

Resilience



CHILDLIFE
FOUNDATION

Annual Report 2021



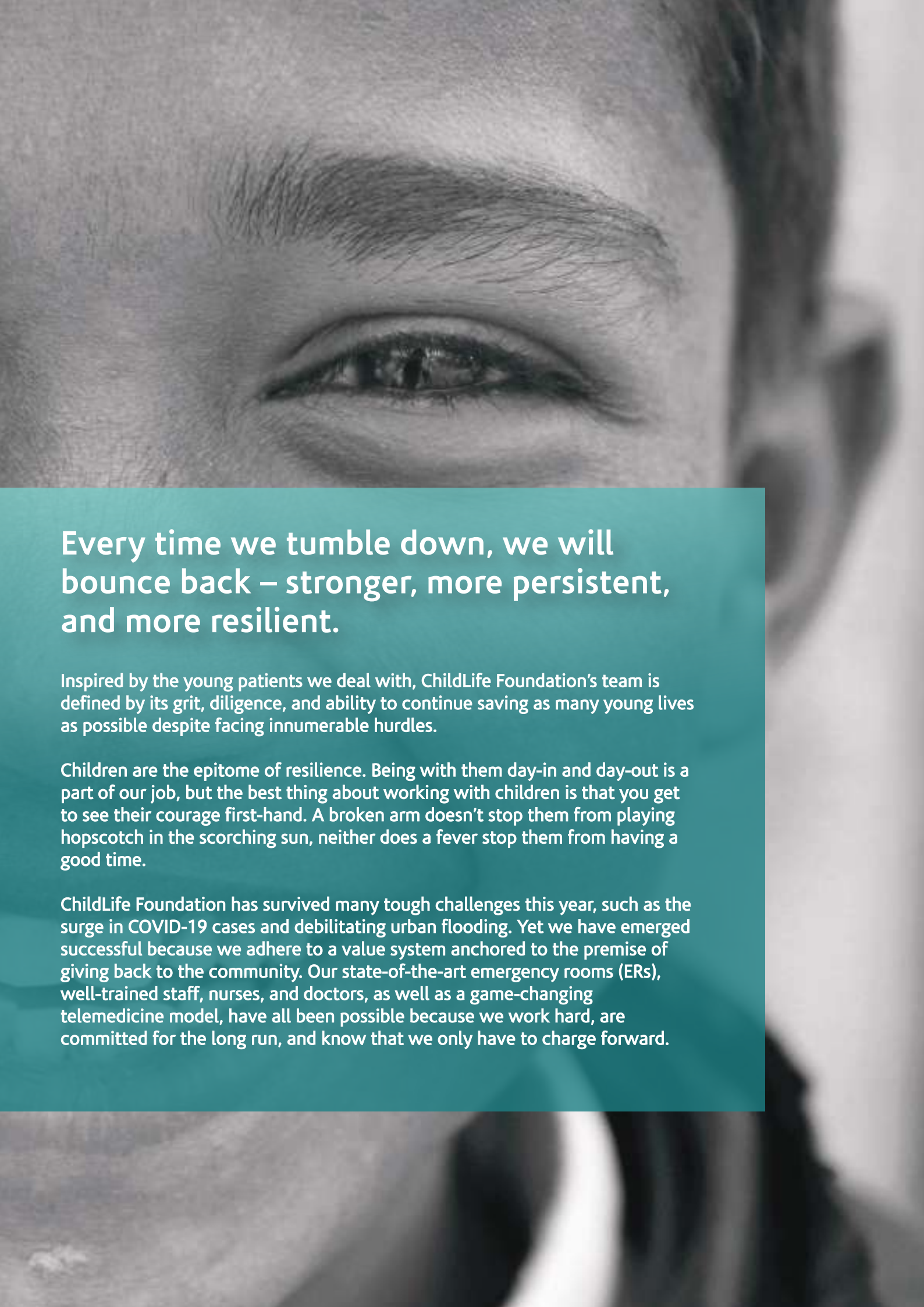
Legal Status and Objectives

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 3rd Floor, Adamjee House, I.I. Chundrigar 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 units of 10 government teaching hospitals in Sindh (9) & Balochistan (1) treating 1 million children free of cost every year. The trust has also established 32 Hub & Spoke Telemedicine Centers set up at District and Taluka Hospital in the province of Sindh and Balochistan as of June 30, 2021.

A close-up, black and white photograph of a person's face, focusing on the right eye and eyebrow. The eye is looking slightly to the right. The skin texture is visible. A teal-colored rectangular box is overlaid on the lower half of the image, containing white text.

Every time we tumble down, we will bounce back – stronger, more persistent, and more resilient.

Inspired by the young patients we deal with, ChildLife Foundation's team is defined by its grit, diligence, and ability to continue saving as many young lives as possible despite facing innumerable hurdles.

Children are the epitome of resilience. Being with them day-in and day-out is a part of our job, but the best thing about working with children is that you get to see their courage first-hand. A broken arm doesn't stop them from playing hopscotch in the scorching sun, neither does a fever stop them from having a good time.

ChildLife Foundation has survived many tough challenges this year, such as the surge in COVID-19 cases and debilitating urban flooding. Yet we have emerged successful because we adhere to a value system anchored to the premise of giving back to the community. Our state-of-the-art emergency rooms (ERs), well-trained staff, nurses, and doctors, as well as a game-changing telemedicine model, have all been possible because we work hard, are committed for the long run, and know that we only have to charge forward.



Compassion to heal

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Grit to prevail

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



Courage to continue

Values

1. Teamwork
2. Competence
3. Compliance
4. Compassion
5. Humility

Road Map

Children's Emergency Rooms - All public teaching hospitals

Telemedicine Satellite Centers - All public secondary care hospitals

Preventive Health Program - All under 5 population

Our Impact Numbers*

10

State-of-the-art model emergency rooms in Sindh & Balochistan

3.6 M

Children treated in ChildLife Foundation Emergency Rooms to-date

73%

Patient Satisfaction

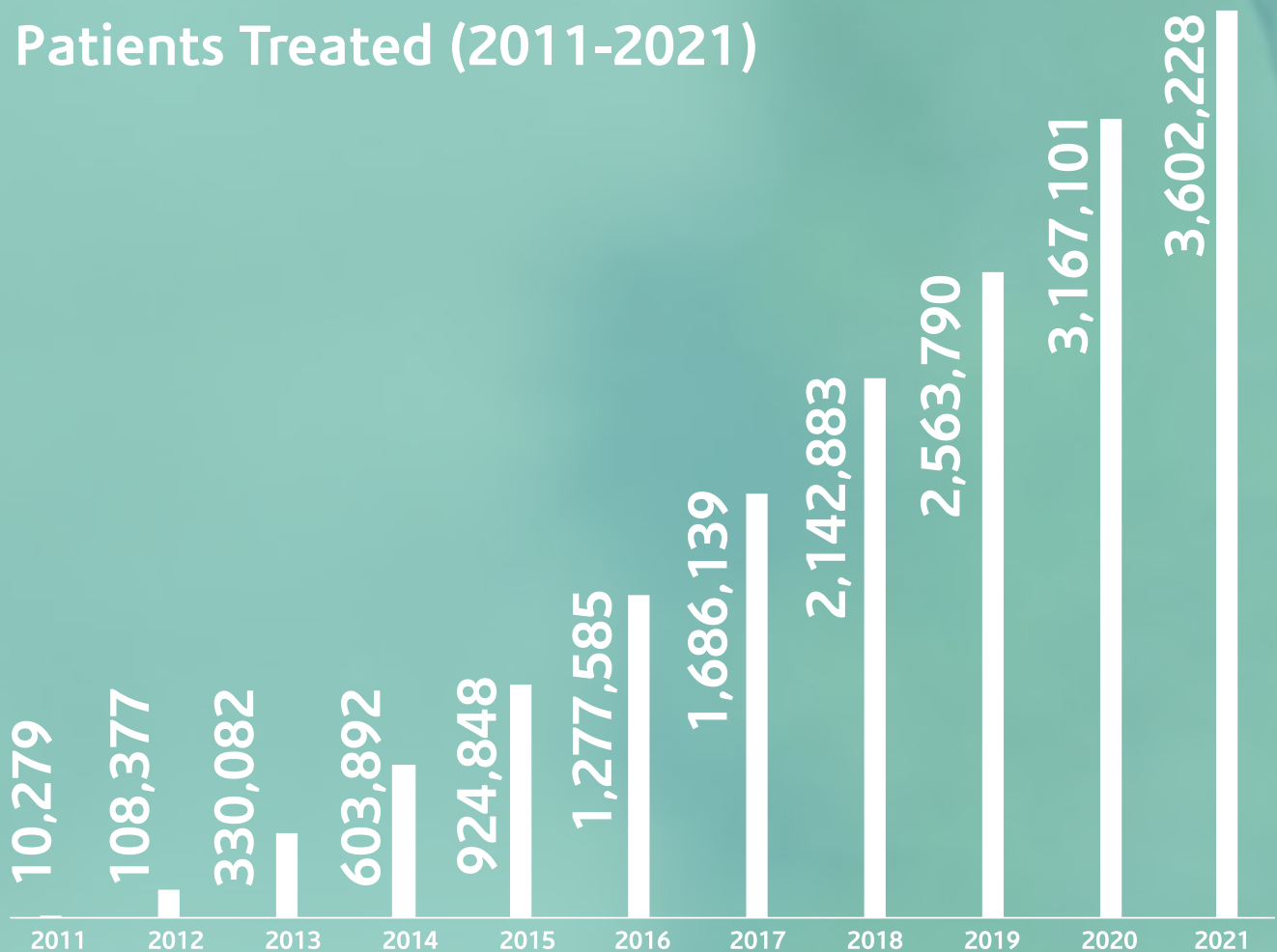
32

Telemedicine Sites

59,000

Telemedicine Consults

Patients Treated (2011-2021)



30

SINA - ChildLife Foundation Clinics

5,247,403

Patients treated at SINA - ChildLife Foundation Clinics as of June 2021



Milestones

ChildLife Foundation has set out on a path to make emergency healthcare for children accessible to all. Some important milestones that we have achieved on this path include covering Sindh and Balochistan. However, there are more milestones to be achieved and we are working towards our goals consistently and with determination.



Dr. Ruth Pfau Civil Hospital



National Institute of Child Health (NICH)



Lyari General Hospital



Sindh Government Hospital Korangi-5



Abbasi Shaheed Hospital

2018

Karachi Covered -
No child more than 30 minutes away from
5 world-class ERs (24/7 and free of cost)



Sukkur



Nawabshah



Larkana



Quetta



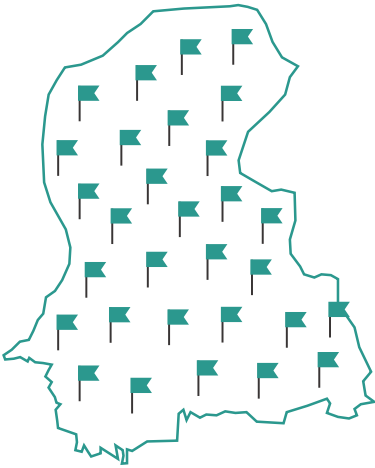
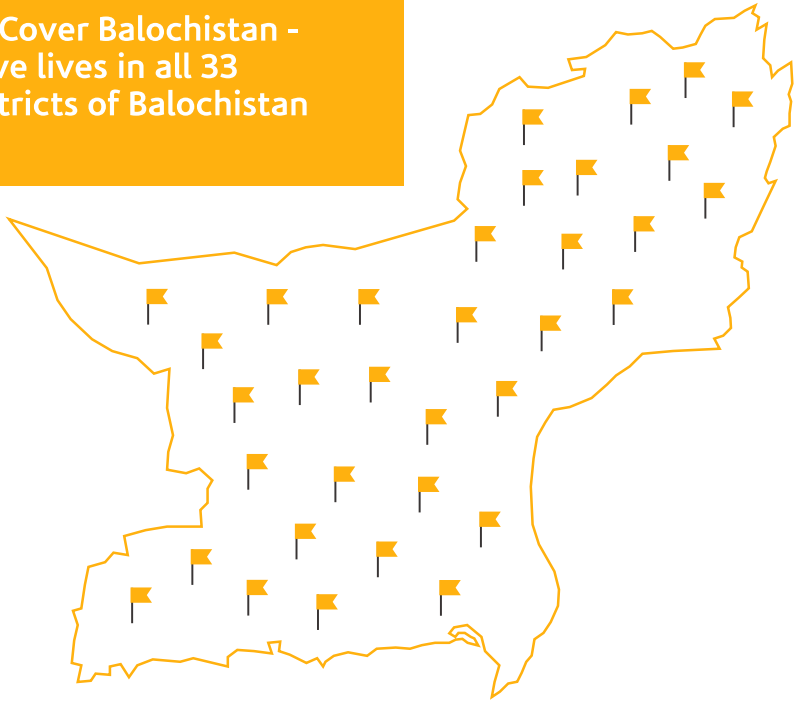
Hyderabad

2019

Presence in
all 10 Government
Teaching Hospitals of
Sindh & Balochistan

2021

To Cover Balochistan -
Save lives in all 33
districts of Balochistan



2020

Sindh Covered -
Saving lives in ALL
30 districts of Sindh

2022

Presence in Lahore & Islamabad -
Saving lives in all 100+ Government
Hospitals of Sindh & Balochistan



Mayo Hospital, Lahore

Future Outlook - Envisioning a Child-Safe Pakistan by 2030

Delivering on Previous Year's Disclosures

In 2020, we declared our aim to increase ChildLife Foundation's reach, especially by expanding our telemedicine hub and spoke model. We are pleased to announce the success of the plan, despite facing logistical and financial constraints amplified by the pandemic. By the grace of God, this year, we marked the addition of 28 new locations, taking up our total telemedicine (TSC) sites to 32. Our TSCs cater to areas in dire need of health services in both Sindh and Balochistan and we are forging ahead with the same determination to accelerate our growth.





Looking Forward

Today, we look to the future with bigger aims to achieve. Our next goal is to set foot in Pakistan's largest province, Punjab - by working with Mayo Hospital in Lahore and PIMS in Islamabad, to be specific. Mayo's ChildLife Foundation ER is under construction at the time of writing this report.

In sha Allah, by 2030, ChildLife Foundation will have Emergency Rooms in all 40+ Government Teaching Hospitals across the country. By 2030, we also intend to have 400+ Telemedicine sites at District and Tehsil levels so that children residing in all corners of our country have access to timely and quality healthcare.

Sources of Information

ChildLife Foundation's forward-looking projections are based on market assessment, data-based insights, risk evaluation, board meetings and managerial discussions.

-  Covered
-  To be Covered
-  Hospitals
-  Telemedicine Centres

Balochistan
Covering 1 City and 33 Districts



KPK

Covering 7 Cities and 35 Districts



ISB / AJK / GB

Covering 4 Cities and 24 Districts



Punjab

Covering 12 Cities and 36 Districts



Sindh

Covering 5 Cities and 30 Districts





Accolades

ISO 9001:2015 Certified

ChildLife Foundation has an ISO 9001:2015 certification for the provision of quality primary, preventive and emergency healthcare services for children.



PCP-Certified

We are a PCP-certified organization. This is a seal of approval for our governance, operations and financial transparency.



Shariah-Compliant

We are a shariah-compliant organization and have been authorized to utilize zakat for our operations.



Best Corporate Report Award

Accountability and transparency are the hallmarks of our organization, and these are represented in our Annual Report. We are extremely proud of having received the third position for Best Corporate Report Awards 2020 in the NPO sector. This is a joint award by ICAP and ICMA.



Goals



ChildLife Foundation believes in purposeful goal-setting, where each action we take helps us bring our vision to life.



Long-Term

Covering Pakistan - Implement our healthcare model in all 500+ government hospitals of Pakistan.

Continue upgrading our information systems per the latest technology.

Ensure greater patient satisfaction & build brand awareness as being Pakistan's foremost pediatric emergency healthcare provider.

Medium-Term

Covering Punjab - Our pediatric ER in Mayo Hospital is poised to become functional in the coming year.

Establish our ER in Islamabad's leading teaching hospital PIMS.

Save lives in all 100+ government hospitals by growing our model of ER and Telemedicine.

Short-Term

Covering Balochistan - Save lives in all 33 districts of Pakistan's largest province by the end of 2021.

Regular trainings to keep staff abreast of the latest developments in emergency healthcare.

Expand our Telemedicine network and run all our Telemedicine Satellite Centers (TSCs) per international standards.





CHIDLIFE HEROES



Dr. Deen-e-Zehra Khoso

Physician In-Charge
Chandka Medical College Hospital, Larkana

Doctors like Dr. Deen-e-Zehra Khoso are there in the field of healing because of their compassion. Nothing, not even COVID-19, deterred her from treating her young patients.



It has been nearly three years since I joined ChildLife Foundation in 2019. I come from a family of three sisters and a brother, where I am very proud to say that my parents have always instilled confidence in me and my siblings to get educated. My mother is an inspirational lady - a teacher by profession, she encouraged my father to study further as well. Both of them together have tried to make us capable people. Their efforts have borne fruit; I am a doctor, one of my sisters is in gynecology, and another is a bank manager.

It was my late father's dream to have his first-born son be a doctor, but even when he had me as the first child, he did not discriminate and put in the same effort for me as he would for a son. On my part, I gave my best to live up to his expectations.

In the years that I have worked at ChildLife Foundation as a doctor, I have learned not only about healthcare but have also grown much stronger as a person. ChildLife Foundation has been an amazing learning experience for me. My supervisors, colleagues, and patients have all helped me during tough times and have been there as beacons of support.

Although we work in a very high-pressure environment, we are constantly counseled and are assured that we have ChildLife Foundation's support. During the pandemic, my entire family was at home and I was assigned to care for the COVID-19 ward.

However, not once did it cross my mind that I shouldn't be handling my patients, caring for them, or making them feel comfortable. I had faith that healing these little ones was all the protection I needed.

I still recall the first COVID-19 patient who came in through our doors. His entire family had tested positive, and the child was also showing the same symptoms. Despite all the fear surrounding the early days of the pandemic, I and my team dealt with the child and stabilized his health.

When I started working as a doctor, I just did my duty and went home. But as I continued working, I was trained and I grew and developed. I was steadily given more responsibility so that today I am a Physician-in-Charge and feel great pride in training and supervising juniors. I miss my father every day that I am at work at ChildLife Foundation. He would have been so pleased to see where I am today.





Saima Gulzar

Assistant Head Nurse
Peoples Medical College Hospital, Nawabshah

More than 60 percent of healthcare workers are females. As mothers, they face tough challenges, the least of all – having to trust the care of their children to others.



It has been five years since I was inducted as a staff nurse at the Korangi 5 Children's Emergency Room in 2016. I moved from Korangi to ChildLife Foundation's Nawabshah ER after I got married. My husband is also in the field of healthcare and works as an Operation Theatre Technician in Nawabshah.

My husband and I live in Nawabshah on rent because our home in Sanghar is more than an hour away from our places of work. While I don't mind the commute, one of the toughest parts of my life is that I have to leave my four-year-old son in the care of my mother-in-law in Sanghar. He stays with her during the weekdays and over the weekend my husband and I go back to visit.

As a mother, I have faced my fair share of challenges. However, as I have learned in my years at ChildLife Foundation, there is nothing more important than saving people, especially if they are as young and as helpless as our patients are.

Although I have all the support of my husband and his family, there are times when I miss being with my son. However, I know that with the field that I have chosen, I need to uphold my duty as human life and health are above everything else.

I truly appreciate ChildLife Foundation and the work we do because I am not only a nurse here, but I have also benefited from the organization. Several years ago, I had to bring my then 4-month-old son, suffering from severe respiratory distress, to ChildLife Foundation. I had complete support from the whole team during the time he was there. However, because he needed further medical attention, I was guided and referred to a larger hospital after receiving preliminary emergency care.

It took my son a month to recover but the team was there at each step to support me. My supervisors, colleagues, and doctors all pitched in. It was a tough time, but due to the support of my team my son recovered and I returned stronger and more motivated than ever before.

I feel blessed to work at ChildLife Foundation because we are like a close-knit family. Over the years, I have not only learned about nursing, but I have also become better at dealing with stressful situations such as the one I had with my son. ChildLife Foundation has given me the confidence to aim higher and become better.





Kulsoom Bano

Aaya
Civil Hospital, Karachi

ChildLife Foundation works as a team - from doctors to nurses to administrative staff, respect is shown to everyone who plays a role in saving children's lives. Each member faces challenges, but all of them dare to continue despite all odds.



I have been working as an Aaya in the Civil Hospital in Karachi for the past two years. I was hired as a security guard to prevent unauthorized personnel from entering the ER because, with the limited space that we have to treat patients, we cannot afford to have more than one attendant with a child.

In the two years that I worked as a security guard, I learned how to manage people and channel the crowd. At the same time, I developed a great bond with my supervisor as well as the other staff.

