

ANNUAL REPORT
2017-18



عاشق



CHILD LIFE
FOUNDATION

خدا کے عاشق تو ہیں ہزاروں، بنوں میں پھرتے ہیں مارے مارے
میں اُس کا بندہ بنوں گا جس کو خدا کے بندوں سے پیار ہوگا

علامہ اقبال



We thought we could save a life. We were wrong, we saved millions!

Having people with the right set of skills and knowledge ensures that patients are treated professionally.

We place great importance that our staff is kept up-to-date with the latest trainings.



عِلْمٌ C O M P E T E N C E

Adhering to medical protocols specially in an emergency care makes all the difference in saving a life. We always aim for the highest level of quality standards to ensure efficient work flow.



عَمَلٌ C O M P L I A N C E

عِشْقٌ C O M P A S S I O N

Our three ingredients - doing work with passion, love and care are the forces behind achieving the highest level of patient satisfaction.



ChildLife's pillars of quality

علم
Competence

عمل
Compliance

عشق
Compassion

ChildLife Foundation has been synonymous in providing the finest pediatric care to the underprivileged in Pakistan. It was eight years ago, it embarked upon a journey to improve the health care system across Pakistan.

An eye-opening report by the UNICEF published in 2018, revealed, Pakistan had the worst infant mortality rate in the world with an alarming figure of one out of every twenty-two children dying at the time of birth¹. According to another global assessment by the UNICEF, a baby born in Pakistan is 50 times more likely succumb to death in its first month, as compared to babies born in Iceland, Japan or Singapore².

Addressing this compelling crisis, ChildLife came up with a plan to uplift and improve the healthcare facilities across Pakistan; making Karachi the benchmark. With state of the art facilities and health care innovations, ChildLife Foundation is bringing positive changes in the communities it has served. The milestone to provide an easy access to quality standard Pediatric Emergency Rooms (ER) across Karachi has been achieved. With five ERs operational across the city and an additional two in upper Sindh, ChildLife has reached a total count of seven at present in the province of Sindh. Two ERs are expected to be completed in Sukkur and Jamshoro/ Hyderabad by early 2019.

ChildLife takes pride in introducing the first 'Telemedicine' in the resus room of a public hospital in Karachi. A specialized consultant is available 24 hours to monitor and guide the proceedings at the ER. In partnership with SINA Trust, 27 Primary Care Clinics are strategically located across the slums of Karachi providing basic healthcare. Furthermore, we have a Preventive Health Program (PHP) to spread knowledge and address the change in behaviors of the community visiting our ERs. This is an imperative step towards building a healthy Pakistan.

In collaboration with BRAC (Bangladesh Rural Advancement Committee) we have conducted a three-year 'Community Uplift Program' focusing on 'Maternal and Child Health'. This initiative has had immense impact on the lives of 45,000 people so far. In addition, our behavior change text messages are being sent out to every patient who visits our ERs. This has helped us adhere to our three pillars of quality assurance, Competence, Compliance and Compassion.

ChildLife Foundation is based upon the 3C's of emergency medicine, which are:

COMPETENCE: Ensuring our team has the required skill sets

COMPLIANCE: Ensuring people comply to all protocols and processes

COMPASSION: Doing our work with passion, love, and care

The quality controls and protocols, has led ChildLife to achieve a massive 97% improvement in the survival rate of critically ill children. This is reflected in treatment of upto 1.8 million patients to-date. We hope to achieve more with your cooperation and support, Insha'Allah.

