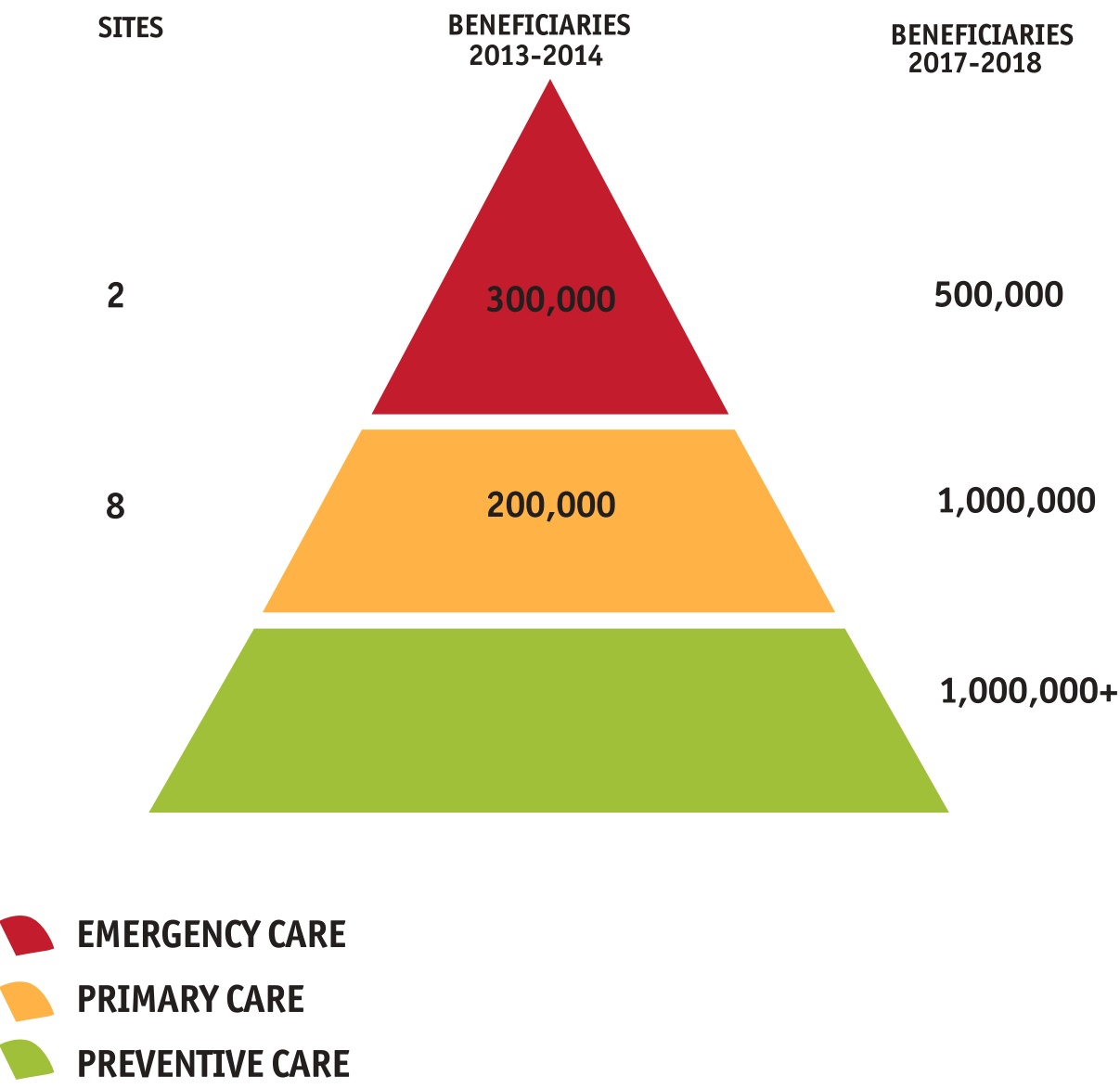




ANNUAL REPORT 2014

The children of Pakistan born into poverty typically struggle through their childhoods with easily preventable and curable diseases because they have no access to quality and affordable healthcare.

ChildLife Foundation is changing their fate. Access to quality healthcare is every child’s right, despite their family’s income and wealth. By partnering with the government of Sindh and other institutions providing healthcare to low-resource communities, ChildLife has reached out to over 600,000 children from destitute homes in just four years. The network of primary and urgent care facilities continues to grow and help numerous more families.



“AND HE HATH MADE ME BLESSED WHERESOEVER I BE, AND HATH ENJOINED ON ME PRAYER AND CHARITY AS LONG AS I LIVE” -19:31 (SURAH MARYAM)

اور جہاں بھی رہوں بابرکت قرار دیا ہے اور جب تک زندہ رہوں نماز اور زکوٰۃ کی وصیت کی ہے۔ (سورۃ مریم ۱۹:۳۱)

ORGANIZATION HISTORY



2010

A group of philanthropists come together and form the ChildLife Foundation, to bring a positive change in the abysmal healthcare system available to the children of Pakistan.

2011

In a partnership with the Government of Sindh, Civil Hospital Karachi's pediatric emergency room (ER) is rebuilt. ChildLife takes over the management and hires additional medical staff to work alongside the government's existing one.

2011-2012

57,600 children treated at ChildLife's Civil Hospital, Karachi.

2012

ChildLife forms a partnership with SINA Trust and provides free of cost treatment to children visiting ChildLife-SINA clinics in the urban slums of Karachi.

2012-2013

150,000 children treated through the expanding ChildLife network.

2013

In a continued partnership with the government, ChildLife replicates its ER model at the National Institute of Child Health, making it the largest children's ER in Pakistan.

2013-2014

400,000 children are treated within the ChildLife network.

2014

ChildLife initiates its pilot Preventive Health Program in Yousuf Goth, conducting a baseline survey to understand the best health intervention methods for the community.



VISION

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

MISSION

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.



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OUR PEOPLE

BOARD OF TRUSTEES



IQBAL ADAMJEE

Chairman of ChildLife Foundation, Mr. Iqbal Adamjee studied at Millfield School in UK and at Stanford University in California, USA. The Adamjee Foundation has initiated a number of public welfare projects including Adamjee School, Adamjee Science College and Adamjee Eye Hospital, which provides almost free-of-cost cataract surgeries by top-of-the-line surgeons and doctors.



ZOHAIR ZAKARIA

Mr. Zohair Zakaria is a finance and investments graduate from Babson College, USA. He is the Director and CFO of Al Noor Sugar Mills Limited, one of the companies of the Al Noor Group. In addition to manufacturing sugar, the Al Noor Group also manufactures medium density fiber board under the well known brand name of Lasani Wood. The group is actively involved in other charitable initiatives within the country.



DR. NASEERUDDIN MAHMOOD

Dr. Naseeruddin Mahmood is a pediatrician trained in the USA and Canada who came back to Pakistan in 1993. After an eight year stint as a fulltime faculty at the Aga Khan University, Dr. Mahmood started his private practice in Karachi and is currently associated with the South City Hospital. Over the past few years, he has been actively involved in several social welfare projects. He is a trustee of SINA Health, Education and Welfare Trust and ChildLife Foundation. He actively advises the Indus Hospital Board in their development plans and has been a key member of the Karachi Relief Trust.



SOHAIL TABBA

Sohail Tabba is the CEO of several leading companies in Karachi, including Lucky Knits, Lucky Energy, Yunus Energy, and Gadoon Textiles. He is one of the founding trustees of ChildLife. Mr. Tabba has personally funded many of the projects of the organization and encourages his family and friends to do the same. He is very active in the social sector. He is the director of the Tabba Heart Institute and the Aziz Tabba Foundation. He is also one of the founding members of the Italian Development Council.



ASHRAF AMDANI

Mr. Mohammad Ashraf Amdani's successful career spans over three decades. His business activities include textile trading & manufacturing, real estate developments, and hospitality business. Apart from being on the board of Universal Health Insurance (UHI) Clinic as its director, Mr. Amdani is vice president of Nur-ul-Islam Academy (NUIA) School in Florida. His other social engagements include being a board member of the prestigious South Florida Muslim Association, and a trustee of the World Memon Organization (WMO).



OSMAN RASHID

As a U.S based entrepreneur, Osman Rashid has led many companies to success. He was co-founder and CEO of online textbook rental leader Chegg, and also co-founder and CEO of Kno, Inc. which is a digital education platform company. Both these companies have been huge successes as Chegg launched an IPO on NYSE, while Kno has now been acquired by Intel. Currently he is working on his third education start-up GalaxyZ, Inc.

MANAGEMENT



MANAGEMENT PHOTO (L TO R)
SYED ALI HUSSAIN, SYED ASAD AGHA, DR. MUHAMMAD AHMED SIDDIQUI, AAMIR JESSANI, MUNEEZA IQBAL , DR. AHSON RABBANI,
DR. MUHAMMAD IRFAN HABIB, MUHAMMAD ZAHIRUDDIN

DR. AHSON RABBANI

Chief Executive Officer. Dr. Rabbani has ten years of management experience in multinational companies in Pakistan. Since then, he has worked for over 12 years in leading positions at large non-profit organizations. He holds a doctorate in social marketing.

AAMIR JESSANI

Chief Financial Officer. Mr. Jessani has held leading roles in the finance and budget teams of prominent non-profit organizations before joining ChildLife. He is a member of the ACCA and has an MBA in management from SZABIST.

DR. IRFAN HABIB

Head of Clinical Affairs. Dr. Habib has vast experience in emergency medicine, with a keen interest in pediatric emergency care. He is an instructor in various pediatric life-saving skill workshops that he conducts at renowned hospitals throughout the city. He has an MBBS from Sindh Medical University, and an MCPS and FCPS in Pediatric from College of Physicians & Surgeons, Pakistan.

DR. MUHAMMAD AHMED SIDDIQUI

Head of Preventive Health Program. Dr. Siddiqui is a public health practitioner with expertise in maternal and child health, reproductive health, family planning, injuries, and communicable diseases. He completed his MBBS from Sindh Medical University, and an MPH from Johns Hopkins School of Public Health.

SYED ALI HUSSAIN

Head of IT. Mr. Hussain has extensive experience implementing and managing IT systems at a number of leading media and commercial companies. He has a master's degree in management information systems from Southeastern University.

MUNEEZA IQBAL

Manager of Communications. Ms. Iqbal has worked in journalism and marketing at various leading organizations. She has a bachelor's degree in journalism and economics from New York University.

MUHAMMAD ZAHIRUDDIN

Administrator at Civil Hospital, Karachi Pediatric ER. Mr. Zahiruddin has dedicated his career to hospital administration for over 20 years. He has a post-graduate diploma in hospital administration from National Institute of Public Administration.

SYED ASAD AGHA

Administrator at NICH Pediatric ER. Mr. Agha has previously worked as an administrator at a renowned local hospital. He has an MBA, and a post-graduate diploma in hospital administration and healthcare management from Dow University.

PAVING A ROAD TO CHANGE MESSAGE FROM THE CHAIRMAN

Heavy monsoon rains wreaked the lives of over 20 million Pakistanis across the nation. There were outbreaks of gastrointestinal diseases, diarrhea, cholera, skin diseases, and malaria. As medical camps and local hospitals became inundated with patients, people from Interior Sindh traveled to Karachi for treatment. Civil Hospital, Karachi (CHK) saw a surge of flood victims, and was unprepared to handle the load.

During this time CNN aired a newscast on the pathetic condition of the CHK children's emergency room (ER), reported by Dr. Sanjay Gupta. This famous, historical government hospital was treating children from all over Sindh in a dilapidated facility with poor sanitation and insufficient medical equipment. The staff was overburdened, but the patient flow did not cease. Seeing this horrific scene on my television encouraged me to go investigate the situation myself. I wanted to financially assist the team at the children's ER at CHK, but when I visited them, I realized that they needed more than just financial assistance.



Not only was the ER lacking resources and proper sanitation, its roof was in a precarious state and could collapse at any moment! I contacted my friend Shahid Abdulla of the esteemed ASA architecture group to come inspect how this building could be fixed. The only solution he saw was to tear it down and replace it with a new, better designed unit.

To design and erect a new facility, I needed to bring together more philanthropists willing to work on this project. I reached out to Dr. Naseeruddin Mahmood who is not just a leading pediatrician in the city, but also someone I trusted my own children's health with. I knew I would need his invaluable advice if this project was to become fruitful. Along with him, I was also joined by prominent businessmen Sohail Tabba and Zohair Zakaria.

However, we realized that simply by building a new facility we could not solve the problem long term. CHK still lacked manpower to run a facility that was frequently inundated by more patients than the staff could manage. This is when we decided to form a nonprofit organization that would assist the government in their operations; and thus ChildLife Foundation was born.

ChildLife formed a public-private partnership with the Government of Sindh to operate this facility and provide the best possible treatment for destitute children free of cost. I am proud to say that after 3 years of operating, the children's emergency room at CHK has become a prime example that collaborations with the government can work and have fruitful results.

We realized the importance of partnering with other organizations to work together in empowering people. In 2012 we joined hands with SINA Trust, an organization providing primary

care in the vast slums of Karachi. We felt the need to expand our network to create a complete healthcare system for children from low-resource homes. ChildLife now operates a network of primary care clinics across Karachi in conjunction with SINA, where ChildLife is responsible for providing the children visiting the clinics with free treatment, testing, and medication. 100,000 children received treatment at these clinics in 2013-14.

ChildLife is also a proud partner of various other organizations that are helping us provide better services to our patients. Stanford University, Memon Medical Institute Hospital, Indus Hospital, and i-Care Fund America are all key partners in our organization.

This year we initiated a pilot preventive health program by completing a baseline survey in a slum called Yousuf Goth. ChildLife understands that diseases like pneumonia, diarrhea, and malnutrition are rampant in these areas and the leading causes of death amongst children. The program aims to tackle these problems by providing early intervention treatment and education so that they can be prevented and easily treated in their early stages.

