-ground nurse/doctor about the necessary treatment to be given, or advises to refer patient to nearest ER for further treatment.



# HEALING THROUGH COMPASSION



**I hold a Diploma in Nursing and Midwifery from Sir Ganga Ram Hospital, Lahore. I came across ChildLife Foundation during my training days when I attended a nursing training at their ER. ChildLife Foundation has been a pivotal platform for my continuous learning and professional growth.**

From the moment I started working with ChildLife Foundation when Mayo ER started its operations in February 2022, I felt an overwhelming sense of enthusiasm, and my dedication towards the organization's goal has only grown stronger since then.

In addition to the support of my parents, the nursing profession was further solidified as my career choice due to the influence of my elder sister, who is also a nurse. We engage in ongoing training and development, working closely with physicians to ensure a consistent and high standard of patient care. Specifically, the training in neonatal resuscitation and airway management has equipped me with the confidence to handle patients in the ER.

My commitment to the role, coupled with the motivation and inspiration derived from ChildLife Foundation, led to my swift promotion to the position of nursing supervisor, where I now oversee a team of 8-9 nurses during each shift. Comprehensive training is provided to all our staff to effectively manage high-pressure situations, which are a frequent occurrence in the fast-paced ER environment.

The clinical protocols and procedures we adhere to are instrumental in minimizing healthcare errors. When I joined ChildLife, I was introduced to the triage system for the first time. This system aids in patient categorization and prioritization, ensuring that critical cases receive immediate attention. Consequently, this has significantly reduced the fatality rate.

Our monthly meetings serve as a valuable source of feedback, offering the essential insight required to maintain motivation and rectify any errors to prevent their recurrence. Moreover, ChildLife Foundation places a significant emphasis on our mental well-being by organizing extracurricular activities such as sports events and annual dinners. These activities are designed to alleviate the daily pressures experienced in the emergency room, fostering a more balanced work environment.

My experience with ChildLife Foundation has been profoundly rewarding. This organization not only helped me fulfill my lifelong aspiration but also provided unwavering support, continuous learning, and a strong sense of teamwork. ChildLife Foundation's commitment to exceptional healthcare innovative systems like triaging and continuous training and development of the staff to improve the quality of healthcare provided to children is truly commendable.

## **Nursing Supervisor** **Umaira Butt**

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Mayo Hospital, Lahore



# HEALING THROUGH PARTNERSHIP



# SINA TRUST

Since the initiation of our collaborative efforts in 2012, SINA Trust and ChildLife Foundation have been unwaveringly dedicated to a common mission: delivering comprehensive healthcare that extends beyond mere treatment, encompassing a proactive approach to prevention.

Over the years, ChildLife Foundation has supported SINA in providing medical care to children in primary healthcare clinics. These clinics serve as crucial hubs for our collective endeavor to dispense not only quality treatment but also invaluable preventative guidance in economically disadvantaged areas, and all of this is done without imposing any financial burden on the recipients. The symbiotic relationship between SINA and ChildLife Foundation effectively alleviates the strain on tertiary healthcare facilities. By addressing health concerns at the community level, the clinics play a pivotal role in averting the escalation of issues to the point of necessitating emergency care. Notably, the SINA clinics have achieved full digitization, ensuring the availability of comprehensive patient records.

Within the purview of SINA-ChildLife Clinics, there exists a fully equipped in-house pharmacy and a state-of-the-art diagnostic laboratory. These facilities not only offer diagnosis, diagnostic tests, and treatment but also provide referrals and family healthcare counseling, demonstrating a holistic approach to healthcare delivery. Recognizing the imperative of extending quality primary healthcare to underserved areas, the mobile clinics operate in regions lacking access to such services. In these areas, SINA dedicated staff utilizes cutting-edge tools such as tablets and cloud-based technology to facilitate efficient healthcare delivery. This commitment to technological advancement reinforces the dedication to providing accessible and high-quality healthcare solutions to communities in need.

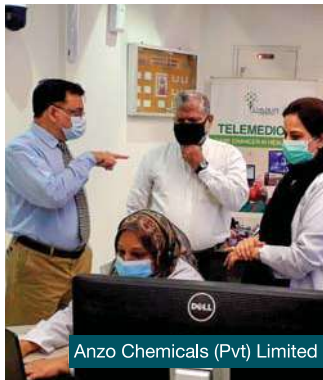






# **Donor Highlights**

# PLATINUM JUBILEE CELEBRATING PRESENCE IN 75 HOSPITALS WITH PATRONS





# TOY DISTRIBUTION ACTIVITY ON UNIVERSAL CHILDREN'S DAY



# CELEBRATING PRESENCE IN 100+ HOSPITALS WITH PATRONS



Al Meezan Investments - Mr. Mohammad Shoab



PharmEvo (Private) Limited - Mr. M. Haroon Qassim



Mr. Shahid Sattar



Pelikan Knitwear - Mr. Fawad Usman



Novatex Limited - Mr. Abdul Razak Diwan & Mr. Iqbal Bilwani



Bharucha & Co. - Mr. Fazil Bharucha



Ms. Farkhanda Sattar, Mr. Dawood Bawany & Mr. Purvaiz Yusuf



Sukkur Beverages - Ms. Sayeeda Leghari



PAPCO - Mr. Azhar Masud



PARCO - Ms. Sharon Dias



Macter International - Mr. Asif Misbah



Bank Alfalah Ltd. - Mr. Atif Bajwa



Artistic Fabric and Garments - Mr. Iqbal Ahmed



LCI Limited - Mr. Asif Jooma



Regal Textile Industries (Pvt) Ltd. - Mr. Khalid Iqbal



Mr. Ashraf Adamjee



M. Munir M. Ahmed Khanani Securities (Pvt) Ltd - Mr. Muhammad Munir Khanani



Midas Safety - Mr. Mustafa & Ms. Mariya Kassam



Dalal Securities - Mr. Muhammad Siddique Dalal



Sapphire Textiles - Mr. Nadeem Abdullah

# PATRONS VISIT ERS



Habib Bank Limited



UNICEF



Toyota Indus Motor Company Limited



RCK New Central



Quaid e Azam Thermal Power (Pvt) Limited



Morinaga Milk Industry Co. Ltd.

## PATRONS VISIT CHIDLIFE FOUNDATION HEAD OFFICE



Infraq Foundation - Mr.Tariq Mehmood



Infraq Foundation - Mr.Yasir Ashraf

## SYNERGIES IN SUBSPECIALTIES



People's Primary Healthcare Initiative (PPHI) Sindh



Indus Hospital & Health Network (IHHN)

# OUR SUPPORTERS



AASCO  
 Abul Qassim Foundation  
 ACM Gold  
 Adamjee Foundation  
 Aftab Adamjee Trust  
 AJCL (Pvt) Ltd.  
 Al Meezan Investment Management Limited  
 Al Noor Modarba  
 Ali Hussain Rajabali Ltd.  
 Apparel Zone  
 Arif Habib Foundation  
 Artistic Fabric Mills (Pvt) Ltd.  
 Artistic Garment Industries (AGI DENIM) (Private) Limited  
 Asia Petroleum Limited  
 Askari Bank Limited  
 AssureTex  
 B. Braun Pakistan (Pvt) Ltd.  
 Baltic Shipping (Pvt) Ltd.  
 Bank Al Habib Limited  
 Bank Alfalah Ltd.  
 Bank Islami Pakistan Ltd.  
 Beltex Co. Ltd.  
 Bestway Logistic Services (Pvt) Ltd.  
 Bharucha & Co.  
 Blue Zorro (Pvt) Ltd.  
 Bosch Pharmaceuticals (Pvt) Ltd.  
 Bulk Flexibles Pakistan (Pvt) Ltd  
 Century Container  
 Cherat Cement Co.  
 Cherat Packaging Ltd.  
 Colgate Palmolive Pakistan Ltd  
 Combined Fabrics Ltd.  
 Cosco Shipping Lines Pakistan (Pvt) Ltd  
 Cowasjee Foundation  
 D.P. Edulii & Company Limited  
 Dalal Securities (Pvt) Ltd  
 Eastern Garments (Pvt) Ltd.  
 EFU General Insurance Ltd.  
 EMBA Corporation  
 Emcon Enterprises  
 English Biscuit Manufacturers (Pvt) Ltd.  
 Engro Corporation Ltd.  
 Engro Foundation  
 First Al-Noor Modaraba  
 Getz Pharma (Pvt) Ltd.  
 Ghandhara Tyre & Rubber Company Ltd.  
 GlaxoSmithKline Pakistan  
 Globelink Weststar  
 Grupo Karims Foundation  
 Habib Metropolitan Bank Ltd.  
 Hafiz Tannery  
 Haji Tar Muhammad Kassim Charitable Trust  
 Hanif Adamjee Charitable Trust  
 Haseen Habib Foundation Trust  
 Hayder Ali Communications  
 HBL Foundation  
 Hilton Pharma (Pvt) Limited  
 Hinovex Trading  
 Hommie & Jamshed Nusserwanjee Charitable Trust  
 Hope 4 Humanity  
 IKAN Engineering Services (Pvt) Ltd.  
 Infaq Foundation  
 International Development and Relief Foundation (IDRF)  
 Interwood Mobil (Pvt) Ltd.  
 Iqbal Adamjee Trust  
 Ismail Industries Ltd.  
 Jaffer Agro Services (Pvt) Ltd  
 Jaffer Brothers (Pvt) Ltd.  
 Jan Mohammed Dawood Trust  
 JS Investments Ltd.  
 Kaizen Paint (Pvt) Limited  
 K-Electric Ltd.  
 KGS Lifeline  
 Khaadi Pakistan SMC (Pvt) Ltd.  
 Kundi Logistics (Pvt) Ltd.  
 Kundi Services (Pvt) Ltd.  
 LMK Resources Pakistan (Pvt) Ltd.  
 Lucky Core Foundation  
 Lucky Knits (Pvt) Ltd.  
 Lucky Paragon Ready Mix Ltd.  
 Lucky Textile Mills Limited  
 M. Bashir Kasmani (Pvt) Ltd.  
 M. Munir M. Ahmed Khanani Securities (Pvt) Ltd.  
 M.I. Industries  
 MACPAC Films Ltd.  
 Macter International  
 Makda Enterprises  
 MANA (Memon Association of North America)  
 Meezan Bank Ltd.  
 Mohammad Shafi Trust  
 Momin Adamjee Welfare Trust  
 Morinaga Milk Industry Co. Ltd.  
 Muhammad Saleem Kasmani Securities (Pvt) Ltd.  
 Muhammad Shafi Trust  
 Multinet Pakistan (Pvt) Ltd.  
 Murree Brewery Co. Ltd.  
 Najmi Bilgrami  
 National Foods Ltd.  
 NBP Fund Management Ltd.  
 Noor ul Hermain International  
 Novatex Limited  
 Nuricon Union (Pvt) Ltd.  
 Nutrico Pakistan (Pvt) Ltd.  
 Pacific Pharmaceutical Ltd.  
 Pak Kuwait Textiles Limited  
 Pak Oman Asset Management Company Ltd.  
 Pak Styrene Trading Company  
 Pak-Arab Pipeline Company Limited (PAPCO)  
 Pak-Arab Refinery Ltd. (PARCO)  
 Pakistan Cables Ltd.  
 Pakistan Science and Engineering Foundation  
 Pakistan State Oil Company Ltd. (PSO CSR Trust)  
 Paragon Constructors (Pvt) Ltd.  
 Pfizer Pakistan Ltd.  
 PharmEvo (Pvt) Ltd.  
 Platinum Pharmaceuticals (Pvt.) Ltd.  
 Poly Tech International  
 Premium Knits  
 Pride Manufacturing  
 Progressive Traders (Pvt) Ltd.  
 Rahimtoola Group of Companies  
 Regal Textile Industries (Pvt) Ltd  
 Reliance Insurance Co. Ltd.  
 Riaz Textile Mills (Pvt) Ltd.  
 Sajjadiyya Trust  
 SAN Traders  
 Sapphire Retail Ltd.  
 Sapphire Textile Mills Ltd.  
 Sattar Electronics  
 Seagold (Pvt) Ltd.  
 Searle Company Ltd.  
 SEF Foundation  
 Selling Business System  
 Shafi Apparels  
 Shahbaz Garments (Pvt) Ltd.  
 Shahtaj Sugar Mills Ltd.  
 Shan Foods (Pvt) Ltd.  
 Siddiqsons Ltd.  
 SINA - Health, Education & Welfare Trust  
 Smile Club - Morinaga  
 Soorty Enterprises (Pvt) Ltd.  
 SPRET Trading LLC  
 SSG Charitable Trust  
 Standard Chartered Bank (Pakistan) Ltd.  
 Sukkur Beverages (Pvt) Ltd.  
 Systems Limited  
 Tapal Tea (Pvt) Ltd.  
 Tauheed Trust  
 Thal Ltd.  
 The Aga Khan University  
 The Indus Academy  
 The Learning Centre  
 The Rabia Azim Trust  
 The Searle Company Ltd.  
 The Shaikh Hebatbhoy  
 Toyota Indus Motor Company Ltd.  
 TPL Corp. Limited  
 TPL Insurance Ltd.  
 TPL Properties Limited  
 TPL Trakker (Pvt) Ltd.  
 Trendz International  
 UBL Fund Managers (UBL Funds/Al-Ameen Funds)  
 Unibrand (Pvt) Ltd.  
 UniPak  
 United Towel Exporters (Pvt) Ltd.  
 Universal Shipping (Pvt) Ltd.  
 UTI Industries (Pvt) Ltd.  
 Wavetec (Pvt) Ltd.  
 Westbury (Pvt) Ltd.  
 Yawasi Commodities

*\*In alphabetical order*

*\*\*List updated till June 30, 2023*

# EVENT HIGHLIGHTS





# HUMAN RESOURCE

## LONG SERVICE & GEM AWARDS 2022

Recognizing the contribution of our team members who have worked with ChildLife Foundation for 3, 5 and 10 years. Gem Awards were given to team members with outstanding performances.



## SPORTS GALA

Team members from Karachi, Hyderabad, Nawabshah, Sukkur and Larkana participated in the Sports Gala.

## CHILDLIFE SEED

Our first Service Excellence Masterclass of our new learning journey "ChildLife SEED (Skill Enhancement and Employee Development)" was conducted at Children Emergency, Sindh Government Hospital Korangi No. 5 to accentuate the significance of effective communication within a hospital setting, enhancing patient experience, and the notions of care, caring, and collaboration.



## TEAMWORK AWARDS - LUNCH WITH CEO

To reinforce our company values and praise the employees who abide by it, the HR department arranges team work awards along with the lunch with CEO on a quarterly basis.



## BIRTHDAY CELEBRATIONS

The HR celebrates team birthdays every month to foster employee engagement and bring teammates closer.



## BASIC LIFESAVING SKILLS (BLS) TRAINING FOR HEAD OFFICE

Head Office team members did hands-on practice of BLS techniques on manikins under the guidance of clinical team.



## HUMKALAM

The HR department initiated a learning journey of "HUMKALAM" knowledge sharing sessions for the team members on monthly basis.



## RECRUITMENT DRIVES

ChildLife Foundation participated in Career Fairs of renowned universities including Iqra University, Habib University, SZABIST & Aga Khan Economic Planning Board.

## CLINICAL

### EPEMC, APEMC AND APEMCN GRADUATION CEREMONIES

Graduation ceremonies were held in Karachi, Larkana, and Quetta for our clinical staff who successfully completed the courses Essentials of Pediatric Emergency Medicine (Batch 16th and 17th), Advanced Pediatric Emergency Medicine (Batch 1st and 2nd), and Advanced Pediatric Emergency Medicine for Nursing (Batch 1st and 2nd).



### APEMC 3RD BATCH ORIENTATION

Third batch of Advance Pediatric Emergency Medicine Course was launched in which 34 Physicians from, and outside Karachi registered after qualifying our Essentials of Pediatric Emergency Medicine Course.



### FIRST SESSION OF HELPING BABIES BREATHE TRAINING

The first session of a new training program, Helping Babies Breathe (HBB), was held in which 7 Clinical and Nursing Instructors of ChildLife Foundation were trained with the goal of making them expert trainers of HBB.



## MEDIA

### JOURNALISTS VISIT CHIDLIFE ER IN PIMS, ISLAMABAD

A team of Islamabad-based journalists visited ChildLife Foundation's newly-renovated children's ER in PIMS, Islamabad. They praised the organization for launching its successful ER model in Islamabad which will provide free quality treatment to the region's children.



## VOLUNTEER

### VOLUNTEER PROGRAM

Young enthusiasts, both from Pakistan and abroad, took part in our 5-day volunteer programs conducted in the Children's Emergency Room (ER) at Civil Hospital, Karachi. Throughout their stay, these volunteers had the chance to acquire Basic Life Support skills, document patient stories, and actively engage with our clinical staff in diverse sections of the ER and Telemedicine.



# GLOBAL INITIATIVES



## SEATTLE FUNDRAISER - SEPTEMBER 2022

Thanks to Mr. Aftab Farooqi's relentless efforts, ChildLife Foundation successfully united the Seattle community to raise funds for providing relief aid to flood-stricken areas in Pakistan.



## CHILDLIFE AUSTIN FUNDRAISER - SEPTEMBER 2022

ChildLife Austin Fundraiser demonstrated the admirable dedication of the Austin community in coming together to save lives. A heartfelt thank you goes out to the dedicated advocates of the ChildLife Foundation Austin Chapter, Mr. Omer Dossani and Ms. Kirin Dossani, for hosting an outstanding fundraising event.

## CLEVELAND FLOOD RELIEF FUNDRAISER - SEPTEMBER 2022

This fundraiser brought together the support of Cleveland's community to aid the flood victims. We are grateful for the unwavering dedication of Ms. Sobia Khan, Ms. Nazima Khan, Ms. Simee Malik, Ms. Khalida Sultan, Mr. Saleem Ahmed, and Mr. Masroor Malik in their mission to save the lives of Pakistani children.



## 75 ABSTRACT PAPERS PRESENTED AT ESEM 2022 - ABU DHABI

ChildLife Foundation's team showcased over 75 abstract papers during the 9th edition of Emirates Society of Emergency Medicine (ESEM), an annual conference held in UAE dedicated to offering a forward-thinking and extensive perspective on the most recent advancements in Emergency Medicine worldwide.



### **VISIT BY DR. AHMED SHAHAB UDDIN - JANUARY 2023**

Dr. Ahmed Shahab Uddin from Virginia visited ChildLife Foundation's ER at Civil Hospital, Karachi, which now includes the APPNA Virginia Pharmacy Block.

### **VISIT BY DR. ATTIQUE SAMDANI**

In January 2023, Dr. Attique Samdani from Richmond visited ChildLife Foundation's ER and Telemedicine Control Room at Civil Hospital, Karachi, and was very impressed with standard of emergency care being given to children, absolutely free of cost.



### **VISIT BY MR. SAJJAD EBRAHIM - JANUARY 2023**

Visiting from Canada, Mr. Sajjad Ebrahim toured Civil Hospital, Karachi, including ChildLife Foundation's ER and Telemedicine Control Room. The Chairman of the Board of Trustees, Mr. Iqbal Adamjee, was also present. Mr. Sajjad Ebrahim's generous contributions have played a pivotal role, enabling ChildLife Foundation to excel in its mission of ensuring the safety of Pakistan's children.

### **VISIT BY MR. ZAKARIA BILLOO - JANUARY 2023**

In January 2023, Mr. Zakaria Biloo from South Florida toured ChildLife Foundation's ER at Civil Hospital, Karachi, and was deeply touched by the exceptional level of emergency care provided.



## VISIT BY MR. SHAHID SATTAR - FEBRUARY 2023

In February 2023, Mr. Shahid Sattar from Canada, accompanied by his family, visited ChildLife Foundation's ER at Civil Hospital, Karachi, and was highly impressed by the quality of emergency care being delivered.



## VISIT BY DR. RIZWAN ALI

In February 2023, Dr. Rizwan Ali from Richmond visited ChildLife Foundation's ER and Telemedicine Control Room at Civil Hospital, Karachi, and really appreciated the quality of emergency care being provided to children round the clock.

## VISIT BY MR. SALIM BAKALI - FEBRUARY 2023

Mr. Salim Bakali from Orlando allocated time to explore ChildLife's inaugural ER at Civil Hospital, Karachi, and was deeply impressed by the exceptional level of care extended to underprivileged children in ChildLife Foundation's ERs.

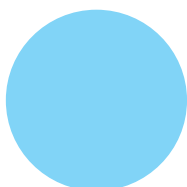


## VISIT BY DR. ZAFAR AHSAN - MARCH 2023

From Richmond, Virginia, Dr. Zafar Ahsan toured ChildLife Foundation's ER facility and Telemedicine Control Room at Civil Hospital, Karachi.

## CHILDLIFE HOUSTON FUNDRAISER - MARCH 2023

Thank you Mr. Mahmood Khichi and Mr. Amin Naviwala for gathering Pakistani diaspora in the Houston area, along with other dedicated supporters of ChildLife Foundation, who have shown unwavering commitment to the mission of saving children's lives in Pakistan.





## **CHILDLIFE PITTSBURGH FUNDRAISER - MARCH 2023**

We express our gratitude to Dr. Maliha Kamal, Drs. Noor Afshan, and Burhanuddin Mahmood, along with the supporters of ChildLife Foundation in Pittsburgh, for their relentless efforts in safeguarding the future of Pakistan.

## **CHILDLIFE BAY AREA GATHERING - MARCH 2023**

As champions of ChildLife Foundation in the Bay Area, Mr. and Mrs. Ashar Ahmed, along with Mr. Shahab Siddiqui, hosted a gathering of family and friends. During this event, ChildLife's CEO provided the latest updates on the initiative to create a child-safe Pakistan.