¹ https://www.unicef.org/media/media_102677.html

² <https://www.dawn.com/news/1409033>



علم عمر عشق

Vision

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

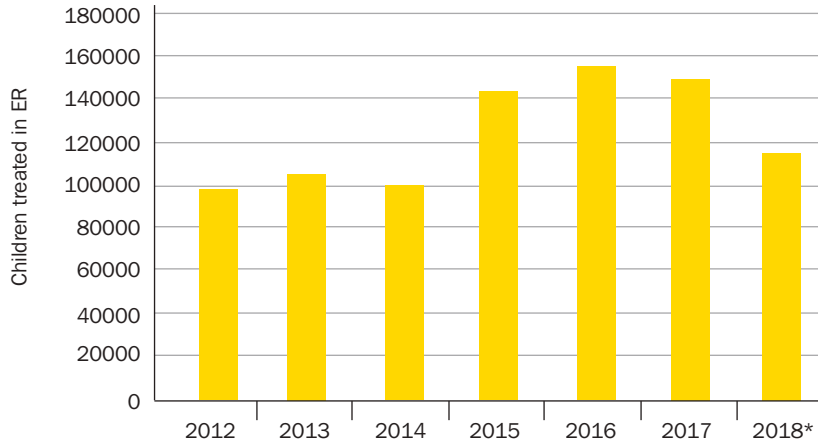
Mission

- Facilitate rapid access to quality urgent medical care
- Identify high risk children:
 - Malnourished
 - Unimmunized
 - Poor access to basic health
- Intervene with established cost-effective preventive measures

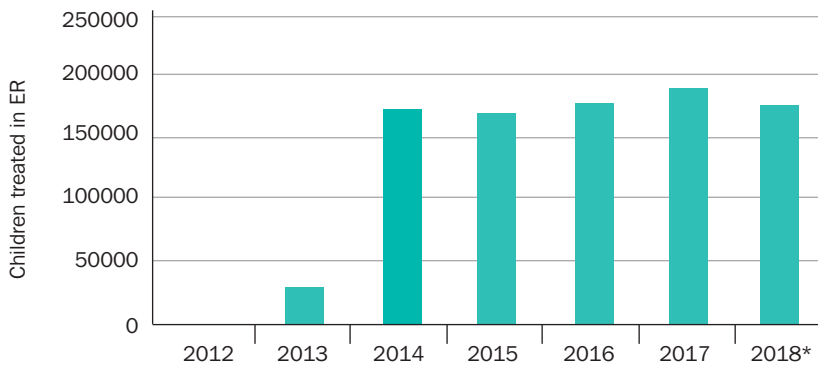


Our impact

804,951 children
Civil Hospital Karachi (CHK)
(Since October 2011)



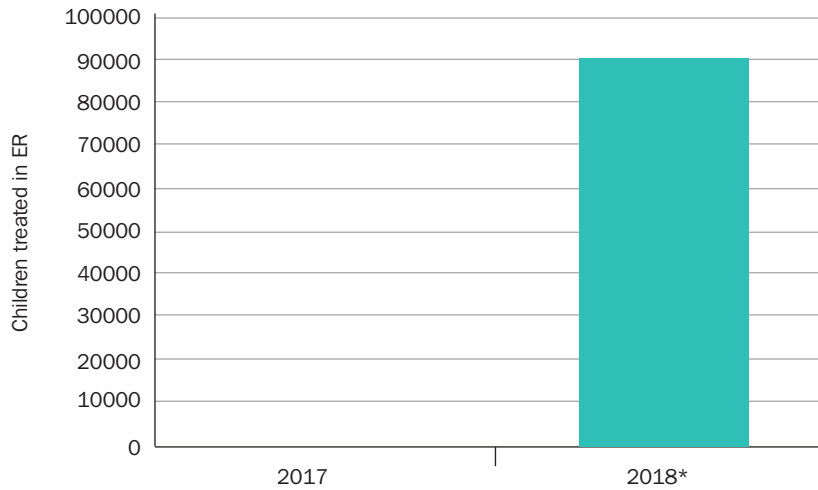
927,820 children
National Institute of Child Health (NICH)
(Since May 2013)



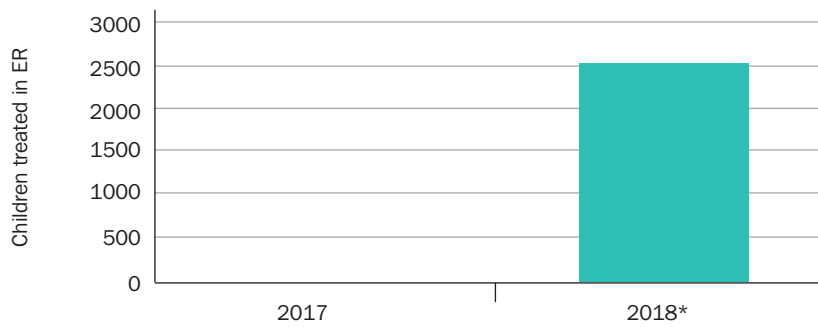
135,140 children
Sindh Government Hospital Korangi-5 (SGHK-5)
(Since June 2016)