All of our projects are entirely donor funded. Without the support of these generous

contributors, ChildLife would be unable to achieve its mission. We are blessed to have supporters not just from Pakistan, but all over the world, including USA, Canada, UAE, and Singapore. We get contributions not only in the form of cash, but also in the form of essential services and human resources, helping ChildLife invest in the future generations of Pakistan.



As the leading nonprofit for children's health in Pakistan, we strive to achieve more. We have already established a complete healthcare system in Karachi, and laid the groundwork for this system to expand to every low-resource community in the city. But we will not confine our work to the boundaries of this metropolis. In the near future, with the help of our partners and supporters, we hope to extend our healthcare system to the rest of Pakistan. I urge you to come visit our facilities and see how we have cultivated a small, humble ambition to become a multi-service organization. We hope to inspire, grow and create a healthy future for Pakistan.



A handwritten signature in black ink, which appears to read 'Iqbal Adamjee'.

Iqbal Adamjee

WE CAN DO IT!

MESSAGE FROM THE CEO

The state of child health in Pakistan can be best summed up with the fact that every minute a child dies in Pakistan – mostly due to preventable reasons. Adding insult to injury is the knowledge that countries poorer than Pakistan have better child mortality ratios. There is ample research available about the causes of child mortality and its evidence-based low-cost solutions. The missing ingredient is the will to implement programs to save the future of Pakistan.

This is where ChildLife Foundation has stepped in. With the mission to provide a complete healthcare system of high quality and low-cost, ChildLife is reaching out to dozens of low-resource communities in Karachi. Our two pediatric emergency rooms (ERs) at government hospitals are complete with trained doctors, strict quality protocols, essential life-saving equipment and medicines. As a result, 300,000 critically-ill children were treated in the ERs last year free of cost, and the survival rate of critically ill children increased from 15% to 70%. We now look forward to expanding this model to other public and private hospitals.

Additionally, our network of primary care clinics aims to reduce the need for emergency care by providing primary care services through our clinics located within the heart of low-resource communities. 80% of patients are able to walk to our clinics to get treated for their ailments before they worsen and emergency care is required. Last year, our network of clinics treated over 200,000 patients in such communities. ChildLife aims to establish its clinics in all slums of Karachi to cater to families who do not have access to affordable, quality care otherwise. In the near future, we hope to expand our network to treat communities across Pakistan.

The complaints that we most frequently get at our clinics are of easily preventable and treatable diseases such as diarrhea, pneumonia, and other problems caused by a lack of timely immunizations. As a result, ChildLife has initiated a preventive health program that aims to provide low-resource communities with preventive interventions for nutrition, clean water and sanitation, maternal care, and childhood illnesses. As the most sustainable and impactful program in our system,



we aim to reduce the number of sick children visiting our ERs and primary care clinics over time.

Through partnerships and collaborations, we have managed to impact communities across Karachi with quality and affordable healthcare. Stanford University has helped us improve the quality of service provided at our ERs. Sina Trust is our crucial partner that helps us build and operate clinics, ensuring the best quality of service at a low-cost. To help us bring tax-exempt donations from the Pakistani diaspora in USA, I-Care Fund America has been a fundamental partner. These are three of our several partners who have been instrumental in our services to the destitute communities of Pakistan.

Our work would not be possible without the support of our generous donors. ChildLife is humbled to receive zakat and donations from various local corporations, industrialists,

philanthropic families, and schools. Support from Pakistani expat communities living abroad has also increased over the years, with 17% of total donations coming from abroad. Through partnerships, we try to make all foreign donations tax deductible. We also ensure that all zakat funds are utilized in compliance with the Shariah principles.

As we continue to improve our services and expand our network, we hope to reach out to more children not just in Karachi, but across the country. Please join us in achieving our dream of creating a healthy Pakistan.

We can do it - We must do it!

A handwritten signature in black ink, which appears to read "Ahson Rabbani".

Dr. Ahson Rabbani

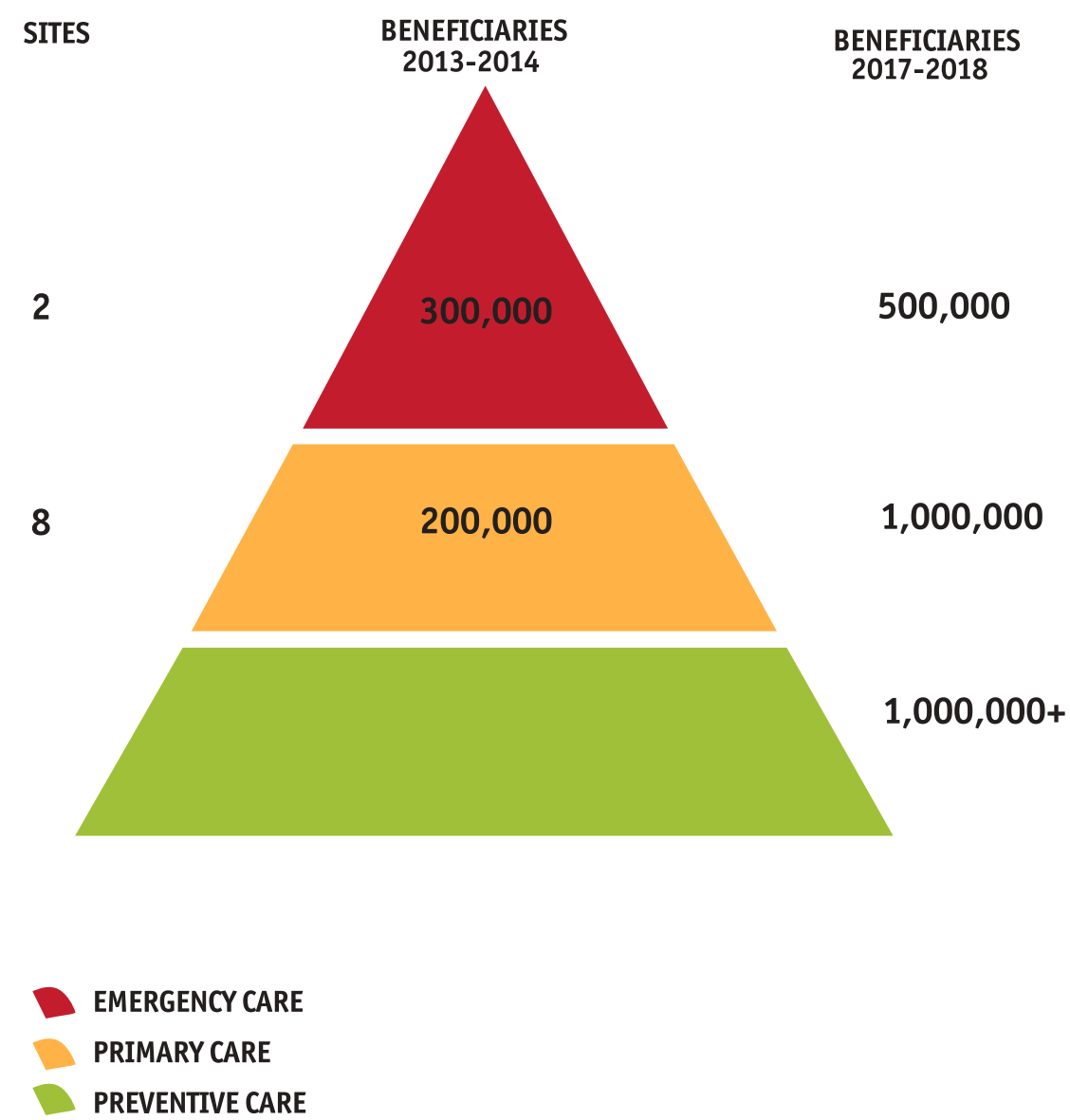




OUR OPERATIONS

SURVIVING IN A FAILED SYSTEM

CHILD LIFE FOUNDATION -HEALTH SYSTEM



Fazal Rehman's mother was cooking dinner with her sister-in-laws when she heard him crying in their yard. She went outside to find the 10-month-old covered in a pool of blood, surrounded by his 21 cousins and siblings. There were different theories about how he got hurt. He tripped while crawling, the football hit him, one of the older boys tripped over him.

She cleaned up the wounds on his head and face, and when he wouldn't stop crying, put him to bed. Around midnight, he woke up wailing and vomited. This worried the family and they decided to take him to a nearby hospital. Fazal's uncle, Ahmed, recalls how the staff at the hospital did not help him understand what was wrong with his nephew, but from what he pieced together, his brain had been shifted as a result of the fall and they put him on a drip so it could settle back in place.

But in the morning Fazal continued to cry and seemed a bit uncoordinated. Ahmed got concerned and decided to bring him to the

NICH emergency room operated by ChildLife Foundation. It was here that he learned that his nephew was suffering from a concussion.

Fazal's father, Rehmat, is a cloth merchant who makes a decent wage. He lives together with his four brothers and their large families, but because not all of them are employed, Rehmat's income helps support the household of 30. They live in Korangi Town, a low-resource neighborhood with densely packed houses and narrow streets. Ahmed says that the area is sprawling with clinics and small hospitals that charge a hefty sum for each visit. However, due to their proximity, the family takes all their children to such clinics when the need arises. Often, they do not think their kids get any better despite all the medication that is given to them.

Stories like Fazal's are sadly very common in Karachi, where 56% of the population lives in similar low-resource neighborhoods. Fortunately for Fazal, the misdiagnosis at the first hospital did not harm him too much because his concussion



was not life-threatening. But the story is not always as hopeful for many children residing in these areas. When these children fall sick, many parents try home remedies and visit local doctors before finally rushing their child to the emergency room. They do this because they can often not afford the cost of transportation, and are afraid that the services at the ER might be a further financial burden. By the time these patients get to the ER, they are usually in a very critical condition.

Many ER visits could be avoided if there were quality primary care clinics in close proximity to all residential neighborhoods, curbing illnesses in their rudimentary phase. However, primary clinics with qualified doctors rarely exist in low-resource areas and local residents are forced to visit unlicensed doctors who frequently misdiagnose the case. Additionally, World Health Organization (WHO) estimates that 40%-50% of the medicines available in these regions are fake or expired. This further complicates the patient's health, increasing their need for emergency care.

Diarrhea, pneumonia, and malnutrition are the most common illnesses festering amongst

the children residing in these low-resource areas. They are easy to prevent and treat, but most people lack the knowledge and the resources to keep such diseases at bay. They do not understand the importance of hygiene or a healthy diet, and as a result, often suffer from ailments that people living in other neighborhoods can without difficulty prevent and treat themselves. This increases their demand for primary healthcare, which is not readily available. As a result, the children require emergency care, and many a times, expire before they can receive such help.

ChildLife Foundation aims to tackle the health problems that are prevalent in the slum neighborhoods of Karachi through a complete healthcare system: emergency care, primary care, and preventive care. ChildLife understands that by providing comprehensive preventive care – including immunizations – they will be able to prevent and stamp out most illnesses at the core. This will reduce the demand for primary health clinics and emergency rooms. But to keep a community healthy, there will always be a need for these facilities, so ChildLife will continue to expand its network of clinics and emergency rooms catering to low-income families seeking quality and affordable healthcare.



MANY ER VISITS COULD BE AVOIDED IF THERE WERE QUALITY PRIMARY CARE CLINICS IN CLOSE PROXIMITY TO ALL RESIDENTIAL NEIGHBORHOODS, CURBING ILLNESSES IN THEIR RUDIMENTARY PHASE.



EMERGENCY ROOMS

ON THE BRINK OF LIFE



Three-year-old Muhammad was rushed into the National Institute of Child Health's (NICH) emergency room after his parents realized that his slight fever was quickly transforming into a life-threatening condition. His breathing had become difficult, and the lack of oxygen made the boy pale and lifeless.

Upon entering the emergency room (ER), the triage nurse on duty recognized his critical state and immediately took him to the resuscitation area. He did not have to wait to see a doctor, or register, because the nurse knew each moment wasted would put his life in further danger.

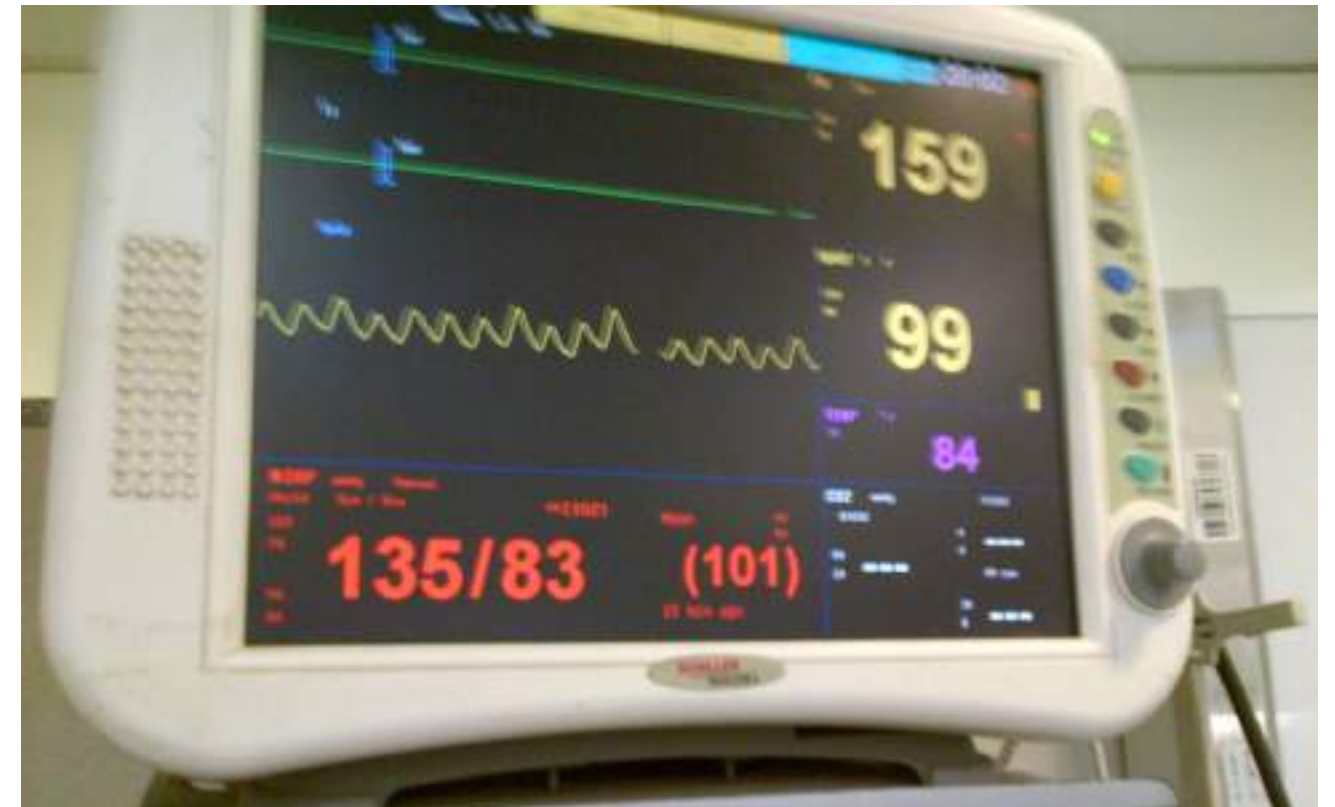
In the resuscitation room, the staff stabilized Muhammad's breathing using oxygen support,

and then connected him to a cardiac monitor to assess his blood pressure, heart rate, and oxygen saturation. They ran an x-ray of his chest, which revealed that he had fluid accumulation in his right lung. This had caused his fever and his sudden difficulty in breathing. Within 15 minutes of Muhammad being hurried into the ER, he had been stabilized and his condition diagnosed.