## **APPNA VIRGINIA PHARMACY BLOCK - MARCH 2023**

APPNA Virginia collaborated with the Richmond community and pledged their support for a Pharmacy Block at ChildLife Foundation's ER in Civil Hospital, Karachi. This initiative was made possible through the coordinated efforts of Dr. Rizwan Ali, Dr. Zafar Ahsan, Dr. Zahid Rashid, Dr. Waqar Haider, Dr. Ahmed Shahab Uddin, Dr. Muhammad Rais, and Dr. Atiq Samdani.

## **SOUTH FLORIDA FUNDRAISER - MARCH 2023**

We extend our gratitude to Mr. Ashraf Amdani, Mr. Khalid Mirza, Mr. Salem Suriya, Mr. Amin Nawiwala, and Mr. Yasir Billoo for their unwavering dedication to the mission of saving children's lives in Pakistan.



## **CHILDLIFE SACRAMENTO CHAPTER CONVENTION - MARCH 2023**

Dr. Mutahir Khan and Dr. Rana Mahfooz gathered the ChildLife Foundation's Chapter in Sacramento to announce their support for an Emergency Room (ER) Bay at ChildLife's inaugural ER facility in Lahore, Punjab.



## VISIT BY DR. SHABBIR HAIDER - JULY 2023

Dr. Shabbir Haider, joined by his family, expressed admiration for the high standard of patient care delivered at ChildLife Foundation's ER in PIMS, Islamabad.



## VISIT BY DR. TAJ HASSAN

Dr. Taj Hassan visited ChildLife Foundation's ER at Civil Hospital, Karachi, and commended the systemic processes in place to improve the patient experience.

## VISIT BY MR. ALI MOIZ - JULY 2023

In July 2023, Mr. Ali Moiz, a dedicated supporter of the ChildLife Foundation from the Bay Area, made a significant trip to ChildLife Foundation's ER at Civil Hospital, Karachi. Throughout his visit, he was greatly struck by the remarkably high level of quality care that ChildLife offers to children, all of which is provided entirely free of charge.



## VISIT BY DR. TOOBA MANSOOR

Dr. Tooba Mansoor, who comes from Atlanta, has been a consistent advocate for ChildLife Foundation. This year, she had the chance to visit ChildLife Foundation's ER at Civil Hospital, Karachi, and her experience left her deeply awed by the exceptional standard of high-quality healthcare services delivered to children.









CHILD LIFE  
FOUNDATION

LSA & GEM AWARDS

مبارک

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5



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# Our Team

# TRUSTEES



## Mr. Iqbal Adamjee | Chairman

Mr. Adamjee is the founding trustee and the chairman of ChildLife Foundation. He has completed his education from the Millfield School, UK, and Stanford University, USA. Currently, he is the director of Mainetti Pakistan (Pvt) Ltd, National Investment Trust Ltd (NITL), and trustee of The Water Foundation and Trust for Malnutrition and Stunted Growth. He is actively involved with other renowned charitable organizations, including Adamjee Eye Hospital. He is also a trustee at the Adamjee Foundation.



## Mr. Muhammad Sohail Tabba | Vice Chairman

Mr. Tabba heads a conglomerate of businesses and export houses under the YBG brand name. He is the CEO of Gadoon Textile Mills Limited, Lucky Knits Private Limited, and the Director of Yunus Textile Mills Limited, Lucky Cement Limited, Kia Motors, and the Aziz Tabba Foundation -managing the Tabba Heart and Kidney Institutes. He has been the Chairperson of LCI Limited since 2014 and is also the Chairperson of NutriCo Morinaga (Private) Limited. He is the visionary behind Lucky One Mall.

Mr. Tabba is the founding member of the Italian Development Council and is also on the Board of Governors at the Textile Institute of Pakistan. Driven to contribute to the community, Mr. Tabba became a Founding Trustee of ChildLife Foundation, in 2012.



## Dr. Naseeruddin Mahmood

Dr. Mahmood is a pediatrician and a founding trustee of ChildLife Foundation. He has been a faculty member at Aga Khan University and the University of Toronto. He is also a trustee at SINA Trust and The Water Foundation.



## Mr. Ashraf Amdani

Mr. Amdani is a trustee of ChildLife Foundation based out of Florida, USA. He is the CEO of American Textile and Apparel, a leading manufacturer of knit products for several leading brands across the US and Europe. He thoroughly enjoys philanthropic work and is actively involved with several education and health charities, for which he has won many community awards in South Florida. He is the director at Universal Health Insurance (UHI) and the vice president of Nur-UI-Islam Academy (NUIA) a school in Florida. He is also the Vice President of the prestigious South Florida Muslim Association and a trustee of the World Memon Organization (WMO).



## Mr. Arif Doni

Mr. Doni is the Founder and CEO of Doni & Co., a company that specializes in the trading of agro-commodities. He has over 3-decades of experience in the field of international trade. He has developed a vast network of commodity origination around the world. Mr. Doni regularly supplies food products for charitable organizations, such as the World Food Program and the International Committee of the Red Cross. Understanding the need for healthcare, proper nutrition, and education among children, he is involved with many philanthropic works and organizations in this sector in Pakistan.



### **Mr. Osman Rashid**

Mr. Rashid is a trustee of ChildLife Foundation based out of California, USA. He is a successful serial entrepreneur and has started many companies including Chegg, Kno, Inc., and SOAR STEM Schools. Chegg has been publicly trading shares on the NYSE since 2013. Currently, Mr. Rashid is managing two companies. He is the CEO of Convo Corp, an enterprise software company that focuses on In-Context collaboration that replaces email as the conversation tool at work. His most recent venture is SOAR STEM Schools, of which he is the Co-Founder and Chairman. SOAR STEM schools are dedicated to providing quality education at an affordable fee in Pakistan.

He received the Ernst and Young Entrepreneur of the Year award in 2009. He has also been recognized as the Forbes Impact 15 for 2012. Through his companies, he is actively involved in other philanthropic work such as planting trees and helping classrooms attain school supplies.



### **Dr. Maliha Ahmed Kamal**

Dr. Kamal is a Hospital Medicine Specialist based in Pittsburgh, Pennsylvania. She received her medical degree from The Aga Khan Medical College in 1996 and has been practicing for more than 20 years. She has the following credentials: Hospitalist, UPMC-Passavant, Medical Director - Corporate Care Management, and Clinical Assistant Professor at the Department of Medicine. She is associated with UPMC St. Margaret, UPMC Passavant, and UPMC Mercy.



### **Mr. Abid Ganatra**

Mr. Ganatra is presently the Executive Director and Chief Operating Officer at LCI Limited. He has been associated with the Yunus Brothers Group since 1994. He has more than 25 years of experience in senior management positions with an emphasis on financial management, operational management, capital restructuring, mergers and acquisitions, corporate and legal affairs, and taxation. He is a fellow member of the Institute of Chartered Accountants and the Institute of Cost and Management Accountants of Pakistan. He also has a Master's degree in Economics and a Bachelor's in Law.



### **Dr. Fehmina Arif**

Dr. Arif is a pediatrician associated with Civil Hospital, Karachi (CHK). She completed her MBBS from Dow Medical College Karachi in 1985, DCH in 1996 from the University of Karachi, and FCPS in Pediatrics from the College of Physicians & Surgeons Pakistan. She has many publications to her credit. Many of her research papers have been published in medical journals of repute in Pakistan and presented at national and international symposiums and conferences. Currently, she is working as an Associate Professor at the Department of Pediatrics and Civil Hospital, Karachi.



### **Dr. Fatima Mir**

Dr. Mir is a pediatrician at The Aga Khan University Hospital (AKUH). She received her medical degree (MBBS) from Khyber Medical College, Peshawar, in 1997, FCPS in Pediatrics in 2006, and Fellowship in Pediatric Infectious Diseases from AKU. She has been associated with AKUH since 2002.

# MANAGEMENT TEAM



## **Dr. Ahson Rabbani | Chief Executive Officer**

Dr. Rabbani holds a doctorate in Social Marketing from the University of Phoenix and has more than ten years of management experience in notable multinational companies like General Electric and Mobil. For the last 20 years, he has worked in leadership positions at various non-profit organizations including The Citizens Foundation, I-Care Foundation, and Greenstar. Currently, he is the CEO of ChildLife Foundation, Pakistan's leading non-profit organization in pediatric healthcare which saves the lives of more than a million children every year. Dr. Rabbani is passionate about working for sustainable social change to build an equitable world.



## **Dr. Irfan Habib | Medical Director**

Dr. Habib is an FCPS in Pediatrics from the College of Physicians and Surgeons, Pakistan, and a Certified Healthcare Quality Professional (CHOP) from Dow Medical University, where he works as a visiting faculty. He completed his MBBS from Sindh Medical College, Karachi, and has been associated with ChildLife Foundation for the last ten years.

Dr. Habib's key work includes directing, planning, and strategizing to deliver the best possible medical care to children in emergency departments. He is also actively working on the accreditation process of the organization. He has prior experience in the Pediatric Emergency department of The Aga Khan University Hospital and has published several research papers in national and international journals. His areas of interest include the triage system, resuscitation, non-invasive ventilation techniques in children, telemedicine, the designing and implementation of Electronic Medical Records, and data analysis.



## **Mr. Muhammad Shahzad Farooq | Director - Finance & Company Secretary**

Mr. Farooq has more than 20 years of experience in the areas of accounting, financial management, risk management, policy reforms, regulatory compliance, and business turnarounds. He joined ChildLife Foundation in 2021. Before joining ChildLife Foundation, he served in senior roles in the Finance and Corporate Affairs functions in companies of Pakistan, the Kingdom of Saudi Arabia, and the Sultanate of Oman. He is a Fellow member of the Institute of Chartered Accountants of Pakistan (ICAP) and a Fellow member of the Association of Chartered Certified Accountants (UK). He holds a master's degree in finance from the University of Karachi and has also attended executive management programs at prestigious institutions.



## **Mr. Syed Asad Agha | Director - Operations**

Mr. Agha has more than 20 years of work experience in healthcare administration and operations & project management in renowned public and private healthcare organizations. He joined ChildLife Foundation in 2013 and played a key role in the management and development of children's Emergency Rooms and Telemedicine Satellite Centers across Sindh, Balochistan, Punjab, and Islamabad. He has a master's degree in Business Administration and is a Certified Healthcare Quality Professional. He also holds a post-graduate diploma in Hospital Administration and Healthcare Management from Dow University of Health Sciences, Karachi.





### **Mr. Mohsin Ali | Director - Planning and Services**

Mr. Ali is a result-driven executive with more than 16 years of progressive experience. He is experienced in streamlining business operations that drive growth, increase efficiency, and improve bottom-line profitability. He is a member of IPA Australia and a CA finalist and has worked in the areas of developing and implementing financial controls and processes in addition to productivity improvements.



### **Dr. Kazi Khalid Mahmood | Associate Director - Clinical Affairs, Quality, & Patient Safety**

Dr. Mahmood is a medical graduate and holds a master's degree from IBA in Health System Planning. He has 20 years of experience working at The Aga Khan University Hospital (AKUH) in different tiers of clinical operations & quality management. During the last ten years of his service at AKUH, he held leadership positions and headed the Department of Emergency Medicine

He was credited with reshaping clinical services to improve patient flow. He also led the Emergency Medicine team on national & international Quality Audits including JCIA (Joint Commission International Accreditation) and European Accreditation for Clinical Laboratories. He acquired specialized training in Emergency Management from the Johns Hopkins Emergency Medicine Department, Baltimore.



### **Mr. Rahim Dharani | General Manager - HR**

Mr. Dharani has held diverse managerial positions in multinational organizations and has over 15 years of core HR experience in leading health, academic, corporate & manufacturing/retail organizations. He previously worked with Aga Khan Health Services Pakistan, The Aga Khan University Hospital, and Bonanza|Satrangi in various roles before taking up the Head of Department role at ChildLife Foundation. He holds a Master of Science (MSc.) degree in Human Resources & Organization Psychology from IoBM.



### **Mr. Shahzad Zaki | General Manager - Communications**

Mr. Zaki holds a master's degree in Business Administration from IBA, Karachi. He has diverse experience of more than 20 years in the fields of communications, resource mobilization, fundraising, marketing, and sales. He has worked in various banks and non-profit organizations. Before joining ChildLife Foundation, Mr. Zaki held leadership roles at the Family Educational Services Foundation, Karwan-e-Hayat — Institute for Mental Health Care, and Standard Chartered Bank.



### **Syed Shakeel Ahmed | General Manager - Internal Audit**

Mr. Ahmed holds more than 18 years of work experience in areas of accounting, tax, financial & risk management, and regulatory compliance. He has worked in senior finance positions in companies within Pakistan and in UAE as well. He is an Associate Member of the Institute of Chartered Accountants of Pakistan (ICAP) and a Fellow Member of the Association of Chartered Certified Accountants (ACCA – UK).

# OPERATIONS TEAM



**Ms. Abida Hassan**  
DGM Operations  
(North and Strategy)



**Mr. Syed Atif Ali**  
DGM Operations  
(Balochistan, K-5 & CHK)



**Mr. Noman Bin Mushtaque**  
DGM Operations  
(Central Sindh)



**Mr. Abdullah Khan Asar**  
DGM Operations  
(Northern Sindh)



**Mr. Muhammad Wajahat**  
DGM Operations  
(ASH & Projects)



**Dr. Muhammad Siddiq**  
DGM Operations  
(LGH & Shared Services)



**Mr. Muhammad Imran**  
Sr. Manager Telemedicine



**Mr. Alfurqan Javed**  
Sr. Administrator  
(PIMS Hospital)



**Mr. Raza Khan**  
Sr. Administrator  
(LGH)



**Mr. Kamran Mehmood**  
Sr. Administrator  
(Quetta)



**Mr. Masoom Nakshbandi**  
Administrator  
(Hyderabad)



**Mr. Muhammad Saeed Khan**  
Administrator  
(Mayo Hospital)



**Mr. Hafizullah Mangi**  
Administrator  
(NICH)



**Mr. Imtiaz Soomro**  
Administrator  
(Sukkur)

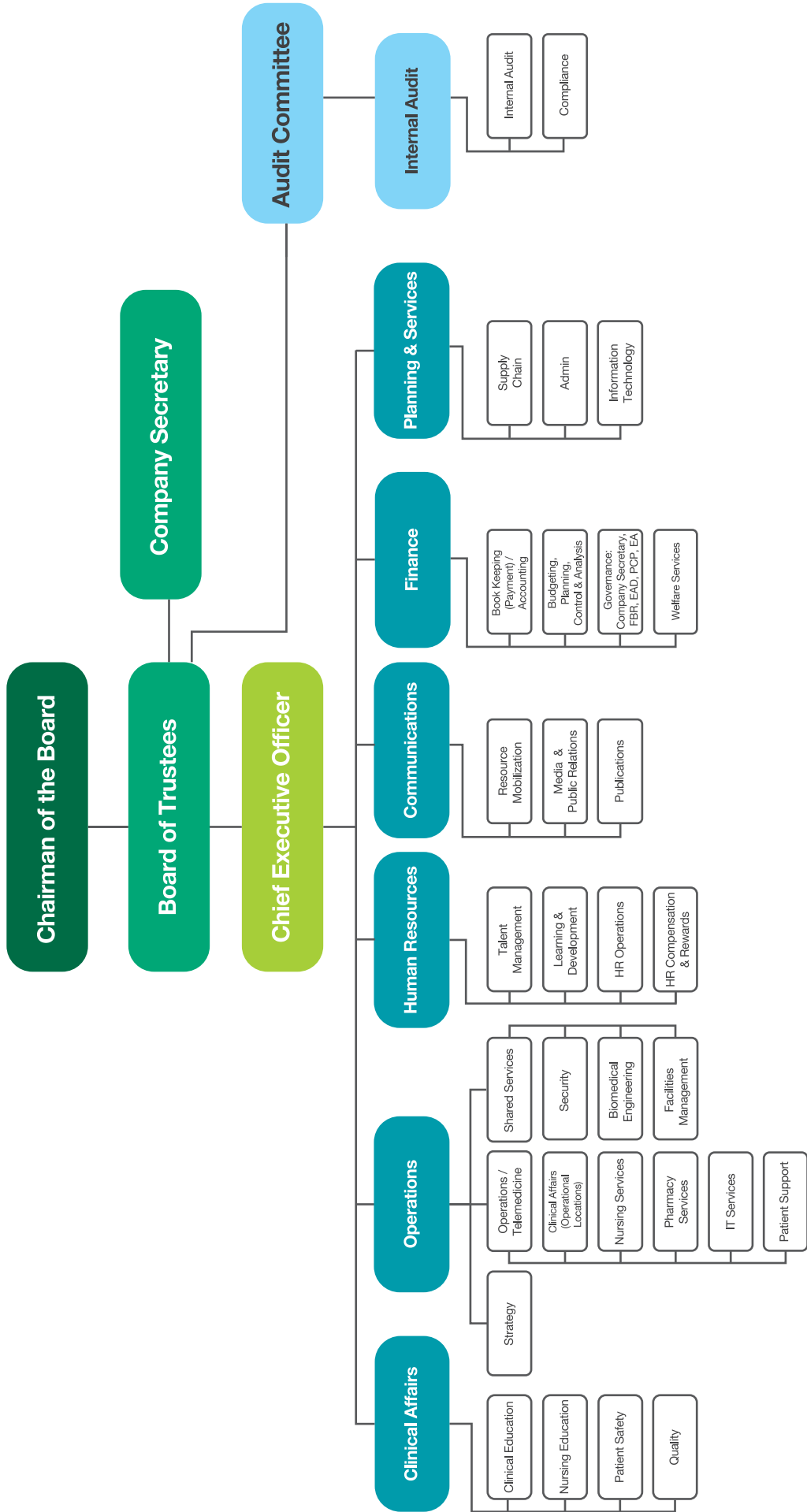


**Mr. Syed Nabil Raza Rizvi**  
Administrator  
(Multan)



**Mr. Israr Ahmed**  
Manager Operations

# ORGANOGRAM



**Shariah Advisor**  
Alhamd Shariah Advisory Services (Pvt.) Limited

**External Auditors**  
A.F. Ferguson & Co.

**Tax Advisors**  
KPMG

# HEALING THROUGH HUMILITY



I have been part of ChildLife Foundation for over a year now, and the driving force behind my choice to work here is the opportunity to make a difference in the lives of sick children. There is nothing more fulfilling than seeing the smiles on parents' faces when their children are on the path to recovery.



Originally from Lahore, I relocated to Islamabad after getting married. I have three wonderful school-going children and a supportive family. My educational background includes a master's degree in political science, which I received in Lahore. My husband and children have been incredibly supportive and cooperative, making it possible for me to pursue my career while maintaining a balance with our family life.

As an Admin Officer my role revolves around facilitating my colleagues in the Emergency Room (ER), which includes doctors, nurses, pharmacists, and housekeeping staff. I am also responsible for the maintenance of the ER facility and regular interactions with the hospital administration to ensure its smooth operation. One of the most critical aspects of my job is to facilitate patients and their attendants. Collaborating closely with the OPD Coordinator, we work together to ensure seamless patient experience. Our team is always present to assess and guide patients effectively.

We follow protocols and procedures diligently and remain calm, polite, and composed even during the toughest peak hours and high patient influx. Managing the team and staying active on the ER floor is crucial to ensure that patients are attended promptly and with care. Our admin team is trained in essential areas like the Pediatric Appearance Triangle (PAT) and Basic Life Support (BLS), and these training sessions are repeated every three months to keep us well-prepared for any situation.

ChildLife Foundation's commitment to patient welfare and the teamwork support we experience here make it a unique and fulfilling workplace. The most rewarding aspect of my work is the heartfelt prayers and blessings I receive from the parents of our patients.

## Admin Officer

### Mahwish Naqvi

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Pakistan Institute of Medical Sciences (PIMS), Islamabad





# **Governance**

# STAKEHOLDER'S ENGAGEMENT





All our stakeholders have a vital impact on their spheres. ChildLife Foundation actively engages with each stakeholder, values their counsel, and takes decisive action based on their input while maintaining integrity at all times.

Stakeholders	Description	Expectation	Frequency
<b>Legal Authorities</b>	Compliance with all laws and regulations that are applicable. These include filing and submission of tax returns to the Federal Board of Revenue and reporting to the Economic Affairs Division. They are also engaged in detailing and summarization of funds against the grants that are allocated.	Compliance with all legal requirements and full disclosure. Ensuring transparent, and fair presentation of the financial condition of the company and ensuring that the utilization of donations and grants is appropriate.	As per statutory timelines
<b>Donors</b>	An entity – individual, partnership, company, or other welfare or regulatory institutions/agencies with operational or capital needs for sustainability.	Effective and timely communication of information regarding updates on future and ongoing projects. Appropriate receipts and utilization of funds.	Continuous
<b>Banks / Investment Channels</b>	Effectively utilize funds to generate profits and ensure the sustainability of operations. To have a diversified portfolio and risk mitigation strategy by working with the finest financial institutions in the country. Engagement and confidential involvement of these institutions as required.	Communicate the changes in organizational structure promptly. Updates on ongoing prospects and updates on the utilization of funds as and when appropriate.	Continuous
<b>External Auditors</b>	Reasonably assure fair and true presentation of the financial statements of the organization.	To present the data fairly and ensure adequate disclosure. Adherence to organizational policies and compliance to local and federal legal regulations. Updates of structural changes and major developments during the year as required.	Yearly

Stakeholders	Description	Expectation	Frequency
<b>Patients</b>	Ensure the best possible use of resources to provide quality and timely healthcare to the nation's children. Patients' voices are heard and their opinions are taken into account when formulating strategy.	Expedient care that is accurate and administered by qualified medical professional. Patients expect the organization to take care of them, listen to them, follow up, and advise them with precautionary measures for preventive care.	Continuous
<b>Vendors</b>	Vendors are supplier of goods and services providers who collaborate with the organization to manage working capital and operational needs. Vendors are vetted through market visits and making viable agreements. Continuous feedback on product quality and services is provided.	Strategic planning of the organization's needs based on detailed descriptions of requirements of quantities. This is achieved through regular meet-ups.	Continuous
<b>Social / Print and Electronic Media</b>	The organization collaborates professionally with all institutions involved in disseminating news and events, with particular importance given to healthcare services advancements. The communication team updates its website and social media pages to keep all stakeholders apprised of the latest happenings.	Communication of all pertinent information regarding happenings, events, and any organizational changes that occur.	Continuous
<b>Pakistan Center for Philanthropy (PCP)</b>	PCP is a designated Certification Agency by the Federal Board of Revenue (FBR), Government of Pakistan. PCP conducts performance evaluations of Non-Profit Organizations on behalf of FBR and certifies that NPOs meet the desired requirements of certification standards (notified by FBR) in the areas of internal governance, financial management, and program delivery.	PCP Certification is based on an examination of the NPO's functioning and performance during the last three years. Moreover, the evaluation process examines the operations of the organization in the light of objectives as stated in the governing document of the organization and certifies that the organization meets the requirements as per the set standards agreed with the FBR.	3 years

# BOARD COMMITTEES

The Board Committees are responsible for overseeing and assessing the system of checks and balances in place at ChildLife Foundation. They monitor all measures to identify any discrepancies that might destabilize the Foundation's integrity and future.