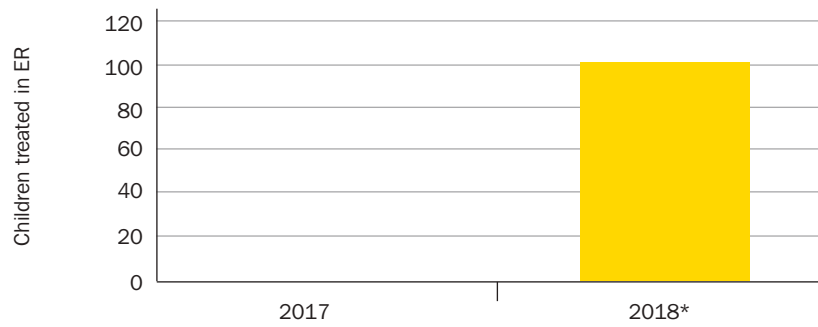
9,051 children
Lyari General Hospital (LGH)
 (Since April 2018)



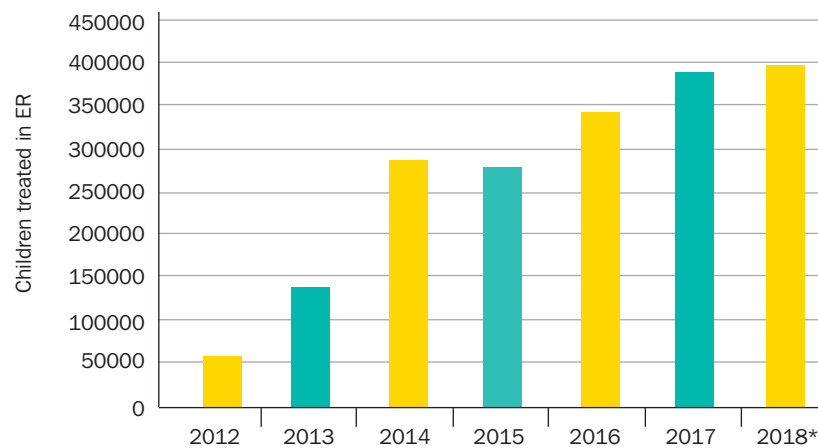
2500 children
People Medical College (PMC), Nawabshah
 (Since May 2018)



106 children
Abbasi Shaheed Hospital (ASH)
 (Since June 2018)