The doctor on duty prepared the child for a pleural tap by giving him sedatives to calm his anxiety and prevent him from feeling any pain. He then inserted a needle into the pleural space along his lung to drain some of the pus, which was then collected and sent for diagnosis to the laboratory located right outside the ER. The child would need a lengthier second procedure to have

all the pus drained, but this initial diagnosis and intervention had saved his life.

After the procedure, Muhammad was completely stable with normal vitals. He was shifted to the ward to wait his turn for the next procedure. Without the quick assessment and procedures carried out by the ChildLife staff, the boy may not have survived. All medication and equipment needed to treat Muhammad was available at the onsite pharmacy and the family did not have to pay for any of it, including the lab tests. His father, a daily wage earner, was extremely grateful for the diligent work done at the ER that saved his only son's life without becoming a financial burden.



ALL MEDICATION AND EQUIPMENT NEEDED TO TREAT MUHAMMAD WAS AVAILABLE AT THE ONSITE PHARMACY AND THE FAMILY DID NOT HAVE TO PAY FOR ANY OF IT, INCLUDING THE LAB TESTS.

EMERGENCY ROOMS



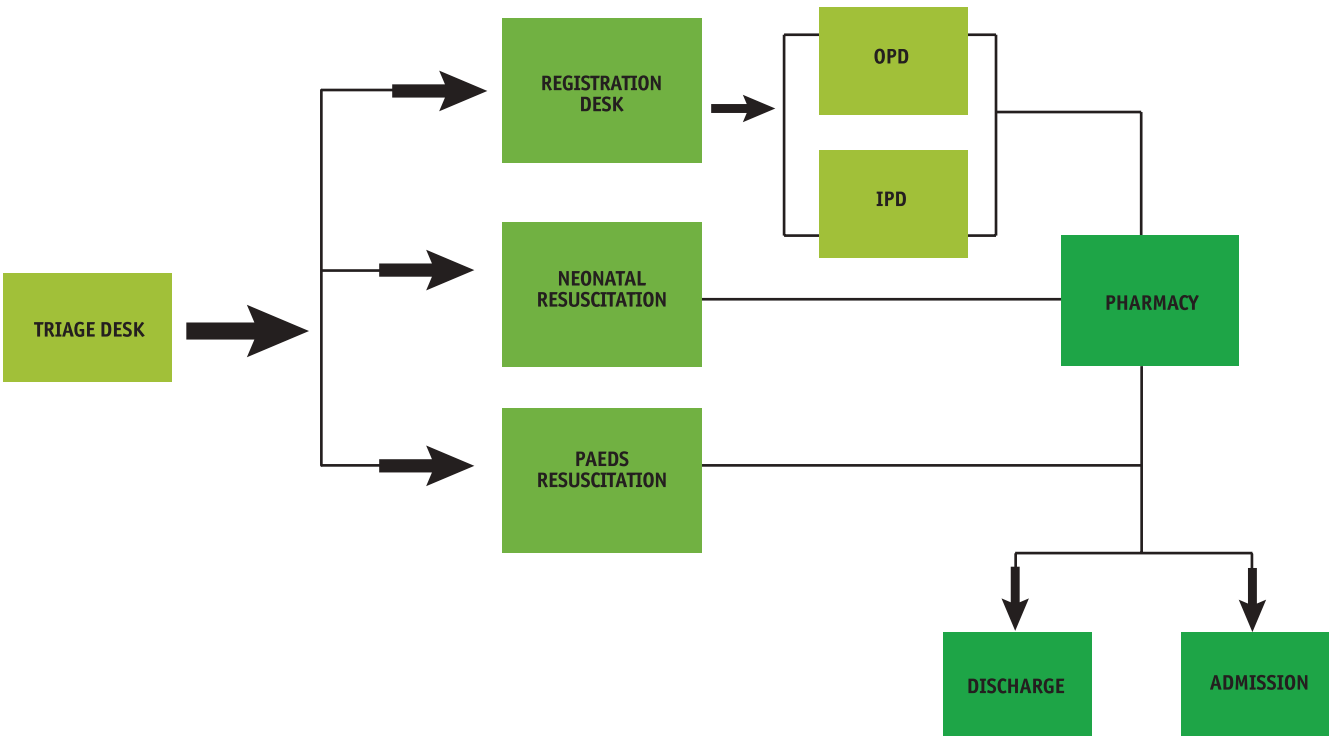
BEFORE

During the floods of 2010, CNN correspondent Dr. Sanjay Gupta did a news segment on the dilapidated children’s emergency room (ER) at Civil Hospital, Karachi. Large crowds of patients continued to visit the facility despite its lack of proper medical equipment and poor sanitation.

This distressing sight inspired a group of philanthropists to form ChildLife Foundation. They joined hands with the Government of Sindh in a public-private partnership to tear down and rebuild the children’s ER with quality medical

equipment and supplies. Now managing the new facility, ChildLife hired its own staff in addition to the government’s existing one. As a result of these measures, the quality of service at the ER vastly improved, mortality rates dropped, and the organization was inspired to replicate this model at the children’s ER in the National Institute of Child Health (NICH). Together, these two facilities now provide over 25,000 children with quality urgent care every month and the survival rate of critically ill patients has increased from 15% to 70%.

TOGETHER, THESE TWO FACILITIES NOW PROVIDE OVER 25,000 CHILDREN WITH QUALITY URGENT CARE EVERY MONTH AND THE SURVIVAL RATE OF CRITICALLY ILL PATIENTS HAS INCREASED FROM 15% TO 70%.



AFTER

CIVIL HOSPITAL, KARACHI



Boasting over 1,900 beds in 34 different departments, Civil Hospital, Karachi (CHK) is one of the largest hospitals catering to the masses of the expansive metropolis and its catchment area. Since ChildLife Foundation began operating the 23 bed children's emergency room (ER) here, over 310,000 patients have received free, quality urgent care.

In 2013, the Dow Class of '89 pledged a donation of \$155,000 to ChildLife to build and operate for three years the triage unit for the CHK pediatric emergency room. The staff at the triage desk is trained to assess each child's condition and ensure that all patients in critical condition get urgent attention and do not have to wait for their treatment.

SINCE CHIDLIFE FOUNDATION BEGAN OPERATING THE 23 BED CHILDREN'S EMERGENCY ROOM AT CIVIL HOSPITAL, KARACHI OVER 310,000 PATIENTS HAVE RECEIVED FREE, QUALITY URGENT CARE.



PROFESSOR DR. SAEED QURAISHY, MEDICAL SUPERINTENDENT CIVIL HOSPITAL, KARACHI: The biggest problem that Civil faces today is the shortage of well-trained and qualified human resources. Civil Hospital is a great proponent of public-private partnerships, as we believe they bring efficiency and valuable resources. We are proud of our partnership with ChildLife, which has done a great job of rebuilding and managing our pediatric emergency room. They have brought with them a great medical team and have a well-stocked pharmacy. The patients are much happier with the services being provided by them, the mortality rates have drastically been reduced, and many doctors who previously were reluctant to work at the ER now do so willingly as the environment is more welcoming.






BEFORE

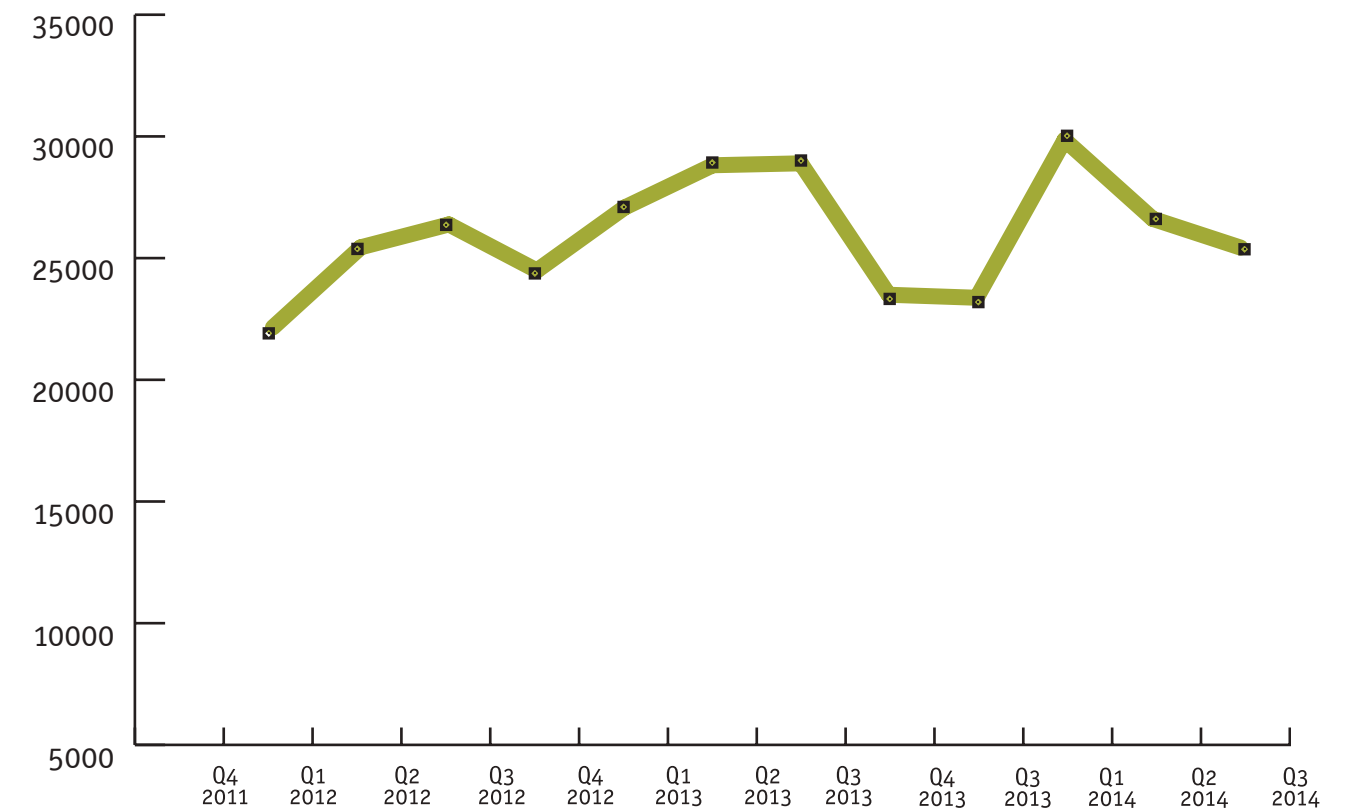


AFTER



MUHAMMAD ZAHIRUDDIN, ADMINISTRATOR:
 There is a general misconception that working with the public sector is extremely difficult. My time here has proven this theory wrong. ChildLife's work would not be as impactful as it is without the assistance of the government of Sindh. Additionally, the government needs NGO's like ours to provide quality service to the masses. I use these facts to motivate my staff and instill a passion for working in this industry. I believe that it is very important for our team to work together with the right attitude. Currently, I am trying to make this ER even more comfortable, and ensure that patients receive quality treatment in a clean and hygienic environment.

PATIENTS TREATED PER QUARTER



Patient numbers during the summer months tend to surge as an increasing number of children suffer from diarrhea and gastrointestinal diseases. About 400 patients come into the facility each day in the summer. But as the weather cools down, so do the numbers, and the patient load of about 320 a day becomes easier to manage.

NATIONAL INSTITUTE OF CHILD HEALTH

National Institute of Child Health (NICH) is the second-largest children's hospital in Pakistan, with 500 beds. However, an overflow of patients and limited funds caused the quality of service to deteriorate. Seeing the success of their project at Civil Hospital, Karachi, ChildLife Foundation was invited by NICH's management to replicate

its model at this popular children's hospital.

The new 55-bed ER has an onsite pharmacy, triage desk, isolation room, resuscitation area, and laboratory. It is the largest children's ER in Pakistan, seeing over 500 patients daily.