ChildLife Foundation feels like a second home to me so when there was an opening for an Aaya, I took the opportunity. But to this day, I am asked to resolve the situation when things get out of hand. The girls will say 'Kulsoom Baaji aap dekhain kia ho raha hai' (Sister Kulsoom, please see what is happening) because they trust me, and they know that I will help them out.

I am not educated, and I come from a poor background. My husband is a plumber, but his work is inconsistent, and we rely on my salary to make ends meet. My two daughters and young son see me go to work every day, and at times it is hard to leave them for a 12-hour duty. But Allah has chosen me for this field, and every day I gather my courage and continue to work.

I don't come to work only because I am the sole bread earner of my family; I am working with ChildLife Foundation because despite my not being educated, I am learning. I learn from observing doctors and other staff about how to deal with kids and what to do when there is a medical crisis. I try to improve my own life and work by using the learning that I have gained from my job.

The work I do may be humble, but it is in no way insignificant. ChildLife Foundation has instilled courage in me by relying on me and making me feel like an important part of the organization. Even when I face challenges at home, I know, in my heart of hearts, that I am playing a small role in a big noble cause.





Ali Raza

Administrative Officer
Peoples Medical College Hospital, Nawabshah

It is not only the front-line healthcare staff that has the grit to work in a field as tough as emergency healthcare. The supportive administrative staff is just as important to help keep the operations running smoothly.



I have been working at ChildLife Foundation in the administration department for the past three years. Currently, I am in Nawabshah. As the sole breadwinner of my family that comprises my wife, siblings, and aged parents, the pandemic was a particularly challenging time for me. Everyone in my household is dependent on my income from ChildLife Foundation and they were worried that if something happened to me, our family would be in peril.

However, I assured my loved ones that ChildLife Foundation takes care of its people and that we are a state-of-the-art healthcare facility where SOPs are strictly followed and the system is modern and efficient.

I faced the challenges head-on because I believe that no matter where you go and what you do in life, you will face difficulties, but true grit lies in facing the challenges and not running away from problems.

During the pandemic, we faced risks of being exposed to the virus, not only through our patients but through their attendants as well.

I still cannot forget this one incident where a child came into our ER, accompanied by an attendant who was showing obvious signs of being infected. However, the attendant was under stress, and not receptive to our team. The situation had the potential to become volatile, which is why we did not point out the attendant's condition, and instead focused on treating the young child. Before the child was discharged, we politely suggested that the attendant should get checked by a physician and even referred him to one. He was offended at first but calmed down when we explained that there was no harm in visiting a doctor especially as the virus was everywhere.

Once he left, we thoroughly disinfected all the areas he was in and did not expect him to maintain any contact with us. However, to my surprise, the attendant kept our contact details and called to thank me for recommending the physician. He was COVID-19 positive but timely intervention had prevented him from getting severe symptoms.

I have worked internationally in the healthcare administration field as well – particularly in Dubai and Sharjah – but it gives me great pride to say that the kind of learning I have had here is unmatched. ChildLife Foundation has helped me become better and face difficulties head-on. We are a resilient team that aims to save young children across the nation.



Chairman's Review

We faithfully carry forward our original vision from the time of ChildLife Foundation's inception. However, we survive because we adapt to the changing times; we thrive because we follow a strategic development plan.



ChildLife Foundation started in 2010 with the hope of serving children being brought to the Emergency Room at Civil Hospital Karachi. Little did we realize at the time; we had stumbled upon a sector in dire need of our support. The World Bank's infant mortality statistics indicated that the under 5 years of age child mortality rate at the time was 87.1 per 1000 births.¹ One site was not sufficient to cater to the burgeoning population of children in Pakistan.

Gaining courage, we initiated renovations at the National Institute of Child Health and gradually grew to three, four, and now ten locations in Sindh and Balochistan. We are glad to note that ChildLife Foundation's efforts have proved fruitful as the mortality figures have gone down to 67.2 (as of 2019).² From the time we started, till date, we have served more than 3.6 million patients.

Key Quantitative Information

For the year 2020-2021, the total collections we made from donors for zakat, strategic funding, and general donations stand at approximately PKR 1.5 billion. This amount helped us cover the operational costs of 10 free-of-charge Emergency Rooms, as well as costs for telemedicine site operations, life-saving equipment, pharmacy, and staff salaries.

The Board's Operations

At ChildLife Foundation, we are blessed to have seamless collaboration between the management and the board of trustees. The board is responsible for the overall mission and for establishing risk management policies in alignment with the management. It also envisions the long-term objectives of the organization, in line with the Foundation's vision, and devises future plans accordingly.

The management, on the other hand, is delegated with the responsibility of strategizing and implementing the decided-upon objectives. It also deals with the day-to-day operations and accomplishes the short-term objectives of the organization.

The Board's Review of the Business Continuity Plan

The board of trustees at ChildLife Foundation believes that business continuity management is critical for our stakeholders and is part of responsible management practice. In the event of an emergency or significant business disruption, the Foundation is committed to do its utmost to ensure uninterrupted services.

Assessing Risks and Ensuring Risk Tolerance

The board keeps a vigilant eye on any significant external risks that may arise. In the past year, the economic, social, regulatory and political landscape has shifted, in part due to the pandemic that has had a wide global impact. In line with the organization's business continuity planning, however, we have conducted a systematic evaluation to identify possible threats that might confront us in the future.

Consequently, the board has made a thorough assessment of the risks that face us from all fronts and has taken the necessary steps to ensure that ChildLife Foundation will be able to chart through all uncertainties steadily.



¹ <https://data.worldbank.org/indicator/SH.DYN.MORT?locations=PK>

² *ibid*

Advancements Made in the Past Year

We faithfully carry forward our original vision from the time of ChildLife Foundation's inception. However, we survive because we adapt to the changing times; we thrive because we follow a strategic development plan.

We had 4 telemedicine sites in the year 2020. Today, the number stands at 32. Our Telemedicine Satellite Centers now span all 30 districts of Sindh as well as critical locations in Balochistan. We continue adding more District Headquarter Hospitals in the rural areas to our hub and spoke model, connecting them to the nearest ChildLife Foundation ER through a robust system of high-definition cameras and telephones. By the end of 2021, we intend to establish telemedicine sites across Balochistan, covering all 33 districts of the province.

This year, we took yet another step to leverage the power of technology in order to upgrade our healthcare model: we shifted our hospital management information system (HMIS) application to a cloud storage platform. We signed up with Oracle Cloud Infrastructure (OCI) for this purpose and are already experiencing improved performance. The cloud offers us a reliable and scalable solution – imperative for us as we intend to pursue consistent growth in the coming years. We have secured our data and future-proofed our IT infrastructure while also introducing optimal efficiency into our internal systems.

Strategizing for Success

ChildLife Foundation is here for the long term. Our resilience is reflected in the way that our team works hard, works consistently, and bounces back stronger after each challenge. The pandemic made us battle-hardened and surviving through the dark times of COVID-19 has made us more dauntless than ever before.

Guiding us through tough times, our strategy helps ChildLife Foundation deliver a sustainable healthcare system for the nation. This is the reason why we do not expand sporadically. Our growth has been meticulously planned so that each of the Emergency Rooms that we take up is associated with a teaching hospital. This ensures that ailing children who come to our ERs can directly get admitted to the ward, should the need arise, instead of being sent home without receiving proper care.

Another crucial benefit of having our ERs in teaching hospitals is that it gives us a steady supply of healthcare professionals who can engage in continuous research and development while also providing treatment to the children. Very importantly, this enables us to overcome one of the biggest obstacles to improving healthcare in Pakistan: the dearth of trained medical professionals.

According to the World Bank, as of 2018, the ratio of physicians per 1000 patients in Pakistan stands at an abysmal 0.98.³ This self-explanatory figure marks our country as critically deficient in the health workforce. So, managing our human resources is an indispensable part of our strategy and we make sure to recruit and retain valuable talent at our organization. To that end, we have launched the ChildLife Employee Referral Program under which we encourage our existing staff to refer professionals to us, including Paed consultants, medical officers and registered nurses.

All our subsequent ERs are assessed for financial sustainability and logistical compatibility so that supplies are easy to manage. Internally, we make sure that we have the management bandwidth to handle another location where we lead, train, and set up systems in line with our existing model of healthcare. Our approach to telemedicine is similar. The hub-and-spoke model connects remote locations (spokes) to a hub (ChildLife Foundation Emergency Rooms). Telemedicine is our pride, and we aim to leverage its potential to reach all children across the country.

Upgrading all 40+ Public Sector Emergency Rooms in Pakistan is a milestone that we are vigorously working to achieve, but at the same time, we are hoping to inspire others in the healthcare field. The way that our partnership with SINA Clinics has helped serve more than 5 million patients, we hope that our success will motivate other primary and tertiary healthcare institutions to adopt our approach to excellence as well.

The future awaits us. With the resilience that we nurture in our team, today, we can commit to our plan of consistent growth until we have secured world-class healthcare for each child in our nation.

Iqbal Adamjee
Chairman

³ <https://data.worldbank.org/indicator/SH.MED.PHYS.ZS?locations=PK>

CEO's Report

ChildLife 2.0 is our future where we will provide world-class healthcare to the masses through our innovative telemedicine hub and spoke model and modernized Emergency Rooms.





If one trait could be marked as the reason for humanity's constant evolution, it would be resilience. It is resilience that has made ChildLife Foundation's evolutionary journey successful, where we have faced innumerable challenges with fortitude and perseverance.

Within a decade, we have managed to cover two provinces. In the next ten years, we aim to have children from all provinces within our care. ChildLife 2.0 is our future where we will provide world-class healthcare to the masses through our innovative telemedicine hub and spoke model and modernized Emergency Rooms.

ChildLife Foundation's success has been made possible due to our ability to prevail against all odds. The pandemic created unprecedented challenges for us, as it did for the healthcare sector the world over. The initial days of COVID-19 were marked by uncertainty, fear, and a feeling of widespread doom. However, we quickly mobilized our resources to overcome every obstacle that came our way.

We implemented stringent medical protocols per international standards in all our ERs. The costs of masks and protective equipment added to our financial responsibility; at the same time, some of our donor organizations suffered financial setbacks and could not contribute as much as they did previously. But even during this challenging period, we found a silver lining: healthcare in our country started being acknowledged as a priority.

Resource Mobilization Strategy

We are happy to note that ChildLife Foundation's relationship with the government strengthened as the pandemic demonstrated the necessity of healthcare. We also found support from new benefactors where others struggled. By securing viable alternatives and making timely use of valuable partnership opportunities, in the corporate as well as the governmental sectors, we ensured our operations continued to run smoothly.

Current Performance & Future Projection

While COVID-19 wreaked havoc in many sectors, ChildLife Foundation was fortunate because we did not lay off staff but were able to offer them the compensation that they deserved for being there 24/7 365 days a year, despite the pandemic and a debilitating spate of urban flooding.

We met our Key Performance Indicators due to our patient-centric approach: the patient satisfaction rate of our emergency rooms stands at 73% as compared to the 64% benchmark reported by emergency rooms in developed countries. We also continued to offer training to our staff in the ERs. When we faced on-ground limitations due to the pandemic, we switched to online sessions to ensure learning never stopped.

Preventative measures are just as important as curative measures. With our Preventive Healthcare Program, we reached 290,000 families through text messages to spread awareness about healthcare outside ChildLife Foundation ERs. We were also able to grow the number of SINA-ChildLife Foundation clinics to 30. In addition to this, we saw an exponential increase in our Telemedicine sites as

well, and the figures reflect it: the total number of consults we provided rose from 19,580 last year to 59,000 this year.

Our growth will not stop until we implement our pediatric emergency healthcare model throughout Pakistan. The next step in our journey is to serve the most populous of the country's provinces – Punjab. We have signed a Memorandum of Understanding (MoU) with Mayo Hospital, affiliated with King Edward Medical College, and will inshallah be starting our operations in the province in early 2022.

Managing Risks & Threats

Going forward, the risks we face are aplenty. One of the significant risks is the misappropriation of assets and fraudulent financial reporting. However, we have regular audits from third-party firms, and we make sure to have a transparent reporting system.

Other risks include regulatory compliance, succession planning, hindrances in operations, social media propaganda, disaster recovery, IT infrastructure, a dearth of human resources, and other malpractice and reputational risks.

We have undertaken proactive measures to counter these risks. Our pre-emptive actions include ensuring compliance,

developing leaders, strengthening relationships with stakeholders, performing regular risk assessments, improving HR strategies, and integrating a Quality Assurance System.

One of the hardest challenges that we face is that of a tough regulatory environment that differs from one province to the next. The risk of non-compliance with Anti-Money Laundering and Counter-Terrorist Financing (AML/CFT) laws and Financial Action Task Force (FATF) recommendations is significant. However, we hope that with the help of the local and federal governments, we will overcome these problems.

If there is something that these past ten years have taught us, it is that the only way to survive is through resilience. We are supported in our mission by the prayers of millions of families and the courage of Pakistan's leaders, our supporters, and our staff to bring the dream of a child-safe Pakistan to fruition.

Dr. Ahson Rabbani
CEO

Video Message Explaining ChildLife Foundation's 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/



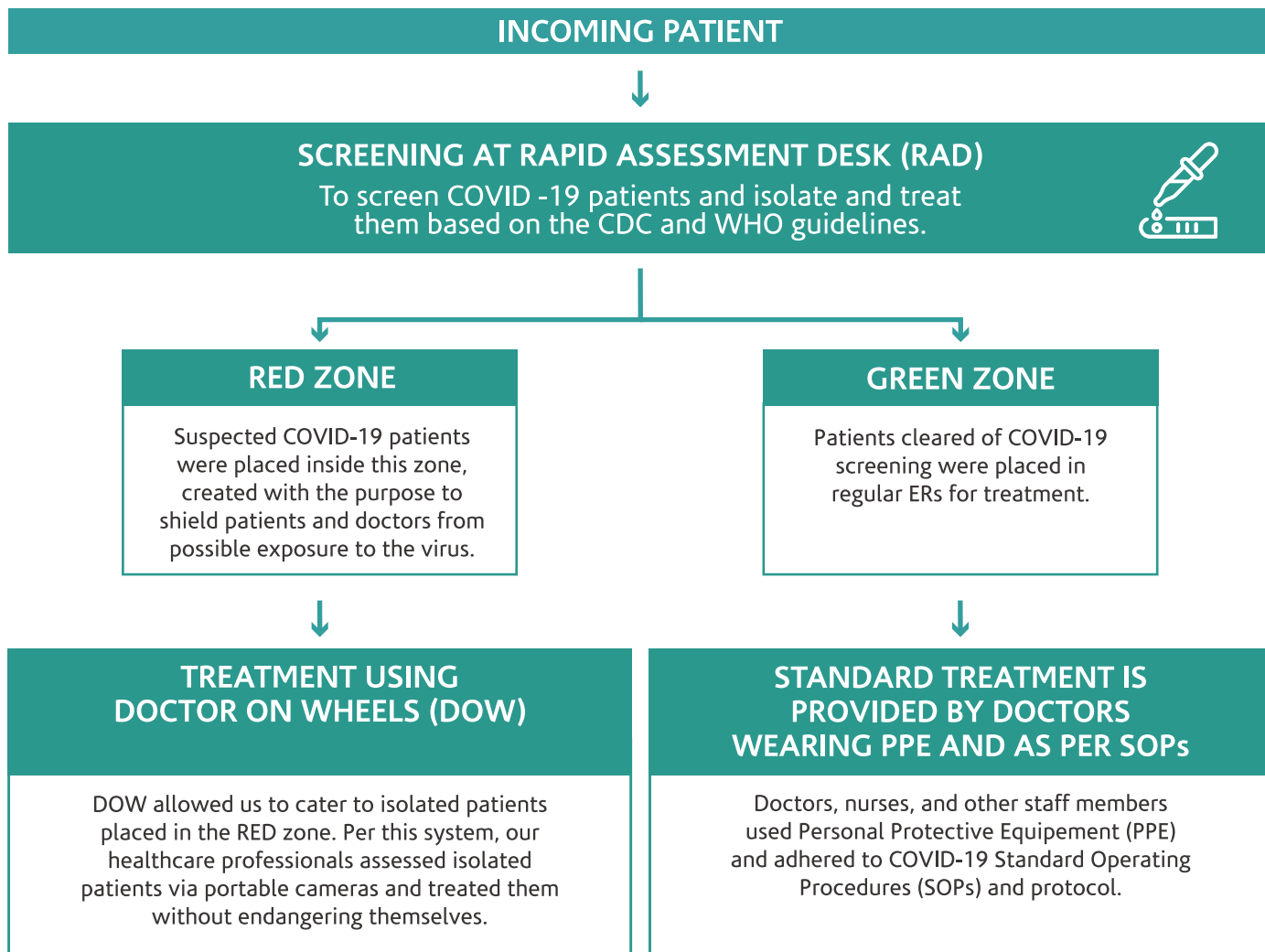


OUR WORK

Facing COVID Head-on



The COVID-19 pandemic caught the world by surprise and ChildLife Foundation was no exception. However, we immediately got into action and implemented a well-thought-out strategy to fight the virus.



Our Staff's Spirited Response

We are grateful to our courageous and resilient staff for their professionalism as they came to work despite all the uncertainties, fear, and the real danger presented to them by Coronavirus. Despite many of the staff having to isolate themselves from their families and not being able to meet their loved ones for days on end, they showed up to work with a smile on their faces and compassion in their hearts.

The lockdown did not hamper the attendance of our staff. At ChildLife Foundation, we know that parents will defy all odds to get their critically ill children the care they need. This thought was a driving force for us during the lockdown. We preemptively issued all our staff official letters so that they would not be detained by law enforcement agencies when travel restrictions were imposed.



To honor our team's commitment, ChildLife Foundation ensured that no staff was laid off. Their salaries were disbursed on time and the shift durations were reduced – we managed to use the ROTA system to decrease staff capacity as patient numbers coming to the ER went down. We also provided food to our hard-working staff when the lockdown caused food outlets to close.

Overcoming Hurdles with Persistence and Empathy

Treating children is our core duty, but through children, we are also able to reach out to their families and create a wide impact. Many attendants come from remote areas or are from impoverished backgrounds. They lack basic awareness regarding COVID-19 symptoms and would come to us in an already traumatized condition. Therefore, they are not receptive to our concerns. With some, there is also a risk of the attendants refusing consent to treat the child, if they feel at all threatened by our overtures.



However, we have to protect the staff as well as the patients from exposure to the virus through the attendants accompanying the children. We dealt with such attendants very carefully – making sure to use the right tone and words to convey the message. We are glad that we were not only able to help our little patients, but also their attendants in getting the healthcare they required.

Although the pandemic presented a challenge, we took it as a learning opportunity. We shared our resources through Moodle, decreasing reliance on manual systems. We also managed our collaborations through Zoom meetings and conducted online trainings to ensure our staff kept up with what's latest in healthcare. Mental health has been a priority for the management, which is why the staff was regularly debriefed and readied to handle the situation professionally.

COVID-19 has hit all of us hard, but at ChildLife Foundation we make sure that we protect our staff, our patients, and human life in general because the pandemic has taught us that life and health are treasures to be cherished.

Recognizing Our Incredible Team - COVID Heroes Night

To celebrate our team's resilience, we held a COVID-19 Heroes Event earlier this year. The purpose was to recognize and commend our frontline warriors - our staff members who worked tirelessly and fearlessly even when the virus raged and the number of cases and casualties, especially that of healthcare workers, increased. They came in to work like true professionals, put on protective gear, and pulled long shifts, often going above and beyond the call of duty.

It is due to our team's commitment to ChildLife Foundation's cause that our ERs ran smoothly, and never once closed the doors to patients in dire need of help. We organized recognition ceremonies at all our ER stations and presented shields to officially acknowledge the team's selfless service.



Transforming Pediatric Emergency Rooms



Our mission behind initiating ChildLife Foundation was to provide quality emergency healthcare services to children. A severe lack of adequate medical facilities in the country galvanized us to establish ChildLife Foundation in 2010. Since then, our team has been working resiliently and tirelessly. Each of our team members faces their share of struggles as they come to work in a fast-paced and often stressful environment. Despite the challenges and obstacles, they strive each day to save as many young lives as possible.