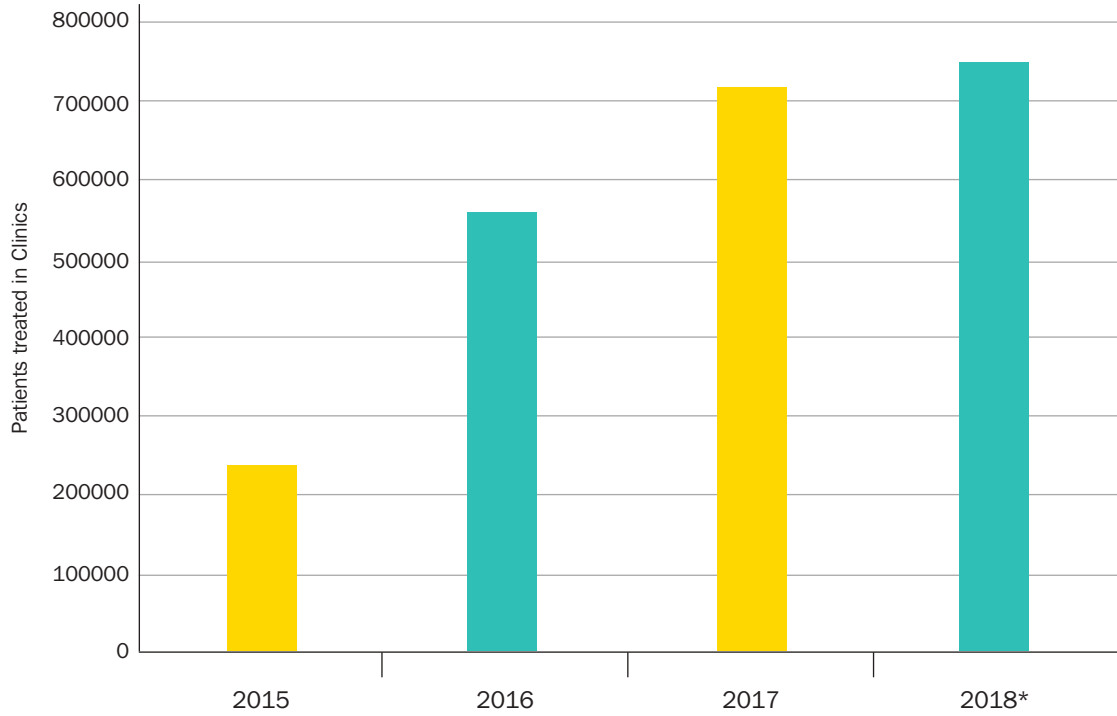


Total: 1,879,568 children





PRIMARY CARE (SINA-CHILDLIFE CLINICS)



ER Patients Satisfaction Survey (N = 4832)*

ER Site	% Satisfied
CHK	74%
NICH	76%
SGHK-5	76%
LGH	81%
Total*	76%
Benchmark**	66%

*Total is weighted average of all the 4 ER sites

* upto June 30th 2018

** <https://www.cedars-sinai.edu/Patients/Quality-Measures/Patient-Satisfaction/Emergency-Department-Patient-Satisfaction.aspx>



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OUR PEOPLE



Trustees

IQBAL ADAMJEE



Mr. Adamjee is the founding trustee and chairman of ChildLife Foundation. He completed his education from Millfield School, UK and Stanford University, USA. Currently, he is the director of Mainetti Pakistan (Pvt) Ltd. He is actively involved with other renowned charitable organizations such as Adamjee Eye Hospital and Adamjee School. He is also a trustee at the Adamjee Foundation.

DR. NASEERUDDIN MAHMOOD



Dr. Mahmood is one of the founding trustees of ChildLife Foundation. He is a prominent pediatrician in Karachi, trained in USA and Canada. He is a faculty member at the Aga Khan University Hospital and is also associated with South City Hospital through private pediatric practice. Dr. Mahmood is a philanthropist at heart and an advisor at Indus Hospital and Karachi Relief Trust. He is also a board member of the SINA Trust.

ZOHAIR ZAKARIA



Mr. Zakaria is one of the founding trustees of ChildLife Foundation. He is a graduate of Babson College, USA and is currently the director and CFO of Al Noor Sugar Mills Limited, one of the companies of the Al Noor Group. He serves on the boards of companies that are a part of Al Noor Group. Through Al Noor Group, Mr. Zakaria is actively involved in a number of charitable organizations.

OSMAN RASHID



Mr. Rashid is a ChildLife trustee based in California, USA. He has a degree in electrical engineering from the University of Minnesota. He is the co-founder and CEO of Chegg and Know, Inc. and the founder and CEO of Galxyz, Inc., an educational game inculcating love for science in children. 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 two companies he is involved in other philanthropic work like tree plantation and helping classrooms attain school supplies.

DR. MALIHA AHMAD KAMAL



Dr. Kamal is a 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; Chief of Hospital Medicine, UPMC-St. Margaret, Medical Director Corporate Care Management, Clinical Assistant Professor and Department of Critical Care Medicine. She is associated with UPMC St. Margaret, UPMC Passavant and UPMC Mercy.

SOHAIL TABBA



Mr. Tabba is one of the founding trustees of ChildLife Foundation. He is a leading businessman and entrepreneur in Pakistan with over two decades of experience in manufacturing, energy, real estate, and cement sector. Being a CEO of six companies, he has vastly grown his family business through Gadoon Textile, Fazal Textile, Lucky Knits, Lucky Energy, Lucky One, and Yunus Energy. He is actively involved in philanthropy. The founding member of Italian Development Council, he is also director of the renowned Tabba Heart Institute and Aziz Tabba Foundation.