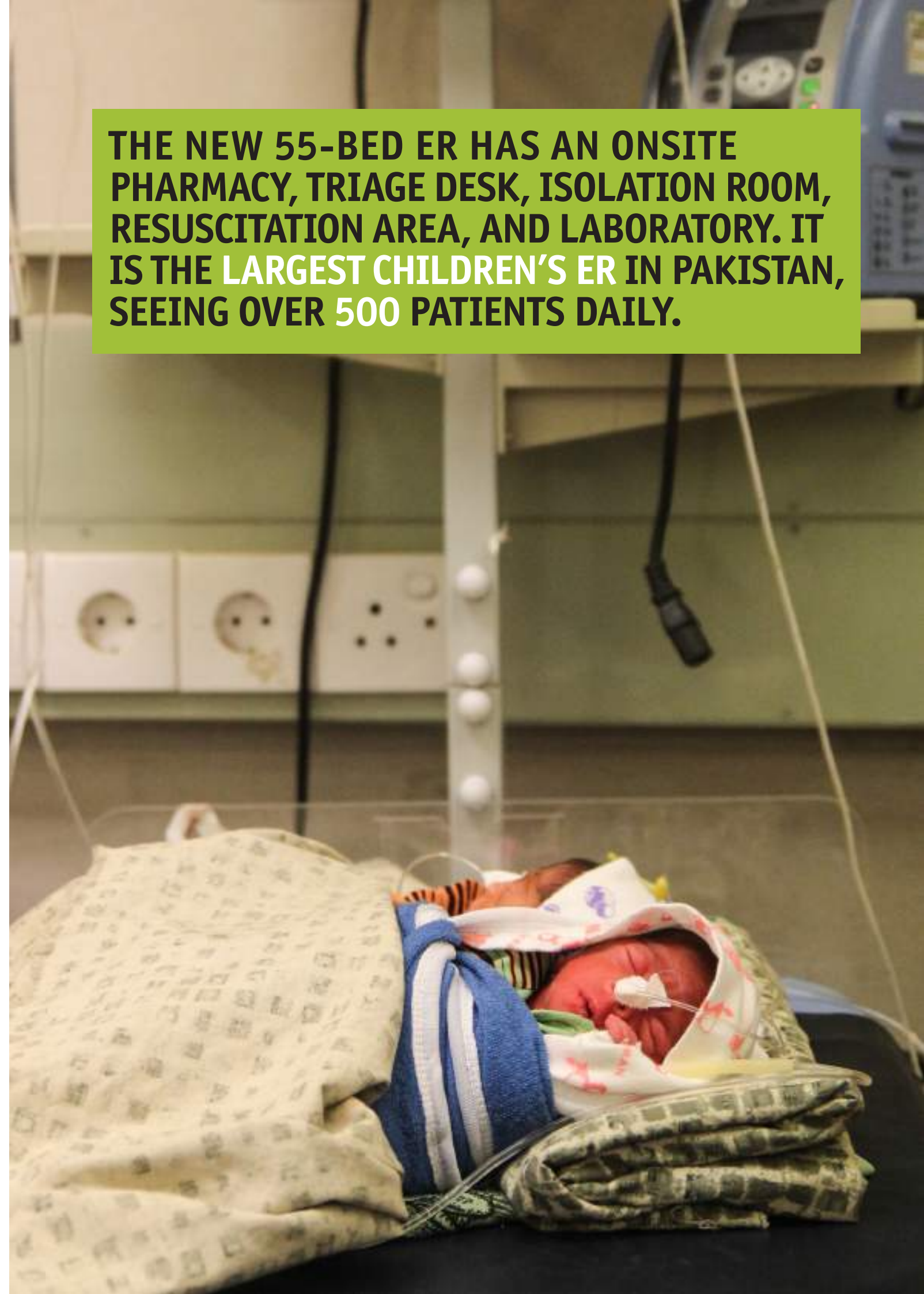
PROFESSOR DR. SYED JAMAL RAZA, DIRECTOR NICH

NICH is one of the few fully functioning children's hospitals in the public sector in Sindh. There is a lot of pressure on us as patient load keeps increasing and we cannot add staff and facilities to match the demand. ChildLife has been instrumental in managing the most critical area of the hospital; the emergency room. We appreciate that ChildLife has not only rebuilt this facility, but also continues to successfully operate it. People are generally hesitant to donate to the public sector, afraid that their contribution will go to waste. Those who do donate only do so one time, and then do not maintain their unit as funds dry out.



The ChildLife model is a great example to show to our donors that great things can come out of their regular contributions, and will hopefully encourage future projects in other departments of NICH.

THE NEW 55-BED ER HAS AN ONSITE PHARMACY, TRIAGE DESK, ISOLATION ROOM, RESUSCITATION AREA, AND LABORATORY. IT IS THE **LARGEST CHILDREN'S ER IN PAKISTAN, SEEING OVER 500 PATIENTS DAILY.**



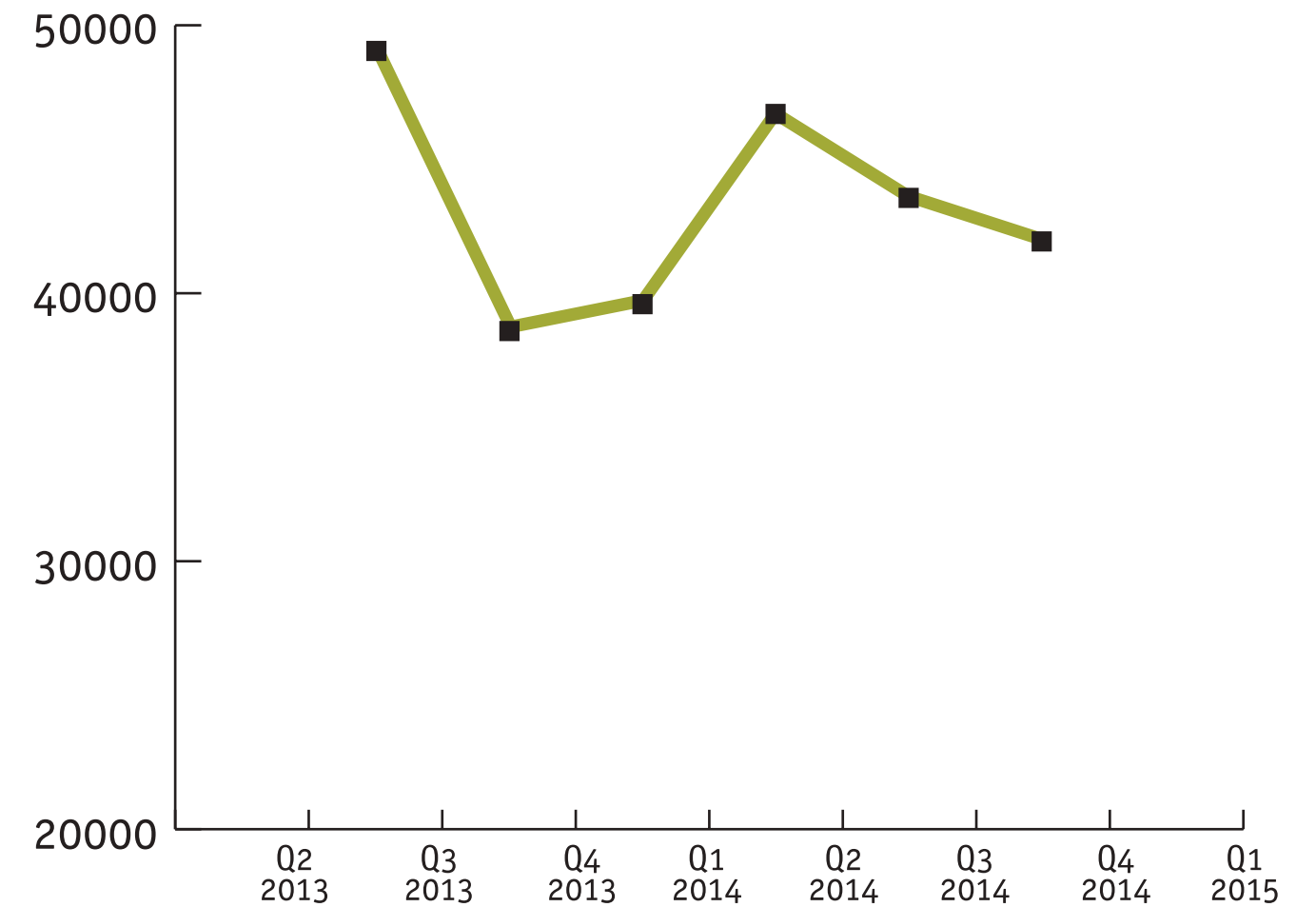


BEFORE



AFTER

PATIENTS TREATED PER QUARTER



During the summer months, there can be days when more than 600 patients visit the facility in a day. This is because of the increase in diarrhea and gastrointestinal cases during the hot season. But as the weather cools down, so do the numbers, and the patient load of about 500 a day becomes easier to manage.

SYED ASAD AGHA, ADMINISTRATOR:

Everything that is required for a good healthcare system in the public sector is available in Pakistan, for example trained human resources and quality medical equipment. What is missing is efficient management. ChildLife is unique because we are working to strengthen the existing public health facilities through partnerships with the government and other NGO's. Currently, my team and I are working on improving the quality of services provided at the NICH ER and bring it up to international standards.





PRIMARY CARE CLINICS

NO ONE TO TURN TO



MOBIN WITH HIS FAMILY

Four-year-old Mobin was eating breakfast with his three sisters when he spilled hot tea on his arm. His mother, Rubina, rushed the crying boy to a nearby doctor, who cleaned the wounds and prescribed some medicines. The visit cost Rs. 500, and the medicines became a further burden on the family. For days, Rubina diligently rubbed her son's stinging arm with expensive emollients the doctor had prescribed. But the burns seemed to worsen, and Mobin's pain seemed to be growing.

During this time, Rubina heard about the new clinic that had opened up five minutes away from her home in Shirin Jinnah Colony. The Momin Adamjee Center – the fifth project of ChildLife Foundation and SINA Trust – is one of the few health centers in this sprawling slum neighborhood. This clinic has qualified doctors, trained and courteous staff, and provides children with free treatment.

The doctors at this clinic prescribed Mobin with

new medicines that were available for free at the onsite pharmacy. Within a few days, the burns began to heal, and Rubina realized that the neighborhood doctors that she had been depending on for years had frequently sold her fake and expired medicines at high prices. Since this visit to the Momin Adamjee Center, she brings all her children here for treatment and encourages her family and friends to do the same.

Both of Mobin's parents earn a meager wage. He and his siblings have eaten many meals consisting solely of bland soup just so they don't go to sleep with rumbling stomachs. Many of the children living in his neighborhood of Shirin Jinnah Colony suffer the same fate.

These children are usually malnourished and often falling ill, with few resources to turn to for better health. But their fate is now changing, and the children finally have hope for a healthier future.



**THESE CHILDREN ARE USUALLY
MALNOURISHED AND OFTEN FALL ILL,
WITH FEW RESOURCES TO TURN TO
FOR BETTER HEALTH**

PRIMARY CARE CLINICS



ChildLife Foundation initiated a partnership with SINA Trust in 2012 under the leadership of their common trustee, Dr. Naseeruddin Mahmood. Since 1998, SINA has been operating primary care clinics in low-income neighborhoods of Karachi. These clinics provide good quality affordable healthcare in the heart of these densely populated areas so that patients do not have to travel far for treatment. SINA has adopted a world class protocol system which has increased the efficiency of treating patients at the clinics.

On average, each clinic treats about 100 patients a day, out of which 50% are children. Since becoming partners, ChildLife has been raising funds to provide these children with free treatment, lab testing, and medicines, as well as helping SINA improve their medical protocols for children. Together, the two organizations are growing their network rapidly, with 3 more clinics to be inaugurated in early 2015.

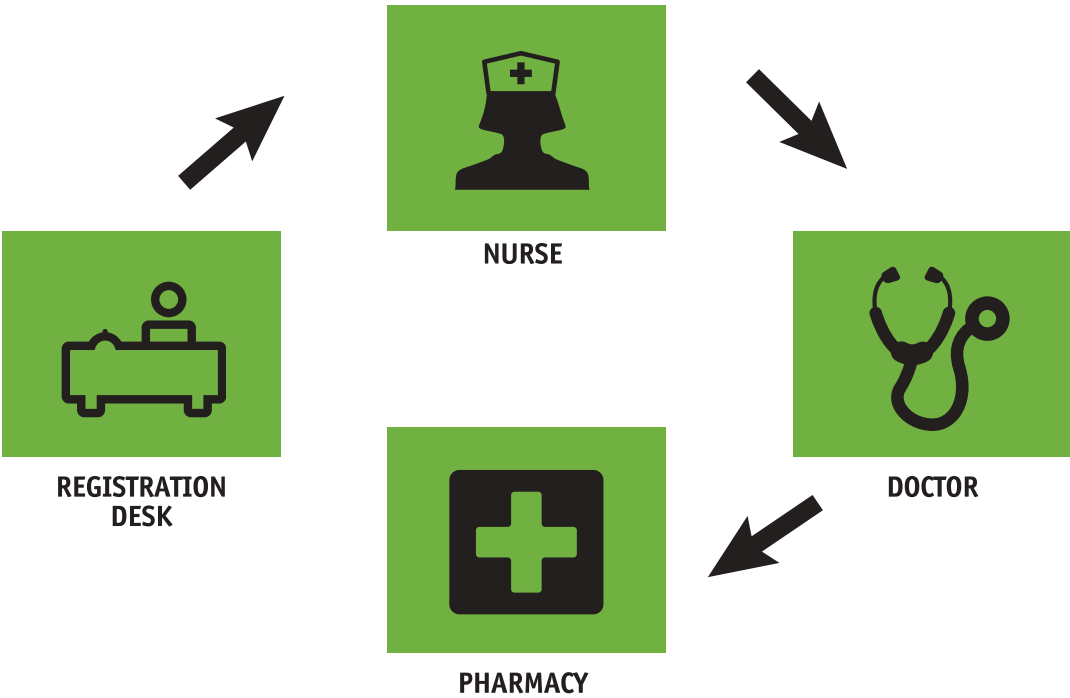
The low-resource neighborhoods where these clinics are located have few or no healthcare facilities. People have to travel great distances to see a doctor, often at high costs. As a result,

most patients turn to unlicensed doctors in the neighborhood. These “quacks” frequently give wrong diagnoses, often endangering the patient’s life. According to a study by WHO, 40%-50% of the medicines available in these areas are counterfeit or expired, which further worsens the patient’s health.