## Audit Committee

The audit committee is established to review the principles, policies, and practices adopted in the preparation of the financial statements of the organization. It aims at ensuring that the Annual Report of the organization and any other announcement relating to financial performance comply with the statutory requirements. The terms of reference include:

- To determine compliance with relevant statutory requirements;
- To oversee the process for selecting external auditors, their appointment, reappointment, and removal;
- To recommend the audit fee or any fees in respect of non-audit services provided by the external auditors ensuring that the provision of non-audit services does not impair the external auditors' independence or objectivity;
- To review annual financial statements, providing information to the Board on the organization's assets, its cash flows, any changes in accounting policies and practices, and significantly related party transactions;
- To ensure coordination between the internal and external auditors of the Foundation;
- To review external auditors' audit reports;
- To facilitate the external audit and discuss with external auditors major observations arising from external audits and any matter that the auditors may wish to highlight (in the absence of management where necessary);
- To review the performance of the internal audit function;
- To ascertain that the internal control systems including financial and operational controls, accounting systems for timely and appropriate recording of purchases, receipts and payments, assets and liabilities, and the reporting structure are adequate and effective; and
- To institute special projects, value-for-money studies, or other investigations on any matter specified by the Board of Trustees, in consultation with the Chief Executive, and to consider major findings of activities characterized by fraud, abuse of power, and management's response thereto.

Three meetings of the committee were held during the year.

Members of the committee are:

Committee Members	Status
Mr. Abid Ganatra	Chairman of the Committee (Trustee)
Mr. Iqbal Adamjee	Trustee (Chairman of Board of Trustees)
Dr. Naseeruddin Mahmood	Trustee

## Internal Audit Function

- A comprehensive internal control framework has effectively been implemented through an independent internal audit function established by the Board reporting directly to the Audit Committee.
- This year, the audit fieldwork across all Children's Emergency Rooms managed by the Foundation in the province of Sindh, Balochistan, Islamabad, and Punjab were undertaken by the Internal Audit Department

- Audit reports of all 12 Children Emergency Rooms managed by the Foundation have been generated by the Internal Audit Department.
- Furthermore, the internal audit of Head Office functions was also conducted in accordance with the internal audit plan approved by the Audit Committee. Certain follow-up audits were carried out as well.
- For improvement as well as for better control in Children's Emergency Rooms and Head Office, several trainings and meetings were held with the staff throughout the year.
- The Head of Internal Audit has direct access to the Chairman of the Audit Committee for discussion on any serious matter and for guidance in performing the assigned tasks professionally and diligently.
- The Audit Committee was able to confirm that all expected key controls for operational compliance, financial reporting, and safeguarding the assets of the Foundation were in place through effective internal control risk management processes.
- The cooperation between the external and internal auditors has ensured the most appropriate financial reporting and compliance with laws and regulations producing effective reporting of results.

## External Audit Function

- Statutory auditors of the Foundation, M/S A. F. Fergusons and Co. (a member firm of PwC) have completed their audit engagement of the "Foundation's Financial Statements" for the year ended June 30, 2023.
- The Audit Committee has reviewed and discussed the auditors' report.
- The Audit Firm has been given a satisfactory rating under the Quality Control Review Program of the ICAP and the Firm is fully compliant with the IFAC Guidelines on the Code of Ethics, as adopted by the ICAP.
- Both ChildLife Foundation and A. F. Fergusons and Co. have safeguards in place to avoid the possibility that the external auditors' objectivity and independence could be compromised.

## Human Resource and Remuneration Committee

The HR & Remuneration Committee assists the Board in fulfilling its obligations relating to human resource matters and recommending Human Resource Policies to the Board. It has overall responsibility, including but not limited to the recommendation, selection, evaluation, compensation, and succession policy of CEO, Company Secretary, and Senior Management. It shall support strong organizational performance and people risk management. The terms of reference include:

- To review and recommend Human Resource Management (HRM) policies to the Board (including recruitment, retention, training, performance, compensation, termination, misconduct, appeals and complaints);
- To ensure that the HRM policies are in compliance with applicable laws;
- To review and recommend to the Board selection, evaluation, compensation (including retirement benefits), and succession planning of the CEO and other senior management;
- To consider major changes in the organizational structure;
- To review the annual salary plan including increments;
- To ensure leadership continuity in the event of an unexpected departure or emergency leave of the CEO or any senior staff member;
- The committee shall ensure to establish fair work rules and policies;
- The committee shall annually review its charter and recommend proposed changes to the Board;
- The committee may form and delegate responsibilities to sub-committee as and when appropriate;
- The committee shall design a succession policy for key executives including the CEO; and
- The committee shall make annual reports to the board.

One meeting of the committee was held during the year.

Members of the committee are:

Committee Members	Status
Mr. Arif Doni	Chairman of the Committee (Trustee)
Mr. Iqbal Adamjee	Trustee (Chairman of Board of Trustees)
Mr. Sohail Tabba	Trustee (Vice Chairman of Board of Trustees)
Dr. Naseeruddin Mahmood	Trustee

## Executive Committee

The purpose of the Executive Committee is to oversee the ChildLife's operations through:

- Developing and implementing business strategy, operational plans, policies, etc.
- Driving and monitoring operating and financial performance.
- Assessing and controlling risk.
- Prioritizing and allocating resources.
- To provide approvals as per the approved financial authority matrix.

Members of the Committee are:

Committee Members	Status
Mr. Iqbal Adamjee	Chairman of the Committee (Chairman of BOT)
Dr. Naseeruddin Mahmood	Trustee
Dr. Ahson Rabbani	CEO

## Investment Committee

The purpose of the Investment Committee is to oversee the Foundation's investment transactions and its management. Terms of the reference of the Investment Committee are as follows:

- Establish and periodically review the Foundation's investment policies and guidelines and the performance of such investments.
- To devise a portfolio, to maximize return on investment to keep the investment sufficiently liquid to meet all anticipated operating requirements.
- Effective management of interest rate risk.
- Authorize investments.

Members of the Committee are:

Committee Members	Status
Mr. Sohail Tabba	Chairman of the Committee (Vice Chairman of BOT)
Mr. Iqbal Adamjee	Trustee (Chairman of BOT)
Mr. Abid Ganatra	Trustee

## Shariah Advisory Committee

The purpose of the Sharia Advisory Committee is to oversee the Foundation's zakat administration and its protocol. Some of the responsibilities of the Sharia committee are as follows:

- To review the Foundation's zakat utilization policies and administration processes.
- To review the performance of the welfare department.
- To review the percentage allocation for operating expenses according to the interviews and forms of eligible patients
- To review the clinics' operating expenses of our partner SINA trust on the zakat and non-zakat distribution.

One meeting of the committee was held during the year.

Members of the committee are:

Committee Members	Status
Mr. Zohair Zakaria	Chairman of the Committee
Mufti Ibrahim Essa	Member
Mr. Rehan Kashif	Member

## Purchase Committee

The objective is to review whether the purchases made by the Supply Chain Department (SCD) have been made in the best interest of the Foundation.

While procuring goods, works, or services, the Purchase Committee and SCD shall ensure that:

- Procurements have been made in a fair and transparent manner.
- The objective of procurement is to bring value for money to the Foundation.
- The procurement process is efficient and economical.

Several meetings of the committee were held during the year.

Members of the committee are:

Committee Members	Status
Dr. Irfan Habib	Director Clinical Affairs (Chairman of the Committee)
Mr. Asad Agha	Director Operations
Mr. Shahzad Farooq	Director Finance / Company Secretary

## Executive Volunteers

ChildLife Foundation is blessed to have guidance and support from industry experts in areas of governance, IT, legal, outreach, and fundraising. Our valuable patrons guide us on improving operations through their expertise, knowledge, and experience. They also conduct organizational development training for the ChildLife Foundation team.

The Executive Volunteers are wholeheartedly engaged in spreading awareness about our work and are also involved in corporate social responsibility initiatives through advocacy.

Names	Status
Mr. Khwaja Bakhtiar Ahmed	Executive Volunteer - Finance
Mr. Shahab Ahmed	Executive Volunteer - IT
Mr. Sohail Zindani	Executive Volunteer - Training
Mr. Farhad Karamally	Executive Volunteer - Organizational Development
Ms. Nausheen Ahmed	Executive Volunteer - Legal

# VALUE ADDED STATEMENT

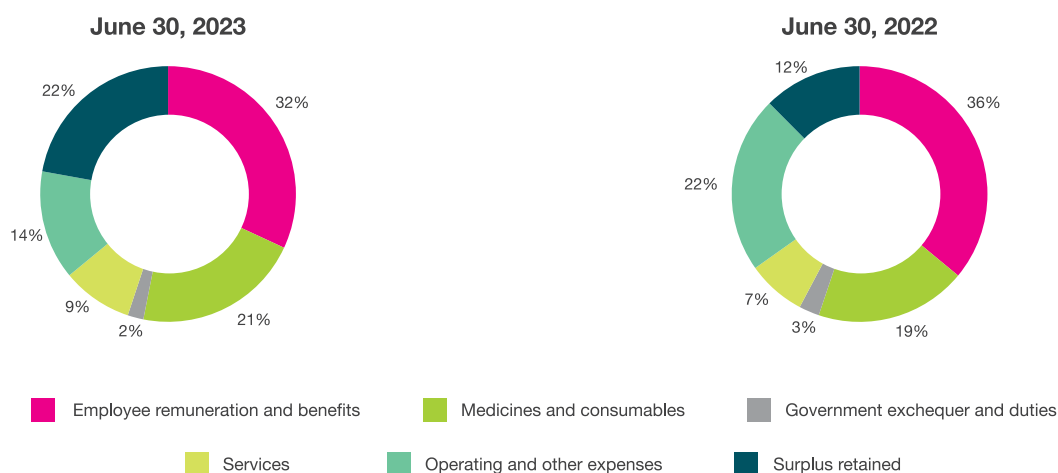
## Value Addition and its Distribution

Rs. in 'million

Value added	FY 2022-23	%	FY 2021-22	%
Strategic funds utilized	1,837	58%	1,344	69%
Donation income	316	10%	164	8%
Zakat utilization	489	15%	314	16%
Other income	529	17%	134	7%
	<b>3,171</b>	<b>100%</b>	<b>1,957</b>	<b>100%</b>

### Value allocated as follows:

Employee remuneration and benefits	1,012	32%	704	36%
Medicines and consumables	672	21%	375	19%
Government exchequer and duties	64	2%	50	3%
Services	283	9%	145	7%
Operating and other expenses	438	14%	438	22%
Surplus retained	702	22%	244	12%
	<b>3,171</b>	<b>100%</b>	<b>1,957</b>	<b>100%</b>



### Value additions via Learning and Development

	FY 2022-23		FY 2021-22	
	No. of trainings	No. of participants	No. of trainings	No. of participants
Clinical trainings	198	1,860	122	1,185
Non-Clinical trainings	12	455	6	124
	<b>210</b>	<b>2,315</b>	<b>128</b>	<b>1,309</b>

**Clinical trainings include** Pediatric Emergency Life Support, Neonatal Emergency Life Support, Pediatric Airway Management, Basic Life Support, etc.

**Non-Clinical trainings include** Management, Communication, Power BI, Healthcare Ethics, etc.

### Value additions via children treatment at Emergency Rooms (ERs)

#### Patients treated at ERs

Particulars	2022-23	2021-22
P1	120,930	85,481
P2	553,745	399,452
P3	467,342	301,958
Total	<b>1,142,017</b>	<b>786,891</b>

**P1:** Emergency cases - Need Immediate emergency treatment

**P2:** Priority cases - Need assessment and rapid attention

**P3:** Non-urgent cases - Can wait their turn in the queue

# ROLE OF CHAIRMAN & CEO





# ROLE OF CHAIRMAN

The Chairman of the Board of Trustees oversees the organization's functions and ensures that all the processes are in line with the Foundation's overall vision. Furthermore, he also leads the Board and makes sure the trustees perform their duties conscientiously.

## The Chairman's responsibilities include:

- To act as the link between the organization's trustees and management
- To ensure that the trustees attend board meetings, take part in discussions about the organization, and can share their perspectives transparently
- To ensure that the trustees remain informed about the processes of the organization so they can fully participate in making informed decisions
- To assist the board in carrying out its duties efficiently and per regulations
- To counsel the CEO on matters relevant to the organization's functioning

# ROLE OF CEO

The CEO is responsible for actively engaging with the day-to-day operations of the organization. He is required to lead and counsel the management, ensure regulatory compliance, and carry forward the foundation's vision faithfully.

## The CEO's responsibilities include:

- Develop high-quality business strategies and plans especially for raising funds and ensuring their alignment with short-term and long-term objectives
- Lead and motivate subordinates to advance employee engagement to develop a high-performing managerial team
- Oversee all operations and business activities to ensure they produce the desired results and are consistent with the overall strategy and mission
- Make high-quality investing decisions to advance the business and increase the funding
- Enforce adherence to legal guidelines and in-house policies to maintain the company's legality and business ethics
- Review financial and non-financial reports to devise solutions or improvements
- Build trust relations with key partners and stakeholders and act as a point of contact for important shareholders
- Analyze problematic situations and occurrences and provide solutions to ensure company survival and growth
- Maintain a deep knowledge of the markets and industry of the company
- Any other task assigned by the board of directors

# SHARIAH REPORT



**ALHAMD SHARIAH ADVISORY SERVICES**

**(PVT) LIMITED**

## Annual Shariah Review Report

*For the year ended June 2023*

We reviewed the procedures adopted by ChildLife Foundation (CLF) for collection and utilization of Zakat for the year ended 30<sup>th</sup> June, 2023. Based on our review, we hereby confirm that CLF collects and utilizes Zakat funds as per Shariah principles of collection and utilization of Zakat. And Allah knows best.

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

**Mufti Ibrahim Essa**  
*Chief Executive Officer*



**Mufti Uzair Bilwani**  
*Executive Director*

Dated: Sep 28, 2023

**Address:** Flat 503, 8<sup>th</sup> Floor Ibrahim Residency, C.P & Berar Society, Karachi.

+92 322 2671867 | [www.alhamdshariahadvisory.com](http://www.alhamdshariahadvisory.com) | [info@alhamdshariahadvisory.com](mailto:info@alhamdshariahadvisory.com)

# ANNUAL EVALUATION OF THE BOARD AND CEO'S PERFORMANCE

The performance evaluation of the members of the board and its committees, the Chairman, and the CEO is essentially an assessment of how they have performed. At ChildLife Foundation, their performance is evaluated on the basis of the following parameters:

## Board Structure

- Board and Committee composition and constitution
- Diversity
- Competencies of the members
- Board and Committee charters
- Frequency of meetings
- Board processes

## Board's Role in Governance

- Business strategy governance
- Monitoring of policies, systems, and strategy implementation
- Supporting and advisory role
- Determine the values to be promoted throughout the organization

## Dynamics and Functioning

- Annual Board Calendar
- Information availability
- Interactions and communication with the CEO and senior executives
- Board agenda
- Cohesiveness and quality of participation in Board meetings
- Chairman's role

## Financial Reporting Process, Internal Controls, Risk Management

- Integrity and robustness of financial and other controls
- Risk management
- Abusive related party transactions
- Whistleblowing mechanism

# RISKS & OPPORTUNITIES ANALYSIS

Risks	Description of the Risk & its Context	How we Address the Risk	Potential Opportunity	Stakeholders Impacted	Risk Level	Internal/ External Risk
<b>Regulatory Compliance</b>	The healthcare industry worldwide is subject to an increasing number of regulations. ChildLife Foundation is required to comply with applicable laws and regulations in Pakistan, specially related to non-profit organizations.	Proactively monitor and, where possible, provide input for any new proposed legislation: <ul style="list-style-type: none"> <li>- Ensure compliance through our quality standards</li> <li>- Established a multidisciplinary team to engage extensively with the regulatory bodies and effectively communicate our position on the various issues.</li> <li>- Proper documentation of every financial transaction.</li> </ul>	Through transparent engagements we have the opportunity to enhance our relationship with a variety of stakeholders, including regulatory bodies	<ul style="list-style-type: none"> <li>- Patients</li> <li>- Doctors</li> <li>- Government</li> <li>- Employees</li> <li>- Suppliers</li> <li>- Industry regulatory bodies</li> <li>- Donors/ Trustees</li> </ul>	High	Internal
<b>Management Succession Planning</b>	Due to the highly specialized nature of the healthcare industry, certain management employees and executives have a significant impact on the organization's performance as a result of their years of experience within the organization. Losing these key employees over a short time frame could hamper performance.	Executive succession planning in place: <ul style="list-style-type: none"> <li>- Successors identified and monitored</li> <li>- Strong focus on bolstering the leadership team</li> <li>- Continuous training programs for professional development.</li> <li>- Market based remunerations.</li> </ul>	Through targeted succession planning we ensure business continuity and are able to attract talented leaders.	<ul style="list-style-type: none"> <li>- Employees</li> <li>- Patients</li> </ul>	Medium	External
<b>Hinderances in Operations</b>	Operations within government hospital are dependent upon relations/ policies.	<ul style="list-style-type: none"> <li>- Relation building with Govt officials.</li> <li>- Providing quality services and complying with terms of M.O.U.</li> <li>- Inducting good lawyers to defend the case, in case of dispute with government.</li> <li>- Entering into long term agreements with M.O.U.s with governments.</li> </ul>	Through an ongoing focus on quality and a clear communication strategy, we can enhance and protect our reputation	<ul style="list-style-type: none"> <li>- Doctors</li> <li>- Government</li> <li>- Employees</li> <li>- Donors/ Trustees</li> </ul>	High	External
<b>Social Media Negative Propaganda</b>	Electronic and print media publishing negative news about the organization.	<ul style="list-style-type: none"> <li>- Listen and respond to attendants</li> <li>- Building and maintaining relationship with media (positive view about the organization).</li> <li>- PR and legal firm to respond to queries.</li> <li>- Training internal team (administrators/ doctors) about response.</li> <li>- Involving insurance company to indemnify the financial loss.</li> <li>- Introduction of ethics and compliance program.</li> </ul>	Through an ongoing focus on quality and a clear communication strategy, we can enhance and protect our reputation	<ul style="list-style-type: none"> <li>- Doctors</li> <li>- Government</li> <li>- Employees</li> <li>- Donors/ Trustees</li> </ul>	High	External

Risks	Description of the Risk & its Context	How we Address the Risk	Potential Opportunity	Stakeholders Impacted	Risk Level	Internal/ External Risk
<b>IT Infrastructure &amp; Disaster Recovery</b>	We rely on our IT systems to deliver quality service to our patients in ER and Telemedicine sites (Hub and Spoke Network). There is a risk of failure to maintain reliable information systems for business operations as well as in the event of an IT disaster. Furthermore, there is an implementation risk regarding information management projects which are underway to improve the existing infrastructure and ensure better and wide integration, which raised the risk level from the prior year.	<ul style="list-style-type: none"> <li>- Regular risk assessments performed, with disaster recovery tests performed regularly</li> <li>- Full disaster recovery capability maintained and aligned with business agreed tolerances</li> <li>- Rigorous project management methodology is followed with strong business sponsor leadership and oversight</li> <li>- Offline mode</li> </ul>	By investing in our IT infrastructure, we are able to offer better and more efficient service to our patients, lowering the cost of care while maintaining quality	<ul style="list-style-type: none"> <li>- Patients</li> <li>- Doctors &amp; Specialists</li> <li>- Government</li> <li>- Employees</li> <li>- Suppliers</li> </ul>	Medium High	Internal
<b>Shortage of Paramedical Staff</b>	There is a general shortage of paramedical staff in the healthcare markets, which may impact the organization's growth prospects.	<p>Clear recruitment and retention strategy in place including:</p> <ul style="list-style-type: none"> <li>- Facilitation of continuous professional development training to paramedical staff</li> <li>- Ongoing engagement</li> <li>- Improved infrastructure and equipment at facilities</li> </ul>	Through our interventions, we can assist in alleviating critical skills shortages, while also positioning ChildLife as an organization that supports the doctors associated with it.	<ul style="list-style-type: none"> <li>- Doctors &amp; Specialists</li> <li>- Patients</li> <li>- Employees</li> </ul>	Medium High	External
<b>Medical Malpractice, Legal Disputes &amp; Other Reputational Risks</b>	Adverse events in the performance of nursing services, doctor services and/or other healthcare professionals could affect patients. These events or legal disputes arising out of medical malpractice claims could affect the organization's reputation and relationships with key stakeholders. Furthermore, events outside of our control can adversely impact our brand. Careful selection and monitoring of members by Board of trustees is very important for organisation reputation.	<p>Quality Assurance System is in place in ChildLife to ensure quality healthcare is provided. Appropriate compliance processes are in place in the operations:</p> <ul style="list-style-type: none"> <li>- Analysis of trends in clinical risks and clinical interventions are developed to mitigate the clinical risk going forward</li> <li>- Quality review meetings are held where new initiatives are discussed</li> <li>- SOPs and medical protocols compliance</li> </ul>	Through an ongoing focus on quality and a clear communication strategy, we can enhance and protect our reputation	<ul style="list-style-type: none"> <li>- Doctors</li> <li>- Government</li> <li>- Employees</li> <li>- Donors/ Trustees</li> </ul>	High	Internal
<b>Political and Economic Instability</b>	Political instability in the country also led to a huge increase in economic uncertainty. Uncertainty at individual, organization, and government levels is negatively affecting the economy. Due to this instability, there is a risk that public-private partnership may get affected in the long term.	Apart from strengthening the relationship with provincial governments and improvement in the quality of services, we have emphasized on self sustainability to increase donor base in Pakistan and at international level as well.	Higher the self sustainability the lower the chances of dependence on grant-in aid.	<ul style="list-style-type: none"> <li>- Government</li> <li>- Employees</li> <li>- Donors/ Trustees</li> <li>- Patients</li> </ul>	High	External

Risks	Description of the Risk & its Context	How we Address the Risk	Potential Opportunity	Stakeholders Impacted	Risk Level	Internal/ External Risk
<b>Shortage of Medicines and Disposables in Market due to Dollar Rate and Import LCs Stoppage</b>	Due to shrinkage of dollar reserves and restrictions on import LCs by SBP, there is a risk that medicines and disposables will be short from the market and purchase price may be increased.	<ul style="list-style-type: none"> <li>-By doing efficient stock planning</li> <li>-By effective negotiations</li> <li>-By doing procurement from original manufacturers on yearly contracts (through tenders)</li> <li>-To improve clinical practices</li> <li>-Maintain stock quantities according to the situation of market.</li> </ul>	<ul style="list-style-type: none"> <li>-Sustaining the situation may help in saving more children lives in tough situations.</li> <li>-Buying from original manufacturer will increase clinical quality of service.</li> </ul>	<ul style="list-style-type: none"> <li>-Patients</li> <li>-Government</li> <li>-Trustees</li> </ul>	High	External

# SUSTAINABILITY ANALYSIS (PESTEL)

The healthcare industry depends on legislation, changes in economic rates, and technological advancements. Whenever we see shifts in the government, people become worried. They wonder: What will happen to the healthcare sector? Or the services we have access to now? Will it be inaccessible shortly?