ASHRAF AMDANI



Mr. Amdani is a trustee of ChildLife, based in Florida, USA. He is CEO at American Textile and Apparel, a leading manufacturer of knit products across US and Europe. An active philanthropist he is involved with several education and health charities and has won many community awards in South Florida. He is a director at Universal Health Insurance (UHI) and 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).

ARIF DONI



Mr. Doni is the Founder and CEO of Doni & Co. which specializes in trading of agro-commodities. He has over thirty decades of experience in the field of international trade. He has developed a vast network of commodity origination around the world. Mr. Doni is patron for charitable organizations such as World Food Program and the international Committee of The Red Cross. Understanding the need of healthcare and nutrition, and children's education, he is involved in philanthropic work across Pakistan.

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 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 has a Master's degree in Economics and Bachelors in Law.

* in order of joining

Management



Sitting Left to Right

Zubia Iqbal – Manager Communications
Dr. Erum Mirza – Administrator Abbasi Shaheed Hospital
Dr. Huba Atiq – Head of Training & Telemedicine
Dr. Irfan Habib – Director Clinical Affairs
Dr. Ahson Rabbani – Chief Executive Officer
Dr. Shahid Raza – Director Programs
Mohsin Ali – Director Finance
Abida Hasan – Administrator Civil Hospital Karachi
Tabish Shahzad – General Manager Communications

Standing Left to Right

Abdullah Khan – Administrator Chandka Medical College, Larkana
Muhammad Wajahat Khan – Administrator Sindh Govt. Hospital Korangi No. 5
Syed Asad Agha – Deputy General Manager Programs
Syed Atif Ali – Manager Support Services
Naeem Ahmed – Administrator Sindh Govt. Lyari General Hospital
Noman Bin Mushtaq – Administrator Mother & Child Healthcare Centre, Nawabshah
Dr. Nadir Ali Khan – Manager Quality Assurance
Ali Ahmed – Manager Telemedicine
Yasir Rafiq Khan – Manager Human Resources

Not in the picture:

Ali Hussain – Head of IT
Rais Ahmed – Senior Manager Internal Audit
Dr. Muhammad Siddiq – Administrator NICH

Chairman's Review

An exhilarating and humbling year

Iqbal Adamjee

Chairman



Healthy growth of a child is the key to our country's bright future. We at ChildLife, believe that no child should be more than thirty minutes away from a world-class Emergency Room, that provides quality care and free of cost treatment.

A survey conducted by 'Pakistan Demographic and Health Survey (PDHS) 2017-18' shows that we at ChildLife, are going in the right direction and leaving an impact on the society at large. **According to this survey, there is a significant decrease in the mortality of under-five children from 8.9% to 7.4%**

over a period of 5 years. While the death rate of neonatals decreased from 5.5% to a 4.2%³. We are confident to claim that we have a major role in providing a healthier future to the children of Pakistan through world-class Pediatric Emergency Care.

The past year has been both exhilarating and humbling for ChildLife Foundation, with the opening of four state of the art pediatric ERs in Karachi and upper Sindh, in a very short span of time. This takes up the total count to seven ERs presently across the province of Sindh. We have achieved what we aimed for, by the grace

³ <https://dhsprogram.com/pubs/pdf/PR109/PR109.pdf>

Two ChildLife ERs have started operation in Nawabshah and Larkana in 2018, while two more ERs in Sukkur and Jamshoro/Hyderabad, are expected to be completed by June 2019.



of Allah and our donors' support in record time. Two ChildLife ERs have started operation in Nawabshah and Larkana in 2018, while two more ERs in Sukkur and Jamshoro/Hyderabad, are expected to be completed by June 2019, moving us more closer towards covering all the government teaching hospital facilities across Sindh.

In 2016, we introduced the first ever Telemedicine (TM) set up in resus room in Pakistan, in collaboration with the team at Johns Hopkins University, United States of America.

It has played an integral part in enhancing the quality of Pediatric Emergency Care and we are proud to share that through this initiative we now manage to save 'one additional life' per hour. Currently, 10 Telemedicine sites are operational and we hope to cover all large hospitals in the next couple of years.