Civil Hospital, Karachi



Hyderabad



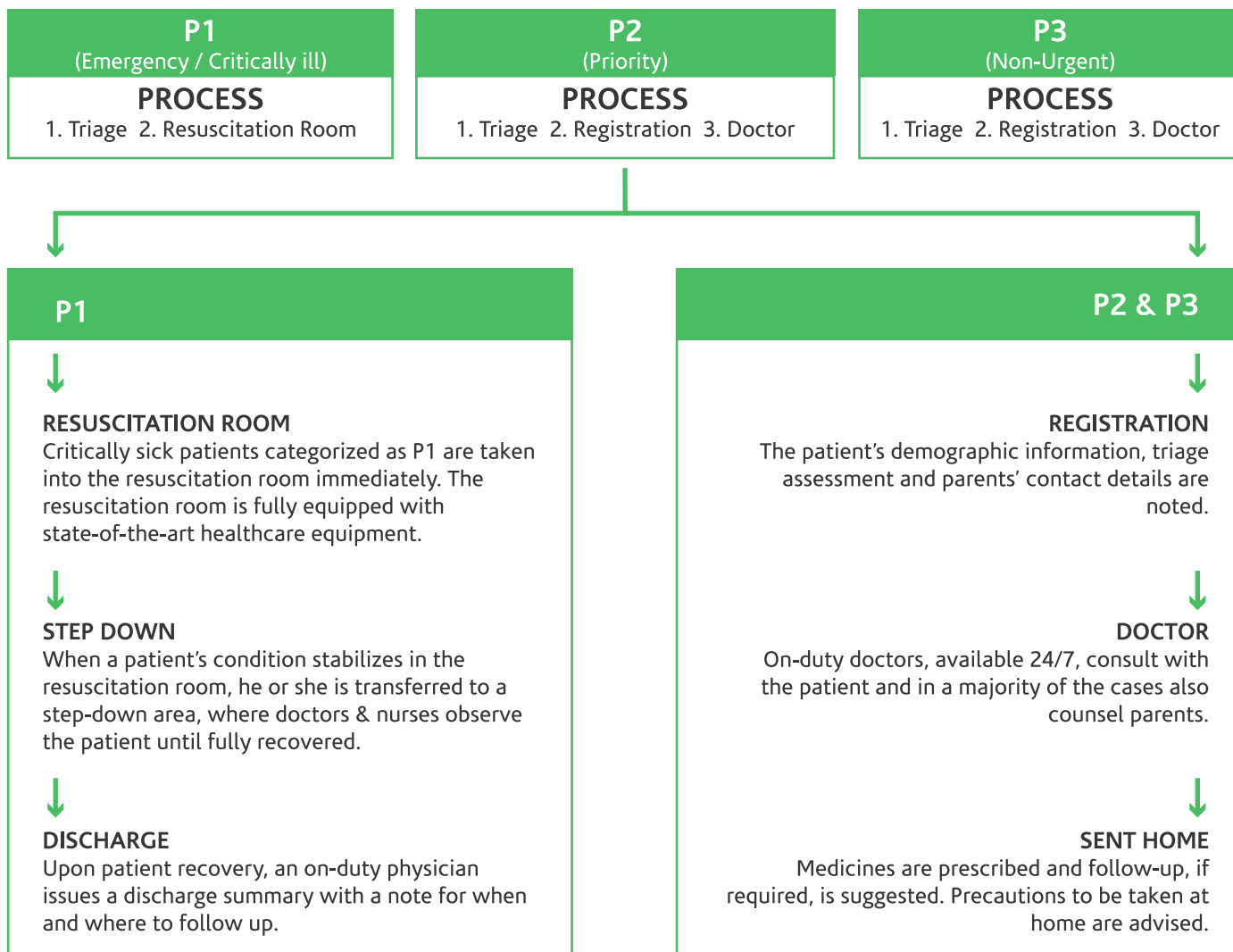
KIOSK

The ER process starts as soon as the patient takes a ticket from the kiosk.

TRIAGE

ChildLife Foundation introduced the WHO recommended Emergency Triage Assessment and Treatment (ETAT) for the first time in public sector hospitals. Here in triage, the patient is assessed based on the severity of the illness.

The patient's weight, temperature, heart rate, respiratory rate & oxygen saturation are all assessed after the token is taken on the Triage. After the assessment, the patient is categorized according to acuity level into P1, P2 & P3.



ER PHARMACY

The pharmacy dispenses medicines based on electronic prescriptions issued by doctors. The pharmacists then check prescriptions for errors before dispensing the required quantities of medicine, in an ultra-violet sanitized environment, to ensure that no over-dosage occurs.

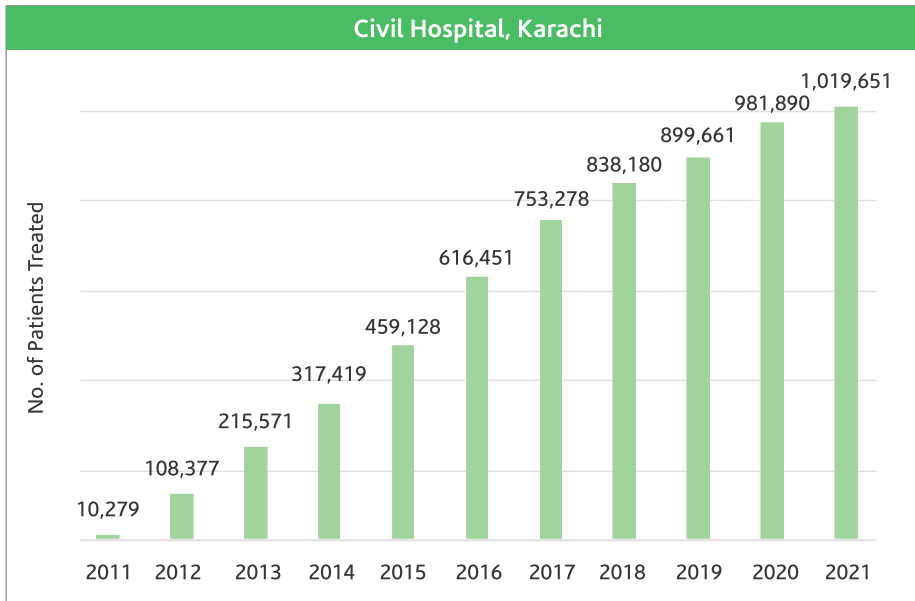
MEDICAL PROTOCOLS

ChildLife Foundation follows evidence-based practices, that comply with international standards, to avoid preventable incidents from happening. For instance, administering antibiotics to a child, diagnosed with sepsis, within an hour of triage, prevents mortality from increasing by 10-15%.

Dr. Ruth Pfau Civil Hospital

Mission Rd, New Labour Colony, Nanakwara, Karachi

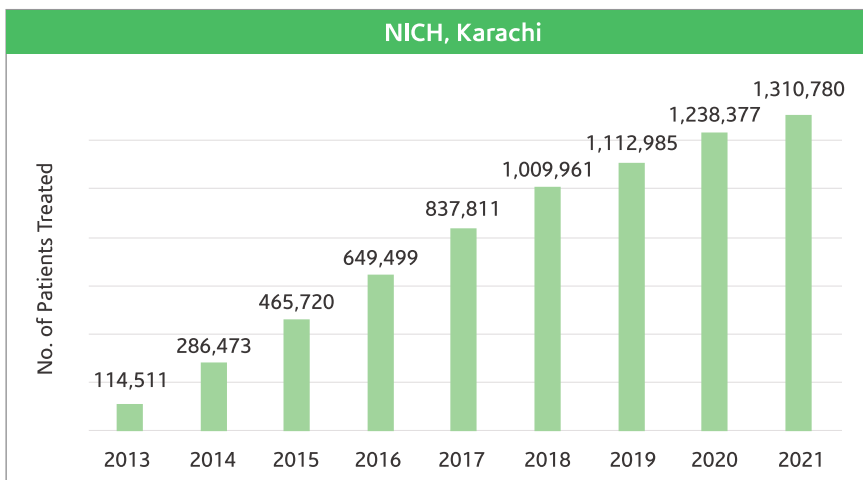
This was the first-ever Emergency Room that ChildLife Foundation modernized. A critical CNN coverage of the state of public healthcare after the floods of 2010 drove us to renovate this Emergency Room at Civil Hospital, Karachi. This 28-bed facility has treated over a million patients to date.



National Institute of Child Health (NICH)

Rafiqi S.J Shaheed Road, Karachi Cantonment, Karachi

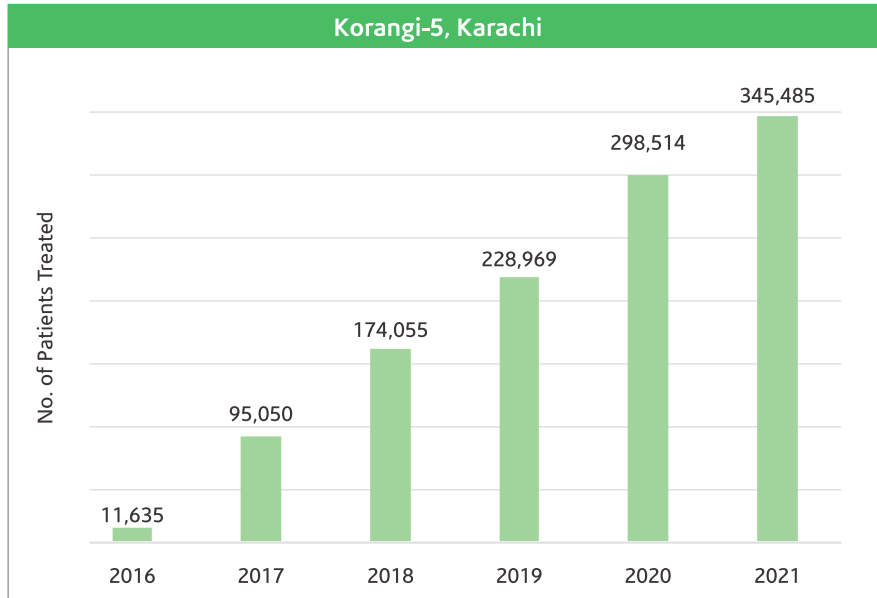
NICH is a hospital well-known for its pediatric health services. The administration of NICH approached ChildLife Foundation in 2013 to seek help with managing and renovating their Emergency Room. Since then, we have renovated this 55-bed ER and continue to manage it by providing trained staff, professional doctors, and world-class facilities – all of which are a hallmark of the ChildLife Foundation.



Sindh Government Hospital Korangi-5

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

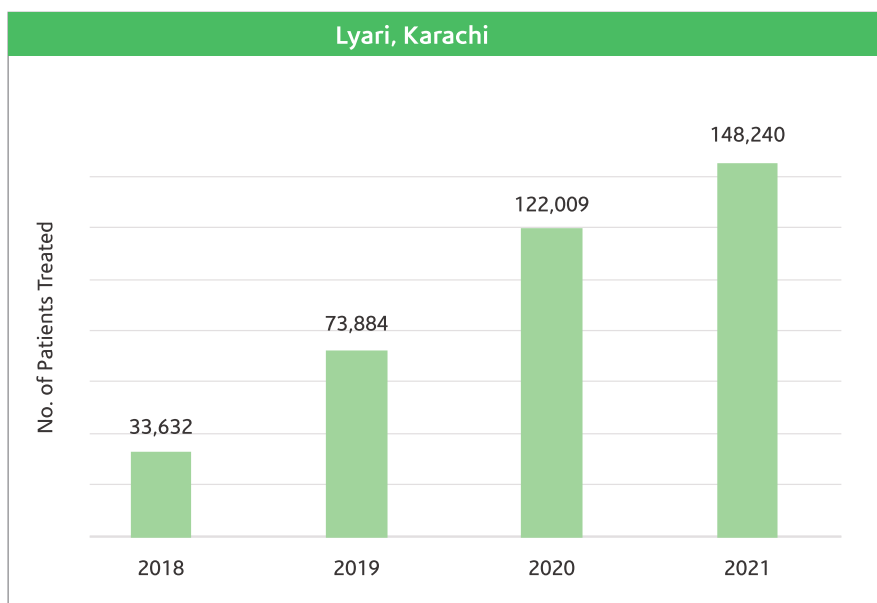
The NICH ER was hosting many patients from Korangi and its adjoining areas, which meant that it was constantly inundated with cases. Thus, the ER at the Sindh Government Hospital Korangi 5 was an organic choice for ChildLife Foundation to help serve the children in Karachi better. This is a spacious facility with 70 beds that has served over 340,000 children from 2016 to date.



Lyari General Hospital

Rangiwarra Road, Lyari, Karachi

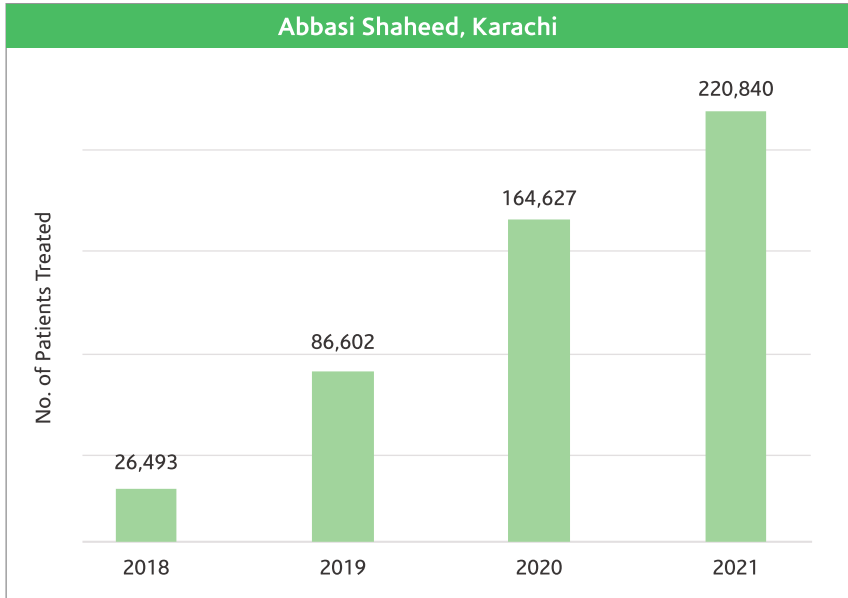
This 4th ER is a feather in our cap as it caters to the healthcare needs of nearly a million children living in Lyari. Densely populated adjacent areas of Kharadar, Mosadar, Ranchore Line, Sher Shah, and Machar Colony are all served by this ER as well. A fully automated facility sprawled over a large area, this ER has 50 beds.



Abbasi Shaheed Hospital

Tabish Dehlavi Road, Block 3, Nazimabad, Karachi

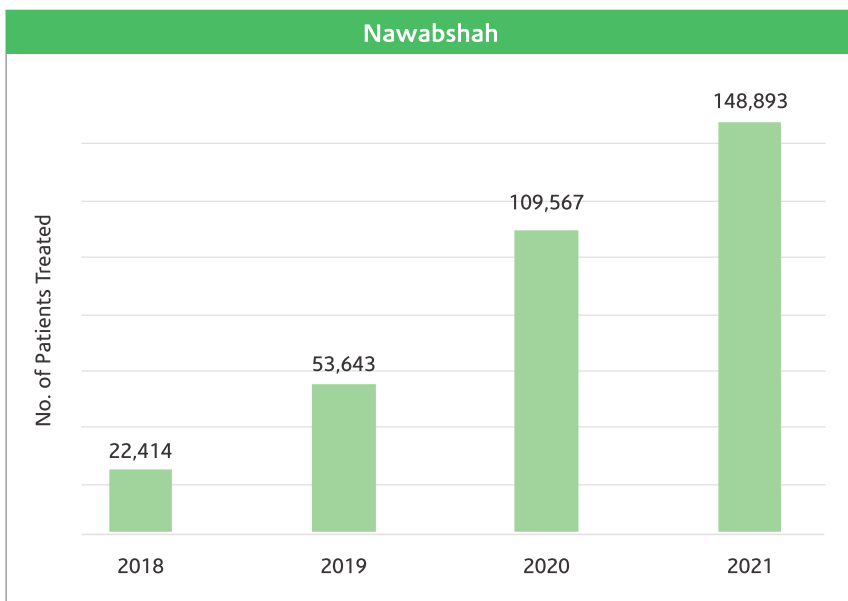
With four ERs having demonstrated our capability, ChildLife Foundation approached the Mayor of Karachi and the Medical Superintendent at Abbasi Shaheed Hospital and offered emergency healthcare services to the expansive northern part of Karachi. In 2018, our Abbasi Shaheed unit opened its doors. Since then, this 50-bed ER has served more than 200,000 children.



Peoples Medical College Hospital

Maternity & Child Healthcare Centre, Qazi Ahmed Road, Nawabshah

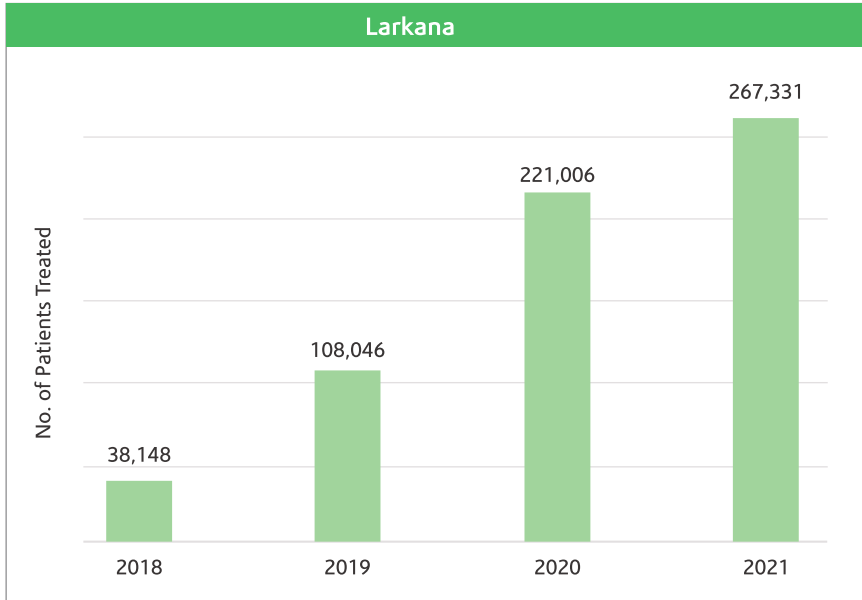
2018 was the year when we expanded our horizons beyond Karachi. Remote areas of Sindh were in dire need of emergency healthcare. The 55-bed ER facility in Nawabshah was a logical choice because of its potential to serve a large population from Hala, Sanghar, Sakrond, Qazi Ahmed, and other adjoining areas.



Chandka Medical College Hospital

Children Hospital, Opp. Shaikh Zaid Hospital, Larkana

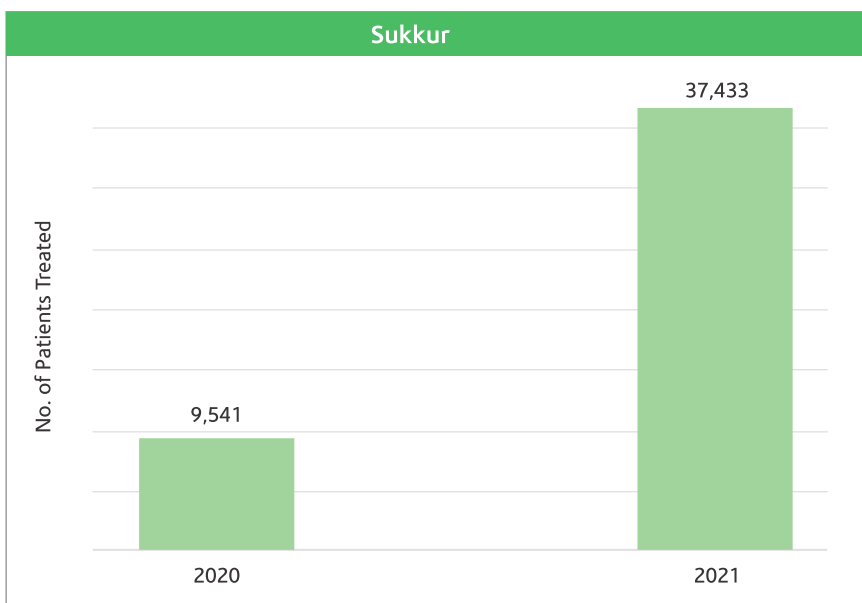
In 2018, we also inaugurated our ER in Larkana. This is a large 60-bed Emergency Room that serves people from Kamber Shehdadkot, Shikarpur, Dadu, Khairpur, and Jacobabad districts. The ER provides facilities of Cardiac Monitors, Infusion Pumps, and Phototherapy Units to its patients.