Health will always be a concern, no matter your age. People worry about exclusivity, new diseases, less treatment, and whether or not they will be able to access treatment. This PESTEL analysis of ChildLife Foundation provides a glimpse into how the system works, and how it could change in the future.

<p><b>Political</b></p>	<ul style="list-style-type: none"> <li>• Government spending policies on the Health sector.</li> <li>• Government regulations e.g. AML/CFT which increase the Government’s focus on NPOs and their sources of funding.</li> <li>• Growing political focus and pressures to healthcare.</li> <li>• Unstable political conditions of the country may impact grant-in aid from provincial governments.</li> </ul>
<p><b>Economical</b></p>	<ul style="list-style-type: none"> <li>• Devaluation of the Pak Rupee may lead to an increase in the cost of treatments.</li> <li>• Interest rate risk could affect the return on investments.</li> <li>• High inflation could lead to a reduction of local donations.</li> </ul>
<p><b>Social</b></p>	<ul style="list-style-type: none"> <li>• Changes in the demographics and health indicators have been improving very slowly.</li> <li>• Improving the educational level and increasing awareness about personal health.</li> <li>• Medical ethics. Our doctors and paramedical staff do not deliver to society the way they are supposed to.</li> <li>• Most people in Pakistan’s rural areas have little or no access to basic healthcare.</li> </ul>
<p><b>Technological</b></p>	<ul style="list-style-type: none"> <li>• Implementing new technology. Hard to choose the optimal solution.</li> <li>• Changes in treatment because of technological advancement.</li> <li>• Using apps to connect doctors with patients right inside their homes.</li> <li>• New digital opportunities creating new "e-models."</li> </ul>
<p><b>Environmental</b></p>	<ul style="list-style-type: none"> <li>• Increase in pollution having impact on health of individuals.</li> <li>• Availability of clean drinking water and hygienic food.</li> <li>• General cleanliness of environment and waste disposal arrangements.</li> <li>• Improper sanitation and food storage are serious challenges.</li> <li>• A lack of adequate nutrition for children contributes to the high number of child and maternal deaths.</li> </ul>
<p><b>Legal</b></p>	<ul style="list-style-type: none"> <li>• Promulgation of new laws and regulations affecting the NPO sector.</li> </ul>

# POLICIES





# HUMAN RESOURCE POLICIES

## Code of Conduct

ChildLife Foundation is committed to maintaining the highest ethical standards in conducting business activities. It thereby has a Code of Conduct in place, which all employees at ChildLife Foundation are required to comply with. Per our Code of Conduct:

- We offer equal opportunities to our associates to develop, grow and continuously improve individual skills to strengthen the competencies of Foundation as a whole.
- We maintain complete financial integrity. Accordingly, financial risks and operational processes are appropriately reviewed, approved and followed such that financial integrity is maintained in all transactions.
- We do not tolerate any form of internal or external bribery or corruption. In case any employee is involved in bribery or corruption, the Head of Internal Audit & Head of Human Resources decides the disposition of these cases.
- We believe in equal-opportunity and are committed to providing a work environment free of discrimination and harassment. We view harassment and associated behavior to be among the most serious breaches of workplace ethics. Consequently, appropriate disciplinary or corrective action is taken per the organization's policy, if any associate is found guilty.
- We recognize that every employee is entitled to freedom of opinion, expression and speech, provided these do not interfere with their ability to fulfill the job responsibility or conflict with Code of Conduct.

## Conflict of Interest

ChildLife Foundation is committed to upholding the principles of transparency, integrity, and accountability. We encourage our employees to interact with businesses and industry, public and private organizations, and government agencies in ways that support the institution's missions.

All associates of the organization are required to comply with Foundation's Conflict of Interest policy. Employees must disclose actual or potential conflicts of interest to their Line Manager/Head of Department in writing. Newly hired associates are required to disclose any actual or potential conflicts of interest before opting for employment.

## Whistleblowing Policy

ChildLife Foundation is committed to maintaining the highest standards of accountability and transparency. Accordingly, the foundation has adopted a Whistleblowing Policy to provide a vehicle to the employees for concerns to be raised and investigated in a responsible and effective manner consistent with its standards, policies and procedures. The Policy applies to all employees, management and the Board, and extends to every individual associated with the Foundation including employees, contractors, suppliers, business partners, donors, grantees, vendors, etc.

All concerns are to be reported to the internal Whistleblowing Committee that documents it using the online Whistleblowing concern form. The committee is furthermore responsible for making initial inquiries followed by investigating and resolving all reported complaints and allegations concerning malpractice, preferably within thirty (30) days from the lodging of concern. Only the whistleblowing committee can directly contact the concerned; this is to maintain confidentiality. Records of whistleblowing concerns, investigations and reports are retained for at least two years. The records are marked confidential and accessible only to the internal Whistleblowing Committee & CEO.

## Number of Cases

In the period between July 2022 and June 2023, no whistleblowing cases were lodged.

## Diversity

ChildLife Foundation treats associates fairly, equally and respectfully. We expect every employee to demonstrate respect toward each other, and do not tolerate any form of harassment or discrimination. We seek to create a work environment where associates regardless of their backgrounds can contribute fully.

ChildLife Foundation appreciates diversity and individuality of the associates in the workplace and does not discriminate based on personal characteristics such as nationality, gender, age, ethnicity, religion, sexual orientation, socio-economic background, education or disability. Furthermore, we believe that a diverse workforce is critical to our success. ChildLife Foundation is therefore attracting, developing and retaining highly talented people with diverse backgrounds and mindsets.

## Preparation of Succession Plan

The need for succession planning at ChildLife Foundation arises due to the highly specialized nature of the healthcare industry. Consequently, certain management employees and executives have a significant impact on the organization's performance as a result of their years of experience within the organization. Losing these key employees over a short time frame could hamper performance.

However, through targeted succession planning, ChildLife Foundation ensures business continuity and is able to attract talented leaders. We have an Executive Succession Planning in place, according to which successors are identified and monitored. There is also a strong focus on bolstering the leadership team as well as continuous training programs for professional development.

# IT GOVERNANCE POLICY

## Policy for the safety records of the entity

ChildLife Foundation has a strict data security policy to safeguard corporate data and patient information securely.

## ERP Backup

ChildLife Foundation maintains an ERP Backup on VCONN, the company where corporate ERP software "SHERP" is hosted. VCONN provides 99.45% uptime of their servers and takes 24 hourly, full backups of SHERP, and keeps the copies in their cloud. VCONN provides a complete backup of SHERP monthly to the ChildLife Foundation IT Infrastructure Manager. The Manager Applications downloads and saves the file(s) on the passport drive and hands it over to Senior Manager Applications for its testing/safekeeping. The backup is kept on a passport drive that is with the Director Finance in a safe vault outside the office premises. The safekeeping of backup files is done on a monthly basis.

## HMIS Backup

ChildLife Foundation maintains backup with the current hosting provider of HMIS "Oracle" which provides 99.95% uptime of their servers. The Manager Applications downloads Monthly db files data and converts core patient registration, diagnosis, and consumption data into Microsoft SQL format and integrates the data with the BI dashboard. The downloaded db files extracted data are kept on the Microsoft OneDrive corporate account.

## Disaster Recovery Management

ChildLife Foundation has a reliable disaster recovery management strategy in place. As per the plan, our on-duty IT engineer is responsible for taking quick and high-level actions according to the disaster defined in Disaster Recovery Annexure 9 for a quick recovery of IT services. Following are the high-risk areas that are addressed promptly at the time of disaster.

- Server Failure
- Minor Fire at the IT Department
- Extensive Fire at the IT Department
- Main Database Server failure
- Internet Server failure
- Hardware failure of servers
- Database crashed
- Main Database crashed/corrupted
- Communication/Connectivity failures
- WAN failure contingency
- LAN failure contingency

## Risk Analysis and Contingency Plan

At ChildLife Foundation, we understand the need to have a Risk Analysis and Contingency Plan in place. Our policy regarding this is designed to protect the organization's information technologies systems, applications, servers, and infrastructure. Annexure 9 - Disaster & Recovery of the ChildLife Foundation IT SOP identifies and lists the risks and expected disaster scenarios to facilitate quick action, should the need arise. Annexure 9 categorizes the probability of the disaster occurring. At the same time, it defines the action to be taken at the time of need.

# OUR CONTRIBUTION TO THE SOCIETY, ENVIRONMENT, AND ECONOMY

**ChildLife Foundation is a social enterprise that serves the community in social, ecological and economic aspects.**

As a part of Pakistani society, we are uplifting healthcare provision in all areas and are aiming to scale to an extent where the entire country is considered child-safe. We are striving to eliminate preventable deaths in infants and children and also to create awareness regarding healthy practices. We are collaborating with other NGOs and corporations to make our society healthier, happier, and prosperous.

As an environmentally friendly organization, we want to have a healthy environment to promote our mission of a child-safe Pakistan. We conducted a tree plantation activity in 2021-22 to do our bit to make the environment greener. The Plantation drive was held in partnership with corporate supporters to mark the 74th year of independence.

Our partners also donated to the ChildLife Foundation to help with our core efforts in improving quality and access to emergency healthcare for children.

As contributors to the economy, we have not only saved lives but in many cases have also saved families from abject poverty. Our free-of-cost treatments help poor families in both rural and urban areas to save expenses they might make on getting quality treatment, and also save transportation expenses that they have to pay to get the child to far-flung ERs in urban areas.

# KEY PERFORMANCE INDICATORS (KPIs)



## Fundraising

- Annual Donor Growth
- Average Donation Growth
- Bank & Thank within 48 hours (sending official receipt and thank you letter)
- Donor Retention Rate
- Active vs Inactive Donors
- Donor Visits

## Procurement

- Ensuring that purchase requests are entertained timely
- Procurement policies with respect to vendor files are adhered to
- For medicines at least 1 year expiry at the time of procurement

## Marketing & Communication

- Website & Social Channels Reach/Views
- Landing Page Views/Link Clicks
- Timely release of Newsletters & Emails
- Email Open and Click-Through Rates
- Timely planning, launch, execution of zakat & other campaigns

## Program Delivery

- Number of Beneficiaries Served
- Patient Satisfaction Rate
- Text Messages Sent under Preventive Healthcare Program
- Number of Telemedicine Satellite Centers
- Number of Telemedicine Consultations

## HR

- 50% Senior doctors in attendance at all times
- Full and final settlement in less than 30 days
- Salary on time before the first of each month
- Cover ChildLife – Ensure training coverage across ChildLife Foundation

## IT

- Cloud monitoring for ERP and HMIS applications
- HMIS should not take more than 5 seconds to load a patient record
- Data back ups on mirror servers is being done with appropriate frequency
- Power Bi Dashedboards are updated at their respective frequencies

- Back up computer systems are functional
- Internet is functional at all operational sites all the times

## Finance

- Governance (Legal and tax laws compliance )
- Timely completion of External Audit
- Timely completion of Internal Audit
- Timely completion of Grant Audits
- Accuracy in stock counts and reconciliations
- Accuracy in fixed assets verification and reconciliation
- Timely payments to vendors (As per credit terms)
- GAP analysis and formulation of SOPs for effective internal controls
- Stable liquidity position and maximization of returns on investment

## Clinical

- Case Reviews
- Morbidity and Mortality Reviews
- Safe Discharge Practices
- Compliance of PPE
- Compassion towards Patients and Team
- Compliance
- Competence

## Warehouse

- Maintaining minimum stock levels
- Ensuring that no goods are expired
- Temperature is controlled
- Physical stock should match with system at all times

# ENVIRONMENTAL, SOCIAL, AND GOVERNANCE (ESG) HEALTH CARE DELIVERY

Environmental, Social, and Governance (ESG) is a framework used to assess an organization's business practices and performance on various sustainability and ethical issues. It also provides a way to measure business risks and opportunities in those areas. We at ChildLife Foundation have always welcomed these “making the world a better place” initiatives as we think of it as our responsibility.

At ChildLife Foundation, we continually strive to excel in the healthcare industry. Simultaneously, we recognize the importance of learning from other organizations, both large and small, that are already engaged in causes like ours or express interest in similar pursuits. This commitment to learning from the broader healthcare community enhances our ability to contribute meaningfully to the field.

ESG metrics in healthcare encompass various aspects, including energy management, waste management, patient privacy, electronic health records, employee retention, and recruitment. In the present era, donors use ESG metrics to evaluate how much a foundation adheres to responsible and sustainable practices, gauging its likelihood of long-term success.



## AREAS of ESG – Health Care Delivery

### Energy Management (Greenhouse gas emissions)

The scope of the greenhouse gas inventory is based on the Foundation’s activities that generate an environmental cost to society, including air travel. During this year, our carbon footprint registered a decrease of 13%, driven by the following consumption pattern:

Itemized Consumption – Comparative Statement		
Particulars	FY 2022-23	FY 2021-22
By Air Travel	1,122 hours	1,287 hours

## B. Waste Management

Healthcare delivery companies generate a significant amount of regulated medical and pharmaceutical waste. Disposal costs for these types of waste are typically higher than those of conventional waste and can present a substantial cost for the company. Medical waste may include infectious, pathological, sharps, etc. whereas general waste may include plastic packages, tissue paper, tape, non-contaminated gauze, gloves, etc. ChildLife Foundation has implemented standard operating procedures for waste collection and waste segregation.

Waste Type	Type of Receptacle	Color	Characteristics	Destination
Infectious/ pathological waste	Container lined with plastic bag	Yellow	Strong and leak-proof	Incineration or secure landfill
Sharps	Sealed box or drum	Red	Purpose-designed penetration and leakage resistant	Incineration or secure landfill
General Waste	Container lined with plastic bag	Grey / Green / Black	Strong and tear-resistant	Landfill

## C. Electronic Health Records

(Percentage of patient records that are maintained electronically and provide all required information to medical practitioners and management)

ChildLife Foundation established administrative, physical, and technical safeguards to protect the integrity, confidentiality, and availability of patient health information.

Particulars	FY 2022-23	FY 2021-22
Total patient volume (including ERs and TMSCs)	1,352,127	845,707
Electronic health records maintained	1,352,127	845,707
<b>Ratio of electronic health records maintenance</b>	<b>100%</b>	<b>100%</b>

## D. Quality of Care & Patient Satisfaction

The ability to deliver quality care and ensure patient satisfaction is an essential value driver for healthcare delivery companies.

Particulars	FY 2022-23	FY 2021-22
Patient satisfaction rate	73%	73%
Readmission ratio	1%	1%

## E. Employee turnover

ChildLife Foundation grapples with the healthcare industry's high turnover due to ever increasing workforce demand especially for Physicians, competition within industry, and a high surge of opportunities abroad.

To counter, ChildLife Foundation has shaped comprehensive employee retention, training and engagement programs which includes market competitive salary and prospects (including sponsorships) for learning & development across the board.

ChildLife Foundation's strategic focus on creating an enabling environment and investing in employee development reflects its commitment to mitigate turnover challenges and sustain a highly skilled and motivated workforce.

## F. Fraud & Unnecessary Procedures

Particulars	FY 2022-23	FY 2021-22
The total amount of monetary losses because of legal proceedings.	Nil	Nil

## G. Number of Facilities and Beds (by type)

Particulars	FY 2022-23	FY 2021-22
<b>Number of facilities</b>		
Emergency Rooms	12	11
Telemedicine Satellite Centers	190	67
<b>Total</b>	<b>202</b>	<b>78</b>
<b>Number of beds</b>		
Civil Hospital Karachi	24	24
NICH Karachi	62	62
Korangi 5 Hospital	80	80
Lyari General Hospital	50	50
Abbasi Shaheed Hospital	55	55
Larkana	70	70
Hyderabad	55	55
Sukkur	50	50
Quetta	55	55



MAYO Hospital Lahore	40	40
PIMS Hospital Islamabad	30	-
<b>Total</b>	<b>626</b>	<b>596</b>

## H. Category-wise Number of Patients (in ERs)

Particulars	FY 2022-23	FY 2021-22
<b>Number of patients</b>		
P1	120,930	85,481
P2	553,745	399,452
P3	467,342	301,958
<b>Total</b>	<b>1,142,017</b>	<b>786,891</b>

**P1:** Emergency cases – Need immediate emergency treatment.

**P2:** Priority cases – Need assessment and rapid attention.

**P3:** Non-urgent cases – Can wait their turn in the queue.

# JOURNEY FROM FEAR TO HOPE



# THE CASE OF AYAAN AHMED



With inflation reaching sky-high levels, quality healthcare has become unaffordable for thousands of families in Pakistan. Sher Ali, a daily wage earner, took his 3-year-old son Ayaan to a nearby hospital after he developed a high fever and was vomiting with respiratory distress. But when Ayaan's condition deteriorated instead of improving, his father was forced to look for alternatives. So, he rushed him to ChildLife Foundation managed children's Emergency Room (ER) at Lyari General Hospital, Karachi.

The ER staff promptly shifted him to the resuscitation room, recognizing the urgency of his condition. They administered IV medications immediately as his condition prevented him from any oral intake. For the final diagnoses of his illness, the staff conducted a blood test, which revealed that Ayaan was suffering from malaria and complex febrile fits. The ER doctor prescribed specific medicines to combat the infection, which were administered through IV and drips.

After 12 hours of intensive treatment in the resus room, Ayaan's condition improved significantly, leading to his shifting to the step-down room for observation. Soon, Ayaan was able to resume an oral diet, and his fits were under control.

Ayaan's father said "ChildLife Foundation saved my son's life without me having to pay a single rupee. I'm so grateful to the entire team of ChildLife Foundation who are making quality emergency care accessible for every child in need."

Ayaan's story is proof of ChildLife Foundation's unwavering dedication and the impact it has on the lives of children like Ayaan who require critical medical intervention.