Hand-in-hand with our donors and the continuous support of our staff, ChildLife Foundation is strengthening, and transforming pediatric health care for the benefit of the children and youth of Pakistan.

CEO's Report

Peace of mind for poor parents

Dr. Ahson Rabbani

CEO

Take a moment and visualize the scenario, 'Your child is critically ill and needs immediate medical attention in the middle of the night. The nearest hospital is at least an hour away from your locality, probably with no electricity and few medical supplies. The ER facilities are scarce and the staff is not qualified to handle emergency cases. Would you dare to risk your child's life?' This is a daily nightmare faced by thousands of parents residing in underprivileged localities in Karachi and Sindh.

A majority of people from lower middle-class communities in Pakistan are deprived of basic health care facilities for their children.

The good news is, this is all history. Since ChildLife took ownership, it has covered 5 ERs in Karachi, ensuring no child is more than 30 minutes away from a world-class Pediatric Emergency care.

This is where ChildLife Foundation stepped in to reach out to low-income communities to provide a comprehensive health care system. Our focus has always been on improving emergency care, in the form of well equipped and professionally run ERs that provide the best possible care to the children. This is why we place great importance on the three quality pillars of ChildLife ERs; Competence, Compliance & Compassion.



ChildLife has covered 5 ERs in Karachi, ensuring no child is more than 30 minutes away from a world-class Pediatric Emergency Care.

Competence (Ilm):

'Competence' ensures that individuals with requisite and suitable skill set and knowledge are treating children in ChildLife ERs. This is extremely vital, especially in a health care environment. The patients need to be treated professionally, as they place their life and trust in the hands of the doctors and medical staff.

ChildLife in collaboration with DUHS (Dow University of Health Sciences), is imparting Pediatric Emergency Medicine Certificate (PEMC) and Pediatric Emergency Medicine Nursing Certificate (PEMNC) courses to its doctors and nurses respectively. This is the only certification program for Pediatric Emergency Medicine in Pakistan. We are also in the initial phase of collaborating with DUHS for a diploma in Pediatric Emergency Medicine that will greatly enhance the capacity of doctors. Additionally, every staff member goes through a Basic Life support (BLS) training and Pediatric Advanced Life Support (PALS) training; in line with the standards set by the American Heart Association (AHA).

At ChildLife we always aim to be a step ahead with an ongoing commitment to innovation. With the recent advancements in technology, we are moving towards 'e-Learning' to facilitate efficient 'Learning and Monitoring Systems' throughout the organization with increased access to effective learning and cost efficiency.

Compliance (Amal):

As part of our journey for continuous improvement, we are enthusiastic to move towards adopting international best practices. ChildLife

Foundation is in the process of attaining the International Organization for Standardization (ISO) Certification in ISO 9001; the most prestigious certificate in Quality Management System. Furthermore, we are collaborating with William Osler Health System; one of Canada's largest community hospital systems, to get Canadian Accreditation for our ERs.

In addition to this, Telemedicine (TM) has now become an integral part in ensuring compliance of medical protocols at all ChildLife Emergency Rooms (ERs).

Compassion (Ishq):

Compassion is the heartbeat of ChildLife. We believe the doctor-patient bond is a central part of any health care system. Stanford University quoted a physician in a research paper, ***"A health care system works best when patients trust their doctors and feel respected by them."*** He also stressed on the importance of communicating with the patients, reflecting on their goals, values, and fear in their treatment plans⁴. To consistently pave the way and look after our patient's welfare, we provide our medical staff with the required Soft Skills Training. Our regular Patient Satisfaction Surveys also help us ensure that we are meeting patient's expectations.

We are grateful to the Almighty with whose benevolence ChildLife Foundation has been able to treat, 1.8 million children up till June 2018. We are extremely grateful to our supporters and donors whose contribution has helped us achieve so much over these years, and will continue to do so in future, Insha'Allah.