Ghulam Muhammad Mahar Medical College Hospital

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

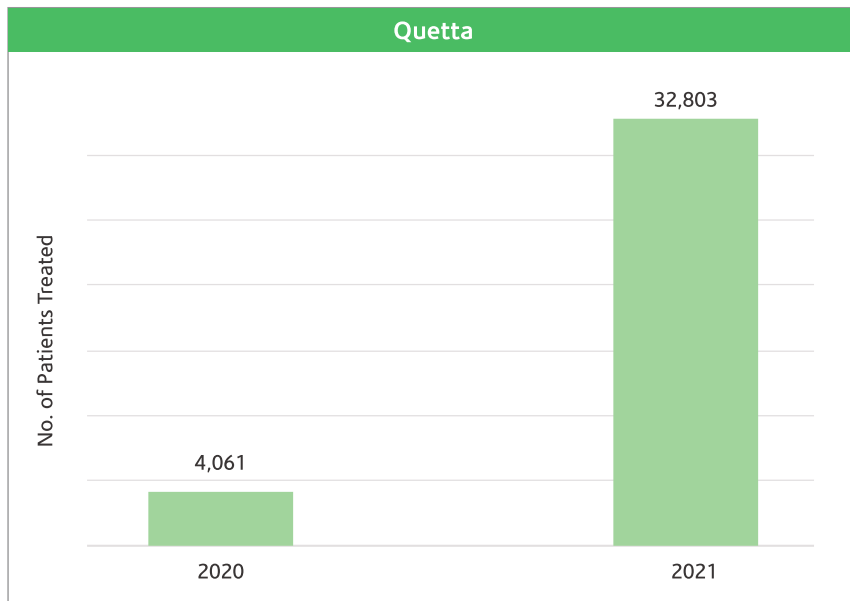
In 2019, we opened our ER doors to the people of Sukkur and its adjoining areas. The facility has 50 beds and serves a large population that would otherwise have to travel for hours in search of adequate healthcare. With this ER, we were able to improve the survival rates of patients living in Sindh's interior.



Sandeman Provincial Hospital

Jinnah Road, Quetta City, Quetta

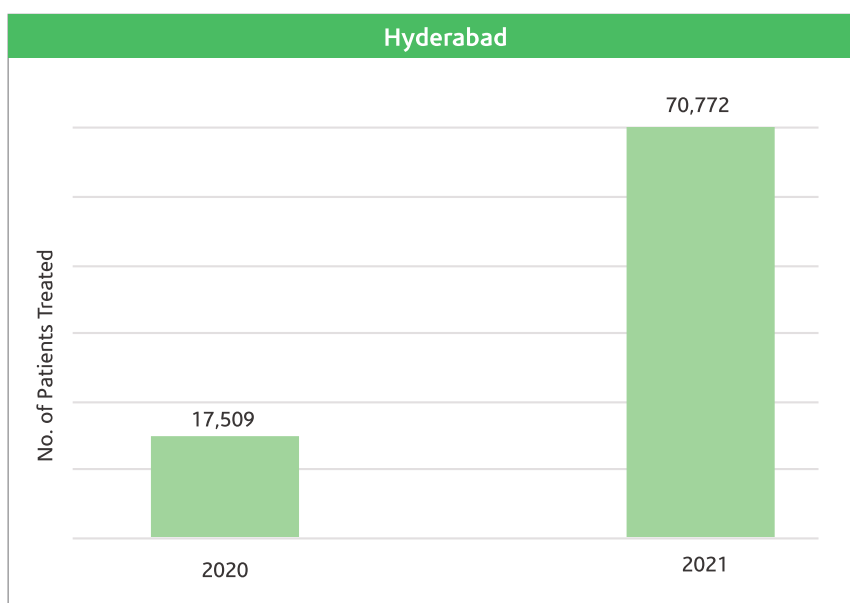
March 2020 was when ChildLife Foundation started serving not only Sindh but also Balochistan. Unfortunately, the lack of healthcare facilities in the province means that the only public teaching hospital is in Quetta. Nevertheless, this 50-bed facility has been a blessing for many children in the region.



Liaquat University of Medical and Health Sciences

Liaquat University Hospital, Hyderabad

2020 was marked by the pandemic, but for us, the year was also the time when we inaugurated our state-of-the-art emergency room at the Liaquat University Hospital in Hyderabad. This is a 55-bed facility that serves many different adjoining areas as well as the populous city of Hyderabad.



Telemedicine Services



A majority of Pakistanis live in rural areas that have no access to proper emergency healthcare. Many children lose their lives because they do not receive timely treatment and have to travel for many hours to a facility that can provide them with the care they need. We saw many patients coming to our ERs from far-flung areas and observed that many lives could have been saved had there been a timely medical intervention.

So, amalgamating communication technology and healthcare together, we came to a simple, yet effective solution: telemedicine.



Saving Anwar's Life – Telemedicine for All

Telemedicine has enabled us to save the lives of children who would otherwise have no chance at survival. Consider the case of the 10-year-old Muhammad Anwar, who was brought to the Pishin DHQ Hospital, a telemedicine site, with a severe dog bite wound. He was bleeding profusely and was in a state of trauma.

Hailing from the Huramazai Village, 25 km from Pishin, Anwar had already traveled a considerable distance to reach the facility. The telemedicine consultant viewed his condition and instructed the nurse to wash the wound for 15 minutes with soap and water, and administer the anti-tetanus shot immediately. The consultant further recommended that Anwar be taken to the Quetta ER right away because only ChildLife Foundation ERs in the area are equipped with the pertinent vaccine and medications.



The telemedicine consultant viewed his condition and instructed the nurse to wash the wound for 15 minutes with soap and water, and administer the anti-tetanus shot immediately. The consultant further recommended that Anwar be taken to the Quetta ER right away.

The Quetta ER is less than an hour away from Pishin. So, in line with the telemedicine consultant's instructions, the nurse washed the boy's wound. She then updated the Telemedicine mobile application with all the relevant medical information. The team of doctors in Quetta were informed through this system beforehand and lost no time in treating the young boy, who survived the traumatic event.

Dog-bite cases are very common, and in the absence of vaccines at any other facility, the Quetta ER is inundated with as many as 2000 cases a year. However, with Telemedicine facilities available across Balochistan, no child has to unduly suffer because the cases presented at the sites are immediately referred to the closest ER. Dog bite victims can be completely cured if they receive proper treatment less than 50-60 hours after getting bitten. With the Telemedicine sites in place, the survival rate of victims is now 100%.



TSCs in Sindh

- Civil Hospital Sanghar
- Civil Hospital Naushahro Feroze
- Civil Hospital Mithi - District Tharparkar
 - Matiari
- Civil Hospital Mirpurkhas
 - Matli - District Badin
 - Health Center Sujawal
- Civil Hospital Tando Allahyar
 - Tando Mohammad Khan
 - Umerkot
 - Civil Hospital Thatta
 - Civil Hospital Kamber
- SASIMS - Sehwan - District Jamshoro
 - Ghotki
 - Civil Hospital Dadu
- Civil Hospital Shikarpur
 - Kashmore
 - JIMS - Jacobabad
- Civil Hospital (KMC) Khairpur
- SGH North Karachi UP More Hospital - District Central

TSCs in Balochistan

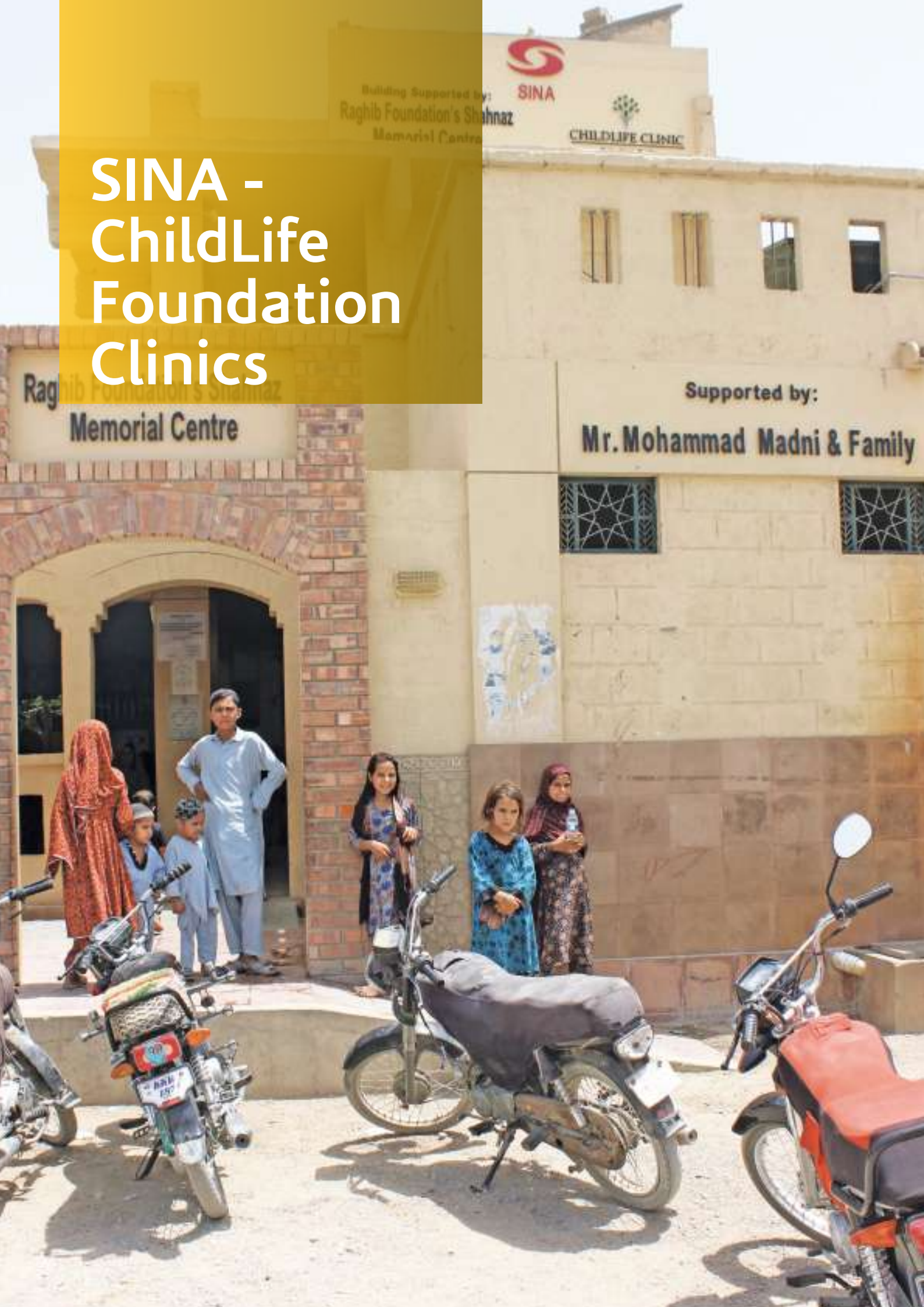
- Pishin
- Jam Ghulam Qadir Hospital, Hub (District Lasbella)
- Zhob
- Chaman
- Sibi
- Naseerabad, Dera Murad Jamali
- Khuzdar
- Kech, Turbat
- Panjgur
- Loralai
- Mastung
- Killa Saifullah



Vision for TM

Telemedicine is the catalyst that will change the entire healthcare system of Pakistan. We aim to use Telemedicine to reach all district and tehsil level hospitals so that no child in the country is far from receiving timely and quality emergency care. We hope to leverage the power of Telemedicine for all of our nation's children.

SINA - ChildLife Foundation Clinics



SINA and ChildLife Foundation's partnership is built upon a mutual passion for serving humanity without discrimination. Our collaboration commenced in 2012 where we agreed on the importance of preventive measures to curb incidents of medical complications. Since we began, 5.2 million patients have been treated at 30 SINA-ChildLife Foundation clinics. Through the collaboration, SINA and ChildLife Foundation offer consultations, diagnostic tests, treatment, referrals, and family healthcare counseling. The clinics also have a fully stocked in-house pharmacy.

SINA-ChildLife Foundation has initiated mobile clinics in those areas where primary healthcare is a challenge to access. Mobile Clinics visit areas such as Kakapir Village, Konkar Goth, and Mubarak Village.

SINA - CHIDLIFE CLINICS

S. No.	NAME OF CLINIC	LOCATION
1	Abdul Majeed Moten Centre	Ittehad Town
2	Aisha, Zainab & Abdul Majeed Centre	Ali Muhammad Jokhio Goth (Pipri)
3	Amin Ahmed Bawany Centre	Saleh Muhammad Goth
4	Anita Rakla Centre	Yousuf Sahab Goth
5	Austin Centre / Tehreek-e-Falah	Mehwashah
6	Bilwani Centre	Bilal Colony
7	Dr. Ali Bhai D. Patel Memorial Centre	North Naimabad
8	Dr. Zafar Abbas Centre	Mehran Town
9	Hajiani Amina Hasham Clinic	Ittehad Colony
10	Hajira & Ahmed Umer Centre	Jumma Goth
11	Hanif Adamjee Centre	Yousuf Arfani Goth
12	Hasan Noman Colony	Gadap Town
13	ILL Centre	Majeed Colony
14	Mobile Clinic 1	Konkar Goth
15	Mobile Clinic 2	Kakapir Village
16	Mobile Clinic 3	Mubarak Village
17	Mohammed Jaffer Ebrahim Centre	Bhittaiabad
18	Momin Adamjee Centre	Shireen Jinnah
19	Mr. Riaz & Mrs. Jamshed Malik Clinic	Sherpao Colony
20	Mr. Salim N. Mukaty and Mrs. Hamida S. Mukaty Centre	Khairabd
21	Musa Soorty Centre	Moach Goth
22	Qureshi Memon Clinic	Yousuf Goth - 4K
23	Raghib Foundation's Shahnaz Memorial Centre	Saindad Goth
24	Shahjehan Siddiqui Centre	Zareena Colony
25	SINA - Engro Polymers & Chemicals Limited	Gaghar Phattak
26	South Florida Centre	Machar Colony
27	Tabba Centre	Khair Muhammad Goth
28	Zainab & Shine Humanity Centre	Baldia
29	Referral Clinic 1	DHA
30	Referral Clinic 2	North Nazimabad





DONORS & EVENTS

Donor Highlights



Maseeha Campaign - ChildLife Foundation Celebrates Universal Children's Day

COVID-19 impacted everyone across the world. Even in these adverse times, our supporters came forward to celebrate Universal Children's Day at our Emergency Rooms.

In November 2020, the Emergency Rooms lit up with smiles as several teams from the corporate sector visited all five ChildLife Foundation Emergency Rooms in Karachi and distributed toys. We are grateful to the following organizations that took out their time and showed incredible generosity and affection to our little patients:

- United Towel Exporters
- B. Braun Pvt Limited
- EMBA Corporation
- Gadoon Textile
- Interactive Group
- Rajby Industries
- ICI Pakistan Limited
- Imagetech
- Mehran Foods
- Gul Ahmed Textile Mills Limited
- Progressive Traders
- English Biscuit Manufacturers
- Medicare Network
- Volka Foods
- Intra Health
- Shell Pakistan Limited
- Helix Pharma
- Graana.com



United Towel Exporters



B. Braun Pvt Limited



EMBA Corporation



Gadoon Textile



Interactive Group



Rajby Industries



ICI Pakistan Limited



Imagetech



Mehran Foods



Gul Ahmed Textile Mills Limited



Progressive Traders



English Biscuit Manufacturers



Medicare Network



Volka Foods



Intra Health



Helix Pharma



Graana.com

Inauguration of the ICI Fast Track OPD (FTO) Block

Mr. Asif Jooma, CEO of ICI Pakistan Limited, inaugurated the Fast-Track OPD Block in the ChildLife Foundation Children's Emergency Room at Lyari General Hospital, which will treat 7,500 children every year.

We are grateful to ICI for their support and hope to strengthen our relationship with them.



ChildLife Foundation Wins KE Award 2021

The K-Electric (KE) Awards 2021 recognized ChildLife Foundation for its service to the city of Karachi in the public health category and its impactful projects serving underprivileged communities.

Now, no child is more than 30 minutes away from a ChildLife Foundation ER in Karachi.



Mr. Aamir Ghaziani, CFO K-Electric, presented the award to Ms. Tabish Shahzad, Director Communications - ChildLife Foundation.

Sustainability and Corporate Social Responsibility

ChildLife Foundation's Corporate Social Responsibility Meetup and Session with Mr. Sohail Zindani

ChildLife Foundation's first-ever Corporate Social Responsibility and Sustainability Meetup was truly valuable as it explored the secrets of winning partnerships for boosting business values and raising positive social impact. It delivered on corporate engagement, employee involvement, and knowledge advancement, as promised.

Mr. Sohail Zindani, a renowned corporate trainer, spoke on "Reimagining Philanthropy and the Art of Inclusive Impact Strategy." Furthermore, sixteen socially responsible corporations made valuable contributions to the CSR & Sustainability Meetup Event. It was a fantastic learning opportunity for the participants.



Ms. Fatima Awan, PR & Communications Executive from HUBCO, stated: "It was a pleasure to attend the enriching session. The tour of the wards, pharmacy, and satellite center was extremely informative. It is heartening to see ChildLife Foundation's dedication and passion towards the cause of children's health and well-being."



Tree Plantation Drive - Independence Day 2020

As part of our mission to be a sustainable and socially responsible organization, ChildLife Foundation launched a Tree Plantation Drive on Pakistan's Independence Day in 2020. We matched each donation made in August 2020 by planting a tree outside all our ERs in Sindh and Balochistan. In addition to providing emergency pediatric healthcare, we also commit to keeping our environment green, clean and healthy.

The Banking Industry Supports ChildLife Foundation

The banking sector, the cornerstone of Pakistan's economy, continuously supports the social sector. Transparency is one of the most sought-after traits that is ingrained within ChildLife Foundation's values; we are an A.F. Ferguson & Co. audited organization. Given our track record of service to humanity, Meezan Bank and Bank Islami Pakistan Limited vowed to support our cause from this year.



From Left to Right: Mr. Fayyaz ur Rehman & Mr. Ahmed Ali Siddiqui (Ihsan Trust), Dr. Ahson Rabbani & Ms. Tabish Shahzad (ChildLife Foundation).



Representatives of Bank Islami Pakistan visit ChildLife Foundation to hand over a check that will go towards the treatment of children in our Emergency Rooms.

Event Highlights



Value of Professional Capital Workshop by Mr. Abbas Hussain

Mr. Abbas Husain, a world-renowned speaker, trainer, and educator was invited by ChildLife Foundation to discuss the value of Professional Capital - a combination of human, social and decisional capital.

The workshop discussed the care and growth model, empowerment, delegation, and the role of generosity and courage in healthcare.



Prominent Media Professionals from Lahore Visit ChildLife Foundation's ERs

Senior Journalists from Lahore including Mr. Aamir Malik (The News), Mr. Saleem Ahmed (Business Recorder), Mr. Saleem Sheikh (Aaj TV), Mr. Iqtidar Gilani (The Nation), Mr. Sajjad Kazmi (Dunya TV), Mr. Mazhar Iqbal (ARY News), Mr. Sabir Awan (Jang), and Mr. Muhammad Suleman (92 News) visited ChildLife Foundation's Emergency Rooms at Civil Hospital and Lyari General Hospital in Karachi.

They met the doctors, nurses, and pharmacists and were briefed about the protocols and processes of ChildLife Foundation Emergency Rooms. The journalists were highly satisfied with the quality of our Emergency Rooms and the Telemedicine Control Room.



ChildLife Foundation Disaster Relief after Ghotki Train Accident

A team of doctors and nurses were rapidly dispatched to ChildLife Foundation's Emergency Room in Sukkur to help treat the wounded in Mirpur Mathelo, along with providing all necessary medications and supplies.



Karachi Grammar School Students Visit ChildLife Foundation ER

A group of students from Karachi Grammar School visited ChildLife Foundation's Emergency Room, Civil Hospital, Karachi. They spent quality time with ailing children and presented them gifts as well.



International Nurses' Day Celebration at ChildLife Foundation

ChildLife Foundation acknowledges our nurses as the backbone of the entire ChildLife Foundation network. We salute their passion to save the lives of the children of Pakistan.

Organizational Value and Culture Collaboration with Funverks

Funverks recently started working with ChildLife Foundation in the domain of Organizational Values and Culture. Funverks has been deeply inspired by ChildLife Foundation's story of leadership and purpose and believes that it should be shared with all organizations.



ChildLife Foundation in the Virtual Pakistan Society of Emergency Medicine PSEM 2021

The Virtual Zoom Conference 2021 was held on January 30, 2021, by the Pakistan Society of Emergency Medicine. 100 speakers from 5 continents shared their talks on different topics related to Emergency Medicine. The ChildLife Foundation team presented on the following topics:

- Building Network for the Children of Pakistan, Dr. Ahson Rabbani
- Use of Technology to Deliver Emergency Care - A Lesson Learned from Pakistan and Elsewhere in Tele Emergency, Dr. Irfan Habib
- Assessment and Management of Pyrexial Child in Emergency Department, Dr. Arsalan Ur Rehman



ChildLife Foundation Team Presents at Emirates Society of Emergency Medicine 2020 in Abu Dhabi

The ChildLife Foundation team presented 43 abstracts, out of which 32 were accepted and 4 were selected for oral poster presentation, at the first virtual Emirates Society of Emergency Medicine (Research Conference) in Abu Dhabi. Topics ranged from patient quality to innovations in Telemedicine.