This essential need for quality healthcare that is affordable and accessible for all prompted ChildLife and SINA to come together and expand their network of services.

A number of the patients visiting the clinic are repeat patients. They have access to their personal medical files which are meticulously recorded. They frequently comment on how the doctors treat them with respect and counsel them on their health.

For more specialized care, there is a referral system where patients are referred to doctors at other welfare health institutes. In case of emergency, children are immediately shifted to one of ChildLife’s ERs, and adults to nearby reliable ERs.



80%
PATIENTS WALK TO THE CLINIC

95%
OF PATIENTS ARE SATISFIED WITH THE SERVICES PROVIDED AT THE CLINICS

All clinics are equipped to draw samples that are then taken for testing at SINA’s central lab.

Most clinics have ultrasound equipment.

Most medicines are available at the onsite pharmacy for the patient’s convenience.



RIAZ KAMLANI, CEO SINA TRUST: According to WHO, the chances of finding a qualified

doctor as well as legitimate medicines in an urban slum is less than 25%. This causes a major vacuum in the healthcare sector for those living in these low-resource communities. SINA and ChildLife have a similar mission of rectifying this problem, and providing such communities with affordable, quality health. We have joined into a partnership to combine our resources and avoid a duplication of effort, maximizing the benefits for the people we cater to. In the near future, we would like to establish a larger network together in deserving areas of Karachi, and eventually all over Pakistan.

AUSTIN CENTER OLD SABZI MANDI



Thousands of people move to Karachi from all over Pakistan in search for better jobs. Many such immigrants find jobs in the factories of Old SabziMandi, and settle in the expansive dense slum around it. They may have a source of income, but access to quality, affordable healthcare was nonexistent. To meet this requirement, Shahi Enterprises and their partner, Timepress, gave a section of their premises for SINA Trust to build a clinic there. The workers of these factories, their families, and many more from the neighborhood benefit from the services of this primary care clinic.

Thanks to the magnanimous Pakistani community in Austin, Texas, ChildLife was able to support SINA in their noble cause. Today, over 20,000 children have been treated for free since ChildLife extended their support in 2012.

**THANKS TO THE
MAGNANIMOUS
PAKISTANI
COMMUNITY IN
AUSTIN, TEXAS,
CHILDLIFE WAS
ABLE TO SUPPORT
SINA IN THEIR
NOBLE CAUSE.**

Kaz Bano is a 64-year-old widow with ten children. Her husband passed away two years ago, so the older sons pitch in with household expenses. Two of them work at Timepress which is where they learned about the Austin Center and recommended it to their mother. For the past year, Kaz Bano brings her children here for checkups every time they are unwell. They most frequently suffer from diarrhea and coughs. She is extremely pleased with the treatment her children receive, and has seen an improvement in their health since they started visiting this clinic. The free-of-cost treatment ensures that she can spend more money on the children's schooling and other necessities.



FT. LAUDERDALE CENTER MACHAR COLONY

Machar Colony is one of Pakistan's largest slums, home to over 700,000 people. Adults and children alike are engaged in the fishing industry, earning barely enough to support themselves and their families. The area reeks of fish and garbage, as both these things are carelessly disposed of on to the streets. The few schools in the area cannot accommodate the 400,000 or more children that are growing up here. Instead, the children end

up helping their parents or spending their days roaming the narrow dirt roads.

ChildLife began supporting the SINA clinic in Machar Colony in February 2013 with the help of the generous Pakistani community in Florida, USA. As a result, 25,000 children have since received quality primary care.



11-year-old Arifa lives in Machar Colony with her mother and 4 siblings. Her father does not financially support them, so her mother earns a daily wage peeling shrimp. Arifa began visiting the clinic a few months ago when she developed a hernia. She was referred to the Indus Hospital, another welfare institution with specialized doctors who treated it free of cost. It takes her 30 minutes to walk to the clinic, but her mother is extremely pleased with the services here as the doctors are courteous and always explain the diagnosis to her properly.



CHILDLIFE BEGAN SUPPORTING THE SINA CLINIC IN MACHAR COLONY IN FEBRUARY 2013 WITH THE HELP OF THE GENEROUS PAKISTANI COMMUNITY IN FT. LAUDERDALE, FLORIDA.

QAMAR AND IBRAHIM RASHID CENTER MEWASHAH



The Mewashah neighborhood is famous in Pakistan for its historical graveyard, yet very little has been done to help its residents. There are a few government schools in the area around the clinic, but most children can be found playing on the dirt roads, surrounded by garbage and stray animals. The area is dotted with marble shops as most men earn a measly wage working in this industry. A large portion of male residents here are drug addicts who do not contribute much for their families.

Tehreek-e-Falah, a nonprofit organization, founded a clinic in this neighborhood in 2003. They handed it over to ChildLife and SINA ten years

later. They continue to contribute a generous sum of money to assist in the operations of the clinic.

LRBT, a nonprofit organization that provides low-income families with free eye care, has an eye checkup station at this clinic.

Osman Rashid, an entrepreneur based in California, USA, and one of the trustees of ChildLife, has generously been funding this clinic since the change in management in 2013. In honor of his benevolent contributions, the clinic has been named Qamar and Ibrahim Rashid Center and has treated over 24,000 children to date.

Dr. Zeenat Arif has been working at the Mewashah clinic for the past ten years. As a result of her long tenure here, she has built a warm repertoire with her patients and is very friendly with them and many members of the same family prefer her as their regular doctor. Since many of her patients are uneducated, she teaches them how to maintain good hygiene and prevent illnesses such as colds and diarrhea. She says that people hear about the clinic through word of mouth and patients from as far as Mangophr come to visit. She thoroughly enjoys her job, and feels obligated to help the destitute community of Mewashah with her medical skills.



**TEHREEK-E-FALAH,
AN NGO, FOUNDED
A CLINIC IN THIS
NEIGHBORHOOD
IN 2003. THEY
HANDED IT OVER TO
CHILDLIFE AND SINA
TEN YEARS LATER.**

PATEL CLINIC NORTH NAZIMABAD



The Patel Clinic is located on a popular main road in the North Nazimabad neighborhood. The unit was generously donated by Mr. Ibrahim Patel – trustee of the Dr. Alibhai D. Patel Memorial Trust – who wanted to encourage ChildLife and SINA to provide quality healthcare to people of the area. Although there are many clinics and hospitals in this vicinity, the people in dense slum neighborhoods around North Nazimabad cannot afford the services there. As a result, Patel Clinic attracts patients from areas like Kati Pahari, Orangi Town, and Banaras.

The benevolent Pakistani communities in LA, Fresno, Atlanta, and Pittsburgh in the USA have been contributing generously to this clinic to treat over 20,000 children. With their help, ChildLife-SINA can ensure a healthier future for the children of these communities.

Aga Khan University Hospital (AKUH) has formed a partnership with ChildLife-SINA where students and residents from the university visit the North Nazimabad clinic to volunteer their services once a week. This boosts the standard of care being provided to the patients .

THE BENEVOLENT PAKISTANI COMMUNITIES IN LA, FRESNO, ATLANTA, AND PITTSBURGH IN THE USA HAVE BEEN CONTRIBUTING GENEROUSLY TO THIS CLINIC TO TREAT OVER 20,000 CHILDREN.



Shahan Ahmed is a final year medical student at Aga Khan University Hospital. He did his family medicine rotation at the Patel clinic for two months, where he took the patients’ histories, assessed them and prescribed them treatment. A consultant and a resident from AKUH would supervise his assessments.

“I was extremely impressed by the management at the clinic. All the patient’s records were very well documented, which is not something one finds at small clinics,” he said. “It’s also great how there are a variety of services all under one roof for the patient’s convenience. There is everything you need to run a great primary care clinic.”



MOMIN ADAMJEE CENTER SHIRIN JINNAH COLONY



There are over 400,000 people living in Shirin Jinnah Colony and its catchment areas. The neighborhoods are dotted with healthcare facilities, but most of them are run by unlicensed doctors charging a hefty fee. Ziauddin Hospital also runs a facility here, but due to the enormous population, the demand for quality, affordable healthcare was not being met. In most homes, both men and women work, earning a daily wage. There is no waterline in this area, so people spend about Rs. 1,500 to get a water tanker each month, which is a huge amount for them.

The philanthropic Momin Adamjee family has funded the entire capital and operating costs of the Momin Adamjee Center in Shirin Jinnah Colony. The clinic was inaugurated in April 2014, and has already treated over 13,000 children.



Lal Muhammad has been living in Shirin Jinnah Colony since 1976. When his young children used to fall ill, he would have to take them to Jinnah or Civil Hospital for treatment. The rickshaw ride to and fro was quite expensive, and he would then have to wait hours before a doctor would see his children. Many a times, to see a doctor required numerous registration steps, which would confuse him.

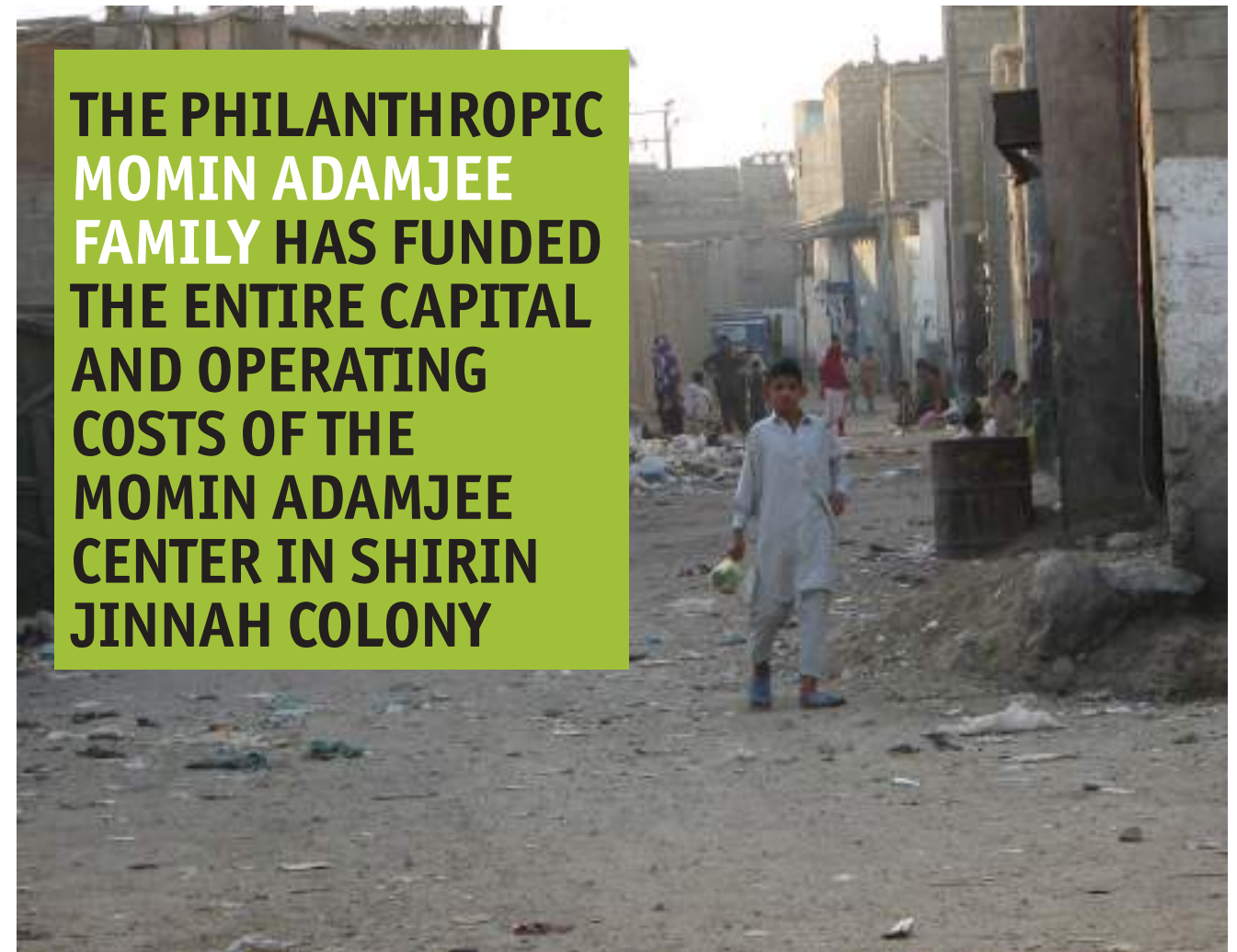
"It was very frustrating and heartbreaking to see my children in pain but no one willing to help them. We are poor, so people there would not be welcoming to us."

Lal was very excited when the Momin Adamjee Center opened in the plot next to his house. He is extremely grateful to the clinic, because he firmly believes that the



community is benefiting from its services. Since its inauguration, he has been working here as the chowkidar and loves being able to assist the organization.

**THE PHILANTHROPIC
MOMIN ADAMJEE
FAMILY HAS FUNDED
THE ENTIRE CAPITAL
AND OPERATING
COSTS OF THE
MOMIN ADAMJEE
CENTER IN SHIRIN
JINNAH COLONY**





PREVENTIVE CARE

PREVENTIVE HEALTH PROGRAM



394,000 children in Pakistan die before their fifth birthdays. 122,000 of them did not make it past their first year of life. As a result, Pakistan has the third highest mortality rate in the world. The reasons for these dismal statistics are poor maternal health, lack of immunizations, poor sanitation, and severe malnutrition. 24% of deaths are from diarrhea and pneumonia, and malnutrition is the underlying cause of 45% of all these deaths. All of these causes of death, and others, are easily preventable and treatable when the correct measures are put in place.