⁴ <https://scopeblog.stanford.edu/2018/05/24/modern-medicine-is-challenging-ability-of-doctors-to-bond-with-patients/>



CHK
804,951 children



NICH
927,820 children



SGHK-5
135,140 children



IN KARACHI AND SINDH



Lyari
9,051 children



Nawabshah
2500 children



Abbasi
106 children



Larkana

* upto June 30th 2018



EMERGENCY CARE



ALC

COMPETENCE

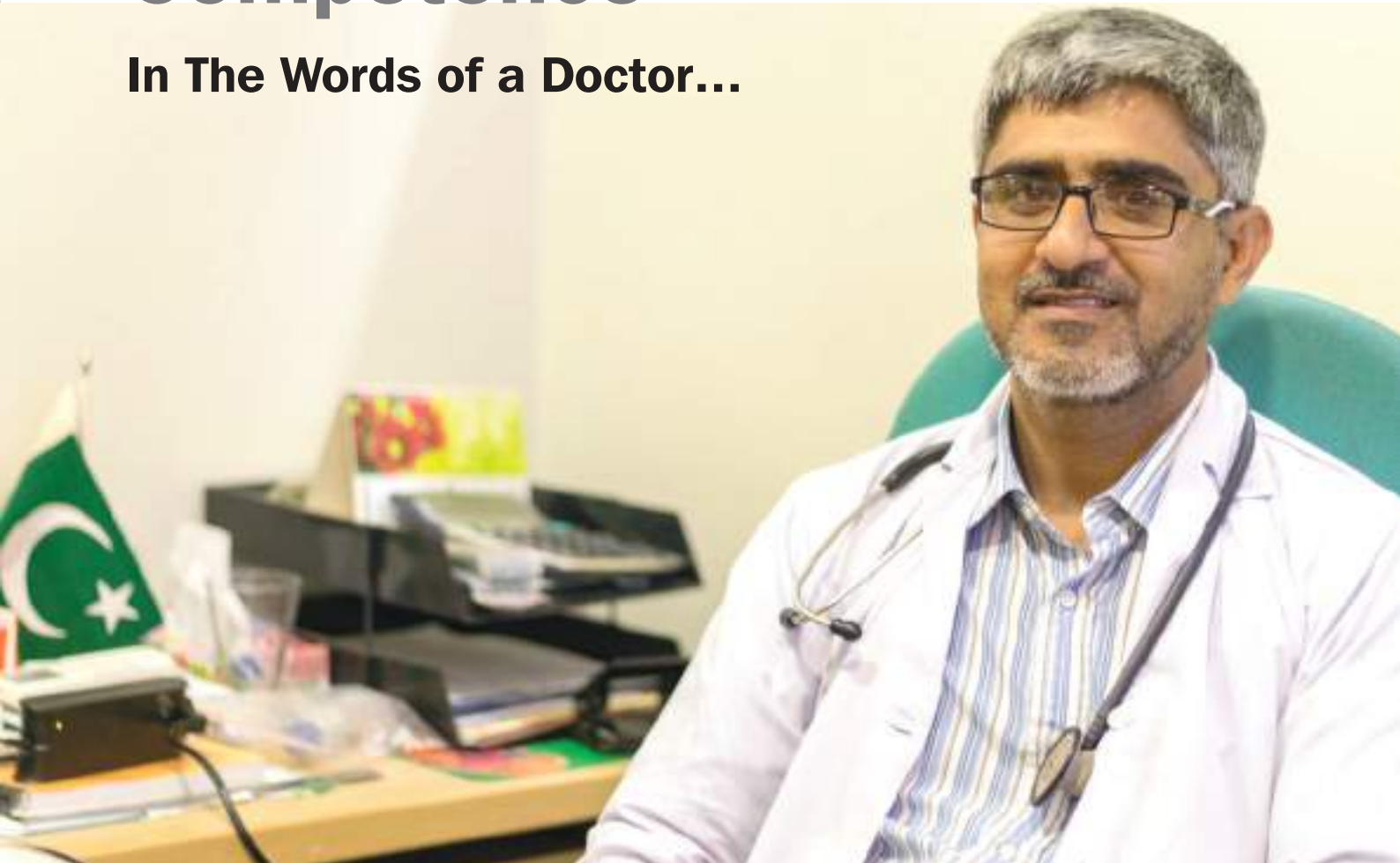


“People are not your most important asset. The right people are.” – Jim Collins

ER - QUALITY PILLARS OF CHIDLIFE

Competence

In The Words of a Doctor...