Mr. Umair Jaliawala is a decade-strong consultant & trainer on Leadership, Enterprise & Technology (LET) - Authentic Leadership. He had an amazing zoom session with the ChildLife Foundation Team on "Toolkit of Humility" where he spoke about humility, privilege and gratitude, and the concept of the Johari Window.



Inculcating Humility - Famous management trainer, Mr. Farhad Karamally conducted a training session and discussed positive labels and attitudes, how to focus on people's inner traits (Iceberg theory), and the Karahi theory.

Global Initiatives



Trainings



Continuous learning and development are a part of our value system. We have different trainings in collaboration with internal and external experts for doctors, pharmacists, nurses, and staff members.

These trainings employ a variety of learning methodologies and help us ensure that ChildLife Foundation's teams are always at par with international best practices.

Trainings	Eligibility	Duration	Mode
CPR & Choking in Children	All Staff in Emergency Room	1 day	Videos followed by hands-on skill stations & post-test
Pediatric Emergency Life Support (PELS)	Physicians & Registered Nurses	2 days	Videos followed by mock codes with skill stations & post-test with practical
Essentials of Pediatric Emergency Medicine Course (E-PEMC)	Physicians	20 weeks	Classroom interactive sessions followed by exit exams (TOACS & Clinicals)
Advanced Pediatric Emergency Medicine Course (A-PEMC)	Physicians	20 weeks	Classroom interactive sessions followed by exit exams (TOACS & Clinicals)
Pediatric Airway Management (PAM)	Physicians & all Nursing levels	1 day	Hands-on workshop
Neonatal Emergency Life Support (NELS)	Physicians & all Nursing levels	1 day	Hands-on workshop
Bedside Lung Ultrasound (BLUS)	Physicians	1 day	Certification will be awarded after credentialing of 30 scans
Pediatric Emergency Medication Safety (PEMS)	Pharmacist	6 weeks	17 online modules with a 75% passing score
Essentials of Pediatric Emergency Medicine – Nurse (E-PEMCN)	All Nursing levels	4 weeks	Classroom sessions & bedside evaluation
Advanced Pediatric Emergency Medicine – Nurse (A-PEMCN)	Registered Nurses	12 weeks	Classroom sessions & bedside evaluation



NRP Training



E-PEMC Training



PAM Training

Our Supporters & Partners



ICI Pakistan	Asia Petroleum
Bank Al Habib Ltd	Engro Corp
Baltic Shipping	Macter International
Pak Arab Refinery Limited (PARCO)	Universal Shipping
Getz Pharma (Pvt) Ltd.	Yawasi Commodities
United Towel Exporters	English Biscuit Manufacturers (Pvt.) Limited
Ismail Industries	Pakistan Cables
Meezan Bank Limited.	Bosch Pakistan
TPL Trakker (Pvt) Ltd	Glaxo Smith Kline
Novatex Limited	Tapal Tea Pvt
PAPCO	Aasco
Reliance Insurance Company Limited	AJCL (Pvt) Ltd.
Bank Islami Pakistan Limited	Bestway Logistic
West Bury (Private) Limited	Jaffer Brothers (Pvt) Ltd.
Thal Limited	Selling Business System
Kundi Services Pvt Ltd	Hafiz Tannery
Wavetec Pvt. Ltd	Nuricon Union Pvt Ltd
Al Noor Modaraba	General Tyre & Rubber Company
Arif Habib Limited	Najmi Bilgrami
Rahimtoola Group of Companies	Pacific Pharmaceutical Ltd.
HBL Foundation	Progressive Traders (Pvt) Ltd
Standard Chartered Bank (Pakistan) Limited	Saddique Sons
PSO	Pak Oman Asset Management Company Ltd.
Searle Pakistan Limited	Multinet Pakistan Pvt. Ltd
Infaq Foundation	
CDC Trustee Al Ameen Islamic Dedicated Equity Fund	





OUR TEAM

Trustees*

Our Trustees established ChildLife Foundation to counter the dire straits that healthcare in Pakistan is in. The past decade has proved that ChildLife Foundation's cause is one worth fighting for, and is one that still has a long way to go.



MR. IQBAL ADAMJEE

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



DR. NASEERUDDIN MAHMOOD

Dr. Mahmood is a pediatrician and a founding trustee of ChildLife Foundation. He has been a faculty member at the 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 at American Textile and Apparel, a company which is the 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-Ul-Islam Academy (NUIA) school in Florida. He is also vice president of the prestigious South Florida Muslim Association and a trustee of the World Memon Organization (WMO).



MR. OSMAN RASHID

Mr. Rashid is a trustee of ChildLife based out of California, USA. He is a successful serial entrepreneur and has started many companies including Chegg, Kno, Inc. 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.

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



MR. ARIF DONI

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



MR. SOHAIL TABBA

Mr. Muhammad Sohail 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 Textile Mills Limited, Lucky Cement Limited, Kia Lucky Motors and the Aziz Tabba Foundation - managing the Tabba Heart and Kidney Institutes. He has been serving as the Chairperson of ICI Pakistan 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 Italian Development Council and is also on the Board of Governors at Textile Institute of Pakistan and the board of Hamdard University. Driven to contribute to the community, Mr Muhammad Sohail Tabba became Founding Trustee of ChildLife Foundation Pakistan in 2012.



DR. MALIHA AHMAD KAMAL

Dr. Kamal is a Hospital Medicine Specialist based in Pittsburgh, Pennsylvania. She received her medical degree from Aga Khan Medical College in 1996 and has been in practice for more than 20 years. She has the following credentials namely; Hospitalist, UPMC-Passavant, Medical Director Corporate Care Management, 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 Executive Director and Chief Financial Officer of ICI Pakistan Limited. He has been associated with Yunus Brothers Group since 1994. He has more than 25 years of experience at senior management positions with an emphasis on financial management, operational management, capital restructuring, mergers and acquisitions, corporate and legal affairs as well as taxation. He is a fellow member of the Institute of Chartered Accountants and the Institute of Cost and Management Accountants of Pakistan. He also gained a Master's degree in Economics and a Bachelors 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 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 as well as presented in national and international symposiums and conferences. At present, she is working as an Associate Professor at the Department of Pediatrics, and in Civil Hospital, Karachi.



DR. FATIMA MIR

Dr. Mir is a pediatrician at 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.

*In order of their date of joining

Management Team



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.



Dr. Irfan Habib
MEDICAL DIRECTOR

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 Pediatrics from the College of Physicians and Surgeons, Pakistan.



Mr. Syed Asad Agha
DIRECTOR OPERATIONS

Mr. Agha has previously worked as an administrator at a renowned local hospital. He has an MBA and a postgraduate diploma in Hospital Administration and Healthcare Management from Dow University.



Ms. Tabish Shahzad
DIRECTOR COMMUNICATIONS

Ms. Shahzad has over ten years of non-profit communication and marketing experience. She was the Senior Marketing Manager at The Citizens Foundation (TCF) for more than 5 years. Before that, she used to work in the FMCG sector in IFFCO – UAE for 4.5 years and Habib Oil Mills for almost 2 years. She has completed her Masters in Business Administration from IBA and is currently teaching at IBA as visiting faculty.



Mr. Mohsin Ali
DIRECTOR PLANNING AND SERVICES

Mr. Mohsin is a results-driven executive with more than 15 years of progressive experience. He is experienced in streamlining business operations that drive growth, increase efficiency, and improve bottom-line profitability. He is ACCA (UK) qualified and has worked in areas of developing and implementing financial controls and processes in addition to productivity improvements.



Muhammad Shahzad Farooq
DIRECTOR FINANCE & COMPANY SECRETARY

Mr. Shahzad Farooq has more than 18 years of experience in areas of accounting, financial management, risk management, policy reforms, regulatory compliance, and business turnarounds. He joined ChildLife Foundation in 2021. Before joining, he has 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. Rahim Dharani
HEAD OF HR

Mr. Rahim has held diverse managerial positions in multinational organizations and has over 13 years of core HR experience in leading health, academic, corporate & manufacturing/retail organizations. He has previously worked with Aga Khan University Hospital for 8 years under various roles. He holds a Master's degree in Human Resources & Organization Psychology from IoBM, and another Master's degree in International Relations from the University of Karachi.



Mr. Rais Ahmed
GENERAL MANAGER, INTERNAL AUDIT

Mr. Rais Ahmed has over ten years of internal audit experience at various organizations. He has previously worked with Gatron Group of Industries, The Citizens Foundation (TCF), Shell Pakistan Ltd., and Deloitte. Achievements include the establishment of risk-based internal audit functions at organizations he has previously worked with, documentation of SOPs and policies, assignments on cost-saving, and implementation of audit scoring software to allot audit scores to different audit areas. He is currently a fellow member of the Association of Chartered Certified Accountants (ACCA).

Operations Team



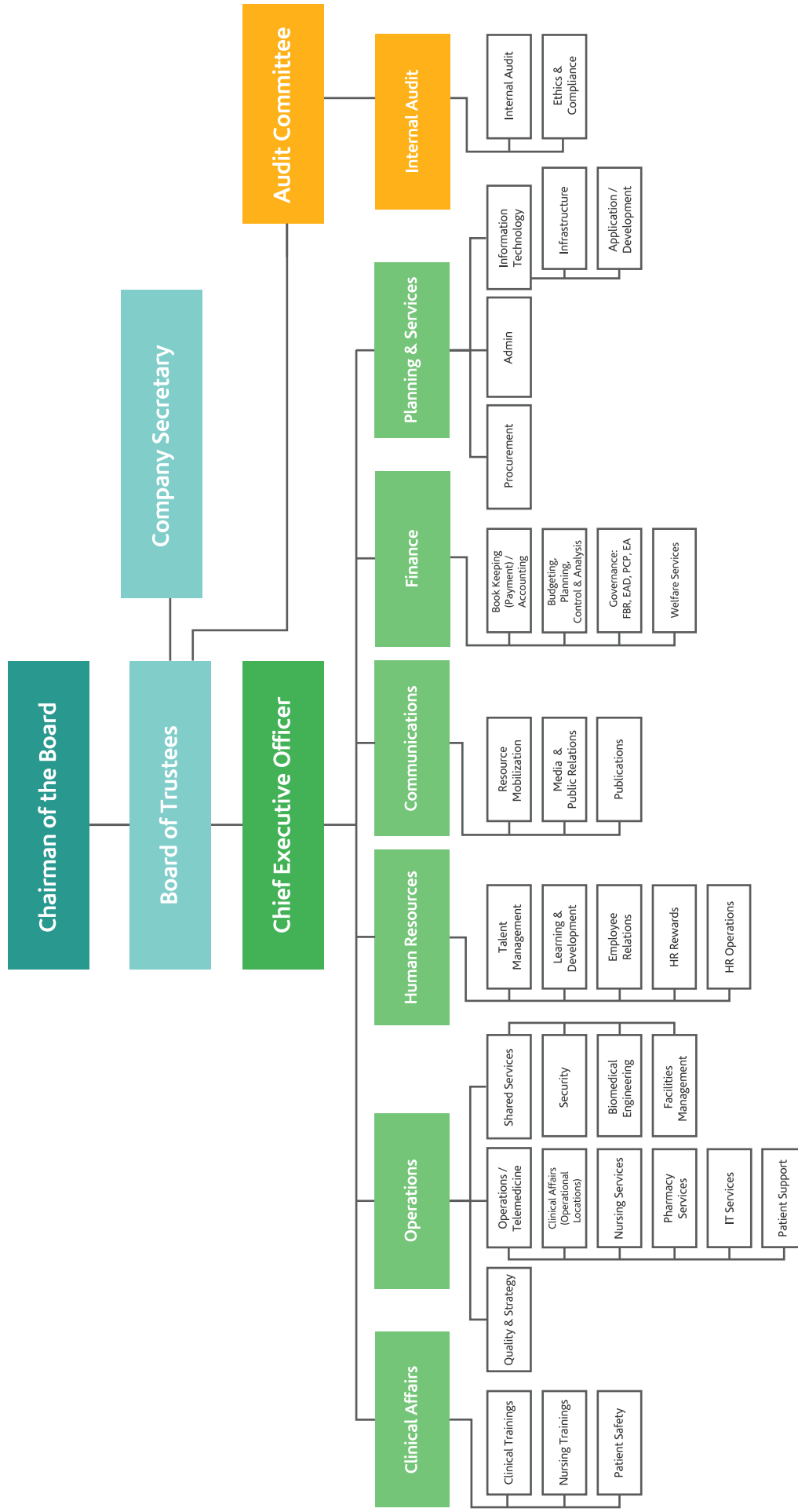
Front (L to R)

Mr. Noman Bin Mushtaque (Sr. Administrator, Central Sindh); Ms. Abida Hassan (Sr. Manager, Quality & Strategy); Mr. Abdullah Khan Asar (Sr. Administrator, Northern Sindh); Mr. Syed Asad Agha (Director Operations); Dr. Muhammad Siddiq (Sr. Administrator, LGH & Shared Services); Mr. Syed Atif Ali (Sr. Administrator - ASH and Balochistan); Mr. Muhammad Wajahat (Sr. Administrator, CHK & TM)

Back (L to R)

Mr. Muhammad Imran (Manager Telemedicine); Mr. Shamshad Ahmed (Administrator - SGHK-5), Mr. Alfurqan Javed (Administrator, Sukkur); Mr. Masoom Nakshbandi (Administrator, Hyderabad); Mr. Usman Mehmood (Administrator, LGH), Mr. Shaikh Muhammad Imranullah (Administrator, NICH), Mr. Kamran Mehmood (Administrator, Quetta), Mr. Yasir Rafiq Khan (Sr. Manager, Operations)

Organogram



Tax Advisors
KPMG

External Auditors
A.F. Ferguson & Co.

Shariah Advisor
Alhamd Shariah Advisory Services (Pvt.) Limited





GOVERNANCE

Stakeholder's Engagement



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
Legal Authorities	Compliance with all laws and regulations that are applicable. These include filing and submission of tax returns. 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
Donors	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
Banks / Investment Organizations	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 and prospects and updates on the utilization of funds as and when appropriate.	Continuous
External Auditors	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 with local and federal legal regulations. Updates of structural changes and major developments during the year as required.	Yearly

Patients	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 personnel. Patients expect the organization to take care of them, listen to them, follow up, and advise them with precautionary measures for preventive care.	Continuous
Vendors	Vendors are suppliers and service 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 organization's needs based on detailed descriptions of requirements of quantities. This is achieved through regular meet-ups.	Continuous
Social/ Print Media	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.	Communicate the changes in organizational structure promptly. Updates on ongoing and prospects and updates on the utilization of funds as and when appropriate.	Continuous
Pakistan Centre of Philanthropy (PCP)	PCP is a designated Certification Agency by the Federal Board of Revenue (FBR), Government of Pakistan. PCP conducts performance evaluation of Non-Profit Organizations on behalf of FBR and certifies that NPOs meet with 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 Committee is 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 approve 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 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.

Two meetings of the committee were held during the year.

Members of the committee are:

COMMITTEE MEMBERS	STATUS
Mr. Abid Ganatra	Chairman of the Committee
Dr. Naseeruddin Mahmood	Non-Executive Director
Mr. Iqbal Adamjee	Non-Executive Director

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 and Balochistan were undertaken by the Internal Audit department

- Audit reports of all 10 Children Emergency Rooms managed by the Foundation have been generated by the Internal Audit Department.
- Furthermore, 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 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 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. Ferguson and Co. (a member firm of PwC) have completed their audit engagement of the "Foundation's Financial Statements" for the year ended June 30, 2021.
- The Audit Committee has reviewed and discussed the auditors' report.
- The Audit Firm has been given a satisfactory rating under the Quality Control Review Programme 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. Ferguson 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 an overall responsibility, including but not limited to 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
Mr. Iqbal Adamjee	Chairman Board of Trustee
Dr. Naseeruddin Mahmood	Trustee
Mr. Sohail Tabba	Trustee
Dr. Ahson Rabbani	CEO

Investment Committee

The purpose of the Investment Committee is to oversee the Foundation's investment transactions and its management. Some of the responsibilities 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
Mr. Abid Ganatra	Trustee
Mr. Iqbal Adamjee	Trustee

Shariah Committee

The purpose of the Shariah Advisory Committee is to oversee the Foundation's zakat administration and its protocol. Some of the responsibilities of the Shariah 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.

Two meetings of the committee were held during the year.

Members of the Committee are:

COMMITTEE MEMBERS	STATUS
Mr. Zohair Zakaria	Chairman of the Committee
Mr. Dr. Naseeruddin Mahmood	Trustee
Mufti Ibrahim Essa	Member
Mr. Rehan Kashif	Member

Shariah Report



ALHAMD SHARIAH ADVISORY SERVICES

(PVT) LIMITED

Annual Shariah Review Report

For the year ended June 2021

We reviewed the procedures adopted by ChildLife Foundation (CLF) for collection and utilization of Zakat for the year ended 30th June, 2021. Based on our review, we hereby confirm that CLF collects and utilizes Zakat funds as per Shariah principles of collection and utilization of Zakat. It is also confirmed that whosoever will give Zakat to this organization; his/her Zakat will be paid as per Shariah. And Allah knows best.

Mufti Ibrahim Essa
C.E.O. & Director
Alhamd Shariah Advisory Services (Pvt.) Ltd

Mufti Uzair Bilwani
Head-Research & Development
Alhamd Shariah Advisory Services (Pvt.) Ltd

Dated: Oct 1, 2021



Address: Flat 303, 8th Floor Ibrahim Residency, C.P & Berar Society, Karachi.

+92 322 2671867 | www.alhamdshariahadvisory.com | info@alhamdshariahadvisory.com



The Role of Chairman & CEO

The Role of the 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 the 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.

The Role of the 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 trustees

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 following parameters:

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

BOARD STRUCTURE

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

FINANCIAL REPORTING PROCESS, INTERNAL CONTROLS, RISK MANAGEMENT

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

BOARD'S ROLE IN GOVERNANCE

- Business strategy governance
- Monitoring of policies, systems and strategy implementation
- Supporting and advisory role

Risks and Opportunities Analysis

RISKS	DESCRIPTION OF THE RISK & ITS CONTEXT	HOW WE ADDRESS THE RISK	POTENTIAL OPPORTUNITY	STAKEHOLDERS IMPACTED	RISK LEVEL	INTERNAL/ EXTERNAL RISK
Regulatory Compliance	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.	Proactively monitor and, where possible, provide input for any new proposed legislation: <ul style="list-style-type: none"> - Ensure compliance through our quality standards - Established a multidisciplinary team to engage extensively with the regulatory bodies and effectively communicate our position on the various issues. 	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"> - Patients - Doctors - Government - Employees - Suppliers - Industry regulatory bodies - Donors/ Trustees 	High	Internal
Management Succession Planning	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"> - Successors identified and monitored - Strong focus on bolstering the leadership team - Continuous training programs for professional development. 	Through targeted succession planning we ensure business continuity and are able to attract talented leaders.	<ul style="list-style-type: none"> - Employees - Patients 	Medium	External
Hinderances in Operations	Operations within government hospital are dependent upon relations/ policies.	<ul style="list-style-type: none"> - Relation building with Govt officials. - Providing quality services and complying with terms of M.O.U. - Inducting good lawyers to defend the case, in case of dispute with government. - Entering into long term agreements with M.O.U.s with governments. 	Through an ongoing focus on quality and a clear communication strategy, we can enhance and protect our reputation	<ul style="list-style-type: none"> - Doctors - Government - Employees - Donors/ Trustees 	High	External
Social Media Negative Propaganda	Electronic and print media publishing negative news about the organization.	<ul style="list-style-type: none"> - Listen and respond to attendants - Building and maintaining relationship with media (positive view about the organization). - PR and legal firm to respond to queries. - Training internal team (administration/ doctors) about response. - Involving insurance company to indemnify the financial loss. - Introduction of ethics and compliance program. 	Through an ongoing focus on quality and a clear communication strategy, we can enhance and protect our reputation	<ul style="list-style-type: none"> - Doctors - Government - Employees - Donors/ Trustees 	High	External

Risks and Opportunities Analysis

RISKS	DESCRIPTION OF THE RISK & ITS CONTEXT	HOW WE ADDRESS THE RISK	POTENTIAL OPPORTUNITY	STAKEHOLDERS IMPACTED	RISK LEVEL	INTERNAL/ EXTERNAL RISK
IT Infrastructure & Disaster Recovery	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 in the event of an IT disaster. Furthermore, there are implementation management projects which are underway to improve the existing infrastructure and ensure better and wider integration, which raised the risk level from the prior year.	<ul style="list-style-type: none"> - Regular risk assessments performed, with disaster recovery tests performed regularly. - Full disaster recovery capability maintained and aligned with business agreed tolerances. - Rigorous project management methodology is followed with strong leadership and oversight. 	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"> - Patients - Doctors & Specialists - Government - Employees - Suppliers 	Medium High	Internal
Shortage of Paramedical Staff	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"> - Facilitation of continuous professional development training to paramedical staff - Ongoing engagement - Improved infrastructure and equipment at facilities 	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"> - Doctors & Specialists - Patients - Employees 	Medium High	External
Medical malpractice, legal disputes & other reputational risks	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.	<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"> - Analysis of trends in clinical risks and clinical interventions are developed to mitigate the clinical risk going forward - Quality review meetings are held where new initiatives are discussed 	Through an ongoing focus on quality and a clear communication strategy, we can enhance and protect our reputation	<ul style="list-style-type: none"> - Doctors - Government - Employees - Donors/ Trustees 	High	Internal

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.