ChildLife's network of primary care clinics and emergency rooms cater to families from low-income neighborhoods where people lack access to essential fundamental resources such as immunizations, proper nutrition, and proper sanitation. As a result, the residents of these neighborhoods are more susceptible to falling sick from easily preventable diseases, and dying from diseases treated by simple medication and

lifestyle changes.

In 2014, ChildLife Foundation conducted a baseline health and demographics census as a first step to its pilot preventive health program in Yusuf Goth and its surrounding slum neighborhoods. The survey was completed using GIS mapping and door-to-door visits to better understand the community, their lifestyles, their economic situation, and how they approach maternal, new born, and child health.

Using the results of the census conducted, ChildLife is now devising and implementing the preventive health program which aims improve to maternal, newborn, and child health indicators. The program will not only deliver evidence based interventions, but also provide easy access to them, work on improving their quality, and galvanize the community to take ownership of them.

The following are some of the interventions ChildLife aims to tackle and improve upon:

- EXCLUSIVE BREASTFEEDING
- COMPLIMENTARY FEEDING
- WASH
- IMMUNIZATIONS
- ZINC AND VITAMIN A
- ANTENATAL STEROIDS
- TETANUS TOXOID
- CLEAN DELIVERY
- ORAL REHYDRATION THERAPY
- ANTIBIOTICS FOR PNEUMONIA, DYSENTERY AND SEPSIS

The preventive health program be will officially launched in 2015. After observing the results of this pilot project, ChildLife aims to replicate it across various slum neighborhoods in Karachi around its primary care clinics.

394,000
CHILDREN IN
PAKISTAN DIE
BEFORE THEIR
FIFTH BIRTHDAY.
122,000 OF THEM
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PAST THEIR FIRST
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OUR SYSTEM

STAFF AND TRAINING

As part of the public-private partnership, ChildLife Foundation has hired its own team of doctors, nurses, and ward boys at its two emergency rooms (ERs) to bolster the efforts of the existing staff hired by the government. By increasing the patient to staff ratio, the management has seen a spike in the survival rate of critically ill patients who come to the ERs. Such positive results further motivated the teams to work together and create a positive environment at the two facilities.

To maintain high quality of services, ChildLife Foundation conducts regular workshops in various paediatric life-saving skills. These workshops are conducted in conjunction with

renowned local medical institutes such as Aga Khan University Hospital and Dow Medical College. All our doctors are now certified in Basic Life Support. The government staff working at ChildLife’s ERs are encouraged and supported to also participate in these workshops. ChildLife is currently working on training all of its staff in the following skills:

- BASIC LIFE SUPPORT
- BASIC PEDIATRIC INTENSIVE CARE COURSE
- PEDIATRIC ADVANCED LIFE SUPPORT
- PEDIATRIC AIRWAY WORKSHOP
- PEDIATRIC NEURO-EMERGENCY LIFE SUPPORT

BY INCREASING THE PATIENT TO STAFF RATIO, THE MANAGEMENT HAS SEEN A SPIKE IN THE SURVIVAL RATE OF CRITICALLY ILL PATIENTS WHO COME TO THE ERS.

**ANEELA MAQBOOL,
STAFF NURSE CIVIL HOSPITAL, KARACHI:**

Aneela Maqbool has been working as a staff nurse at ChildLife’s Civil Hospital, Karachi children’s emergency room for over three years. The patients that she treats mostly come from low-income homes with little education. As a result she finds herself counseling the parents on how to take better care of their children.

“Babies come in suffering from diarrhea but not wearing diapers. So we have to teach the parents the importance of diapers for their children,” she says.

Despite the challenging environment, Aneela really enjoys her job. She lauds the unity within the medical staff at the facility and the motivation that they get from the management team, encouraging each employee to perform their best every day. She says that it has created a positive environment that is usually absent at such facilities.



DR. MUHAMMAD IRFAN HABIB, HEAD OF CLINICAL AFFAIRS:

The nursing staff is the pillar of any health institute as they are a patient’s first point of contact; regardless of the severity of their condition. They are the ones who initially stabilize the patients before a doctor intervenes. Therefore it is crucial for the nurses to be constantly updated on life-saving skills through various training workshops. There are three things that ChildLife focuses its training on: how to receive and manage a critically ill child, how to maintain an active airway in the child as respiratory related problems are the leading cause of death in children, and how to resuscitate neonates. Through the various workshops, I have seen our nurses gain more confidence in treating critically ill patients, and as a result our survival rates have soared from 15% to over 70%. In the future, our team would like to introduce another essential training on the prevention of infections in the emergency department.



INNOVATION



TRIAGE DESK AT NICH CHILDREN'S EMERGENCY ROOM

ChildLife Foundation has introduced a number of procedures and systems to the public sector aiming to improve the quality of service being provided to destitute patients who visit its facilities.

TRIAGE

Resources are limited in emergency rooms, which is why every patient coming in cannot be attended to immediately. A first-come-first-serve system can prove disastrous in an ER because critical patients may have to wait while someone with a minor problem is taking up a bed.

As a result, internationally, all ERs adopt the 'triage system,' which prioritizes patients so that those in a life-threatening condition can be treated without delay, and those in no immediate threat wait. Triage has proven to reduce deaths

and disabilities caused in the ER due to a delay in procedures.

ChildLife Foundation introduced the triage system to the public sector of Pakistan as previously this did not exist in government hospitals. ChildLife has trained its staff to recognize and sort incoming patients into categories of critical, urgent, and degrees of non-urgency, using the Emergency Severity Index 4.0. It is not always easy to spot a critical case, especially in children because they are not very articulate or cooperative. Those patients asked to wait are monitored closely by our staff in case their condition starts to deteriorate.

BUBBLE CPAP

The bubble CPAP (Continuous Positive Airway Pressure) prevents lungs from collapsing when

a patient is suffering from respiratory distress. When used successfully, this system prevents the use of a ventilator. The bubble CPAP is exceptionally useful in a children's emergency room when a newborn baby has respiratory distress, because putting the baby in a ventilator can cause irreversible damage to their sensitive lungs.

Dr. Irfan Habib, Head of Clinical Affairs at ChildLife, introduced this system to the two emergency rooms, training the staff on how to effectively use it during a critical scenario. Because of the shortage of ventilators available at government hospitals, the bubble CPAP has saved many lives of children suffering from pneumonia, bronchiolitis, and premature newborns with respiratory distress syndrome.

The key to the procedure are the bubbles that are created in a column of water that is combined with humidified air to increase the patient's respiration. The vibration and pressure created by this combination of water and air opens up the patient's airway, making it easier for them to breathe. Unlike a mechanical ventilator, a bubble CPAP does not force the patient to breathe.

INTRAOSSEOUS CANNULATION

The intraosseous cannulation is instrumental in providing a non-collapsible entryway into the intravenous system. Often when patients come into the ChildLife emergency rooms suffering from severe dehydration or shock-like condition they require fluids and medication but it is difficult to locate their intricate veins. Through this procedure, a timely intervention can take place to save precious lives.

A long needle is inserted into the bone of the patient, and the medication and fluids are directly injected into their marrow. Within minutes of this procedure, a child will start to revive.

The precise insertion of the needle is not an easy task, but most of ChildLife's staff is trained in carrying out this procedure effortlessly. With the introduction of the intraosseous cannulation at the emergency rooms of Civil Hospital, Karachi and National Institute of Child Health, countless lives have been saved.



CHILD UNDERGOING INTRAOSSEOUS CANNULATION PROCEDURE

PARTNERSHIPS AND COLLABORATIONS

SINA HEALTH, EDUCATION AND WELFARE TRUST

SINA Trust has been building a network of primary care clinics in the different slums of Karachi since 1998. They hire licensed doctors and trained staff, implement medical protocols and constantly monitor the quality of service being provided. The clinics are located in the heart of these neighborhoods, so provide easy access for children and women at an extremely affordable cost to them. Pharmacy and laboratory services are also available onsite at no cost to the patient.

ChildLife Foundation joined hands with SINA in 2012, and has been adopting their clinics and helping them expand by funding the operational costs of treating children. As a result of this partnership, the children who visit these clinics get free of cost quality primary care and medicines just a walking distance from home.

STANFORD EMERGENCY MEDICINE INTERNATIONAL (SEMI)

Stanford University assists institutes and non-profit organizations in many developing countries, helping them improve their emergency care system. ChildLife Foundation is proud to collaborate with SEMI to improve the quality of

services being provided at its two emergency rooms (ER's). Two members of its prestigious team, Dr. Mahadevan, and Dr. Ayesha Khan have visited ChildLife's facilities to provide technical assistance and advice. Additionally, ChildLife's Head of Clinical Affairs, Dr. Irfan Habib, visited Stanford University in Palo Alto, California, to observe and train at the Lucile Packard Children's Hospital.

GOVERNMENT OF SINDH

The Government of Sindh provides affordable healthcare to destitute families in the province of Sindh through government hospitals and Basic Health Units. Their network reaches out to a population of over 20 million in Karachi. However, due to limited resources, the government is unable to maintain a high quality of service for the large volumes of patients that flow through its institutes every day.

As a result, ChildLife has formed a public-private partnership with the Government of Sind to manage the children's emergency rooms at two of its hospitals, Civil Hospital, Karachi and National Institute of Child Health (NICH). The government provides staff assistance, utilities, medicines, as well as covers part of the cost of each patient, while ChildLife ensures that the facilities operate



CHILDLIFE HEAD OF CLINICAL AFFAIRS, DR. IRFAN HABIB, VISITS STANFORD UNIVERSITY'S LUCILE PACKARD CHILDREN'S HOSPITAL FOR TRAINING.



THE MMI HOSPITAL NEONATAL ICU UNIT

smoothly and provide the best possible care, with essential equipment, medical supplies and trained staff.

INDUS HOSPITAL

Indus Hospital has provided ChildLife support with the Management Information System (MIS) at its emergency rooms. These software are extremely crucial in helping ChildLife efficiently handle patient registration, and managing the inventory and dispensation at the pharmacies.

MEMON MEDICAL INSTITUTE HOSPITAL (MMIH)

This 332 bed tertiary care hospital has been set up according to international standards and is entirely donor funded. The hospital provides a variety of low cost and free treatment for patients from low-income families.

In 2014, MMIH joined hands with ChildLife. Through this partnership, Child Life's patients who require a ventilator or incubator can be transferred to MMIH when one is not available at the government hospitals. Child Life, the Government of Sindh, and MMIH will be able to save many lives each month through this agreement.

I-CARE FOUNDATION

Without the partnership with I-Care, ChildLife

would be unable to provide its generous US supporters with tax exemption for their donations. I-Care is a registered charity in the US that accepts donations on behalf of its Pakistani partners and provides the US donor with a tax exemption receipt. They vigilantly choose charities to partner with, and then support them by attracting donors from the US who are interested in supporting social enterprises in Pakistan.

LMKR RESOURCES, PAKISTAN (LMKR)

LMKR has been instrumental in providing ChildLife with essential software that help the organization operate efficiently. The baseline survey conducted for the pilot preventive health program would have been impossible without LMKR providing ChildLife with GIS mapping software and assistance. Additionally, LMKR has provided an attendance software which is being used at all of ChildLife's facilities.

M.YOUSUF ADIL SALEEM & CO. (DELOITTE PAKISTAN)

Deloitte is ChildLife's external auditor, ensuring the transparency and efficiency of the organization's work.

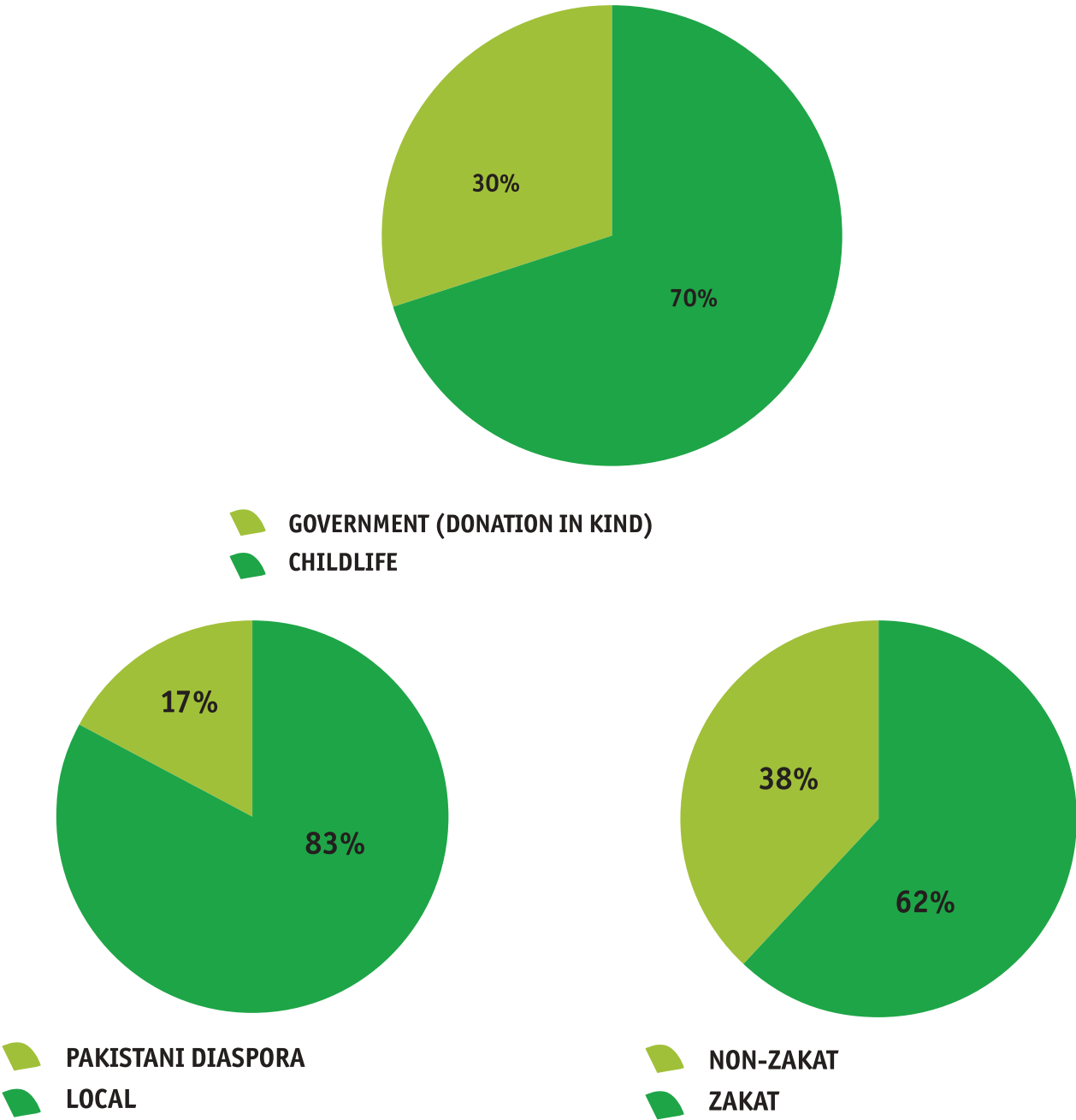
ARSHAD SHAHID ABDULLA (ASA)

ASA has been instrumental in providing ChildLife with architectural assistance and advice during the construction and management of the two emergency rooms.