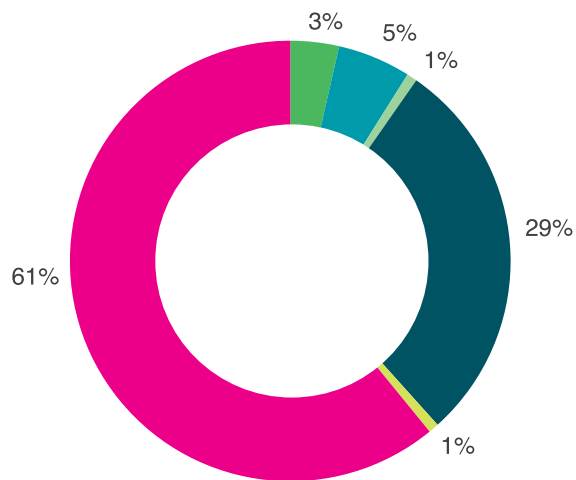


# Financials

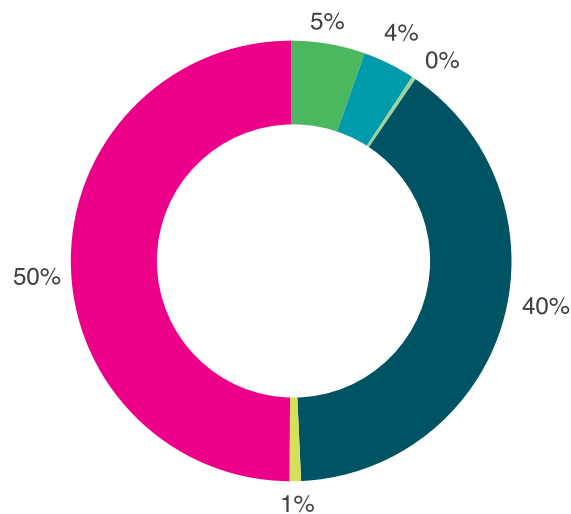
# FINANCIAL HIGHLIGHTS

## GRAPHICAL PRESENTATION OF BALANCE SHEET

### Assets 2023

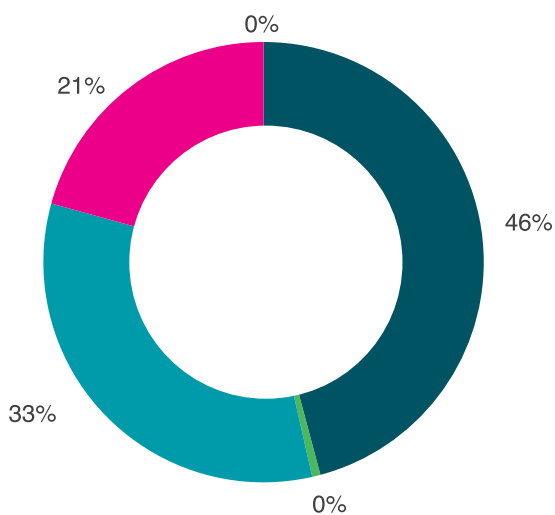


### Assets 2022

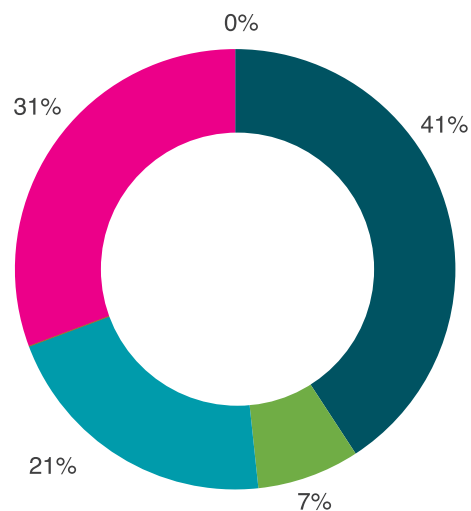


- Investments
- Cash and Bank Balances
- Operating Fixed + Intangible Assets
- Advances, Deposits and Prepayments
- Other Receivables
- Consumables

### Funds and Reserves 2023



### Funds and Reserves 2022

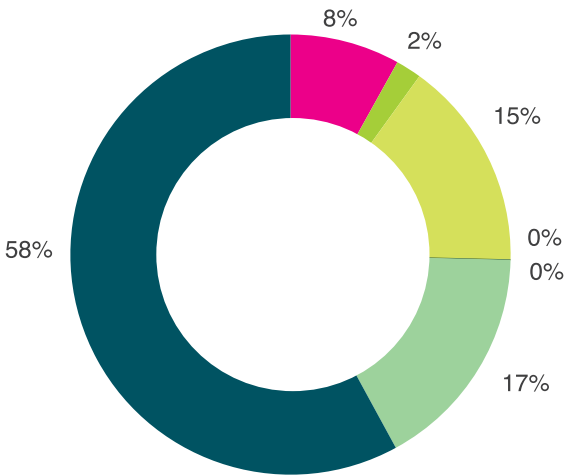


- Strategic Fund
- Endowment Fund
- Zakat Fund
- General Fund
- Inception Contribution

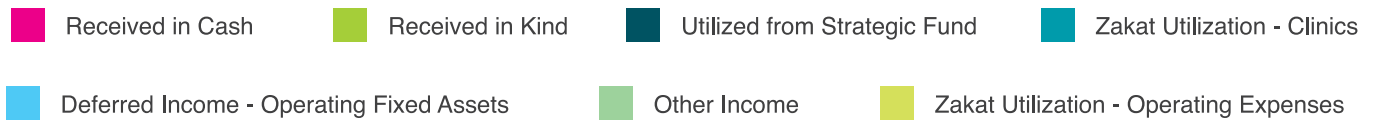
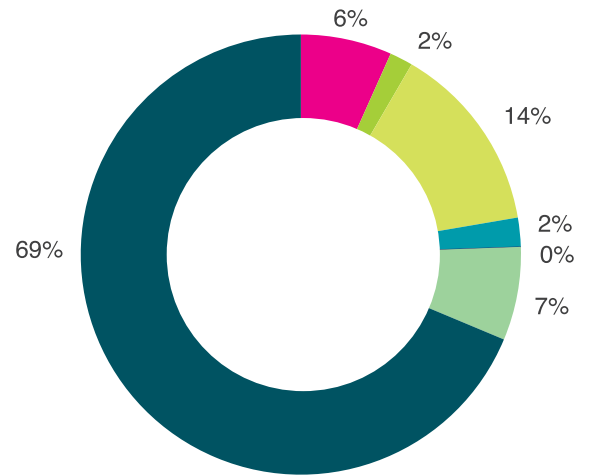
# FINANCIAL HIGHLIGHTS

## GRAPHICAL PRESENTATION OF INCOME AND EXPENDITURE ACCOUNT

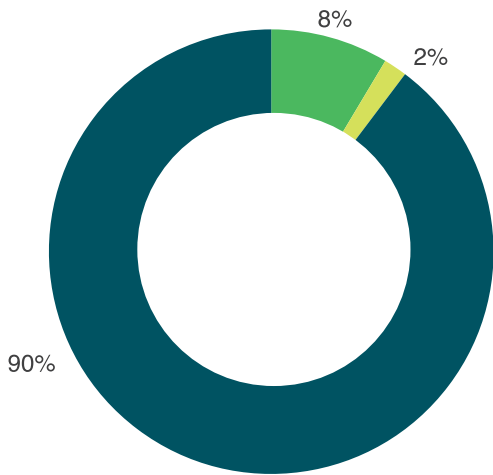
Income 2023



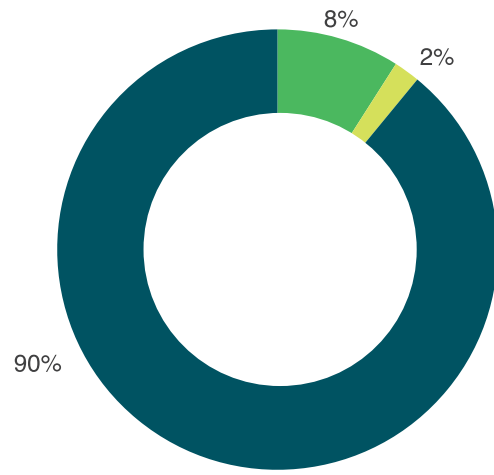
Income 2022



Expenses 2023



Expenses 2022



### Receipts Pattern

Total receipts represents collection of donation, donation in kind, zakat collection, endowment, strategic funds, amortization of deferred income and net gain on investments.

Amount in PKR Million



# FINANCIAL HIGHLIGHTS

## KEY FINANCIAL INDICATORS AND RATIOS

KEY FINANCIAL INDICATORS:	2022-23	2021-22	2020-21	2019-20	2018-19	2017-18
	(Rupees in '000)					
<b>Total Income</b>	3,170,506	1,956,782	1,401,341	1,275,587	911,157	771,305
<b>Total Expenses</b>	2,468,038	1,713,250	1,237,652	1,046,248	775,405	590,307
<b>Surplus/(deficit) for the year transferred to general fund</b>	702,468	243,532	163,690	229,338	135,752	180,998
<b>STATEMENT OF FINANCIAL POSITION</b>						
Operating Fixed Assets	137,916	136,102	126,744	129,494	87,910	82,747
Operating Current Assets	3,731,999	2,377,124	1,585,076	1,260,194	1,116,366	614,953
<b>Total Assets</b>	<b>3,869,915</b>	<b>2,513,226</b>	<b>1,711,820</b>	<b>1,389,688</b>	<b>1,204,276</b>	<b>697,700</b>
<b>Total Funds</b>	<b>3,674,387</b>	<b>2,407,476</b>	<b>1,642,991</b>	<b>1,319,243</b>	<b>1,147,952</b>	<b>606,771</b>
<b>Liabilities:</b>						
Non-current Liabilities	1,969	-	-	33	1,306	3,454
Current Liabilities	193,559	105,750	68,829	70,412	55,019	87,476
<b>Total Liabilities</b>	<b>195,528</b>	<b>105,750</b>	<b>68,829</b>	<b>70,445</b>	<b>56,324</b>	<b>90,930</b>
<b>Total Funds &amp; Liabilities</b>	<b>3,869,915</b>	<b>2,513,226</b>	<b>1,711,820</b>	<b>1,389,688</b>	<b>1,204,276</b>	<b>697,700</b>

KEY FINANCIAL RATIOS:	2022-23	2021-22	2020-21	2019-20	2018-19	2017-18
<b>Profitability Ratios</b>						
Cost/Income Ratio	77.8%	87.6%	88.3%	82.0%	85.1%	76.5%
Net Surplus / Income Ratio	22.2%	12.4%	11.7%	18.0%	14.9%	23.5%
<b>Liquidity Ratios</b>						
Current Ratio	19.28	22.48	23.03	17.90	20.29	7.03
Quick / Acid Test Ratio	18.21	21.57	22.00	17.13	19.81	6.74
Cash to Current Liabilities	12.18	11.85	11.24	12.21	8.68	2.15
<b>Turnover Ratios</b>						
Inventory Turnover Ratio	3.95	4.13	4.28	5.00	5.50	5.72
No. of Days in Inventory	92	88	85	73	66	64
<b>Activity Ratios</b>						
Return on Assets	18%	10%	10%	17%	11%	26%
Fixed Assets to Income Ratio	4%	7%	9%	10%	10%	11%
Total Assets to Income Ratio	122%	128%	122%	109%	132%	90%
<b>Capital Structure</b>						
Debt to Fund Ratio	0%	0%	0%	0%	0%	0%



# COMMENTARY ON FINANCIAL RATIOS

## Profitability Ratios

ChildLife Foundation is a non-profit organization and provides health care services in Children Emergency Rooms and Telemedicine Satellite Centers in Government Teaching Hospitals. ChildLife Foundation is a service-based organization and human capital intensive.

Main operational costs comprise of:

- Human resources whether in the form of own employees or third party.
- Medicines and consumables

The focus is not to earn a surplus but to be rational in spending in all areas. Our cost to income ratio has improved from 87.6% in FY 2021-22 to 77.8% in FY 2022-23 due to a more focused approach to spending. On the other hand, we have also focused on increasing self-generated funds from donations and zakat venues. Further due to improve rates of USD, additional exchange gain resulted in higher surplus.

## Liquidity Ratios

Liquidity is the efficiency or ease with which asset or security can be converted into ready cash without affecting its market price.

In terms of liquidity, ChildLife Foundation is performing very well in the current and past years. The main reason is to maintain self-sustainability being an organization serving in sensitive children emergency care. These ratios may be affected in case of non-release of grant in aid funds from provincial governments.

## Inventory Turnover Ratio

The inventory turnover ratio measures how many times a business sells and replaces its stock of goods in a given period of time. This ratio looks at medicine consumption relative to average inventory in the period.

Our policy is to keep at least 3 months stock at every emergency room for smooth operations. During FY 2022-23, challenges were faced in the smooth supply of medicines and consumables. Restrictions on imports and abnormal fluctuations in USD rates also impacted and prices of medicines and consumables have gone up.

Our operations also relate to rural areas of Pakistan. However, we are striving hard to minimize stock holding by adopting modern day techniques. This will further improve the quick ratios.

## Activity Ratios

The asset turnover ratio, also known as the total asset turnover ratio, measures how efficiently a company uses its assets to generate funds. This ratio looks at how many rupees in receipts are generated per rupee of total assets that the company owns.

These ratios are low in ChildLife Foundation as ChildLife Foundation is human capital intensive and not a machine-based organization. Further as compared to tertiary care hospitals, our specialty is pediatric emergency where heavy duty hospital equipment is not required.

## Capital Structure

A leverage ratio is any kind of financial ratio that indicates the level of debt incurred by a business entity against several other accounts in its balance sheet, income statement, or cash flow statement.

We do not have any sort of financing facilities from the banking sector, and we purely rely on government grant-in aid and donations from donors. That is why we have zero leverage in our business model.

# SUMMARY OF CASH FLOW

Description	2022-23	2021-22	2020-21	2019-20	2018-19	2017-18
	(Rupees in '000)					
<b>Cash and cash equivalents at beginning of the year</b>	<b>1,653,455</b>	<b>773,492</b>	<b>859,837</b>	<b>477,381</b>	<b>188,450</b>	<b>103,432</b>
Net cash generated from operating activities	513,686	200,328	148,654	169,265	128,970	76,541
Net cash generated from / (used in) investing activities	132,580	158,681	(395,056)	271,237	(262,168)	(182,193)
Net cash generated from / (used in) financing activities	567,068	520,954	160,058	(58,047)	422,129	190,669
Net increase / (decrease) in cash and bank balances	1,213,334	879,963	(86,345)	382,456	288,931	85,017
<b>Cash and cash equivalents at end of the year</b>	<b>2,866,789</b>	<b>1,653,455</b>	<b>773,492</b>	<b>859,837</b>	<b>477,381</b>	<b>188,450</b>

# CASHFLOW STATEMENT OF ZAKAT FUNDS (DIRECT METHOD)

Description	2022-23	2021-22	2020-21	2019-20	2018-19	2017-18
	(Rupees in '000)					
<b>Opening balance</b>	<b>181,299</b>	<b>140,419</b>	<b>109,916</b>	<b>42,063</b>	<b>35,334</b>	<b>44,214</b>
Received during the period	329,834	355,008	237,361	251,162	236,864	166,499
Utilization	(488,841)	(314,128)	(206,858)	(183,309)	(230,135)	(175,379)
<b>Closing balance</b>	<b>22,292</b>	<b>181,299</b>	<b>140,419</b>	<b>109,916</b>	<b>42,063</b>	<b>35,334</b>

# CHILDLIFE FOUNDATION

## SIX YEARS' VERTICAL ANALYSIS

	2022-23	2021-22	2020-21	2019-20	2018-19	2017-18
<b>Income:</b>						
Received in Cash	8.07%	6.69%	6.90%	25.79%	1.95%	33.67%
Received in Kind	1.89%	1.70%	2.80%	1.76%	2.06%	4.58%
Zakat Utilization - Operating Expenses	15.42%	13.91%	12.10%	11.46%	20.09%	16.84%
Zakat Utilization - Clinics	0.00%	2.14%	2.67%	2.91%	5.17%	5.90%
Deferred income - Operating Fixed Assets	0.00%	0.00%	0.00%	0.10%	0.24%	0.56%
Other income	16.68%	6.86%	2.25%	4.75%	7.52%	2.27%
Utilized from Strategic Fund	57.94%	68.70%	73.28%	53.23%	62.97%	36.18%
<b>Total Income</b>	<b>100.00%</b>	<b>100.00%</b>	<b>100.00%</b>	<b>100.00%</b>	<b>100.00%</b>	<b>100.00%</b>
<b>Expenses:</b>						
Salaries and benefits	40.99%	41.12%	45.40%	47.06%	48.33%	35.35%
Third party contractual services	11.99%	8.93%	9.18%	6.72%	9.34%	4.54%
Medicines consumed	24.35%	20.15%	21.52%	19.19%	18.26%	15.40%
Patient consultation	0.00%	3.52%	3.88%	4.57%	7.72%	9.55%
Project renovation	2.00%	6.91%	5.52%	9.12%	1.09%	23.52%
Depreciation & Amortization	2.55%	3.10%	3.78%	3.36%	3.62%	2.33%
Supplies and consumables	4.11%	2.90%	1.90%	3.15%	4.13%	2.19%
Oxygen supplies	2.80%	3.83%	2.01%	1.35%	1.05%	0.02%
Repairs and maintenance	1.62%	1.50%	1.23%	0.49%	1.08%	1.32%
Travelling and related expense	2.04%	2.02%	1.36%	1.00%	0.69%	1.38%
Utilities	2.30%	1.43%	0.86%	0.68%	0.75%	0.61%
Cartage expense	0.90%	0.45%	0.25%	0.19%	0.18%	0.00%
Insurance expense	0.56%	0.64%	0.85%	0.82%	0.71%	0.45%
Training and development	0.48%	0.30%	0.14%	0.27%	0.28%	0.36%
Information system maintenance	0.72%	0.64%	0.61%	0.59%	0.37%	0.13%
Legal and professional	0.25%	0.34%	0.20%	0.09%	0.16%	0.07%
Auditors' remuneration	0.02%	0.02%	0.08%	0.04%	0.03%	0.04%
Advertisement	1.53%	1.77%	0.92%	0.65%	1.04%	1.45%
Programmatic activities and preventive health care	0.18%	0.15%	0.06%	0.04%	0.11%	0.23%
Others	0.61%	0.28%	0.25%	0.62%	1.06%	1.06%
<b>Total Expenses</b>	<b>100.00%</b>	<b>100.00%</b>	<b>100.00%</b>	<b>100.00%</b>	<b>100.00%</b>	<b>100.00%</b>
<b>FINANCIAL POSITION:</b>						
<b>Assets:</b>						
Operating Fixed Assets	3.56%	5.42%	7.40%	9.32%	7.30%	11.86%
Consumables	5.38%	3.84%	4.13%	3.88%	2.20%	3.57%
Advances, deposits and prepayments	0.75%	0.28%	0.46%	1.24%	0.58%	3.73%
Investments	28.65%	39.74%	42.42%	23.37%	49.91%	53.43%
Other receivables	0.76%	0.85%	0.40%	0.32%	0.37%	0.40%
Cash and bank balances	60.90%	49.87%	45.19%	61.87%	39.64%	27.01%
<b>Total Assets</b>	<b>100.00%</b>	<b>100.00%</b>	<b>100.00%</b>	<b>100.00%</b>	<b>100.00%</b>	<b>100.00%</b>
<b>Funds:</b>						
Inception contribution	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
General fund	45.84%	40.79%	44.99%	43.73%	30.27%	33.87%
Zakat fund	0.61%	7.53%	8.55%	8.33%	3.66%	5.82%
Endowment fund	32.84%	20.99%	14.18%	17.56%	19.93%	38.73%
Strategic fund	20.71%	30.69%	32.28%	30.38%	46.14%	21.58%
<b>Total Funds</b>	<b>100.00%</b>	<b>100.00%</b>	<b>100.00%</b>	<b>100.00%</b>	<b>100.00%</b>	<b>100.00%</b>
<b>Liabilities:</b>						
Deferred income related to operating fixed assets	1.28%	0.00%	0.00%	0.05%	2.32%	3.80%
Creditors, accrued and other liabilities	98.72%	100.00%	100.00%	99.95%	97.68%	96.20%
<b>Total Liabilities</b>	<b>100.00%</b>	<b>100.00%</b>	<b>100.00%</b>	<b>100.00%</b>	<b>100.00%</b>	<b>100.00%</b>
<b>Total Funds &amp; Liabilities</b>	<b>100.00%</b>	<b>100.00%</b>	<b>100.00%</b>	<b>100.00%</b>	<b>100.00%</b>	<b>100.00%</b>

# CHILDLIFE FOUNDATION

## SIX YEARS' HORIZONTAL ANALYSIS

	% Variation					
	2022-23	2021-22	2020-21	2019-20	2018-19	2017-18
<b>Income:</b>						
Received in Cash	99%	50%	37%	127%	7%	100%
Received in Kind	169%	94%	111%	64%	53%	100%
Zakat Utilization - Operating Expenses	376%	210%	131%	113%	141%	100%
Zakat Utilization - Clinics	0%	92%	82%	82%	103%	100%
Deferred income - Operating Fixed Assets	3%	0%	1%	30%	50%	100%
Other income	3024%	768%	181%	347%	392%	100%
Utilized from Strategic Fund	658%	482%	368%	243%	206%	100%
<b>Total Income</b>	<b>411%</b>	<b>254%</b>	<b>182%</b>	<b>165%</b>	<b>118%</b>	<b>100%</b>
<b>Expenses:</b>						
Salaries and benefits	485%	338%	269%	236%	180%	100%
Third party contractual services	1103%	571%	424%	262%	270%	100%
Medicines consumed	661%	380%	293%	221%	156%	100%
Patient consultation	0%	107%	85%	85%	106%	100%
Project renovation	36%	85%	49%	69%	6%	100%
Depreciation & Amortization	459%	387%	341%	256%	204%	100%
Supplies and consumables	784%	383%	182%	255%	247%	100%
Oxygen supplies	53783%	51107%	19348%	11102%	6260%	100%
Repairs and maintenance	514%	332%	196%	67%	108%	100%
Travelling and related expense	618%	426%	207%	128%	66%	100%
Utilities	1579%	682%	298%	197%	163%	100%
Cartage expense*	1569%	542%	217%	137%	100%	0%
Insurance expense	524%	415%	399%	327%	209%	100%
Training and development	566%	242%	80%	135%	104%	100%
Information system maintenance	2318%	1424%	989%	797%	377%	100%
Legal and professional	1374%	1324%	557%	223%	288%	100%
Auditors' remuneration	226%	160%	388%	169%	100%	100%
Advertisement	440%	353%	133%	79%	94%	100%
Programmatic activities and preventive health care	322%	190%	55%	31%	63%	100%
Others	242%	76%	49%	104%	130%	100%
<b>Total Expenses</b>	<b>418%</b>	<b>290%</b>	<b>210%</b>	<b>177%</b>	<b>131%</b>	<b>100%</b>
<b>Surplus/(deficit) for the year transferred to general fund</b>	<b>388%</b>	<b>135%</b>	<b>90%</b>	<b>127%</b>	<b>75%</b>	<b>100%</b>

FINANCIAL POSITION:	% Variation					
	2022-23	2021-22	2020-21	2019-20	2018-19	2017-18
<b>Assets:</b>						
Operating Fixed Assets + Intangibles	167%	164%	153%	156%	106%	100%
Consumables	834%	386%	283%	216%	106%	100%
Advances, deposits and prepayments	112%	28%	30%	66%	27%	100%
Investments	297%	268%	195%	87%	161%	100%
Other receivables	1057%	768%	245%	163%	162%	100%
Cash and bank balances	1251%	665%	410%	456%	253%	100%
<b>Total Assets</b>	<b>555%</b>	<b>360%</b>	<b>245%</b>	<b>199%</b>	<b>173%</b>	<b>100%</b>
<b>Funds:</b>						
Inception contribution	100%	100%	100%	100%	100%	100%
General fund	820%	478%	360%	281%	169%	100%
Zakat fund	63%	513%	397%	311%	119%	100%
Endowment fund	514%	215%	99%	99%	97%	100%
Strategic fund	581%	564%	405%	306%	405%	100%
<b>Total Funds</b>	<b>606%</b>	<b>397%</b>	<b>271%</b>	<b>217%</b>	<b>189%</b>	<b>100%</b>
<b>Liabilities:</b>						
Deferred income related to operating fixed assets	72%	0%	0%	1%	38%	100%
Creditors, accrued and other liabilities	221%	121%	79%	80%	63%	100%
<b>Total Liabilities</b>	<b>215%</b>	<b>116%</b>	<b>76%</b>	<b>77%</b>	<b>62%</b>	<b>100%</b>
<b>Total Funds &amp; Liabilities</b>	<b>555%</b>	<b>360%</b>	<b>245%</b>	<b>199%</b>	<b>173%</b>	<b>100%</b>

\* Base Year is taken as 2018-19

## INDEPENDENT AUDITOR'S REPORT TO THE TRUSTEES OF THE TRUST

### Opinion

We have audited the financial statements of **ChildLife Foundation (the Trust)**, which comprise the statement of financial position as at June 30, 2023 and the statement of income and expenditure and other comprehensive income, statement of changes in fund balances and 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, 2023, and of its financial performance and its cash flows for the year then ended in accordance with approved 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.