PESTEL ANALYSIS	
Political	<ul style="list-style-type: none"> • Government spending policies on the Health sector • Government regulations e.g. AML/CFT which increase the Government's focus on NPOs and their sources of funding • Growing political focus and pressures to healthcare
Economical	<ul style="list-style-type: none"> • Devaluation of Pak Rupee may lead to increase in cost of treatment of patients • Interest rate risk could affect the return on investments • High inflation which could lead to decrease in local donations
Social	<ul style="list-style-type: none"> • Changes in demographics • Improving educational level and awareness about personal health. • Fears, beliefs, cultural norms • Medical ethics
Technological	<ul style="list-style-type: none"> • Technological evolution accelerating the obsolescence of equipment • Changes in treatment because of technological advancement • Using apps to connect doctors with patients right in their homes • New digital opportunities creating new 'e-models'
Environmental	<ul style="list-style-type: none"> • Increase in pollution having an impact on the health of individuals • Availability of clean drinking water and hygienic food • General cleanliness of environment and waste disposal arrangements
Legal	<ul style="list-style-type: none"> • Promulgation of new laws and regulations affecting NPO sector

Human Resource & IT Governance 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 the 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 Whistleblowing Committee that documents them 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 Whistleblowing Committee & CEO.

Number of Cases

In the period between July 2020 and June 2021, a total of 4 whistleblowing cases were lodged. All 4 cases were duly resolved in accordance with the Foundation's policy.

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 Safety Records

ChildLife 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 back up of SHERP and keeps the copies in their cloud. VCONN provides complete backup of SHERP on a monthly basis to ChildLife Foundation IT Infrastructure Manager. The IT Infrastructure Manager downloads and saves the file(s) on passport drive and hands it over to Manager Planning, Control and Analysis for its testing/safekeeping. The backup is kept on passport drive that is with 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" who provides 99.95% uptime of their servers. The IT Infrastructure manager downloads weekly DB files data and converts core patient registration, diagnosis and consumption data into Microsoft excel format and integrates the data with BI dashboard. The downloaded DB files and excel extracted data is kept on Microsoft OneDrive corporate account.

Disaster Recovery Management

ChildLife Foundation has a reliable disaster recovery management strategy in place. 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 IT Department
- Extensive Fire at 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. The Annexure 9 - Disaster & Recovery of the ChildLife IT SOP clearly identifies and lists the risks and expected disaster scenarios in order 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 Social, Environmental & Economic Responsibility

ChildLife Foundation aspires to be a social enterprise that serves society and people through sustainably delivering social services. Thus, we actively contribute toward social, ecological, and economical improvements in the country through our carefully planned projects and programs.

Social responsibility forms the cornerstone of ChildLife Foundation. In line with this core principle, we continue implementing and expanding our network of pediatric emergency healthcare throughout Pakistan. We also actively collaborate with the corporate and other relevant sectors to promote healthcare, address inequalities and ensure social responsibility.

As part of our commitment to remain an environmentally friendly organization, ChildLife Foundation ensures compliance in all aspects of occupational health, safety, and environmental protection. We systematically identify and manage health, safety, and environmental risks in our services. We also make efficient use of natural resources and minimize the environmental impact of our activities and products over their life cycle. To cite one example, we initiated a Tree Plantation drive on Pakistan's Independence Day on 14 August 2020 and planted trees across our Emergency Rooms in Sindh and Balochistan.

As part of our contribution to the economy, we remain open and transparent concerning our business principles and practices; we also ensure compliance with all applicable laws and regulations. At the same time, we strive to ensure that the activities within our sphere of influence do not negatively impact fundamental human rights, as set out by the United Nation's Bill of Rights and the core conventions of the International Labor Organization, either directly or through our business relations.



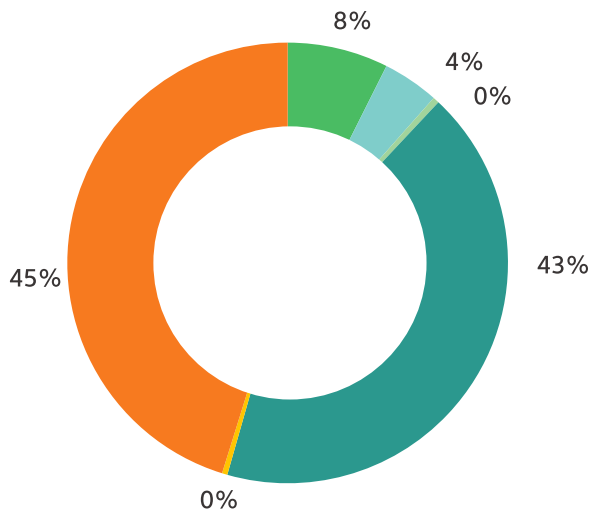


FINANCIALS

Financial Highlights

Graphical Presentation of Balance Sheet

Assets 2021



Investments

Cash and Bank Balances

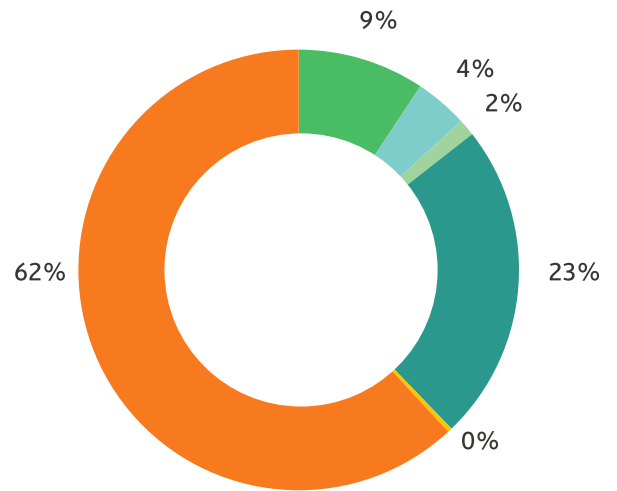
Operating Fixed Assets

Other receivables

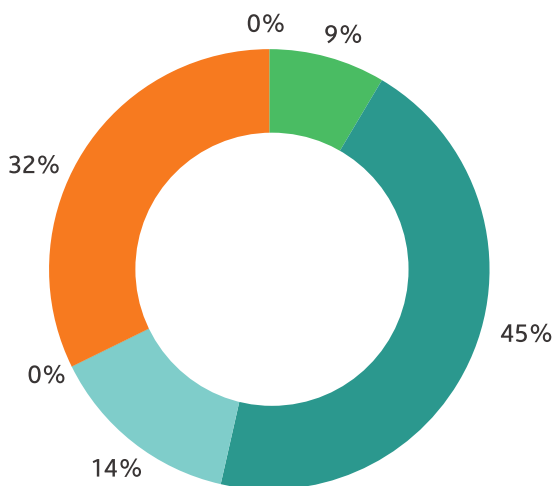
Consumables

Advances, deposits and prepayments

Assets 2020



Funds and Reserves 2021



Strategic Fund

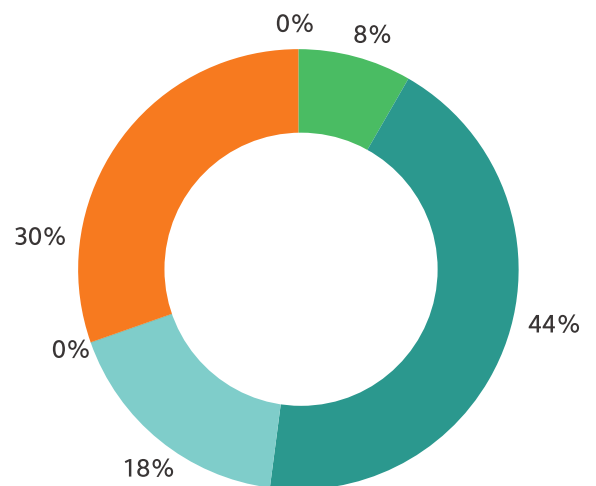
Endowment Fund

Zakat Fund

General Fund

Unrealized gain on available for sale investment

Funds and Reserves 2020



Zakat Fund

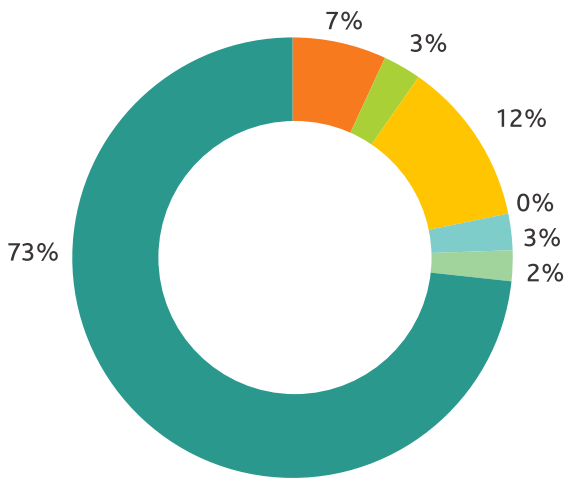
General Fund

Inception Contribution

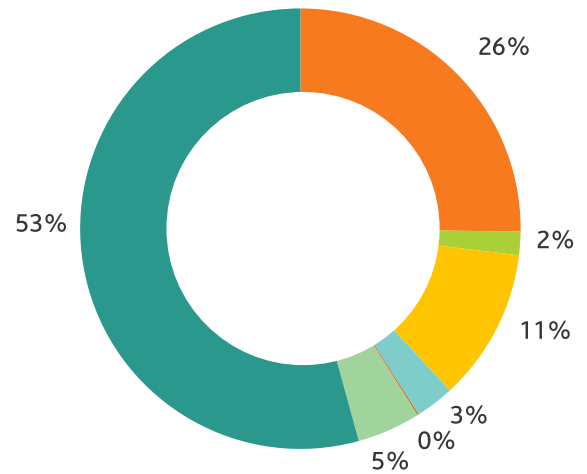
Financial Highlights

Graphical Presentation of Income and Expenditure Account

Income 2021

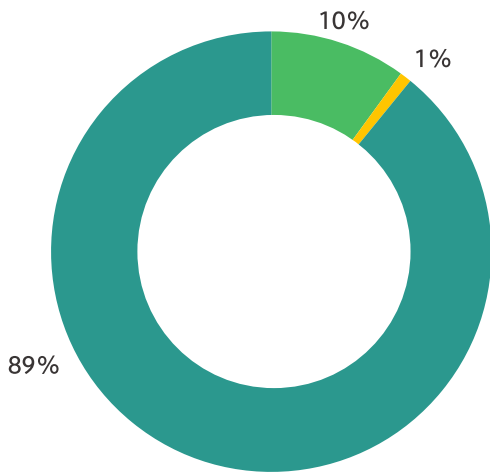


Income 2020

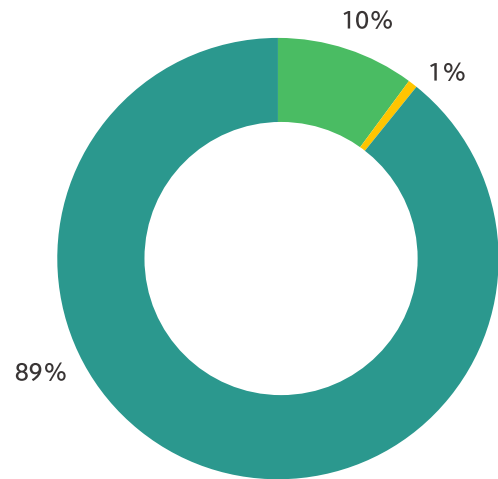


- Received in Cash
 Received in Kind
 Utilized from Strategic Fund
 Zakat Utilization - Clinics
- Deferred income - Operating Fixed Assets
 Other Income
 Zakat Utilization - Operating Expenses

Expenses 2021



Expenses 2020

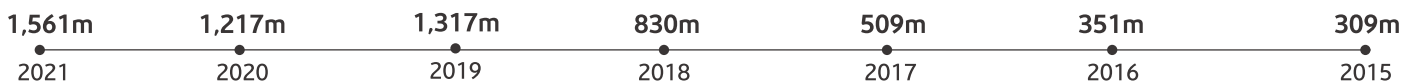


- Administrative Expenditures
 Marketing Expenditures
 Operational Expenditures

Receipts Pattern

Total receipts represent 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:	2020-21	2019-20	2018-19	2017-18	2016-17	2015-16
Total Income	1,401,341,494	1,275,586,860	911,157,076	771,305,140	359,146,652	302,399,526
Total Expenses	1,237,651,925	1,046,248,456	775,405,414	590,306,932	358,749,467	289,077,989
Surplus/(deficit) for the year transferred to general fund	163,689,569	229,338,404	135,751,662	180,998,208	397,185	13,321,537
STATEMENT OF FINANCIAL POSITION						
Operating Fixed Assets	126,743,675	129,493,889	87,909,980	82,747,121	26,057,292	22,574,468
Operating Current Assets	1,585,076,435	1,260,193,997	1,116,365,927	614,953,308	375,112,736	229,215,832
Total Assets	1,711,820,110	1,389,687,886	1,204,275,907	697,700,429	401,170,028	251,790,300
Total Funds	1,642,990,955	1,319,243,127	1,147,951,634	606,770,775	370,201,027	223,674,764
Liabilities:						
Non-current liabilities	-	32,629	1,305,671	3,453,563	7,712,548	7,842,153
Current liabilities	68,829,155	70,412,130	55,018,602	87,476,091	23,256,453	20,273,383
Total Liabilities	68,829,155	70,444,759	56,324,273	90,929,654	30,969,001	28,115,536
Total Funds & Liabilities	1,711,820,110	1,389,687,886	1,204,275,907	697,700,429	401,170,028	251,790,300

KEY FINANCIAL RATIOS:	2020-21	2019-20	2018-19	2017-18	2016-17	2015-16
Profitability Ratios						
Cost/income Ratio	88.3%	82.0%	85.1%	76.5%	99.9%	95.6%
Net Surplus/Income Ratio	11.7%	18.0%	14.9%	23.5%	0.1%	4.4%
Liquidity Ratios						
Current Ratio	23.03	17.90	20.29	7.03	16.13	11.31
Quick / Acid Test Ratio	22.00	17.13	19.81	6.74	15.84	11.02
Cash to Current Liabilities	11.24	12.21	8.68	2.15	4.45	3.82
Turnover Ratios						
Inventory Turnover Ratio	4.28	5.00	5.50	5.72	15.14	18.78
No. of Days in Inventory	85	73	66	64	24	19
Activity ratios						
Fixed assets to income ratio	0.09	0.10	0.10	0.11	0.07	0.07
Total assets to income ratio	1.22	1.09	1.32	0.90	1.12	0.83
Capital Structure						
Debt to fund ratio	0%	0%	0%	0%	0%	0%

Summary of Cash Flow

Description	2020-21	2019-20	2018-19	2017-18	2016-17	2015-16
Cash and cash equivalents at beginning of the year	859,836,715	477,380,961	188,449,717	103,432,247	77,347,022	66,933,982
Net cash generated from operating activities	148,653,697	169,265,460	128,970,350	76,541,048	11,431,289	16,411,595
Net cash (used in) / generated from investing activities	(395,056,467)	271,237,205	(262,167,898)	(182,192,890)	(129,769,868)	(52,541,341)
Net cash generated from / (used in) financing activities	160,058,259	(58,046,911)	422,128,792	190,669,312	144,423,804	46,542,786
Net (decrease) / increase in cash and bank balances	(86,344,511)	382,455,754	288,931,244	85,017,470	26,085,225	10,413,040
Cash and cash equivalents at end of the year	<u>773,492,204</u>	<u>859,836,715</u>	<u>477,380,961</u>	<u>188,449,717</u>	<u>103,432,247</u>	<u>77,347,022</u>

Cashflow Statement of Zakat Funds (Direct Method)

Description	2020-21	2019-20	2018-19	2017-18	2016-17	2015-16
Opening balance	109,916,429	42,063,047	35,333,877	44,213,911	39,474,965	46,457,296
Received during the period	237,360,640	251,162,491	236,863,781	166,499,320	215,297,101	175,683,236
Utilization	(206,858,002)	(183,309,109)	(230,134,611)	(175,379,354)	(210,558,155)	(182,665,567)
Closing balance	<u>140,419,067</u>	<u>109,916,429</u>	<u>42,063,047</u>	<u>35,333,877</u>	<u>44,213,911</u>	<u>39,474,965</u>

ChildLife Foundation

Six Years' Vertical Analysis

	2020-21	2019-20	2018-19	2017-18	2016-17	2015-16
Income:						
Received in Cash	6.90%	25.79%	1.95%	33.67%	32.24%	32.77%
Received in Kind	2.80%	1.76%	2.06%	4.58%	9.10%	6.30%
Zakat Utilization - Operating Expenses	12.10%	11.46%	20.09%	16.84%	48.63%	49.91%
Zakat Utilization - Clinics	2.67%	2.91%	5.17%	5.90%	8.90%	9.69%
Deferred income - Operating Fixed Assets	0.00%	0.10%	0.24%	0.56%	1.13%	1.33%
Other income	2.25%	4.76%	7.52%	2.27%	0.00%	0.00%
Utilized from Strategic Fund	73.28%	53.22%	62.97%	36.18%	0.00%	0.00%
Total Income	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%

Expenses:						
Salaries and benefits	55.50%	54.80%	58.60%	40.61%	43.31%	37.87%
Medicines consumed	21.52%	19.19%	18.26%	15.40%	26.78%	31.14%
Patient consultation	3.88%	4.57%	7.72%	9.55%	12.17%	12.60%
Project renovation	5.52%	9.12%	1.09%	23.52%	6.56%	8.44%
Depreciation & Amortization	3.78%	3.36%	3.62%	2.33%	2.75%	2.39%
Supplies and consumables	3.91%	4.51%	5.16%	2.22%	2.09%	1.94%
Repairs and maintenance	1.93%	1.08%	1.46%	1.45%	1.56%	1.67%
Travelling expense	0.95%	1.00%	0.69%	1.38%	1.64%	1.13%
Programmatic activities and preventive health care	0.06%	0.04%	0.11%	0.23%	0.07%	0.00%
Communication and advertisement	0.81%	0.64%	1.04%	1.45%	1.26%	1.32%
Utilities	0.86%	0.68%	0.75%	0.61%	0.86%	0.59%
Legal and professional	0.20%	0.09%	0.16%	0.07%	0.27%	0.13%
Auditor's remuneration	0.08%	0.04%	0.04%	0.04%	0.07%	0.09%
Others	1.00%	0.88%	1.30%	1.14%	0.61%	0.69%
Total Expenses	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%

Surplus/(deficit) for the year transferred to general fund

FINANCIAL POSITION:	2020-21	2019-20	2018-19	2017-18	2016-17	2015-16
Assets:						
Operating Fixed Assets	7.40%	9.32%	7.30%	11.86%	6.49%	8.97%
Consumables	4.13%	3.88%	2.20%	3.57%	1.70%	2.33%
Advances, deposits and prepayments	0.46%	1.24%	0.58%	3.73%	0.65%	0.11%
Investments	42.42%	23.37%	49.91%	53.43%	65.06%	57.42%
Other receivables	0.40%	0.32%	0.37%	0.40%	0.32%	0.45%
Cash and bank balances	45.19%	61.87%	39.64%	27.01%	25.78%	30.72%
Total Assets	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Funds:						
Inception contribution	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Zakat fund	8.55%	8.33%	3.66%	5.82%	11.94%	17.65%
General fund	44.99%	43.73%	30.27%	33.87%	6.62%	10.77%
Endowment fund	14.18%	17.56%	19.93%	38.73%	57.33%	71.58%
Unrealized gain on available for sale investment	0.00%	0.00%	0.00%	0.00%	1.15%	0.00%
Strategic fund	32.28%	30.38%	46.14%	21.58%	22.96%	0.00%
Total Funds	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Liabilities:						
Deferred income related to operating fixed assets	0.00%	0.05%	2.32%	3.80%	24.90%	27.89%
Creditors, accrued and other liabilities	100.00%	99.95%	97.68%	96.20%	75.10%	72.11%
Total Liabilities	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Total Funds & Liabilities	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%

ChildLife Foundation

Six Years' Horizontal Analysis

	TREND	2020-21	2019-20	2018-19	2017-18	2016-17	2015-16
Income:							
Received in Cash		98%	332%	18%	262%	117%	100%
Received in Kind		206%	118%	99%	186%	172%	100%
Zakat Utilization - Operating Expenses		112%	97%	121%	86%	116%	100%
Zakat Utilization - Clinics		128%	127%	161%	155%	109%	100%
Deferred income - Operating Fixed Assets		1%	32%	53%	107%	101%	100%
Other income**		181%	347%	392%	100%	0%	0%
Utilized from Strategic Fund**		368%	243%	206%	100%	0%	0%
Total Income		463%	422%	301%	255%	119%	100%
Expenses:							
Salaries and benefits		627%	524%	415%	219%	142%	100%
Medicines consumed		296%	223%	157%	101%	107%	100%
Patient consultation		132%	131%	164%	155%	120%	100%
Project renovation		280%	391%	35%	569%	96%	100%
Depreciation & Amortization		676%	508%	406%	198%	143%	100%
Supplies and consumables		862%	841%	713%	233%	133%	100%
Repairs and maintenance		496%	235%	235%	177%	116%	100%
Travelling expense		361%	320%	165%	250%	181%	100%
Programmatic activities and preventive health care*		289%	161%	328%	521%	100%	0%
Communication and advertisement		262%	177%	211%	225%	119%	100%
Utilities		627%	414%	343%	211%	182%	100%
Legal and professional		668%	268%	345%	120%	259%	100%
Auditor's remuneration		388%	169%	100%	100%	100%	100%
Others		621%	459%	502%	338%	110%	100%
Total Expenses		428%	362%	268%	204%	124%	100%
Surplus/(deficit) for the year transferred to general fund		1229%	1722%	1019%	1359%	3%	100%
FINANCIAL POSITION:							
Assets:							
Operating Fixed Assets + Intangibles		561%	574%	389%	367%	115%	100%
Consumables		1203%	917%	451%	425%	116%	100%
Advances, deposits and prepayments		2805%	6088%	2460%	9227%	921%	100%
Investments		502%	225%	416%	258%	181%	100%
Other receivables		605%	402%	401%	247%	114%	100%
Cash and bank balances		1000%	1112%	617%	244%	134%	100%
Total Assets		680%	552%	478%	277%	159%	100%
Funds:							
Inception contribution		100%	100%	100%	100%	100%	100%
Zakat fund		356%	278%	107%	90%	112%	100%
General fund		3068%	2395%	1442%	853%	102%	100%
Endowment fund		146%	145%	143%	147%	133%	100%
Unrealized gain on available for sale investment		0%	0%	0%	100%	0%	0%
Strategic fund*		624%	471%	623%	154%	100%	0%
Total Funds		735%	590%	513%	271%	166%	100%
Liabilities:							
Deferred income related to operating fixed assets		0%	0%	17%	44%	98%	100%
Creditors, accrued and other liabilities		340%	347%	271%	431%	115%	100%
Total Liabilities		245%	251%	200%	323%	110%	100%
Total Funds & Liabilities		680%	552%	478%	277%	159%	100%

* Base Year is taken as 2017

** Base Year is taken as 2018



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, 2021 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, 2021, 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.