DONORS

ChildLife Foundation is humbled to have the support of many benevolent donors from within Pakistan as well as the Pakistani diaspora abroad. 83% of our funding comes from industrialists, corporations, banks, families, and schools based in Pakistan, and the remaining 17% from abroad. 62% of all contributions are Zakat, and we ensure that these funds are allocated in accordance to Shariah Law. Through a public private partnership with the Government of Sindh, 30% of ChildLife’s funds are received from the government and allocated towards its emergency rooms.

DONATION BREAKDOWN FOR 2013-14




ChildLife receives majority of its global funding from the US. Twice a year, the trustees host a series of meetings in various cities across the US with the help of generous Pakistanis based there. All donations from the US are tax exempt through our partner, i-Care Fund America, Inc., a tax-exempt charity registered in the US. The cities that are supporting us are:

- ATLANTA
- AUSTIN
- BAY AREA
- DALLAS
- FRESNO
- FT. LAUDERDALE
- HOUSTON
- IDAHO
- LOS ANGELES
- NEW YORK
- PITTSBURGH
- SAN RAMON
- ST. LOUIS
- WASHINGTON D.C



CHILDLIFE FOUNDATION RECEIVES A LARGE VOLUME OF DONATIONS AND ZAKAT FROM KINDHEARTED PAKISTANI COMMUNITIES ACROSS THE WORLD THAT MAKE UP 17% OF ITS TOTAL FUNDING.

ZAKAT FATWA



لحمده واصلی علی رسولہ الکریم

Sharia approval for paying charity, Zakat and donations to Child Life Foundation

Introduction:

ChildLife Foundation is a philanthropic organization, the organization supports children's free healing and treatment. In the first step, organization began its work in Children emergency ward of Civil Hospital Karachi and by hard working, hard earned and with the support of philanthropists, the project is working successfully. ChildLife Foundation has also began work in the Children Emergency ward at National Institute of Child Health, Karachi. So now, on a daily basis, approximately 900 children's are provided free of cost treatment in the Children's emergency ward of both these hospitals. The Foundation has also started providing clinical treatment and care to children in the slums of Karachi.

Method of utilization charity and donations:


The organization's financial needs have been paying by Philanthropists and charity donations, etc. The Procedure is that a qualified scholar / mufti dictate the attendants who come with patients and check out their financial condition and they are zakat eligible or not. If they are, then he gets permission to collect zakat on behalf of them and to spend this on the betterment of the patients and their relations expenses. According to these limits, the organization uses zakat and donation funds very carefully. For detail methodology, please refer to the Zakat Utilization Presentation attached.

For more cautious Shariah audit committee has been formed, which includes a Sharia Advisor, Welfare Officers and an expert accountant/auditor. Shariah audit committee reviews all documents and procedures honestly and fairly. The organization cannot use charity funds without permission of this audit committee.


Shariah Ruling:

It is confirmed that the Child Life Foundation uses Charity and donations in accordance with the instructions of Shariah. It is also confirmed that whoever will give Zakat to the foundation their zakat will be paid as per Shariah compliance.


ALLAH may grant the management of ChildLife Foundation best reward to their services, and may give them the blessing in fulfilling their mission with honesty and sincerity. Aamen



MUFTI ASIM ALI KHAN
Welfare Officer



MUFTI IBRAHIM ESSA
Shariah Advisor



MUFTI MOHAMMAD ZUBAIR
Welfare Officer

7A, Tabba Street, Muhammad Ali Housing Society, Karachi 73530, Pakistan
 Phone : +9221-34397701-03, Fax : +9221-34382436
www.childlifefoundation.org
www.facebook.com/childlifefoundation





OUR FINANCES

AUDIT REPORT

CHILDLIFE FOUNDATION

Financial Statements

For the year ended June 30, 2014

Deloitte.

M. Yousuf Adil Saleem & Co
Chartered Accountants
Cavish Court, A-35, Block 7 & 8
KCHSU, Sharea Faisal,
Karachi-75350
Pakistan

Phone: +92 (0) 21- 3454 6494-7
Fax: +92 (0) 21- 3454 1314
Web: www.deloitte.com

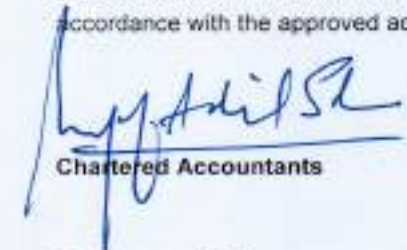
AUDITORS' REPORT TO THE TRUSTEES

We have audited the annexed balance sheet of the Childlife Foundation (the Trust) as at June 30, 2014 and the related income and expenditure account, cash flow statement and statement of changes in fund balances together with the notes forming part thereof (here-in-after referred to as the financial statements for the year then ended).

It is the responsibility of the trustees to establish and maintain a system of internal control, and prepare and present the financial statements in conformity with the approved accounting standards as applicable in Pakistan. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with the auditing standards as applicable in Pakistan. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting policies used and significant estimates made by management, as well as, evaluating the overall presentation of the financial statements. We believe that our audit provides a reasonable basis for our opinion.

In our opinion, the financial statements present fairly in all material respects the financial position of the Trust as at June 30, 2014 and of its deficit, cash flows and changes in fund balances for the year then ended in accordance with the approved accounting standards as applicable in Pakistan.



Chartered Accountants

Engagement Partner:
Mushtaq Ali Hirani

Dated: January 27, 2015
Place: Karachi

Member of
Deloitte Touche Tohmatsu Limited

CHILDLIFE FOUNDATION
BALANCE SHEET
AS AT JUNE 30, 2014

	Note	2014 Rupees	2013 Rupees
ASSETS			
NON-CURRENT ASSETS			
Property and equipment	5	15,178,656	14,916,805
CURRENT ASSETS			
Inventory	6	2,833,485	3,152,170
Donations and other receivables	7	1,705,315	740,454
Advances, deposits and prepayments	8	1,012,166	885,953
Investments	9	35,187,578	20,000,000
Cash and bank balances	10	22,298,163	23,833,543
		63,036,707	48,612,120
TOTAL ASSETS		78,215,363	63,528,925
FUNDS AND LIABILITIES			
FUNDS			
Inception contribution		10,000	10,000
Zakat fund		32,885	1,195,648
Endowment fund	11	36,892,893	20,672,751
General fund		15,923,162	16,427,360
		52,858,940	38,305,759
LIABILITIES			
NON-CURRENT LIABILITIES			
Deferred income related to property and equipment	12	12,812,246	13,961,237
CURRENT LIABILITIES			
Creditors, accrued and other liabilities	13	12,544,177	11,261,929
TOTAL LIABILITIES		25,356,423	25,223,166
TOTAL FUNDS AND LIABILITIES		78,215,363	63,528,925

The annexed notes 1 to 21 form an integral part of these financial statements.

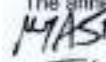

TRUSTEE


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CHILDLIFE FOUNDATION
INCOME AND EXPENDITURE ACCOUNT
FOR THE YEAR ENDED JUNE 30, 2014

	Note	2014 Rupees	2013 Rupees
INCOME	14	49,083,068	35,363,390
EXPENDITURE			
Project renovation		23,032,780	38,002,920
Salaries and benefits		43,879,134	15,299,060
Medicines consumed		49,721,779	17,871,688
Patient consultation	15	15,871,531	4,108,065
Legal and professional		-	145,785
Auditors remuneration		216,000	200,000
Supplies and consumables		3,551,450	1,105,311
Utilities		1,451,431	438,309
Repairs and maintenance		1,482,196	447,608
Advertisement		1,050,731	1,232,578
Depreciation		4,235,415	1,347,031
Programmatic activities	16	1,521,461	595,791
Other expenses	17	2,155,915	203,458
Total expenditure		148,169,803	80,995,804
Less: Zakat utilised for operating expenses	18	(84,714,384)	(24,227,988)
Less: Zakat utilised for project renovation	19	(13,604,566)	(31,192,638)
		49,850,853	25,574,998
(Deficit) / surplus for the year transferred to general fund		(787,785)	9,788,392

The annexed notes 1 to 21 form an integral part of these financial statements.




TRUSTEE


TRUSTEE

CHILDLIFE FOUNDATION
CASH FLOW STATEMENT
FOR THE YEAR ENDED JUNE 30, 2014

	2014	2013
	Rupees	
CASH FLOWS FROM OPERATING ACTIVITIES		
(Deficit) / surplus of income over expenses for the year	(787,785)	9,788,392
Adjustments:		
Amortisation of deferred income related to property and equipment	(4,034,315)	(1,201,958)
Depreciation charge for the year	4,235,415	1,347,031
Loss on disposal of property and equipment	110,199	722
Property and equipment written off	100,854	-
	(375,632)	9,934,190
Working capital changes		
(Increase) / decrease in current assets		
Inventory	318,685	(2,722,204)
Donations and other receivables	(964,861)	975,546
Advances, deposits and prepayments	(126,213)	(885,953)
Increase in current liabilities		
Creditors, accrued and other liabilities	1,262,248	10,778,521
Net cash generated from operating activities	134,227	18,080,100
CASH FLOWS FROM INVESTING ACTIVITIES		
Purchase of property and equipment	(4,677,819)	(13,507,042)
Redemption of / (investment in) Islamic term deposits	20,000,000	(20,000,000)
Investment in Pakistan Investment Bonds	(35,134,200)	-
Proceeds from disposal of property and equipment	169,500	37,126
Net cash used in investing activities	(19,842,519)	(33,469,916)
CASH FLOWS FROM FINANCING ACTIVITIES		
Receipt of Zakat fund	101,081,078	72,299,030
Utilisation of Zakat fund	(98,318,950)	(55,420,806)
Receipt of Endowment fund	13,317,837	20,042,650
Profit received on Endowment fund	2,112,947	630,101
Net cash generated from financing activities	18,172,912	37,551,175
Net increase in cash and cash equivalents	(1,535,380)	22,161,359
Cash and cash equivalents at beginning of the year	23,833,543	1,672,184
Cash and cash equivalents at end of the year	22,298,163	23,833,543

The annexed notes 1 to 21 form an integral part of these financial statements.

M. Aslam

M. Aslam
TRUSTEE

M. Aslam
TRUSTEE

CHILDLIFE FOUNDATION
STATEMENT OF CHANGES IN FUND BALANCES
FOR THE YEAR ENDED JUNE 30, 2014

				General fund			
				Project renovation and capital expenditure	Others	Subtotal	Total
	Note	Inception contribution	Zakat fund	Endowment fund			
Balance as at July 1, 2012		10,000	1,599,768	-	-	1,724,974	3,334,742
Funds received during the year		-	72,299,030	20,042,650	-	-	92,341,680
Zakat utilised for operating expenses		-	(24,227,950)	-	-	-	(24,227,950)
Zakat utilised for project renovation	19	-	(31,182,638)	-	-	-	(31,182,638)
Zakat transferred to General fund	19	-	(17,282,544)	-	17,282,544	17,282,544	-
Surplus for the year		-	-	-	9,788,392	9,788,392	9,788,392
Property and equipment purchased during the year	19	-	-	-	(12,368,550)	(12,368,550)	(12,368,550)
Profit on investments		-	-	630,101	-	-	630,101
Balance as at June 30, 2013		10,000	1,195,648	20,672,751	4,913,904	11,513,366	36,305,759
Funds received during the year		-	101,081,078	13,317,837	-	-	114,378,915
Zakat utilised for operating expenses	18	-	(84,714,384)	-	-	-	(84,714,384)
Zakat utilised for project renovation	19	-	(8,690,572)	-	(4,813,994)	(4,913,994)	(13,604,566)
Funds transferred for investment		-	-	735,999	(735,999)	(735,999)	-
Zakat transferred to General fund	19	-	(8,618,885)	-	8,618,885	8,618,885	-
Deficit for the year		-	-	-	(787,785)	(787,785)	(787,785)
Property and equipment purchased during the year	19	-	-	-	(2,885,324)	(2,885,324)	(2,885,324)
Unrealized gain on available-for-sale investment		-	-	53,378	-	-	53,378
Profit on investments		-	-	2,112,947	-	-	2,112,947
Balance as at June 30, 2014		10,000	32,885	36,862,893	5,933,661	9,988,601	52,858,940

The annexed notes 1 to 21 form an integral part of these financial statements.