### Information Other than the Financial Statements and Auditor's Report Thereon

Management is responsible for the other information. The other information comprises the information included in the annual report, but does not include the financial statements and our auditor's report thereon.

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

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

### Responsibilities of Management and Those Charged with Governance for the Financial Statements

The Trustees are responsible for the preparation and fair presentation of the financial statements in accordance with the approved accounting and reporting standards as applicable in Pakistan, and for such internal control as the Trustees determine 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, Trustees are 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 are responsible for overseeing the Trust's financial reporting process.



**A. F. FERGUSON & CO., Chartered Accountants, a member firm of the PwC network**  
State Life Building No. 1-C, I.I. Chundrigar Road, P.O. Box 4716, Karachi-74000, Pakistan  
Tel: +92 (21) 32426682-6/32426711-5; Fax: +92(21) 32415007/32427938/32424740; <[www.pwc.com/pk](http://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 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.



A.F. Ferguson & Co.  
Chartered Accountants  
Dated: November 17, 2023  
Karachi  
Engagement Partner: Shahbaz Akbar  
UDIN: AR202310068TBOjSZrfz

# STATEMENT OF FINANCIAL POSITION

AS AT JUNE 30, 2023

	Note	2023	2022
(Rupees in '000)			
<b>ASSETS</b>			
<b>NON-CURRENT ASSETS</b>			
Operating fixed assets	5	137,176	134,481
Intangible assets	6	740	1,621
		<u>137,916</u>	<u>136,102</u>
<b>CURRENT ASSETS</b>			
Consumables	7	207,973	96,383
Advances, deposits and prepayments	8	29,202	7,259
Investments	9	1,108,781	998,781
Other receivables	10	29,254	21,246
Cash and bank balances	11	2,356,789	1,253,455
		<u>3,731,999</u>	<u>2,377,124</u>
<b>TOTAL ASSETS</b>		<u><b>3,869,915</b></u>	<u><b>2,513,226</b></u>
<b>FUNDS AND LIABILITIES</b>			
<b>FUNDS</b>			
<b>Un-Restricted Funds</b>			
Inception contribution		10	10
General fund		1,684,420	981,952
		<u>1,684,430</u>	<u>981,962</u>
<b>Restricted Funds</b>			
Zakat fund		22,292	181,299
Endowment fund		1,206,839	505,373
Strategic fund	12	760,826	738,842
		<u>1,989,957</u>	<u>1,425,514</u>
<b>TOTAL FUNDS</b>		<u><b>3,674,387</b></u>	<u><b>2,407,476</b></u>
<b>LIABILITIES</b>			
<b>NON-CURRENT LIABILITIES</b>			
Deferred income related to operating fixed assets	13	1,969	-
<b>CURRENT LIABILITIES</b>			
Current portion of deferred income related to operating fixed assets	13	525	-
Creditors, accrued and other liabilities	14	193,034	105,750
<b>TOTAL LIABILITIES</b>		<u><b>195,528</b></u>	<u><b>105,750</b></u>
<b>TOTAL FUNDS AND LIABILITIES</b>		<u><b>3,869,915</b></u>	<u><b>2,513,226</b></u>
<b>CONTINGENCIES AND COMMITMENTS</b>	15		

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

  
Trustee

  
Trustee

# STATEMENT OF INCOME AND EXPENDITURE AND OTHER COMPREHENSIVE INCOME

FOR THE YEAR ENDED JUNE 30, 2023

	Note	2023 ————— (Rupees in '000)	2022 —————
<b>INCOME</b>	17	<b>3,170,506</b>	1,956,782
<b>EXPENDITURE</b>			
Operating expenses	18	<b>2,214,248</b>	1,535,509
Administrative expenses	19	<b>211,717</b>	144,917
Marketing expenses	20	<b>42,073</b>	32,824
<b>Total expenditure</b>		<b>2,468,038</b>	1,713,250
<b>Surplus for the year before taxation</b>		<b>702,468</b>	243,532
Taxation	22	-	-
<b>Net surplus for the year</b>		<b>702,468</b>	243,532
Other comprehensive income for the year		-	-
<b>Total comprehensive surplus for the year</b>		<b>702,468</b>	243,532

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

  
Trustee

  
Trustee



# STATEMENT OF CHANGES IN FUND BALANCES

FOR THE YEAR ENDED JUNE 30, 2023

	Note	Un-Restricted funds		Restricted funds			Total
		Inception contribution	General fund	Zakat fund	Endowment fund	Strategic fund	
(Rupees in '000)							
<b>Balance as at June 30, 2021</b>		10	739,255	140,419	233,030	530,276	1,642,990
Funds received during the year		-	-	355,008	271,508	1,552,753	2,179,269
Zakat utilised for operating expenses		-	-	(272,266)	-	-	(272,266)
Zakat claim for patients treated at SINA Trust	18.1	-	-	(41,862)	-	-	(41,862)
Surplus for the year		-	243,532	-	-	-	243,532
Funds utilised during the year	12	-	-	-	-	(1,344,187)	(1,344,187)
Realized gain upon encashment		-	(835)	-	835	-	-
<b>Balance as at June 30, 2022</b>		<b>10</b>	<b>981,952</b>	<b>181,299</b>	<b>505,373</b>	<b>738,842</b>	<b>2,407,476</b>
Funds received during the year		-	-	329,834	701,466	1,859,038	2,890,338
Zakat utilised for operating expenses		-	-	(488,841)	-	-	(488,841)
Surplus for the year		-	702,468	-	-	-	702,468
Funds utilised during the year	12	-	-	-	-	(1,837,054)	(1,837,054)
<b>Balance as at June 30, 2023</b>		<b>10</b>	<b>1,684,420</b>	<b>22,292</b>	<b>1,206,839</b>	<b>760,826</b>	<b>3,674,387</b>

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

  
Trustee

  
Trustee

# STATEMENT OF CASH FLOWS

FOR THE YEAR ENDED JUNE 30, 2023

	Note	2023 (Rupees in '000)	2022
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>			
Surplus for the year		702,468	243,532
<b>Adjustments for:</b>			
Amortisation of deferred income	17	(131)	-
Depreciation	5	62,108	49,789
Amortisation	6.1	881	3,332
Profit on investments and bank deposits	17.3	(197,628)	(92,765)
Gain on investments	17.3	-	(835)
Loss / (gain) on disposal of assets	17.3, 18.2 and 19.2	245	(133)
		<b>567,943</b>	<b>202,920</b>
<b>(Increase) / decrease in current assets</b>			
Consumables		(111,590)	(25,700)
Other receivables		(8,008)	(14,462)
Advances, deposits and prepayments		(21,943)	650
<b>Increase / (decrease) in current liabilities</b>			
Creditors, accrued and other liabilities		87,284	36,920
<b>Net cash generated from operating activities</b>		<b>513,686</b>	<b>200,328</b>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>			
Purchase of operating fixed assets	5	(65,300)	(63,993)
Purchase of intangible asset		-	(664)
(Investment in) / matured Islamic term deposit receipts	9	-	101,219
Redemption of Islamic mutual funds	9	-	26,209
Realized gain from Islamic investments		197,628	93,600
Proceeds from disposal of operating fixed assets		252	2,310
<b>Net cash (used in) / generated from investing activities</b>		<b>132,580</b>	<b>158,681</b>
<b>CASH FLOWS FROM FINANCING ACTIVITIES</b>			
Deferred income received		2,625	-
Zakat fund received		329,834	355,008
Strategic fund received	12	1,859,038	1,552,753
Endowment fund received		701,466	271,508
Utilisation of zakat fund		(488,841)	(314,128)
Utilisation of strategic fund	12	(1,837,054)	(1,344,187)
<b>Net cash generated from financing activities</b>		<b>567,068</b>	<b>520,954</b>
<b>Net Increase in cash and cash equivalents</b>		<b>1,213,334</b>	<b>879,963</b>
Cash and cash equivalents at beginning of the year		1,653,455	773,492
<b>Cash and cash equivalents at end of the year</b>	23	<b>2,866,789</b>	<b>1,653,455</b>

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

  
Trustee

  
Trustee

# NOTES TO THE FINANCIAL STATEMENTS

## FOR THE YEAR ENDED JUNE 30, 2023

### 1 LEGAL STATUS AND OBJECTIVES

1.1 ChildLife Foundation (the Trust) was established under a registered trust deed dated October 27, 2010. The principal office of the Trust is situated at 172-B, 1st Floor, Najeeb Center, Shahrah-e-Quaideen, Block 2, P.E.C.H.S, Karachi. The principal objectives of the Trust are to:

- promote the cause of medical care and manage emergency care units for children and setting-up, establishing, managing, operating, obtaining registrations and recognitions and funding for medical, educational and social welfare institutions;
- accept donations, grant contributions and subsidies from philanthropists, local and offshore donors, bodies and organisations;
- acquire, take over or receive by way of donations, develop plots, amenity sites and immovable properties of all kinds out of funds of the Trust; and
- provide medical and health care facilities for and medical treatment of the people by building, setting-up, establishing, managing, operating, funding, promoting, aiding and assisting hospitals, organising clinics, etc. and to generally do, effectuate, fulfil and undertake all other social welfare and charitable activities and to plan, implement and execute charitable and welfare projects of all kinds as may be permissible under the law.

Following are the geographical locations and addresses of all Children's Emergency units operated by the Trust:

#### Head Office:

172-B, 1st floor, Najeeb Center, Shakra-e-Quaideen, Block 2, P.E.C.H.S, Karachi, in the province of Sindh.

#### Children's Emergency Units:

- Civil Hospital, Karachi, Sindh (CHK)
- National Institute of Child Health, Karachi, Sindh (NICH)
- Sindh Government Hospital Korangi 5, Karachi, Sindh (SGHK)
- Abbasi Shaheed Hospital, Karachi, Sindh (ASH)
- Sindh Government Lyari General Hospital, Karachi, Sindh (LGH)
- Maternal and Child Health Institute, District Shaheed Benazirabad, Nawabshah, Sindh (NWB)
- Children Hospital, Larkana, Sindh (LKN)
- Ghulam Mohammad Maher Medical College Teaching Hospital, Sukkur, Sindh (GMMMC)
- Liaquat University of Medical and Health Sciences Teaching Hospital, Hyderabad, Sindh (LUMHS)
- Civil Hospital, Quetta, Balochistan (CHQ)
- Mayo Hospital, Lahore, Punjab (MHL)
- PIMS Hospital, Islamabad, Punjab (PIMS)

1.2 The Trust is currently managing the Children's Emergency Unit at CHK, NICH, SGHK, ASH, LGH, NWB, LKN, GMMMC and LUMHS under revised Memorandum of Understanding (MOU) signed on August 17, 2021, between the Trust and Government of Sindh (GoS) through the Secretary Health. Under the MOU:

- the GoS through Health Department is responsible for providing adequate resources in the annual budget and depute, post and assign such qualified, technical, professional and surgical / medical experts, paramedical staff and other experts of related disciplines and would also provide basic utilities without cost and the use of an appropriate stand-by generator; and
- the Trust is responsible for renovation and providing medical equipment, air conditioning and other essential equipment for the Children's Emergency Units as and where necessary on its sole discretion. Further, the Trust is responsible for efficiently managing the project and the facilities, developing proper inventory and data management systems, appointing qualified and professional experts and paramedic staff where required, arranging for the provisions of medicines and medical equipment, and may engage in technological advancements for compliance with medical protocols and improving the efficiency and quality of care.

- 1.3** The Trust is also managing the Children's Emergency Unit in CHQ under a revised MOU signed on March 3, 2021 between the Trust and Government of Balochistan (GoB) through the Secretary Health. Under the MOU:
- the GoB through Health Department is responsible for providing adequate resources in the annual budget and depute, post and assign such qualified, technical, professional and surgical / medical experts, paramedical staff and other experts of related disciplines and would also provide basic utilities without cost and the use of an appropriate stand-by generator; and
  - the Trust is responsible for renovation and providing medical equipment, air conditioning and other essential equipment for the Children's Emergency Unit as and where necessary on its sole discretion. Further the Trust is responsible for efficiently managing the project and the facilities, developing proper inventory and data management systems, appointing qualified and professional experts and paramedic staff where required, arranging for the provisions of medicines and medical equipment, and may engage in technological advancements for compliance with medical protocols and improving the efficiency and quality of care.
- 1.4** The Trust is also managing the Children's Emergency Unit in MHL under a MOU signed on June 17, 2021 between the Trust and Mayo hospital, Lahore (MHL) through its Chairman, Board of Governors. Under the MOU:
- MHL is responsible for providing adequate resources in the annual budget and depute, post and assign such qualified, technical, professional and surgical / medical experts, paramedical staff and other experts of related disciplines and would also provide basic utilities without cost and the use of an appropriate stand-by generator; and
  - the Trust is responsible for renovation and providing medical equipment, air conditioning and other essential equipment for the Children's Emergency Unit as and where necessary on its sole discretion. Further the Trust is responsible for efficiently managing the project and the facilities, developing proper inventory and data management systems, appointing qualified and professional experts and paramedic staff where required, arranging for the provisions of medicines and medical equipment, and may engage in technological advancements for compliance with medical protocols and improving the efficiency and quality of care.
- 1.5** The Trust is also managing the Children's Emergency Unit in PIMS under a MOU signed on January 28, 2022 between the Trust and Federal Medical Teaching Institute, PIMS, Islamabad through its Chairman, Board of Governors. Under the MOU:
- PIMS is responsible for providing adequate resources in the annual budget and depute, post and assign such qualified, technical, professional and surgical / medical experts, paramedical staff and other experts of related disciplines and would also provide basic utilities without cost and the use of an appropriate stand-by generator; and
  - the Trust is responsible for renovation and providing medical equipment, air conditioning and other essential equipment for the Children's Emergency Unit as and where necessary on its sole discretion. Further the Trust is responsible for efficiently managing the project and the facilities, developing proper inventory and data management systems, appointing qualified and professional experts and paramedic staff where required, arranging for the provisions of medicines and medical equipment, and may engage in technological advancements for compliance with medical protocols and improving the efficiency and quality of care.
- 1.6** The Trust Act, 1882 has been repealed due to promulgation of Provincial Trust Acts [i.e. Sindh Trust Act, 2020, Punjab Trust Act, 2020, Balochistan Trust Act, 2020, KPK Trust Act, 2020 and Islamabad Capital Territory (ICT) Trust Act, 2020] as empowered under the Eighteenth Amendment to the Constitution of Pakistan. Various new requirements including registration under the Trust Acts have been introduced. The Trust is required to be registered under the "Sindh Trusts Act, 2020" (the Sindh Trust Act). Accordingly, on June 2, 2023 the Trust Deed of the trust had been registered under the Sindh Trust Act. Moreover, as the Trust is registered under the province of Sindh hence it is not required to be registered under other Provincial Trust Acts.

## **2 BASIS OF PREPARATION**

### **2.1 Statement of compliance**

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

- International Financial Reporting Standards (IFRSs) issued by International Accounting Standards Board (IASB) as notified by the Securities and Exchange Commission of Pakistan (SECP);
- Accounting Standard for Not for Profit Organizations (NPOs) issued by the Institute of Chartered Accountants of Pakistan (ICAP).

In case requirements differ, the Accounting Standard for Not for Profit Organizations (NPOs) shall prevail.

## 2.2 Standards, interpretations and amendments to published accounting and reporting standards that are effective in the current year:

There are certain new standards and interpretations of and amendments to existing accounting standards that have become applicable to the Trust for accounting periods beginning on or after July 1, 2022. These are considered either not to be relevant or not to have any significant impact on the Trust's financial statements.

## 2.3 Standards, interpretations and amendments to published accounting and reporting standards that are not yet effective

### 2.3.1 The following amendments with respect to the accounting and reporting standards, would be effective from the dates mentioned below against respective amendment:

Amendments	Effective date (accounting period beginning on or after)
- IAS 1 - 'Presentation of financial statements' (amendments)	January 1, 2024
- IAS 8 - 'Accounting policies, change in accounting estimates and errors' (amendments)	January 1, 2023

These amendments may impact the financial statements of the Trust on adoption. The management is in the process of assessing the impact of these amendments on the financial statements of the Trust.

### 2.3.2 There are certain other new standards, interpretations and amendments that are mandatory for the Trust's accounting periods beginning on or after July 1, 2023 but are considered not to be relevant or will not have any significant effect on the Trust's operations and, therefore, have not been detailed in these financials statements.

## 3 BASIS OF MEASUREMENT

### 3.1 Accounting convention

These financial statements have been prepared under the historical cost convention except as disclosed in the accounting policies below.

### 3.2 Functional and presentation currency

Items included in the financial statements are measured using the currency of the primary economic environment in which the Trust operates. The financial statements are presented in Pakistani Rupees, which is the Trust's functional and presentation currency.

### 3.3 Critical accounting estimates and judgments

The preparation of financial statements in conformity with approved accounting standards, as applicable in Pakistan, requires management to make judgements, estimates and assumptions that affect the application of accounting policies and the reported amount of assets, liabilities, income and expenses.

The estimates and associated assumptions are based on historical experience and various other factors that are believed to be reasonable under the circumstances, the results of which form the basis of making the judgements about the

carrying values of assets and liabilities that are not readily apparent from other sources. Actual results may differ from these estimates. The assumptions underlying the estimates are reviewed on an on-going basis. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period, or in the period of the revision and future periods if the revision affects both current and future periods.

The areas where various assumptions and estimates are significant to the Trust's financial statements or where judgement was exercised in application of accounting policies are as follows:

- a) Useful lives, residual values and depreciation method of operating fixed assets (notes 4.1 and 5);
- b) Useful life, residual value and amortisation method of intangible asset (notes 4.2 and 6);
- c) Impairment of financial and non-financial assets (notes 4.3 and 4.4.1.2); and
- d) Provisions (note 4.11)

## **4 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

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

### **4.1 Operating fixed assets**

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

Depreciation is charged to income applying the straight line method at the rates specified in note 5 to the financial statements.

In respect of additions and disposals during the year, depreciation is charged from the month of acquisition and up to the month preceding the disposal respectively.

The residual values and useful lives of operating fixed assets are reviewed and adjusted, if appropriate, at each reporting date.

Assets are derecognised when disposed off or when no future economic benefits are expected from its use or disposal. Gains or losses on disposal of operating fixed assets, if any, are recognised in the statement of income and expenditure as and when incurred.

Repairs and maintenance costs are recognised in the statement of income and expenditure as and when incurred.

### **4.2 Intangible assets**

Intangible assets comprise of cost of computer software and is stated at cost less accumulated amortisation and accumulated impairment losses, if any. The cost of intangible assets is amortised over the estimated useful life using the straight line method. Costs associated with maintaining the computer software are recognised as expense in the statement of income and expenditure as and when incurred. The useful life, residual value and amortisation method of intangible asset is reviewed and adjusted, if appropriate, at each reporting date.

### **4.3 Impairment of non-financial assets**

The Trust assesses at each reporting date whether there is any indication that assets may be impaired. If such indication exists, the carrying amounts of such assets are reviewed to assess whether they are recorded in excess of their recoverable amount. Where carrying values exceed the respective recoverable amount, assets are written down to their recoverable amounts and the resulting impairment loss is recognised in the statement of income and expenditure. The recoverable amount is the higher of an asset's 'fair value less costs to sell' and 'value in use'.

Where impairment loss subsequently reverses, the carrying amount of the asset is increased to the revised recoverable amount but limited to the extent of the carrying amount that would have been determined (net of amortisation or depreciation) had no impairment loss been recognised. Reversal of impairment loss is recognised as income.

## 4.4 Financial instruments

### 4.4.1 Financial assets

#### 4.4.1.1 Classification and subsequent measurement

The Trust has applied IFRS 9 and classifies its financial assets in the following measurement categories:

- at amortised cost;
- at fair value through other comprehensive income (FVOCI); and
- at fair value through profit and loss (FVTPL).

The classification requirements for debt and equity instruments are described below:

##### (i) Debt instruments

Debt instruments are those instruments that meet the definition of a financial liability from the issuer's perspective, such as loans, government and corporate bonds and puttable instruments like units of open-ended mutual funds.

Classification and subsequent measurement of debt instruments depend on:

- the Trust's business model for managing the asset; and
- the cash flow characteristics of the asset.

Based on these factors, the Trust classifies its debt instruments in one of the following three measurement categories:

##### a) At amortised cost

Assets that are held for collection of contractual cash flows where those cash flows represent solely payments of principal and interest (SPPI), and that are not designated at FVTPL, are measured at amortised cost. The carrying amount of these assets is adjusted by any expected credit loss allowance recognised and measured as described in note 4.4.1.2.