Affix

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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
Date: November 2, 2021
Karachi
Engagement Partner: **Shahbaz Akbar**

Statement of Financial Position

As at June 30, 2021

	Note	2021 Rupees	2020 Rupees
ASSETS			
NON-CURRENT ASSETS			
Operating fixed assets	5	121,399,656	122,792,190
Intangible asset	6	<u>5,344,019</u>	<u>6,701,699</u>
		126,743,675	129,493,889
CURRENT ASSETS			
Consumables	7	<u>70,682,479</u>	<u>53,875,848</u>
Advances, deposits and prepayments	8	<u>7,909,374</u>	<u>17,165,881</u>
Investments	9	<u>726,208,890</u>	<u>324,806,778</u>
Other receivables		<u>6,783,488</u>	<u>4,508,775</u>
Cash and bank balances	10	<u>773,492,204</u>	<u>859,836,715</u>
		1,585,076,435	1,260,193,997
TOTAL ASSETS		<u>1,711,820,110</u>	<u>1,389,687,886</u>
FUNDS AND LIABILITIES			
FUNDS			
Un-Restricted Funds			
Inception contribution		<u>10,000</u>	<u>10,000</u>
General fund		<u>739,255,295</u>	<u>576,967,839</u>
		739,265,295	576,977,839
Restricted Funds			
Zakat fund		<u>140,419,067</u>	<u>109,916,429</u>
Endowment fund		<u>233,030,185</u>	<u>231,628,072</u>
Strategic fund	11	<u>530,276,408</u>	<u>400,720,787</u>
		903,725,660	742,265,288
TOTAL FUNDS		<u>1,642,990,955</u>	<u>1,319,243,127</u>
LIABILITIES			
NON-CURRENT LIABILITIES			
Deferred income related to operating fixed assets	12	-	32,629
CURRENT LIABILITIES			
Creditors, accrued and other liabilities	13	<u>68,829,155</u>	<u>70,412,130</u>
TOTAL LIABILITIES		<u>68,829,155</u>	<u>70,444,759</u>
TOTAL FUNDS AND LIABILITIES		<u>1,711,820,110</u>	<u>1,389,687,886</u>
CONTINGENCIES AND COMMITMENTS	14		

The annexed notes from 1 to 30 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, 2021

	Note	2021 Rupees	2020 Rupees
INCOME	16	1,401,341,494	1,275,586,860
EXPENDITURE			
Operating expenses	17	1,103,013,544	933,232,626
Administrative expenses	18	123,908,410	105,849,336
Marketing expenses	19	10,729,971	7,166,494
Total expenditure		1,237,651,925	1,046,248,456
Surplus for the year before taxation		163,689,569	229,338,404
Taxation	21	-	-
Net surplus for the year		163,689,569	229,338,404
Other Comprehensive Income for the year		-	-
Total Comprehensive Surplus for the year		163,689,569	229,338,404

The annexed notes from 1 to 30 form an integral part of these financial statements.


Trustee


Trustee

Statement of Cash Flows

For the year ended June 30, 2021

	Note	2021 Rupees	2020 Rupees
CASH FLOWS FROM OPERATING ACTIVITIES			
Surplus for the year		163,689,569	229,338,404
Adjustments for:			
Amortization of deferred income	16	(32,629)	(1,273,042)
Depreciation	5	43,513,296	32,698,521
Amortization	6.1	3,274,705	2,411,326
Gain on investments	16.3	(50,132,841)	(72,922,513)
Gain on disposal of operating fixed assets	16.3	(250,591)	(372,977)
		<u>160,061,509</u>	<u>189,879,719</u>
(Increase) / decrease in current assets			
Consumables		(16,806,631)	(27,370,455)
Other receivables		(2,274,713)	1,592,881
Advances, deposits and prepayments		9,256,507	(10,230,213)
(Decrease) / increase in current liabilities			
Creditors, accrued and other liabilities		(1,582,975)	15,393,528
Net cash generated from operating activities		<u>148,653,697</u>	<u>169,265,460</u>
CASH FLOWS FROM INVESTING ACTIVITIES			
Purchase of operating fixed assets	5	(42,120,771)	(74,023,414)
Purchase of intangible asset	6	(1,917,025)	(2,713,615)
Dividend received		1,398,040	1,424,959
(Investment in) / Encashment of Islamic term deposit receipts	9	(400,000,000)	245,500,000
(Investment in) / Redemption of Islamic mutual funds	9	(1,402,112)	30,742,755
Realized gain from Islamic investments		48,734,801	69,890,270
Proceeds from disposal of operating fixed assets		250,600	416,250
Net cash (used in) / generated from investing activities		<u>(395,056,467)</u>	<u>271,237,205</u>
CASH FLOWS FROM FINANCING ACTIVITIES			
Zakat fund received		237,360,640	251,162,491
Funds received under restrictions	11	1,156,534,870	550,000,000
Utilization of strategic fund	11	(1,026,979,249)	(678,900,293)
Utilization of Zakat fund		(206,858,002)	(183,309,109)
Endowment fund received		-	3,000,000
Net cash generated from / (used in) financing activities		<u>160,058,259</u>	<u>(58,046,911)</u>
Net (decrease) / increase in cash and cash equivalents		<u>(86,344,511)</u>	<u>382,455,754</u>
Cash and cash equivalents at beginning of the year		859,836,715	477,380,961
Cash and cash equivalents at end of the year	10	<u><u>773,492,204</u></u>	<u><u>859,836,715</u></u>

The annexed notes from 1 to 30 form an integral part of these financial statements.


Trustee


Trustee

Statement of Changes in Fund Balances

For the year ended June 30, 2021

Note	Un-Restricted funds		Restricted funds			Total
	Inception contribution	General fund	Zakat fund	Endowment fund	Strategic fund	
	Rupees					
Balance as at July 1, 2019 (restated)	10,000	347,461,040	42,063,047	228,796,467	529,621,080	1,147,951,634
Funds received during the year	-	-	251,162,491	3,000,000	550,000,000	804,162,491
Zakat utilized for operating expenses	-	-	(146,172,362)	-	-	(146,172,362)
Zakat claim for patients treated at SINA Trust	17	-	(37,136,747)	-	-	(37,136,747)
Surplus for the year	-	229,338,404	-	-	-	229,338,404
Funds utilized during the year	11	-	-	-	(678,900,293)	(678,900,293)
Realized loss upon encashment	-	1,607,284	-	(1,607,284)	-	-
Dividend income on mutual funds	-	(1,424,959)	-	1,424,959	-	-
Unrealized gain on:						
- Islamic mutual funds investments	-	(13,930)	-	13,930	-	-
Balance as at June 30, 2020	10,000	576,967,839	109,916,429	231,628,072	400,720,787	1,319,243,127
Funds received during the year	-	-	237,360,640	-	1,156,534,870	1,393,895,510
Zakat utilized for operating expenses	-	-	(169,503,126)	-	-	(169,503,126)
Zakat claim for patients treated at SINA Trust	17	-	(37,354,876)	-	-	(37,354,876)
Surplus for the year	-	163,689,569	-	-	-	163,689,569
Funds utilized during the year	11	-	-	-	(1,026,979,249)	(1,026,979,249)
Dividend income on mutual funds	-	(1,398,040)	-	1,398,040	-	-
Unrealized gain on:						
- Islamic mutual funds investments	-	(4,073)	-	4,073	-	-
Balance as at June 30, 2021	10,000	739,255,295	140,419,067	233,030,185	530,276,408	1,642,990,955

The annexed notes from 1 to 30 form an integral part of these financial statements.


Trustee


Trustee

Notes to the Financial Statements

For the year ended June 30, 2021

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 3rd Floor, Adamjee House, I.I. Chundrigar Road, 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, 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.

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

Head Office:

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

Children's Emergency Units:

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

1.2 The Trust is currently managing the Children's Emergency Unit and Diarrhea Treatment Unit at CHK under revised Memorandum of Understanding (MOU) signed on July 4, 2017, 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 paramedical 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 managing the Children's Emergency Unit under revised MOU signed on July 4, 2017 among the Trust, NICH and GoS through the Secretary Health:

- 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 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 Korangi under a revised MOU signed on July 4, 2017 among the Trust, SGHK, and GoS through the Secretary Health. Under the MOU:

- the SGHK 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 ASH under a MOU signed on September 11, 2017 between ASH, Karachi Metropolitan Corporation (KMC) and the Trust for upgradation and operation of paediatric emergency room of ASH. Under the MOU:

- the KMC is responsible for providing quality service to paediatric patients. Further, to improve the functioning and management, it has been principally agreed by the Medical Health and Services Department that certain facilities being provided by them should be supplemented by private sector philanthropists through donations and Zakat; and
- the Trust is responsible for maintaining transparency in the application of such donations and Zakat. 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 is also managing the Children's Emergency Units in NWB and LKN under a MOU signed on September 29, 2017 between the Trust and 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, assign or transfer 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 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.

1.7 The Trust is also managing the Children's Emergency Unit in LGH under a MOU signed on January 15, 2018 between the Trust and 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; 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.

1.8 The Trust is also managing the Children's Emergency Units in GMMMC and LUMHS under a MOU signed on March 9, 2018 between the Trust and 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, assign or transfer 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 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.

1.9 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.

- 1.10** The Trust initiated a strategic partnership with SINA Trust under signed MOU dated July 1, 2015. Based on the MOU, SINA leads construction of clinics and provides OPD services to all patients and Childlife donates a certain amount of sum per patient. Rates of donations are further detailed in note 17.1.
- 1.11** The Trust will also manage 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. The operations will commence during the next financial year. 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.
- 1.12** 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 in the process of submitting the required documents for registration to the Registrar to fulfil the requirement for registration of Trust Deed under Sindh Trusts Act, 2020. 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 01, 2020. 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, 2023
- IAS 8 - 'Accounting policies, change in accounting estimates and errors' (amendments)	January 1, 2023
- IAS 12 - 'Income taxes' (amendments)	January 1, 2023
- IFRS 16 - 'Leases' (amendments)	April 1, 2021

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 1 July 2021 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 financial 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 presentational 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 amortization 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 amortization and accumulated impairment losses, if any. The cost of intangible assets is amortized 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 amortization 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 amortization 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 income and expenditure (FVTIE).

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 FVTIE, 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, and that are not designated at FVTIE, 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 income and expenditure (FVTIE)

Assets that do not meet the criteria for classification at amortised cost or FVOCI are measured at FVTIE. A gain or loss on a debt investment that is subsequently measured at FVTIE 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, and CHQ. 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

Donation contributions are recognised on receipt basis.

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.

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

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.

4.15.1.1 General Fund

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

4.15.2 Inception Fund

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

4.15.3 Restricted funds

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

4.15.3.1 Zakat fund

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

As recommended by the Shariah Committee, 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 utilization of Zakat funds for operating expenses are duly approved by the Committee and endorsed by the Board of Trustees.

In a meeting held on June 6, 2015, the Committee recommended 67% of operating expenses except for depreciation as adjustable from Zakat fund. The Committee also approved the utilization 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.

4.15.3.2 Endowment fund

Endowment fund has been created with the approval of the Trustees for the purpose to achieving sustainability. This fund is invested in Islamic investments. Any gain on investments pertaining to the Endowment fund are appropriated to the Endowment fund through an appropriation of surplus.

4.15.3.3 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 utilized".

5 OPERATING FIXED ASSETS

	June 30, 2021					
	Furniture and fixtures	Office equipment	Computer equipment	Medical equipment	Motor vehicle	Total
	Rupees					
At July 1, 2020						
Cost	21,449,776	75,119,576	39,307,034	81,214,964	2,290,500	219,381,850
Accumulated depreciation	<u>(9,125,023)</u>	<u>(26,031,090)</u>	<u>(28,001,295)</u>	<u>(31,141,752)</u>	<u>(2,290,500)</u>	<u>(96,589,660)</u>
Net book value	12,324,753	49,088,486	11,305,739	50,073,212	-	122,792,190
Additions during the year	2,238,501	24,403,100	4,739,874	10,739,296	-	42,120,771
Disposals (note 5.1)						
Cost	<u>(40,872)</u>	<u>(4,801,586)</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>(4,842,458)</u>
Accumulated depreciation	<u>40,865</u>	<u>4,801,584</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>4,842,449</u>
	(7)	(2)	-	-	-	(9)
Depreciation charge for the year	<u>(3,938,423)</u>	<u>(15,645,562)</u>	<u>(8,259,559)</u>	<u>(15,669,752)</u>	<u>-</u>	<u>(43,513,296)</u>
Closing net book value	<u>10,624,824</u>	<u>57,846,022</u>	<u>7,786,054</u>	<u>45,142,756</u>	<u>-</u>	<u>121,399,656</u>
At June 30, 2021						
Cost	23,647,405	94,721,090	44,046,908	91,954,260	2,290,500	256,660,163
Accumulated depreciation	<u>(13,022,581)</u>	<u>(36,875,068)</u>	<u>(36,260,854)</u>	<u>(46,811,504)</u>	<u>(2,290,500)</u>	<u>(135,260,507)</u>
Net book value	10,624,824	57,846,022	7,786,054	45,142,756	-	121,399,656
Depreciation rate per annum	20%	20%	33%	20%	20%	
	June 30, 2020					
	Furniture and fixtures	Office equipment	Computer equipment	Medical equipment	Motor vehicle	Total
	Rupees					
At July 1, 2019						
Cost	16,609,858	47,693,670	30,478,874	50,922,898	2,290,500	147,995,800
Accumulated depreciation	<u>(5,875,066)</u>	<u>(17,913,428)</u>	<u>(21,056,339)</u>	<u>(19,388,073)</u>	<u>(2,252,324)</u>	<u>(66,485,230)</u>
Net book value	10,734,792	29,780,242	9,422,535	31,534,825	38,176	81,510,570
Additions during the year	4,839,918	30,063,270	8,828,160	30,292,066	-	74,023,414
Disposals						
Cost	<u>-</u>	<u>(2,637,364)</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>(2,637,364)</u>
Accumulated depreciation	<u>-</u>	<u>2,594,091</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>2,594,091</u>
	-	(43,273)	-	-	-	(43,273)
Depreciation charge for the year	<u>(3,249,957)</u>	<u>(10,711,753)</u>	<u>(6,944,956)</u>	<u>(11,753,679)</u>	<u>(38,176)</u>	<u>(32,698,521)</u>
Closing net book value	<u>12,324,753</u>	<u>49,088,486</u>	<u>11,305,739</u>	<u>50,073,212</u>	<u>-</u>	<u>122,792,190</u>
At June 30, 2020						
Cost	21,449,776	75,119,576	39,307,034	81,214,964	2,290,500	219,381,850
Accumulated depreciation	<u>(9,125,023)</u>	<u>(26,031,090)</u>	<u>(28,001,295)</u>	<u>(31,141,752)</u>	<u>(2,290,500)</u>	<u>(96,589,660)</u>
Net book value	12,324,753	49,088,486	11,305,739	50,073,212	-	122,792,190
Depreciation rate per annum	20%	20%	33%	20%	20%	

5.1 Disposals during the year

Details of assets disposed off by the Trust during the year are as follows:

	Original cost	Accumulated depreciation	Net Book value	Sale proceeds	Gain on disposal	Mode of disposal	Particulars of buyer	Relationship with buyer
	Rupees							
Office equipment	4,801,586	(4,801,584)	2	250,000	249,998	As per the Trust policy	Ahsan Brothers	N/A
Furniture and fixtures	40,872	(40,865)	7	600	593	As per the Trust policy	Siddiq	N/A
	<u>4,842,458</u>	<u>(4,842,449)</u>	<u>9</u>	<u>250,600</u>	<u>250,591</u>			

5.2 The Trust's capitalizes certain assets purchased via funding received from it's 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 utilized' and recorded as revenue when the Trust spends them on the purpose of the funding, i.e. to operate the Emergency Care Units.

	Note	2021 Rupees	2020 Rupees
6 INTANGIBLE ASSET			
Computer software	6.1	4,279,559	5,101,699
Software under implementation	6.2	1,064,460	1,600,000
		<u>5,344,019</u>	<u>6,701,699</u>

6.1 Computer Software

Particulars	Cost			Accumulated amortization			Carrying value		Annual rate of amortization %
	At July 1, 2020	Addition during the year	At June 30, 2021	At July 1, 2020	Charge for the year	At June 30, 2021	At June 30, 2021		
Computer software	7,695,865	2,452,565	10,148,430	2,594,166	3,274,705	5,868,871	4,279,559	33	
June 30, 2021	<u>7,695,865</u>	<u>2,452,565</u>	<u>10,148,430</u>	<u>2,594,166</u>	<u>3,274,705</u>	<u>5,868,871</u>	<u>4,279,559</u>		

Particulars	Cost			Accumulated amortization			Carrying value		Annual rate of amortization %
	At July 1, 2019	Addition during the year	At June 30, 2020	At July 1, 2019	Charge for the year	At June 30, 2020	At June 30, 2020		
Computer software	6,582,250	1,113,615	7,695,865	182,840	2,411,326	2,594,166	5,101,699	33	
June 30, 2020	<u>6,582,250</u>	<u>1,113,615</u>	<u>7,695,865</u>	<u>182,840</u>	<u>2,411,326</u>	<u>2,594,166</u>	<u>5,101,699</u>		

6.2 Software under implementation

This represents software under implementation for payroll generation and attendance software for all employees at all Emergency Units of the Trust.