M. Aslam

M. Aslam
TRUSTEE

M. Aslam
TRUSTEE

**CHILDLIFE FOUNDATION
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED JUNE 30, 2014**

1. GENERAL INFORMATION

- 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 3rd Floor Adamjee House, I.I. Chundrigar Road, Karachi. The principal objects 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 organisations;
 - 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 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, 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.
- 1.2** The Trust is currently managing the Children's Emergency Unit and Diarrhea Treatment Unit at Civil Hospital Karachi (CHK) under a Memorandum of Understanding (MOU) signed between the Trust, Adamjee Foundation and Government of Sindh (GoS) through the Secretary Health. Under the MOU;
- the Adamjee Foundation is responsible for providing and arranging funds for the complete rebuilding of the existing buildings of above mentioned units and to provide medical equipment, air conditioners etc.;
 - 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; and
 - the Trust is responsible for smooth management of the above mentioned units and of the facilities and to ensure that the units function according to the standard operating procedures agreed with the administration of CHK.
- 1.3** The Trust is also managing the Children's Emergency Unit under a Memorandum of Understanding (MOU) signed between the Trust, National Institute of Child Health (NICH) and Government of Sindh (GoS) through the Secretary Health. Under the MOU;
- the NICH 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; and
 - the Trust is responsible for smooth management of the above mentioned unit and of the facilities and to ensure that the same function according to the standard operating procedures agreed with the administration of NICH, further it is also responsible for providing and arranging funds for the complete renovation of the above mentioned unit and to provide medical equipment, air conditioners etc.
- 1.4** The financial statements are presented in Pak Rupees which is the Trust's functional and presentation currency.

2. STATEMENT OF COMPLIANCE

These financial statements have been prepared in accordance with approved accounting standards, as applicable in Pakistan. Approved accounting standards comprise of Accounting and Financial Reporting Standards for Medium - Sized Entities (MSEs) issued by the Institute of Chartered Accountants of Pakistan and provisions of and directives issued under the Companies Ordinance, 1984. In case requirements differ, the provisions or directives of the Companies Ordinance, 1984 shall prevail.

3. BASIS OF PREPARATION

These financial statements have been prepared under the historical cost convention except for certain investment that are stated at market value.

4. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

4.1 Cash and cash equivalents

Cash and cash equivalents comprises of cash in hand and bank deposits.

4.2 Taxation

The income of the Trust from donations, voluntary contributions, subscriptions, house property, investment in government securities and so much of the income chargeable under the head "income from business" as is expended in Pakistan for the purpose of carrying out welfare activities are exempt from tax under clause 58 (1) of Part I of the Second Schedule to the Income Tax Ordinance, 2001.

4.3 Revenue recognition

4.3.1 Donations and zakat contributions are recognised on receipt basis except the donations contributed by the founder trustees and SINA Trust which are recorded on accrual basis.

4.3.2 Medicines and other donations received in kind are recorded at fair value as and when they are received.

4.3.3 Donations and zakat contributions related to specific property and equipment are recognised as deferred income and amortised over the useful lives of the asset from the date the asset is available for intended use.

4.4 Utilities and staff expenses for Children Emergency Units

In accordance with the MOUs (refer notes 1.2 and 1.3), CHK and NICH also contributes in the provision of utilities and staff (Medical and Support) for Children Emergency Units being managed by the Trust. These costs are not included in the Income and Expenditure Account of the Trust.

4.5 Property and equipment

Property and equipment are initially recorded at original cost and are depreciated on straight-line basis over their estimated useful service lives with full month depreciation in the month of purchase and no depreciation in the month of disposal as follows:

	Useful life in years
Furniture and fixtures	5
Office equipment	5
Computer equipment	3
Medical equipment	5

4.6 Inventory

Inventory include medicines purchased by the Trust and received as donation from Civil Hospital Karachi. It is recorded at lower of cost and net realizable value. Cost is determined using first-in-first-out basis.

4.7 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.

4.8 Investments

4.8.1 Held-to-maturity

Held-to-maturity investments are financial assets with fixed or determinable payments and fixed maturity that the Trust has the positive intent and ability to hold till maturity. These are initially recognised at fair value plus transaction cost and are subsequently carried at amortised cost using effective interest rate method.

4.8.2 Available-for-sale

Investments classified as available for sale are initially recognised at fair value, plus transaction costs and are subsequently marked to market using year end bid prices from stock exchange quotations and quotations from brokers and in case of unquoted investments, at cost, less impairment. In case of Pakistan Investment Bonds, market values are calculated using PKRV rates. Any resultant unrealised gain or loss is recognised in statement of changes in fund balances.

4.8.3 Derecognition

Investments are derecognized when the right to receive cash flows from investments have expired or have been transferred and the Trust has transferred substantially all risks and rewards of ownership.

4.9 Endowment fund

The fund has been created with the approval of the Trustees for the purpose to achieve sustainability. The fund will be invested in Islamic Term Deposits.

5. PROPERTY AND EQUIPMENT

Particulars	Cost		Accumulated depreciation				Carrying value as at June 30, 2014
	As at July 1, 2013	Additions / (Disposals) / (Write-off) during the year	As at June 30, 2014	As at July 1, 2013	Charge / (Disposals) / (Write-off) for the year	As at June 30, 2014	
	Rupees						
Furniture and fixtures	2,238,905	367,374	2,604,279	365,426	492,174	877,600	1,726,679
Office equipment	5,140,169	1,716,907 (269,900)	6,582,206	287,202	1,241,995 (98,000)	1,431,137	5,151,069
Computer equipment	1,959,788	1,524,538 (101,783) (132,450)	3,250,933	270,547	862,719 (15,804) (31,598)	1,085,846	2,164,247
Medical equipment	7,339,100	1,275,000 (46,000)	8,568,100	815,912	1,636,527 (23,000)	2,431,439	6,136,661
June 30, 2014	16,675,962	4,877,819 (416,683) (132,450)	21,904,678	1,759,187	4,235,415 (136,884) (31,598)	5,826,022	15,178,656

Particulars	Cost		Accumulated depreciation				Carrying value as at June 30, 2013
	As at July 1, 2012	Additions / (Disposals) during the year	As at June 30, 2013	As at July 1, 2012	Charge / (Adjustment) for the year	As at June 30, 2013	
	Rupees						
Furniture and fixtures	1,060,850	1,176,055	2,236,905	121,317	264,109	385,426	1,851,479
Office equipment	588,100	4,552,099	5,140,199	61,658	225,644	287,202	4,852,997
Computer equipment	137,000	1,864,038 (41,250)	1,959,788	30,140	243,909 (3,402)	270,647	1,689,141
Medical equipment	1,424,250	5,914,850	7,339,100	202,543	613,369	815,912	6,523,188
June 30, 2013	3,210,200	13,507,042 (41,250)	16,675,992	415,558	1,347,031 (3,402)	1,759,187	14,916,805

Signature

6. INVENTORY

Medicines at National Institute of Child Health
Medicines at Civil Hospital

Note	2014	2013
	Rupees	
	2,358,482	2,875,614
	475,003	276,556
	2,833,485	3,152,170

7. DONATIONS AND OTHER RECEIVABLES

Accrued Interest
Donations receivable
Other receivables

	1,705,315	-
	-	650,000
	-	90,454
	1,705,315	740,454

8. ADVANCES, DEPOSITS AND PREPAYMENTS

Advance to suppliers
Advance to staff
Deposits and prepayments

	277,195	681,908
	306,739	203,048
	428,231	20,999
	1,012,165	885,955

9. INVESTMENTS

Available-for-sale

Pakistan Investment Bonds

9.1	35,187,578	-
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Held-to-maturity

Placements

9.2	-	20,000,000
	35,187,578	20,000,000

9.1 It carries profit rate of 11.25% to 11.50% per annum and having maturity period of 3 to 5 years.

9.2 It carried profit rate of 8.11% to 9.25% per annum and had maturity period of one year.

10. CASH AND BANK BALANCES

Cash in hand
Cash at banks in current accounts - Zakat
Cash at banks in saving accounts

	2014	2013
	Rupees	
	12,875	20,000
	32,885	1,000,000
	22,262,403	22,813,543
	22,298,163	23,833,543

Signature

11. ENDOWMENT FUND

As per policy (note 4.9), the Fund is to be invested in Islamic Term Deposits, however, during the year, the Trust has made investment in Pakistan Investment Bonds with the approval of board of trustees.

	Note	2014 Rupees	2013
12. DEFERRED INCOME RELATED TO PROPERTY AND EQUIPMENT			
Opening balance		13,961,237	2,794,642
Assets purchased during the year		2,885,324	12,368,550
Amortisation for the year	14	(4,034,315)	(1,201,955)
Closing balance		12,812,246	13,961,237
13. CREDITORS, ACCRUED AND OTHER LIABILITIES			
Creditors		7,267,467	7,793,421
Retention payable		298,308	1,148,445
Accrued liabilities		4,787,147	2,138,493
Withholding tax payable		181,255	183,570
		12,544,177	11,261,929
14. INCOME			
Donations			
Received in cash		26,875,132	24,461,335
Received in kind			
Medicines	14.1	18,153,621	9,350,100
Others		-	350,000
Amortisation of deferred income related to property and equipment	12	4,034,315	1,201,955
		49,063,068	35,363,390

14.1 This includes medicines amounting to Rs. 17,219,174 (2013: Rs. 9,350,100) received from Civil Hospital Karachi and National Institute of Child Health for Children Emergency Unit managed by the Trust.

15. PATIENT CONSULTATION

This represents the charges paid by Childlife Foundation to SINA Trust for treatment of children @ Rs. 250 plus actual lab charges per patient at the clinics being managed by the Trust's strategic partner 'SINA Trust' in the urban slums of Karachi. These clinics have been established for providing quality health care services to the patients.

16. PROGRAMMATIC ACTIVITIES

This represents travelling and transportation expenses incurred for fund raising activities. All expenses related to travel of the Trustees for fund raising activities have been paid by the Trustees through the Trust.

17. OTHER EXPENSES

	2014 Rupees	2013
Loss on disposal of property and equipment	110,199	722
Property and equipment written off	100,854	-
Miscellaneous	1,944,862	202,736
	2,155,915	203,458

18. ZAKAT UTILISATION FOR OPERATING EXPENSES

The amount represents utilisation of Zakat funds for operating expenses. The utilisation of Zakat funds for operating expenses was approved by the Zakat Shariah Advisory Committee of the Trust in their meeting held on September 15, 2012. The Board of Trustees in their meeting held on November 6, 2012 had approved that 50% of the operating expenses, after deducting depreciation, can be funded from Zakat funds effective from July 1, 2012. During the year, this percentage has been increased to 65% by the Zakat Shariah Advisory Committee in their meeting held on January 06, 2014. Approval of Board of Trustees was made in its meeting held on June 06, 2014.

19. TRANSFER FROM ZAKAT FUND TO GENERAL FUND

During this year and previous year, the Trust has received approval from the Zakat Shariah Advisory Committee for utilisation of Zakat Fund for (1) purchase of fixed assets for NICH Project, (2) project renovation expense at NICH and (3) transfer to General fund for an aggregate amount of Rs. 62.7 million. During these years, the Trust has incurred project renovation expense of Rs. 44.8 million and transferred Rs. 17.9 million to General fund out of which Rs. 15.3 million have been used to purchase property and equipment for NICH project and the balance withdrawal of Rs. 2.6 million will be utilised for (1) purchase of fixed assets for NICH Project and (2) project renovation expense at NICH. The additional transfer of Rs. 3.2 million to general fund will be utilised for 2014 - 2015 operating expenses.

20. DATE OF AUTHORISATION FOR ISSUE

These financial statements were authorised for issue by the Board of Trustees on 27 JAN 2015

21. GENERAL

Figures have been rounded off to the nearest Rupee.

Muhammad Asif

[Signature]
TRUSTEE

[Signature]
TRUSTEE

HOW YOU CAN HELP

- Rs. 10,000-** provides medical care for 20 children in an emergency room.
- Rs. 500,000-** sponsors a room in a clinic for one year, treating 5 children a day.
- Rs. 1,000,000-** sponsors one emergency room bed for one year, treating 2,000 children.
- Rs. 7,000,000-** to establish a clinic that treats 30,000 patients each year.
Donors have naming rights to the clinic as long as they support the operating cost of Rs. 300 per patient.

FOR PAKISTANI DONORS
Please make checks out to ‘ChildLife Foundation’ and mail to:

ChildLife Foundation
7A, Tabba Street,
Mohammad Ali Society,
Karachi - 73530

FOR US DONORS
Please make checks out to ‘I-Care Fund America, Inc.’ and note ChildLife Foundation in the memo. Mail checks to our US volunteer:

Salem Suriya
Childlife Representative
15757 Pines Blvd,
STE # 38,
Pembroke Pines, FL 33027.

Donations from the US are tax deductible through our partners I-Care Fund America, a tax exempted (IRS 501 (C)(3))

FOR CANADIAN DONORS
Please make checks out to ‘IDRF’ and note ChildLife Foundation in the memo. Mail checks to our Canadian representative:

Zohair Zakaria
Trustee ChildLife Foundation ,
3269 Camberwell Drive,
Mississauga ON L5M6T2.

Donations from Canada are tax deductible through our partners International Relief and Development Fund (IDRF), a recognized Canadian charity with Charitable Registration # 132543005RR0001.



**FOR ONLINE DONATIONS FROM PAKISTAN AND ABROAD
(EXCLUDING USA AND CANADA)**
Please make online donations to the appropriate accounts:

DONATION ACCOUNT DETAIL: Bank Al Habib Limited Title of account: Childlife Foundation Account # 5006-0071-000045-01-6 Bank: Bank Al Habib Limited Branch: Islamic banking Shaheed-e-Millat IBAN# PK96BAHL5006007100004501	ZAKAT ACCOUNT DETAIL: Bank Al Habib Limited Title of Account: Childlife Foundation (Zakat Funds) Account # 5006-0081-000046-01-9 Bank: Bank Al Habib Limited Branch: Islamic banking Shaheed-e-Millat IBAN# PK67BAHL5006008100004601
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