##### b) Fair value through other comprehensive income (FVOCI)

Financial assets that are held for collection of contractual cash flows and for selling the assets, where the assets' cash flows represent solely payments of principal and interest (SPPI), and that are not designated at FVTPL, are measured at fair value through other comprehensive income (FVOCI). Movements in the carrying amount are taken through other comprehensive income, except for the recognition of impairment gains or losses, recognised and measured as described in note 4.4.1.2, interest revenue and foreign exchange gains and losses on the instrument's amortised cost which are recognised in the statement of income and expenditure. When the financial asset is derecognised, the cumulative gain or loss previously recognised in other comprehensive income is reclassified from equity to the statement of income and expenditure.

##### c) Fair value through profit and loss (FVTPL)

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

#### 4.4.1.2 Impairment

The Trust assesses on a forward looking basis the expected credit losses (ECL) associated with its debt instrument assets carried amortised cost and FVOCI. The Trust recognises a loss allowance for such losses at each reporting date. The measurement of ECL reflects:

- an unbiased and probability-weighted amount that is determined by evaluating a range of possible outcomes;
- the time value of money; and
- reasonable and supportable information that is available with out undue cost or effort at the reporting date about past events, current conditions and forecasts of future economic conditions

#### **4.4.1.3 Derecognition**

Financial assets, or a portion thereof, are derecognised when the contractual rights to receive the cash flows from the assets have expired, or when they have been transferred and either:

- (i) the Trust transfers substantially all the risks and rewards of ownership; or
- (ii) the Trust neither transfers nor retains substantially all the risks and rewards of ownership and the Trust has not retained control.

#### **4.4.2 Financial liabilities**

All financial liabilities are recognised initially at fair value less directly attributable cost, if any, and subsequently measured at amortized cost.

##### **4.4.2.1 Derecognition of financial liabilities**

The Trust derecognises financial liabilities when, and only when, the Trust's obligations are discharged, cancelled or have expired. The difference between the carrying amount of the financial liability derecognised and the consideration paid and payable is recognised in the statement of income and expenditure.

#### **4.5 Offsetting of financial assets and liabilities**

Financial assets and liabilities are offset and the net amount is reported in the financial statements only when there is a legally enforceable right to set off the recognised amount and the Trust intends either to settle on a net basis or to realise the assets and settle the liabilities simultaneously.

#### **4.6 Foreign currency transactions and translation**

Foreign currency transactions are translated into reporting currency at the rates of exchange prevailing on the date of transactions. Monetary assets and liabilities, denominated in foreign currencies are translated into reporting currency equivalents using year-end spot foreign exchange rates. Non-monetary assets and liabilities are translated using exchange rates that existed when these were initially recognised.

Gains and losses arising on retranslation are included in the statement of income and expenditure for the period.

#### **4.7 Retirement benefit obligation**

##### **4.7.1 Defined contribution plan**

The Trust also operates an unrecognised provident fund scheme for the permanent employees. Contributions to fund are made monthly by the Trust and employee at the rate of 8.33% of the basic salary. The Trust's contributions are recognised as employee benefit expense when they are due.

#### **4.8 Consumables**

Consumables include medicines and general store items purchased by the Trust and received as donation from CHK, NICH, SGHK, ASH, NWB, LKN, LGH, GMMMC, LUMHS, CHQ, MHL and PIMS. They are initially recorded at the cost and are subsequently valued using the weightage average cost method.



#### **4.9 Cash and cash equivalents**

Cash and cash equivalents are carried in the statement of financial position at cost. For the purpose of the cash flow statement, cash and cash equivalents comprise of balances with banks and short term highly liquid investments with maturities of less than three months.

#### **4.10 Creditors, accrued and other liabilities**

Liabilities for creditors, accrued and other amounts payable are carried at cost which is the fair value of the consideration to be paid in the future for goods and services received, whether or not billed to the Trust.

#### **4.11 Provisions**

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

#### **4.12 Advances, deposits and prepayments**

These include advance to suppliers for contract work at emergency care units, security deposit made against rented property and prepayments. These are stated at cost less estimates made for doubtful receivables based on review of all outstanding amounts at year end. Balances considered bad and irrecoverable are written off when identified.

#### **4.13 Taxation**

The Trust is registered with the income tax authorities as a non-profit organisation under section 2(36)(c) of the Income Tax Ordinance, 2001 read with Rules 212 and 220 of the Income Tax Rules, 2002. The Trust does not account for taxation, as non-profit organisations are allowed a tax credit equal to one hundred percent (100%) of the tax payable including minimum tax and final tax payable, under section 100C of the Income Tax Ordinance, 2001, subject to fulfilment of certain conditions stipulated therein.

#### **4.14 Income recognition**

##### **4.14.1 Donations**

Donation contributions are recognised on receipt basis.

##### **4.14.2 Donations in kind**

Medicines and other donations received in kind are recorded at fair value, being the deemed cost of the Trust, as and when they are received.

##### **4.14.3 Zakat received**

Zakat represents actual amount transferred to income in accordance with approval received from the Shariah Advisory Committee (SAC).

Donation and Zakat contributions related to specific operating fixed assets are recognised as deferred income and amortized over the useful lives of the asset when the asset is available for intended use.

#### **4.15 Fund accounting**

Resources are categorised, for accounting and reporting purposes, into funds in accordance with activities or objectives specified by the donor. Accordingly, two main groups of funds are distinguished - Unrestricted and Restricted funds.

#### **4.15.1 Un-restricted funds**

Un-restricted funds have been established to meet the operational expenses of the Trust from funds received during the year. These include the General fund and the Inception fund.

##### **4.15.1.1 General Fund**

General fund is used to record all resource inflows and outflows that are not associated with specific funds.

##### **4.15.1.2 Inception Fund**

Inception fund represents the initial token amount received by the Trust at the time of formation of the Trust.

#### **4.15.2 Restricted funds**

The Trust's restricted funds include Zakat fund, Endowment fund and Strategic fund.

##### **4.15.2.1 Zakat fund**

Zakat fund mainly includes the amount received in the Holy month of Ramadan. Funds received are utilised for the operating expenses of the Trust in accordance with approved SAC guidelines.

As recommended by the SAC, the fund was created for the benefits of Zakat eligible patients. All the funds received on account of Zakat are directly credited to the fund. Each year, the utilisation of Zakat funds for operating expenses are duly approved by the SAC and endorsed by the Board of Trustees.

In a meeting held on June 6, 2015, the SAC recommended 67% of operating expenses except for depreciation as adjustable from Zakat fund. The SAC also approved the utilisation of Zakat fund for patient consultation as per actual number of Zakat eligible patients. This was endorsed by the Board of Trustees in their meeting held on June 21, 2015.

##### **4.15.2.2 Endowment fund**

Endowment fund has been created with the approval of the Trustees for the purpose of achieving sustainability. This fund is invested in Islamic investments. Realized gain on investments pertaining to the Endowment fund are appropriated to the Endowment fund through an appropriation of surplus. Investment income earned on Endowment fund is utilised for operating expenses of the Trust.

##### **4.15.2.3 Strategic fund**

The Trust receives funds each year for strategic purposes such as establishing new Children's Emergency Care Units in various cities of Pakistan. At the discretion of donors, it has set aside these funds solely for the expansion of such units and for their routine operating expenditures.

#### **4.16 Government Grant**

Government grants are recognized at the fair value of consideration received. A grant that imposes specified future performance obligations is recognized in income when all those conditions are met. Government grants are recognized in the statement of income and expenditure on a systematic basis over the periods in which the entity recognizes as expenses the related costs for which the grants are intended to compensate and are presented separately in "strategic fund utilised".

5 OPERATING FIXED ASSETS

	June 30, 2023					
	Furniture and fixtures	Office equipment	Computer equipment	Medical equipment	Motor vehicle	Total
	(Rupees in '000)					
<b>At July 1, 2022</b>						
Cost	24,424	109,339	52,185	111,155	4,053	301,156
Accumulated depreciation	(14,803)	(54,869)	(34,870)	(61,863)	(270)	(166,675)
<b>Net book value</b>	<u>9,621</u>	<u>54,470</u>	<u>17,315</u>	<u>49,292</u>	<u>3,783</u>	<u>134,481</u>
<b>Transfer in / transfer out</b>						
Cost	(247)	4,656	(5,091)	682	-	-
Accumulated depreciation	78	(3,190)	3,774	(662)	-	-
	(169)	1,466	(1,317)	20	-	-
Additions during the year	447	17,178	24,742	22,933	-	65,300
<b>Disposals</b>						
Cost	(117)	(3,533)	(995)	(347)	-	(4,992)
Accumulated depreciation	103	3,174	940	278	-	4,495
	(14)	(359)	(55)	(69)	-	(497)
Depreciation charge for the year	(4,359)	(22,358)	(12,244)	(22,336)	(811)	(62,108)
Closing net book value	<u>5,526</u>	<u>50,397</u>	<u>28,441</u>	<u>49,840</u>	<u>2,972</u>	<u>137,176</u>
<b>At June 30, 2023</b>						
Cost	24,507	127,640	70,841	134,423	4,053	361,464
Accumulated depreciation	(18,981)	(77,243)	(42,400)	(84,583)	(1,081)	(224,288)
<b>Net book value</b>	<u>5,526</u>	<u>50,397</u>	<u>28,441</u>	<u>49,840</u>	<u>2,972</u>	<u>137,176</u>
Depreciation rate per annum	20%	20%	33%	20%	20%	
	June 30, 2022					
	Furniture and fixtures	Office equipment	Computer equipment	Medical equipment	Motor vehicle	Total
	(Rupees in '000)					
<b>At July 1, 2021</b>						
Cost	23,647	94,721	44,047	91,955	2,291	256,661
Accumulated depreciation	(13,023)	(36,875)	(36,261)	(46,811)	(2,291)	(135,261)
<b>Net book value</b>	<u>10,624</u>	<u>57,846</u>	<u>7,786</u>	<u>45,144</u>	<u>-</u>	<u>121,400</u>
Additions during the year	3,620	16,657	17,257	22,406	4,053	63,993
<b>Disposals / write-offs</b>						
Cost	(2,843)	(2,039)	(9,119)	(3,206)	(2,291)	(19,498)
Accumulated depreciation	2,665	1,584	8,886	2,949	2,291	18,375
	(178)	(455)	(233)	(257)	-	(1,123)
Depreciation charge for the year	(4,445)	(19,578)	(7,495)	(18,001)	(270)	(49,789)
Closing net book value	<u>9,621</u>	<u>54,470</u>	<u>17,315</u>	<u>49,292</u>	<u>3,783</u>	<u>134,481</u>
<b>At June 30, 2022</b>						
Cost	24,424	109,339	52,185	111,155	4,053	301,156
Accumulated depreciation	(14,803)	(54,869)	(34,870)	(61,863)	(270)	(166,675)
<b>Net book value</b>	<u>9,621</u>	<u>54,470</u>	<u>17,315</u>	<u>49,292</u>	<u>3,783</u>	<u>134,481</u>
Depreciation rate per annum	20%	20%	33%	20%	20%	

**5.1** The operating fixed assets of the Trust include capitalized assets purchased via funding received from its strategic partnerships with the Government of Sindh (GOS) and Government of Balochistan (GOB). The partnerships are governed by MOUs signed with the GOS and the GOB. The arrangements with GOS are for a period of 10 years extendable with consent of both parties, while arrangements with GOB are valid for three years, subject to yearly renewal by both parties and after three years they will be extendable with consent of both parties. The Trust has capitalized the assets as the substantial period of useful lives of these assets falls within the length of contract where the Trust will control the assets and receive the economic benefits flowing from them.

Purchase of the above assets is reflected in the income and expenditure account as part of 'Strategic fund utilised' and recorded as revenue when the Trust spends them on the purpose of the funding, i.e. to operate the Emergency Care Units.

	Note	2023	2022
		(Rupees in '000)	
<b>6 INTANGIBLE ASSET</b>			
Computer software	6.1	740	1,621
		<u>740</u>	<u>1,621</u>
<b>6.1 Computer Software</b>			

Particulars	Cost			Accumulated amortization			Carrying value		Annual rate of amortization	
	At July 1, 2022	Addition during the year	Disposal	At June 30, 2023	At July 1, 2022	Charge for the year	Accumulated amortization on Disposal / Write-offs	At June 30, 2023		At June 30, 2023
	(Rupees in '000)									
Computer software	9,877	-	-	9,877	8,256	881	-	9,137	740	33
<b>Total</b>	<b>9,877</b>	<b>-</b>	<b>-</b>	<b>9,877</b>	<b>8,256</b>	<b>881</b>	<b>-</b>	<b>9,137</b>	<b>740</b>	

Particulars	Cost			Accumulated amortization			Carrying value		Annual rate of amortization	
	At July 1, 2021	Addition during the year	Disposal / Write-offs	At June 30, 2022	At July 1, 2021	Charge for the year	Accumulated amortization on Disposal / Write-offs	At June 30, 2022		At June 30, 2022
	(Rupees in '000)									
Computer software	10,148	1,729	(2,000)	9,877	5,868	3,332	(944)	8,256	1,621	33
<b>Total</b>	<b>10,148</b>	<b>1,729</b>	<b>(2,000)</b>	<b>9,877</b>	<b>5,868</b>	<b>3,332</b>	<b>(944)</b>	<b>8,256</b>	<b>1,621</b>	

	Note	2023 (Rupees in '000)	2022
<b>7 CONSUMABLES</b>			
Balance as at July 1		96,383	70,682
Purchases during the year		769,276	400,195
Consumed during the year		(657,686)	(374,494)
Balance as at June 30		<u>207,973</u>	<u>96,383</u>
<b>8 ADVANCES, DEPOSITS AND PREPAYMENTS</b>			
Advance to suppliers	8.1	21,762	2,270
Advance to staff		150	222
Deposits	8.2	5,208	3,254
Prepayments	8.3	2,082	1,513
		<u>29,202</u>	<u>7,259</u>
<b>8.1</b> This represents advance given for the following purposes:			
Advance against construction / renovation of Emergency care units		20,183	1,407
Advance against maintenance expense - software		439	191
Promotional expenses		195	-
Others		945	672
		<u>21,762</u>	<u>2,270</u>
<b>8.2</b> This represents security deposits given in relation to head office premises, water supply, oxygen and LPG cylinders.			
<b>8.3</b> This represents prepayments made for the following purposes:			
Rent		1,996	-
Health insurance		-	1,357
Life insurance		-	106
Vehicle insurance		86	50
		<u>2,082</u>	<u>1,513</u>
<b>9 INVESTMENTS</b>			
Islamic term deposit receipts with banks - at amortized cost	9.1	1,108,781	998,781
		<u>1,108,781</u>	<u>998,781</u>
<b>9.1</b> This includes investments made on behalf of Endowment and other funds. They carry return at rates ranging from 15.0% to 20.30% (2022: 10.25% to 12.00%) per annum and are due to mature in July and August of 2023 and January, May and June of 2024.			
<b>10 OTHER RECEIVABLES</b>			
Accrued interest on:			
- Bank deposits		5,054	2,649
- Term deposit receipts		22,069	16,883
		<u>27,123</u>	<u>19,532</u>
Full and final settlement receivable - relating to employees		1,933	1,480
Others		198	234
		<u>29,254</u>	<u>21,246</u>

	Note	2023	2022
		(Rupees in '000)	
<b>11 CASH AND BANK BALANCES</b>			
Local currency			
Cash in hand		412	322
Cash at banks:			
Current accounts	11.1	205,018	182,827
Savings accounts	11.2	572,241	579,089
		777,259	761,916
Foreign currency			
Cash at banks in savings account	11.2	1,579,118	491,217
		2,356,789	1,253,455

**11.1** These include Zakat current accounts amounting to Rs. 22.292 million (2022: Rs. 181.298 million).

**11.2** These carry return at the rates ranging from 0.25% to 17.5% (2022: 0.25% to 11.40%) per annum.

	Note	2023	2022
		(Rupees in '000)	
<b>12 STRATEGIC FUND</b>			
Balance as at July 1		738,842	530,276
Received during the year	12.1	1,859,038	1,552,754
Utilised during the year	12.2	(1,837,054)	(1,344,188)
Balance as at June 30	12.3	760,826	738,842

**12.1** This represents funds received during the year for construction and running operations of Emergency Care Units in Pakistan. These include funds received from GoS, GoB, Bank Alfalah, Infaq Foundation and International Development and Relief Foundation (IDRF).

**12.2** Represents utilisation of funds in meeting operational expenses of Emergency Care Units in CHK, NICH, SGHK, ASH, NWB, LKN, LGH, GMMMC, LUMHS, CHQ, PIMS and MHL.

**12.3** The management intends to utilise these funds for meeting the expenditures of Emergency Care Units in Pakistan.

	Note	2023	2022
		(Rupees in '000)	
<b>13 DEFERRED INCOME RELATED TO OPERATING FIXED ASSETS</b>			
Balance as at July 1		-	-
Assets purchased during the year		2,625	-
Amortisation during the year		(131)	-
Balance as at June 30	13.1	2,494	-

	Note	2023 (Rupees in '000)	2022	
<b>13.1</b>	This represents deferred income related to operating fixed assets to be recognized:			
	Within one year	525	-	
	After one year	1,969	-	
		<u>2,494</u>	<u>-</u>	
<b>14</b>	<b>CREDITORS, ACCRUED AND OTHER LIABILITIES</b>			
	Creditors	14.1	107,809	55,607
	Accrued liabilities	14.2	75,953	42,336
	Others	14.3	9,272	7,807
			<u>193,034</u>	<u>105,750</u>
<b>14.1</b>	<b>Creditors</b>			
	- Payables relating to medicines & medical supplies		20,739	6,447
	- General payables		59,952	16,112
	- Other payables		27,118	32,651
	- Payable to Oracle Pakistan		-	397
			<u>107,809</u>	<u>55,607</u>
<b>14.2</b>	<b>Accrued liabilities</b>			
	- Salary & benefits payable		521	691
	- Leave encashment payable		22,682	14,787
	- Full and final settlement payables - relating to employees		501	525
	- Provident fund payable		3	-
	- Other accrued payables		289	-
	- Provision for insurance payables		-	679
	- Provision for audit expenses		596	596
	- Provision for monthly expenses		51,361	25,058
			<u>75,953</u>	<u>42,336</u>
<b>14.3</b>	<b>Others</b>			
	- Retention payable	14.3.1	1,401	5,487
	- Withholding tax payable		7,871	2,320
			<u>9,272</u>	<u>7,807</u>

**14.3.1** Retention money is withheld at the rate of 5.00% (2022: 5.00%) on the amount of invoices paid to contractors.

## 15 CONTINGENCIES AND COMMITMENTS

### 15.1 Contingencies

On May 30, 2022, the Deputy Commissioner Inland Revenue (DCIR) issued a demand of Rs. 40.830 million pertaining to tax year 2019 that the Trust has not obtained approval from the Chief Commissioner in order to become eligible for tax credit as required under section 100C(2)(c) of the Income Tax Ordinance 2001. In calculating the tax demand DCIR made an addition on account of exchange gain amounting to Rs. 56.218 million despite the fact that said exchange gain has already been declared by the Trust as part of taxable income in the return of income. Being aggrieved by the decision, the Trust in consultation with its tax consultant has filed an appeal before the Commissioner (Appeals) on grounds that the requirement was withdrawn by Finance Act 2019 and simultaneously filed stay application. Therefore no provision for taxation has been made in the financials.

On Feb 20, 2023, the Deputy Commissioner Inland Revenue (DCIR) issued a show cause notice under section 4C of the Income Tax Ordinance, 2001 for the tax year 2022. The notice was passed relating to super tax by raising demand of Rs. 4.978 million. The Trust has responded to the notice on the grounds that the Trust is a non-profit organisation under section 2(36)(c) of Income Tax Ordinance and is also subject to 100% tax credit under section 100 of the Ordinance. Based on the advice of its tax advisor, the case would be decided in favor of the Trust. Therefore, no provision has been recognised in these financial statements.

### 15.2 Commitments

The Trust's commitment in respect of fixed capital expenditure contracted but not incurred amounted in aggregate to Rs. 114.79 million relating to new head office renovation (2022: Rs. 11.13 million relating to Emergency Care Unit at PIMS Hospital)

## 16 MAJOR SOURCES OF CONTRIBUTIONS

Major contributors of the Trust during the year are as follows:

	2023	2022
	————— (Rupees in '000) —————	
Government of Sindh	1,600,000	1,200,000
ChildLife America	756,059	702,970
Government of Balochistan	190,000	95,000
Bank Alfalah Limited	50,000	-
Shahbaz Garments (Pvt.) Limited	39,761	18,450
Lucky Textile Mills Limited	20,000	29,450
Artistic Fabric & Garment Industries (Pvt.) Limited	26,000	24,000
PIMS Hospital Islamabad	10,582	-
Liaquat University Hospital Hyderabad	9,905	5,084
Ismail Industries Limited	6,000	6,000
Dr. Ruth Pfau Civil Hospital	5,762	6,677
Chandka Medical College Larkana	5,682	4,408
300 Mother & Child Hospital-Nawabshah	5,273	2,042
GMC Hospital Sukkur	2,383	4,147
Sindh Government Lyari General Hospital	1,020	874
Mayo Hospital Lahore	774	1,044
Khaadi Pakistan SMC (Pvt.) Limited	-	10,000
Indus Motor Company Limited	-	6,500
Hinovex Trading	-	5,000
Other individual and non-profit organizations	443,495	234,310



	Note	2023 (Rupees in '000)	2022
<b>17 INCOME</b>			
Strategic fund utilised	12.2	1,837,054	1,344,187
Donations			
Received in cash / bank		255,977	130,911
Received in kind	17.1	59,817	33,288
Zakat utilised for			
Operating expenses	17.2	488,841	272,266
Operating expenses clinics		-	41,862
Amortisation of deferred income related to operating fixed assets	13	131	-
Other income	17.3	528,686	134,268
		<b>3,170,506</b>	<b>1,956,782</b>

**17.1** This includes medicines received from CHK, NICH, SGHK, ASH, NWB, LKN, LGH, GMMMC, LUMHS, CHQ, MHL and PIMS for Emergency Care Units operated by the Trust.