	Note	2021 Rupees	2020 Rupees
7 CONSUMABLES			
Balance as at July 1		53,875,848	26,505,393
Purchases during the year		300,444,067	231,466,259
Transfers / adjustments		3,852,678	(3,331,365)
Consumed during the year		(287,490,114)	(200,764,439)
Balance as at June 30		<u>70,682,479</u>	<u>53,875,848</u>
8 ADVANCES, DEPOSITS AND PREPAYMENTS			
Advance to suppliers			
Advance to staff	8.1	3,772,851	15,122,294
Deposits		794,693	535,049
Prepayments	8.2	2,060,580	960,580
	8.3	1,281,250	547,958
		<u>7,909,374</u>	<u>17,165,881</u>
8.1 This represents advance given for the following purposes:			
Advance against construction / renovation of Emergency care units		1,439,335	12,398,700
Advance against maintenance expense - software		770,980	449,883
Promotional expenses		1,012,656	182,424
Others		549,880	2,091,287
		<u>3,772,851</u>	<u>15,122,294</u>
8.2 This represents security deposits given in relation to head office premises, water supply and oxygen cylinders.			
	Note	2020 Rupees	2019 Rupees
8.3 This represents prepayments made for the following purposes:			
General insurance		-	542,248
Health insurance		1,189,620	-
Life insurance		86,410	-
Vehicle insurance		5,220	5,710
		<u>1,281,250</u>	<u>547,958</u>
9 INVESTMENTS			
Islamic term deposit receipts with banks - at amortized cost	9.1	700,000,000	300,000,000
Mutual funds - at FVTIE	9.2	26,208,890	24,806,778
		<u>726,208,890</u>	<u>324,806,778</u>

9.1 This includes investments made on behalf of Endowment and other funds. They carry return at rates ranging from 6.25% to 6.8% (2020: 6.25% to 6.96%) per annum and are due to mature in September 2021.

9.2 This represents investments made on behalf of Endowment and other funds.

9.2.1 Details of investment in mutual funds are as follows:

Particulars	Number of units	2021		
		Cost at June 30, 2021	Market value at June 30, 2021	Unrealized gain at June 30, 2021
Rupees				
Meezan Islamic Income Fund	509,172	<u>26,204,817</u>	<u>26,208,890</u>	<u>4,073</u>

Particulars	Number of units	2020		
		Cost at June 30, 2020	Market value at June 30, 2020	Unrealized loss at June 30, 2020
Rupees				
Meezan Islamic Income Fund	482,007	<u>24,792,848</u>	<u>24,806,778</u>	<u>13,930</u>
		<u>24,792,848</u>	<u>24,806,778</u>	<u>13,930</u>

	Note	2021 Rupees	2020 Rupees
10 CASH AND BANK BALANCES			
Cash in hand		269,480	307,020
Cash at banks:			
- Local currency			
Current accounts	10.1	<u>141,947,859</u>	109,916,471
Savings accounts	10.2	<u>430,248,453</u>	498,230,947
		<u>572,196,312</u>	608,147,418
- Foreign currency			
Savings account		<u>201,026,412</u>	251,382,277
		<u>773,492,204</u>	<u>859,836,715</u>

10.1 These include Zakat current accounts amounting to Rs. 140,419,067 (2020: Rs. 109,916,429).

10.2 These carry return at the rates ranging from 2.9% to 6.6% (2020: 3.0% to 12.25%) per annum.

	Note	2021 Rupees	2020 Rupees
11 STRATEGIC FUND			
Balance as at July 01		400,720,787	529,621,080
Received during the year	11.1	1,156,534,870	550,000,000
Utilized during the year	11.2	<u>(1,026,979,249)</u>	<u>(678,900,293)</u>
Balance as at June 30	11.3	<u>530,276,408</u>	<u>400,720,787</u>

11.1 This represents funds received during the year for construction and running operations of Emergency Care Units in Pakistan.

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

11.3 The management intends to utilize these funds for meeting the expenditures of Emergency Care Units in Pakistan.

	Note	2021 Rupees	2020 Rupees
12 DEFERRED INCOME RELATED TO OPERATING FIXED ASSETS			
Balance as at July 1		32,629	1,305,671
Amortization during the year		(32,629)	(1,273,042)
Balance as at June 30		<u>-</u>	<u>32,629</u>

13 CREDITORS, ACCRUED AND OTHER LIABILITIES

Creditors		36,117,670	33,152,394
Accrued liabilities		28,037,422	32,850,998
Others	13.1	4,674,063	4,408,738
		<u>68,829,155</u>	<u>70,412,130</u>

13.1 This includes retention money withheld at the rate of 5% (2020: 5%) on the amount of invoices paid to contractors.

14 CONTINGENCIES AND COMMITMENTS

There are no contingencies and commitments as at June 30, 2021 (June 30, 2020: Nil).

	2021 Rupees	2020 Rupees
15 MAJOR SOURCES OF CONTRIBUTIONS		
Major contributors of the Trust during the year are as follows:		
Government of Sindh	900,000,000	500,000,000
Government of Balochistan	190,000,000	50,000,000
ChildLife America	68,063,604	335,291,820
Lucky Textile Mills Limited	30,995,240	31,329,800
M/S Nutrico Pakistan Private Limited	29,517,906	19,000,000
Artistic Fabric & Garment Industries Pvt Ltd	26,000,000	22,000,000
Soorty Enterprises Private Limited	20,000,000	500,000
Grupo Karims Foundation	19,536,840	4,658,160
Mr Muhammad Tahsin ul haq	17,399,840	17,203,637
Mr Imran Rauf	15,353,700	17,498,738
Bank Al Habib Limited	15,000,000	10,000,000
Mr Mohammad Shoaib	14,000,000	9,000,000
Shahbaz Garments (Pvt) Ltd / Mr. Mustafa Kassam	11,767,250	11,587,500
Iqbal Adamjee Trust	10,000,000	7,000,000
ICI Pakistan Foundation	7,500,000	-
Hanif Adamjee Charitable Trust	5,443,450	2,546,950
Aftab Adamjee Trust	1,895,445	2,597,017

16 INCOME	Note	2021 Rupees	2020 Rupees
Strategic fund utilized	11	1,026,979,249	678,900,293
Donations			
Received in cash		96,667,697	328,985,448
Received in kind	16.1	39,199,171	22,470,915
Zakat utilised for			
Operating expenses	16.2	169,503,126	146,172,362
Operating expenses clinics	17	37,354,876	37,136,747
Amortization of deferred income related to operating fixed assets		32,629	1,273,042
Other income	16.3	31,604,746	60,648,053
		<u>1,401,341,494</u>	<u>1,275,586,860</u>

16.1 This represents medicines received from CHK, NICH, SGHK, ASH, NWB, LKN, LGH, GMMMC, LUMHS and CHQ for Emergency Care Units operated by the Trust.

16.2 This represents actual amount transferred to income in accordance with approval received from the Committee. During the year, 17.27% (2020: 17.73%) of operating expenses (excluding depreciation) have been utilized from Zakat fund.

16.3 Other income	Note	2021 Rupees	2020 Rupees
Income:			
- Profit on bank deposits		26,174,905	25,679,526
- Gain on sale of fixed assets		250,591	372,977
- Exchange loss		(18,778,686)	(12,647,437)
- Other		238,372	-
- Income from investments	16.3.1	23,719,564	47,242,987
		<u>31,604,746</u>	<u>60,648,053</u>

16.3.1 Income from investments

Term deposit receipts	22,317,451	47,411,382
Realised loss on Islamic mutual funds investments	-	(1,607,284)
Unrealised gain on revaluation of investments classified as 'financial assets at fair value through income or expenditure' - net	4,073	13,930
Dividend income	1,398,040	1,424,959
	<u>23,719,564</u>	<u>47,242,987</u>

17 OPERATING EXPENSES	Note	2021 Rupees	2020 Rupees
Salaries and benefits	20	501,211,972	418,564,797
Third party contractual services		91,650,373	69,360,998
Medicines consumed		266,348,987	200,764,439
Patient consultation	17.1	47,993,270	47,805,439
Project renovation		67,470,299	94,404,761
Depreciation		40,667,860	31,094,094
Amortization		2,224,861	1,428,411
Supplies and consumables		44,237,838	44,608,315
Repairs and maintenance		14,931,670	4,979,166
Travelling expense		9,384,389	9,889,026
Utilities		8,476,780	4,899,671
Legal and professional		124,700	29,640
Others	17.2	8,290,545	5,403,869
		<u>1,103,013,544</u>	<u>933,232,626</u>

17.1 Patient consultation

This include charges paid by the Trust to SINA Trust for treatment of children @ Rs. 403 (2020: @ Rs. 403) 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. 37.35 million (2020: Rs. 37.14 million) against Zakat eligible patients.

17.2 Others	Note	2021 Rupees	2020 Rupees
Cartage expense		3,073,864	1,948,367
Miscellaneous		5,216,681	3,455,505
		<u>8,290,545</u>	<u>5,403,872</u>

18 ADMINISTRATIVE EXPENSES

Salaries and benefits	20	91,826,123	84,527,980
Third party contractual services		2,225,413	932,072
Project renovation		811,938	980,088
Depreciation		2,845,445	1,604,427
Amortization		1,049,844	982,915
Supplies and consumables		4,154,378	2,624,117
Repairs and maintenance		8,933,549	6,317,905
Travelling expense		2,362,447	531,460
Utilities		2,213,064	2,168,448
Legal and professional		2,329,712	954,178
Auditor's remuneration	18.1	1,025,322	445,500
Others	18.2	4,131,175	3,780,246
		<u>123,908,410</u>	<u>105,849,336</u>

	Note	2021 Rupees	2020 Rupees
18.1 Auditor's remuneration			
Annual audit fee		885,000	375,000
Out of pocket expense		64,520	37,500
Sales tax		75,802	33,000
		<u>1,025,322</u>	<u>445,500</u>
18.2 Others			
Head office rent expense		2,448,379	2,127,992
Bank charges		155,978	199,948
Miscellaneous		1,526,818	1,452,306
		<u>4,131,175</u>	<u>3,780,246</u>
19 MARKETING EXPENSES			
Programmatic activities and preventive health care		747,891	417,136
Communication and advertisement	19.1	9,982,080	6,749,358
		<u>10,729,971</u>	<u>7,166,494</u>

19.1 Communication and advertisement

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

20 SALARIES AND BENEFITS

Salaries and benefits include Rs. 17.57 million (2020: Rs. 13.97 million) in respect of employees' provident fund.

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 (2020: Meezan Islamic Income Fund and Meezan Cash Fund).

	2021	2020
Cost of investments made (Rs.)	69,667,380	46,616,923
Percentage of investments made	100%	100%
Fair value of investments (Rs.)	69,705,424	46,648,007
Size of the fund - Total assets		
<i>Money Market</i>	11.81%	16.97%
<i>Income</i>	88.19%	83.03%

21 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 the 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 descendents 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 dated 22nd July 2019 which is valid upto 22nd January 2022.

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.

22 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 and Director Communications 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	2021 Rupees	2020 Rupees
SINA Trust (Dr. Naseeruddin Mahmood is a common Trustee)	Payments made to SINA Trust for patient consultation	47,993,270	47,805,439
ChildLife America (Mr. Osman Rashid is a common Trustee)	Donations received	68,063,604	335,291,820
Lucky Textile Mills Limited (Mr. Sohail Tabba, the Trustee of ChildLife Foundation is Director of Lucky Textile Mills Limited)	Zakat received	30,995,240	31,329,800
ICI Pakistan Limited (Mr. Abid Ganatra, the Trustee of ChildLife Foundation is Executive Director of ICI Pakistan Limited)	Payments made to ICI against purchase of medicine	2,320,306	-
	Donations received	7,500,000	-
Nutrico Morinaga (Mr. Sohail Tabba, a trustee of ChildLife Foundation, is Chairman of Nutrico Morinaga)	Zakat received	29,517,906	19,000,000
Iqbal Adamjee Trust (Mr. Iqbal Adamjee is a common Trustee)	Donations received	10,000,000	6,000,000
Dr. Ahson Rabbani (Chief Executive Officer)	Donations received	1,000,000	649,125

22.1 Remuneration of Chief Executive officer and Directors

	2021		2020	
	Chief Executive Officer	Directors	Chief Executive Officer	Directors
	Rupees			
Gross salary (net of deductions)	12,024,672	11,342,511	10,758,978	8,629,077
Allowances and reimbursements	726,619	1,295,508	486,533	901,668
Provident fund contribution	730,224	716,918	661,011	554,846
	<u>13,481,515</u>	<u>13,354,937</u>	<u>11,906,522</u>	<u>10,085,591</u>
Number of persons	1	4	1	2

23 NUMBER OF EMPLOYEES

	2021 Number	2020 Number
- At June 30	752	702
- Average during the year	732	648

24 FINANCIAL INSTRUMENTS BY CATEGORIES

		June 30, 2021		
	Note	At amortised cost	At fair value through income and expenditure	Total
Rupees				
Financial assets				
Deposits	8	2,060,580	-	2,060,580
Investments	9	700,000,000	26,208,890	726,208,890
Other receivables		6,783,488	-	6,783,488
Cash and bank balances	10	773,492,204	-	773,492,204
		<u>1,482,336,272</u>	<u>26,208,890</u>	<u>1,508,545,162</u>

		June 30, 2021		
	Note	At amortised cost	Total	
Rupees				
Financial liabilities				
Creditors, accrued and other liabilities	13	<u>66,575,825</u>	<u>66,575,825</u>	

		June 30, 2020		
	Note	At amortised cost	At fair value through income and expenditure	Total
Rupees				
Financial assets				
Deposits	8	960,580	-	960,580
Investments	9	300,000,000	24,806,778	324,806,778
Other receivables		4,508,775	-	4,508,775
Cash and bank balances	10	859,836,715	-	859,836,715
		<u>1,165,306,070</u>	<u>24,806,778</u>	<u>1,190,112,848</u>

		June 30, 2020		
	Note	At amortised cost	Total	
Rupees				
Financial liabilities				
Creditors, accrued and other liabilities	13	<u>70,468,542</u>	<u>70,468,542</u>	

25 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:

25.1 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 fulfill 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:

	2021 Rupees	2020 Rupees
Deposits	2,060,580	960,580
Other receivables	6,036,220	4,412,521
Investments in term deposit receipts	700,000,000	300,000,000
Investments in mutual funds	26,208,890	24,806,778
Bank balances	773,492,204	859,836,715
	<u>1,507,797,894</u>	<u>1,190,016,594</u>

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. Investments in mutual funds are placed with funds having good credit ratings assigned by credit rating agencies. 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
Dubai Islamic Bank Limited	A1+	AA
Sindh Bank Limited	A1	A+

The ratings of mutual funds in which the Trust held investments as at reporting dates are as follows:

	2021	2020
Meezan Islamic Income Fund	A+(f)	A(f)

25.2 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:

	2021		
	Contractual cash flows	Upto one year	More than one year
	Rupees		
Non-derivative financial liabilities			
Creditors, accrued and other liabilities	66,575,825	66,575,825	-
	2020		
	Contractual cash flows	Upto one year	More than one year
	Rupees		
Non-derivative financial liabilities			
Creditors, accrued and other liabilities	70,468,542	70,468,542	-

25.3 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.

25.3.1 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:

	2021 Rupees	2020 Rupees
Foreign currency bank account	201,026,412	251,382,277

The following exchange rates have been applied:

	Average rates		Reporting date rates	
	2021 Rupees	2020 Rupees	2021 Rupees	2020 Rupees
USD to PKR	159.56	158.77	157.54	168.05

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. 20.1 million (June 30, 2020: Rs. 25.14 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 2020.

25.3.2 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:

	2021 Rupees	2020 Rupees
Financial assets		
Variable rate instruments		
Savings accounts	<u>631,274,865</u>	<u>749,613,224</u>
	<u>631,274,865</u>	<u>749,613,224</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. 6.3 million (2020: 7.5 million).

25.3.3 Price risk

This is the risk that the fair value of or future cash flows of a financial instrument will fluctuate because of changes in market prices (other than those arising from interest rate or currency risk) whether those changes are caused by factors specific to the individual financial instrument or its issuer or factors affecting similar financial instruments traded in the market. The Trust's investments in mutual funds as at the year end exposes it to price risk. The management monitors the fluctuations in the prices of its investments on a regular basis. As at June 30, 2021, if the prices of the mutual funds had increased / decreased by 10%, with all other variables held constant, the surplus for the year would have been higher / lower by Rs. 2.62 million (2020: 2.48 million) as a result of unrealized appreciation / diminution on re-measurement of investments.

26 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.

27 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.

The carrying values of all financial assets and liabilities reflected in the financial statements approximate their fair values.

Fair value hierarchy

The following provides an analysis of financial instruments that are measured subsequent to initial recognition at fair value, grouped into Levels 1 to 3 based on the degree to which the fair value is observable.

Level 1 fair value measurements are those derived from quoted prices (unadjusted) in active markets for identical assets or liabilities.

Level 2 fair value measurements are those derived from inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly (i.e. as prices) or indirectly (i.e. derived from prices).

Level 3 fair value measurements are those derived from valuation techniques that include inputs for the asset or liability that are not based on observable market data (unobservable inputs).

The Trust does not hold any financial instrument which can be classified under the above mentioned levels except for investment in Islamic mutual funds as follows:

	2021			Total
	Level 1	Level 2	Level 3	
	Rupees			
Investment in Islamic mutual funds	-	26,208,890	-	26,208,890
	2020			
	Level 1	Level 2	Level 3	Total
	Rupees			
Investment in Islamic mutual funds	-	24,806,778	-	24,806,778

There were no transfers between the levels during the year.

28 RECLASSIFICATION

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

29 GENERAL

29.1 Rounding off

Figures have been rounded off to the nearest Rupee unless otherwise stated.

29.2 Effects of COVID-19 pandemic

On March 11, 2020, the World Health Organisation made an assessment that the outbreak of a coronavirus (COVID-19) can be characterised as a pandemic. As a result, businesses have subsequently been affected amongst others with temporary suspension of travel, and closure of recreation and public facilities.

To alleviate the negative impact of the COVID-19 pandemic, the Government of Pakistan, the State Bank of Pakistan and the Securities & Exchange Commission of Pakistan (SECP) have taken measures and issued directives to support businesses, including extensions of deadlines, facilitating continued business through social-distancing and easing pressure on credit and liquidity in the market.

The Trust has made an assessment in order to evaluate the impact of COVID-19 pandemic over the operations and surplus of the Trust as well as a going concern assessment. As a result of such assessment, the management has not identified any adverse impact on the surplus, liquidity and continuity of the Trust due to COVID-19 pandemic situation. Further, the management believes that there is no material impact of COVID-19 on any of the financial statement line item.

30 DATE OF AUTHORIZATION FOR ISSUE

These financial statements were authorized for issue by the Board of Trustees on October 28, 2021.



Trustee



Trustee



The desire to help



Ways to Donate

\$7 (Rs. 1000)

Life Saving Treatment for 1 child in an Emergency Room

\$10,000 (Rs. 1,500,000)

Sponsor 1 ER bed (1500 children) in an Emergency Room for one year

\$150,000 (Rs. 22,500,000)

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

\$1,000 (Rs. 150,000)

Save 150 children in an Emergency Room

\$50,000 (Rs. 7,500,000)

Sponsor a Wing (5 beds) treating 7500 children in an Emergency Room for one year

Donations in Pakistan

Through Checks

Mail Checks in the name of "ChildLife Foundation"
172-B, 1st Floor, Najeeb Center,
Shahrah-e-Quaideen, P.E.C.H.S, Block 2,
Karachi, Pakistan

Through Credit Card

Log on to www.childlifefoundation.org

Through Bank Transfer

Donation Account:

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 Number: PK96BAHL5006007100004501

Habib Bank Limited
Title of account: ChildLife Foundation
Account # 50227900258252
Bank: Habib Bank Limited
Branch: IBB Dehli Mecantile So Branch
IBAN# PK54HABB0050227900258252

Zakat Account:

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 Number: PK67BAHL5006008100004601

Habib Bank Limited
Title of Account: ChildLife Foundation
Account # 50227900258455
Bank: Habib Bank Limited
Branch: IBB Dehli Mecantile So Branch
IBAN# PK05HABB0050227900258455

USD Account

Bank Al Habib Limited
Title of Account: ChildLife Foundation
Account Number: 1001-0419-170425-75-9
Branch: Main Branch Karachi
Swift Code: BAHLPKKA
IBAN Number: PK83BAHL1001041917042575

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 Representative
15757 Pines Blvd, STE 038
Pembroke Pines, FL 33027

Through Credit Card

<http://bit.ly/childpk>

Through Bank Transfer

Please email 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 with the 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 with any further queries regarding matching.

Zelle

To donate via Zelle, please use salem.suriya@childlifefoundation.org

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 Checks

Mail checks in the name of "IDRF" with a note "ChildLife Foundation" in the memo to
Zohair Zakaria
Unit 24, 3170 Ridgeway Drive
Mississauga ON L5L5R4
Canada

Through Credit Card

Log on to www.idrf.com and specify ChildLife Foundation in the Comments section

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

Zakat utilization is as per Shariah compliance.



Resilience to persist

میں جھکا نہیں، میں بکا نہیں، کہیں چھپ چھپا کے کھڑا نہیں،
جوڑے ہوئے ہیں، محاذ پر، مجھے ان صفوں میں تلاش کر۔

- خالد علیگ



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