**17.2** This represents actual amount transferred to income in accordance with approval received from the SAC. During the year, 22.68% (2022: 18.28%) of operating expenses (excluding depreciation) have been utilised from Zakat fund.

	Note	2023 (Rupees in '000)	2022
<b>17.3 Other income</b>			
Income:			
- Profit on bank deposits		58,111	21,516
- Net gain on sale of assets		-	133
- Exchange gain		325,318	40,188
- Other		5,741	350
- Income from investments	17.3.1	139,517	72,084
		<b>528,687</b>	<b>134,271</b>

#### 17.3.1 Income from investments

Term deposit receipts	17.3.1.1	139,517	71,249
Realised gain on Islamic mutual funds investments		-	835
		<b>139,517</b>	<b>72,084</b>

**17.3.1.1** This includes income from investments made through endowment fund amounting to Rs. 38.63 million (2022: Rs. 23.84 million), general fund amounting to Rs. 35.88 million (2022: Rs. 2.28 million) and strategic fund amounting to Rs 61.59 million (2022: Rs. 44.85 million)

18 OPERATING EXPENSES	Note	2023	2022
		(Rupees in '000)	
Salaries and benefits	21	870,002	598,264
Third party contractual services		291,963	149,447
Medicines consumed		601,034	345,265
Patient consultation	18.1	-	60,311
Project renovation		27,061	117,344
Depreciation		58,450	44,173
Amortisation		813	1,575
Supplies and consumables		93,525	47,478
Oxygen supplies		69,058	65,621
Repairs and maintenance		37,195	23,853
Travelling and related expense		48,861	31,322
Utilities		52,274	20,926
Cartage expense		22,268	7,692
Insurance expense		11,617	9,795
Training and development		3,665	1,031
Information system maintenance		16,449	10,104
Legal and professional		1,250	-
Others	18.2	8,763	1,308
		<u>2,214,248</u>	<u>1,535,509</u>

### 18.1 Patient consultation

This include charges paid by the Trust to SINA Trust for treatment of children @ Rs. 443 in 2022 plus actual lab charges per patient at the clinics being managed by SINA Trust in the urban slums of Karachi. Funds utilized from Zakat fund amount to Rs. 41.862 million in 2022 against Zakat eligible patients. The Trust is no longer providing funds to SINA Trust, hence no expenses were incurred relating to this in 2023.

18.2 Others	Note	2023	2022
		(Rupees in '000)	
Expenses:			
- Rent expense	18.2.1	6,939	-
- Net loss on sale of assets		95	-
- Miscellaneous and other expense		1,729	1,308
		<u>8,763</u>	<u>1,308</u>

**18.2.1** This rent pertains to warehouse maintained in Karachi amounting to Rs. 4.37 million and telemedicine control room maintained in Lahore amounting to Rs. 2.57 million.

	Note	2023 (Rupees in '000)	2022
<b>19 ADMINISTRATIVE EXPENSES</b>			
Salaries and benefits	21	141,616	106,226
Third party contractual services		3,978	3,607
Project renovation		22,250	1,059
Depreciation		3,656	5,616
Amortisation		68	1,757
Supplies and consumables		8,026	2,134
Repairs and maintenance		2,710	1,914
Travelling and related expense		1,367	3,286
Utilities		4,448	3,570
Insurance expense		2,185	1,118
Training and development		8,291	4,080
Information system maintenance		1,371	842
Legal and professional		4,801	5,829
Auditors' remuneration	19.1	596	422
Others	19.2	6,354	3,457
		<b>211,717</b>	<b>144,917</b>
<b>19.1 Auditors' remuneration</b>			
Annual audit fee		500	350
Out of pocket expense		52	41
Sales tax		44	31
		<b>596</b>	<b>422</b>
<b>19.2 Others</b>			
Expenses:			
- Head office rent expense		3,626	2,743
- Loss on sale of assets		150	-
- Miscellaneous		2,728	713
		<b>6,504</b>	<b>3,456</b>
<b>20 MARKETING EXPENSES</b>			
Programmatic activities and preventive health care		4,342	2,566
Advertisement	20.1	37,731	30,258
		<b>42,073</b>	<b>32,824</b>
<b>20.1 Advertisement</b>			

This includes resource mobilization, fund raising and advertisement cost for Emergency Care Units.

## 21 SALARIES AND BENEFITS

21.1 Salaries and benefits include Rs. 28.16 million (2022: Rs. 20.72 million) in respect of employees' provident fund.

21.2 The following information is based on un-audited financial statements of the Fund. The funds have been kept in Meezan Islamic Income Fund and Meezan Cash Fund (2022: Meezan Islamic Income Fund and Meezan Cash Fund).

	2023	2022
Cost of investments made (Rs. in '000)	140,283	97,461
Percentage of investments made	100%	100%
Fair value of investments (Rs. in '000)	140,510	97,623
Size of the fund - Total assets		
<i>Money Market</i>	7.23%	8.97%
<i>Income</i>	92.77%	91.03%

## 22 TAXATION

The Trust has been approved as a non-profit organization under Section 2(36)(c) of the Income Tax Ordinance, 2001 (the Ordinance). The Trust is allowed tax credit equal to 100% of the tax payable including minimum tax and final taxes, under section 100C of the Ordinance. The management intends to avail a tax credit equal to 100% of the tax payable. Accordingly, no tax charge has been recorded in the financial statements.

As per section 100C of the Income Tax Ordinance, 2001, non profit organisations, trusts or welfare organisations as mentioned in sub section 2 of section 100C shall be allowed a tax credit equal to one hundred percent of the tax payable, including minimum and final tax payable under any of the provisions of the Income Tax Ordinance, 2001, subject to the following conditions, namely:

- (a) return has been filed;
- (b) tax required to be deducted or collected has been deducted or collected and paid;
- (c) withholding tax statements for the immediately preceding tax year have been filed;
- (d) the administrative and management expenditure does not exceed 15% of the total receipts;
- (e) approval of Commissioner has been obtained as per requirement of clause (36) of section 2;
- (f) none of the assets of trusts or welfare institutions confers, or may confer, a private benefit to the donors or family, children or author of the trust or his descendants or the maker of the institution or to any other person and where such private benefit is conferred, the amount of such benefit shall be added to the income of the donor; and
- (g) a statement of voluntary contributions and donations received in the immediately preceding tax year has been filed in the prescribed form and manner

The Trust has complied with the aforementioned conditions of the Income Tax Ordinance, 2001 and obtained certificate from Pakistan Centre for Philanthropy which is valid upto 30th March 2025.

The operations of the Trust fall within the purview of section 100C of the Income Tax Ordinance, 2001 and the tax credit of hundred percent is allowed under section 100C of the Income Tax Ordinance, 2001 in respect of tax payable including minimum and final taxes payable and consequently no charge has been recognised in these financial statements.

	Note	2023 (Rupees in '000)	2022
<b>23 CASH AND CASH EQUIVALENTS</b>			
Cash and bank balances	11	2,356,789	1,253,455
Term deposit receipt maturing within 3 months	9	510,000	400,000
		<b>2,866,789</b>	<b>1,653,455</b>

## 24 TRANSACTIONS WITH RELATED PARTIES

The related parties of the Trust comprise of employees' provident fund, trustees of the Trust, associated undertakings with common trustees and key management personnel. Key management personnel are those persons having authority and responsibility for planning, directing and controlling the activities of the Trust. The Trust considers Chief Executive Officer, Director Finance, Director Clinical Affairs, Director Operations, Director Communications, Director Planning & Services and Associate Director Quality as its key management personnel. Transactions with related parties not shown elsewhere in financial statements are as follows:

Relationship with the Trust	Nature of Transaction	2023 (Rupees in '000)	2022
SINA Trust (Dr. Naseeruddin Mahmood is a common Trustee)	Expenses for patient consultation made to SINA Trust	-	60,311
ChildLife America (Mr. Osman Rashid is a common Trustee)	Strategic funds received	-	257,753
	Endowment funds received	701,466	271,508
	Zakat received	54,593	173,709
Lucky Textile Mills Limited (Mr. Sohail Tabba, the Trustee of ChildLife Foundation is Director of Lucky Textile Mills Limited)	Zakat received	20,000	29,450
Lucky Core Industries Limited (formerly ICI Pakistan Limited) (Mr. Abid Ganatra, the Trustee of ChildLife Foundation is Executive Director of Lucky Core Industries Limited) (Mr. Sohail Tabba, the Trustee of ChildLife Foundation is Chairman of Lucky Core Industries Limited)	Purchases of medicine from LCI	8,032	4,323
Lucky Core Foundation (formerly ICI Pakistan Foundation) (Mr. Abid Ganatra, the Trustee of ChildLife Foundation is Executive Director of Lucky Core Industries Limited) (Mr. Sohail Tabba, the Trustee of ChildLife Foundation is Chairman of Lucky Core Industries Limited)	Donations received	31,500	7,600
Iqbal Adamjee Trust (Mr. Iqbal Adamjee is a common Trustee)	Zakat received	-	3,500
Dr. Ahson Rabbani (Chief Executive Officer)	Donations received	1,550	2,500
Mr. Abid Ganatra (Trustee)	Zakat received	1,250	1,000

## 24.1 Remuneration of Chief Executive Officer and Executives

	2023		2022	
	Chief Executive Officer	Directors	Chief Executive Officer	Directors
	(Rupees in '000)			
Gross salary (net of deductions)	13,587	29,538	13,095	20,569
Allowances and reimbursements	402	3,338	349	2,201
Provident fund contribution	888	1,705	803	1,090
	<u>14,877</u>	<u>34,581</u>	<u>14,247</u>	<u>23,860</u>
Number of persons	<u>1</u>	<u>5</u>	<u>1</u>	<u>6</u>

25 NUMBER OF EMPLOYEES	2023		2022	
	Number			
- At June 30		1015		911
- Average during the year		996		811

## 26 FINANCIAL INSTRUMENTS BY CATEGORIES

	Note	June 30, 2023		
		At amortised cost	At fair value through income and expenditure	Total
(Rupees in '000)				
<b>Financial assets</b>				
Deposits	8	5,208	-	5,208
Investments	9	1,108,781	-	1,108,781
Other receivables	10	29,254	-	29,254
Cash and bank balances	11	2,356,789	-	2,356,789
		<u>3,500,032</u>	<u>-</u>	<u>3,500,032</u>

	Note	June 30, 2023	
		At amortised cost	Total
(Rupees in '000)			
<b>Financial liabilities</b>			
Creditors, accrued and other liabilities	14	185,162	185,162
		<u>185,162</u>	<u>185,162</u>

	Note	June 30, 2022		
		At amortised cost	At fair value through income and expenditure	Total
(Rupees in '000)				
<b>Financial assets</b>				
Deposits	8	3,254	-	3,254
Investments	9	998,781	-	998,781
Other receivables	10	21,246	-	21,246
Cash and bank balances	11	1,253,455	-	1,253,455
		<u>2,276,736</u>	<u>-</u>	<u>2,276,736</u>

	Note	June 30, 2022	
		At amortised cost	Total
<b>Financial liabilities</b>			
(Rupees in '000)			
Creditors, accrued and other liabilities	14	103,429	103,429

## 27 FINANCIAL RISK MANAGEMENT OBJECTIVES AND POLICIES

The Board of Trustees has overall responsibility for the establishment and oversight of the Trust's financial risk management. The responsibility includes developing and monitoring the Trust's risk management policies. To assist the Board in discharging its oversight responsibility, management has been made responsible for identifying, monitoring and managing the Trust's financial risk exposures. The Trust's exposure to the risks associated with the financial instruments and the risk management policies and procedures adopted by it are summarized as follows:

### 27.1 Credit risk

Credit risk is the risk that one party to a financial instrument will fail to discharge an obligation and cause the other party to incur a financial loss. Credit risk arises from the inability of the issuers of the instruments, relevant financial institution or counter parties, in case of placements or other arrangements, to fulfil their obligations.

#### Exposure to credit risk

Credit risk of the Trust mainly arises from balances with banks, deposits and other receivables. The maximum exposure to credit risk at the reporting date is as follows:

	2023	2022
	(Rupees in '000)	
Deposits	5,208	3,254
Other receivables	29,254	21,246
Investments in term deposit receipts	1,108,781	998,781
Bank balances	2,356,789	1,253,455
	<b>3,500,032</b>	<b>2,276,736</b>

For deposits, the management does not expect to incur material losses and considers that such amount is receivable upon termination of contract. For other receivables (includes accrued markup), bank balances and investment in term deposit receipts with banks, financial institutions with strong credit ratings are accepted. Credit risk on bank balances is limited as these are placed with banks having good credit ratings. The credit quality of banks as per credit rating agencies are as follows:

Name of banks	Rating	
	Short-term	Long-term
Habib Bank Limited	A1+	AAA
Meezan Bank Limited	A1+	AAA
Bank Al-Habib Limited	A1+	AAA
Bank Alfalah Limited	A1+	AA+
Dubai Islamic Bank Limited	A1+	AA
Sindh Bank Limited	A1	A+

## 27.2 Liquidity risk

Liquidity risk is the risk that the Trust will not be able to meet its financial obligations as they fall due. To guard against the risk, the Trust has diversified funding sources and assets are managed with liquidity in mind, maintaining a healthy balance of cash and cash equivalents.

The following are the contractual maturities of financial liabilities:-

	2023		
	Contractual cash flows	Upto one year	More than one year
	(Rupees in '000)		
<b>Non-derivative financial liabilities</b>			
Creditors, accrued and other liabilities	185,162	185,162	-
	2022		
	Contractual cash flows	Upto one year	More than one year
	(Rupees in '000)		
<b>Non-derivative financial liabilities</b>			
Creditors, accrued and other liabilities	103,429	103,429	-

## 27.3 Market risk

Market risk is the risk that changes in market price, such as currency exchange rates and interest rates will affect the Trust's income or the value of its holdings of financial instruments.

Market risk comprises of three types of risks: currency risk, interest rate risk and other price risk.

### 27.3.1 Currency risk

Currency risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in foreign exchange rates. Foreign currency risk arises mainly due to conversion of foreign currency assets and liabilities into local currency. The Trust monitors exchange rates on a regular basis.

As at the reporting date, the Trust is exposed to currency risk on its foreign currency bank account:

	2023	2022
	(Rupees in '000)	
Foreign currency bank account	1,579,118	491,217

The following exchange rates have been applied:

	Average rates		Reporting date rates	
	2023	2022	2023	2022
USD to PKR	248.00	178.01	285.99	204.84

As at the reporting date, if the Rupee is strengthened / weakened by 10% against the US dollar, with all other variables held constant, surplus for the year and total funds would have been lower/higher by Rs. 157.912 million (June 30, 2022: Rs. 49.121 million) mainly as a result of net foreign exchange loss / gain on translation of foreign currency bank account. This analysis assumes that all other variables, in particular interest rates, remain constant. The sensitivity analysis is performed on the same basis as for 2022.



### 27.3.2 Interest rate risk

Interest rate risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market interest rates.

Sensitivity analysis for variable rate instruments:

As at the reporting date, the Trust has the following variable interest bearing assets where interest rate risk may arise due to fluctuations in the rates:

<b>Financial assets</b>	<b>2023</b>	<b>2022</b>
	<b>(Rupees in '000)</b>	
<b>Variable rate instruments</b>		
Savings accounts	<u>2,151,359</u>	<u>1,070,306</u>
	<u>2,151,359</u>	<u>1,070,306</u>

With all other variables held constant, in case of 100 basis points increase / decrease in applicable rates at the last repricing date, the surplus of income over expenditure and total funds would have been higher / lower by Rs. 21.514 million (2022: Rs. 10.703 million).

## 28 FUND MANAGEMENT

The objective of the Trust when managing funds is to safeguard its ability to continue as a going concern so that it can invest in profitable investments and earn benefits which in turn, can help the Trust to grow and contribute to its objectives; and to maintain a strong fund base to support the sustained development of the Trust and to maintain confidence of donors, creditors and market.

## 29 FAIR VALUE OF FINANCIAL INSTRUMENTS

Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Consequently, differences can arise between carrying values and the fair value estimates.

Underlying the definition of fair value is the presumption that the Trust is a going concern without any intention or requirement to curtail materially the scale of its operations or to undertake a transaction on adverse terms.

Financial assets which are tradable in an open market are revalued at the market prices prevailing on the statement of assets and liabilities date. The estimated fair value of all other financial assets and liabilities is considered not to be significantly different from the respective book values.

### 29.1 Fair value hierarchy

International Financial Reporting Standard 13, 'Fair Value Measurement' requires the Fund to classify assets using a fair value hierarchy that reflects the significance of the inputs used in making the measurements. The fair value hierarchy has the following levels:

**Level 1:** quoted prices (unadjusted) in active markets for identical assets or liabilities;

**Level 2:** inputs other than quoted prices included within level 1 that are observable for the asset or liability either directly (i.e. as prices) or indirectly (i.e. derived from prices); and

**Level 3:** inputs for the asset or liability that are not based on observable market data (i.e. unobservable inputs).

The Trust does not hold any financial instrument which can be classified under the above mentioned levels.

**30 RECLASSIFICATION**

Comparative figures have been re-arranged and re-classified for the purpose of better presentation, the effect of which is not material.

**31 GENERAL**

**31.1 Rounding off**

Figures have been rounded off to the nearest thousand rupees unless otherwise specified.

**32 DATE OF AUTHORIZATION FOR ISSUE**

These financial statements were authorized for issue by the Board of Trustees on 28 October 2023.



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Trustee



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Trustee

# WAYS TO DONATE

## USD 7 (PKR 2,000)

Life Saving Treatment for 1 child in an Emergency Room

## USD 10,000 (PKR 2,800,000)

Sponsor 1 ER bed (1,500 children) in an Emergency Room for one year

## USD 150,000 (PKR 42,000,000)

Sponsor a Block (15 beds) treating 22,500 children in an Emergency Room for one year

## USD 1,000 (PKR 280,000)

Treat 150 children in an Emergency Room

## USD 50,000 (PKR 14,000,000)

Sponsor a Wing (5 beds) treating 7,500 children in an Emergency Room for one year

# DONATIONS IN PAKISTAN

## Through Checks

Mail Checks in the name of "ChildLife Foundation"  
LG-49, Lower Ground, LuckyOne Mall,  
Block 21, F. B. Area, Rashid Minhas Road,  
Karachi, Pakistan

## Through Credit Card

Log on to [www.childlifefoundation.org](http://www.childlifefoundation.org)

## Through Bank Transfer

### Donation Accounts

Bank Al Habib Limited  
Title of Account: ChildLife Foundation  
Account No: 5006-0071-000045-01-6  
Bank: Bank Al Habib Limited  
Branch: Islamic Banking Shaheed-e-Millat  
IBAN No: PK96BAHL5006007100004501

Habib Bank Limited  
Title of Account: ChildLife Foundation  
Account No: 50227900258252  
Bank: Habib Bank Limited  
Branch: IBB Dehli Mercantile Society Branch  
IBAN No: PK54HABB0050227900258252

### Zakat Accounts

Bank Al Habib Limited  
Title of Account: ChildLife Foundation (Zakat Funds)  
Account No: 5006-0081-000046-01-9

Bank: Bank Al Habib Limited  
Branch: Islamic Banking Shaheed-e-Millat  
IBAN No: PK67BAHL5006008100004601

Habib Bank Limited  
Title of Account: ChildLife Foundation  
Account No: 50227900258455  
Bank: Habib Bank Limited  
Branch: IBB Dehli Mercantile Society Branch  
IBAN No: PK05HABB0050227900258455

Meezan Bank Limited  
Title of Account: Child Life Foundation – (Zakat Collection Account)  
Account No: 0117- 0106598319  
Bank: Meezan Bank Limited  
Branch: UP More Branch  
IBAN No: PK67MEZN0001170106598319

### USD Account

Bank Al Habib Limited  
Title of Account: ChildLife Foundation  
Account No: 5006-0116-010009-01-7  
Branch: Islamic Banking Shaheed-e-Millat  
Swift Code: BAHLPKKA  
IBAN No: PK92BAHL5006011601000901

Donations made in Pakistan are tax-exempt and Zakat utilization is as per Shariah compliance.

# DONATIONS IN USA

## Through Checks

Mail Checks in the name of 'ChildLife Foundation America' to our US volunteer:

Salem Suriya

ChildLife Foundation Representative

15757 Pines Blvd, STE 038

Pembroke Pines, FL 33027

## Through Credit Card

<http://bit.ly/CLFA21>

## Through Bank Transfer

Please email [childlife.america@gmail.com](mailto:childlife.america@gmail.com) for bank details.

## Stock Donation

Log on to <https://www.stockdonator.com> and enter the Stock Symbol and Quantity, and your personal and brokerage information.

## Double your Donation - Corporate Matching

Double your donation by matching program through your employer.

Please visit <https://doublethedonation.com> to get information regarding your employer's matching program and eligibility criteria. You can contact our attorney Mr. Yasir Billoo at [ybilloo@intlpartners.com](mailto:ybilloo@intlpartners.com) with any further queries regarding matching.

## Zelle

To donate via Zelle, please use [salem.suriya@childlifefoundation.org](mailto:salem.suriya@childlifefoundation.org)

## PayPal

To donate via PayPal, please search for 'ChildLife Foundation America'

Donations made in USA are tax exempt.

ChildLife Foundation America Inc. is a registered 501(c)3 organization. EIN: 81-3687828.

Zakat utilization is as per Shariah compliance.

# DONATIONS IN CANADA

## Through Credit Card

Log on to [www.idrf.com](http://www.idrf.com) and specify ChildLife Foundation in the Comments section.

Donations made in Canada are tax deductible through our partner International Development & Relief Foundation (IDRF), a charitable registered firm # 132543005RR0001.

Zakat utilization is as per Shariah compliance.



افراد کے ہاتھوں میں ہے اقوام کی تقدیر  
ہر فرد ہے بِلّت کے مقدر کا ستارا

- علامہ اقبال



## ChildLife Foundation

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[www.childlifefoundation.org](http://www.childlifefoundation.org)