“Pediatric Emergency Care is the most critical area of any hospital. Here children are brought for immediate medical attention, where most of them are fighting for their lives. Every day we are inspired by the bravery of our doctors, their competence and on spot decisions that save many lives.” Pediatric Associate Specialist - Dr. Kamran Rasheed explains, that being an ER doctor he has to take spontaneous and instinctive decisions, based on his knowledge and experience. These decisions can either save a child’s life or complicate it.

Dr. Rasheed is an MBBS. He completed his post-graduate training in MCPS and DCH. He also has certifications in BLS and PALS. He says, “Serving children has been my passion

and this dream got fulfilled by becoming a part of ChildLife Foundation. In contrast to the treatment of adult patients, children require closer observation and drug management. The timing of initiation of treatment is imperative whether it is a medical procedure or prescribing medicines. Children visiting our ERs come with different levels of illness from minor infections to life threatening conditions. They are all managed and treated following evidence-based clinical protocols.”

“Hands-on experience of life-saving protocols plays a key role in the treatment at any ER”, he adds. This is the reason, ChildLife Foundation gives prime importance to competence, and imparts training to all its medical staff.

Trainings add value



We place great importance in the quality of care provided to critically ill children. Various training courses are designed and conducted for the staff. The Basic Life support (BLS) and the Pediatric Advanced life support (PALS) certified by the American Heart Association (AHA) include basic and advanced courses in Neonatal and Pediatric Emergency health care.

In addition to this, we also have in-house trainings in affiliation with the DOW University of Health Sciences (DUHS). Until now we have trained 125 doctors in PEMC (Pediatric Emergency Medicine Certificate), while 90% of our nursing staff is certified in Pediatric Emergency Medicine Nursing Certificate (PEMNC). We are in the initial phase of collaborating with DUHS for a diploma in Pediatric Emergency Medicine spread over 2 years. This initiative will greatly enhance the capacity building efforts in Pediatric Emergency Medicine.

In collaboration with Johns Hopkins University, Maryland USA; we plan to start a Pediatric Emergency Medicine Leadership Course for our Emergency Room leaders. This will be a one-year program focusing on clinical practices, research and leadership building. We

aim to start this course from next year onwards.

In partnership with Pakistan Institute of Management Sciences (PIMS), our non-clinical staff undergoes a four-month diploma program for non-clinical staff. The sole purpose of this course is to increase their administrative and management skills.

Additionally, we offer a Nurse Aid Program in collaboration with a Nursing School for our dedicated nursing staff. After successful completion of the course, they are eligible to apply for a position as a Nurse Aid.

ChildLife is moving towards **E-Learning**. This is an online learning portal for our clinical and non-clinical staff as well as our management team. This is a great initiative towards keeping up with the technological advancements around the world in the field of health care. All one to one trainings and tests will be converted to 'E-trainings' and 'E-tests'. This will be a cost-efficient solution that will also ensure effective results with increased scale. This platform is made flexible keeping in view the staff requirements and work commitments.

Research

At ChildLife, we encourage our staff to avail opportunities to steer their career growth and polish their professional skills. Therefore, emphasis is placed on research. In 2017, twelve abstracts from ChildLife were accepted at Emirates Society of Emergency Medicine Conference (ESEM), the largest emergency medicine conference in the Middle East. Top three poster winners were awarded to ChildLife. Furthermore, World Nurse Practitioners & Healthcare Congress is another platform in which ChildLife nurses are assisted and encouraged to participate.



Recruitment – hiring the best and the brightest

Ensuring the staff hired for various departments at ChildLife possess the right set of skills to cater to an Emergency Care unit, is a critical task for our Human Resource Department. ChildLife staff goes through a rigorous hiring process where a candidate with the most suitable skill set is selected. Recruiting the best and the

brightest is always a challenge because barriers in communication, or regional distribution etc. play a significant role in appointment and dispersion. Investing in regular training workshops including e-learning for both medical and non-medical staff helps ensure our people are upto date with the latest skill sets.

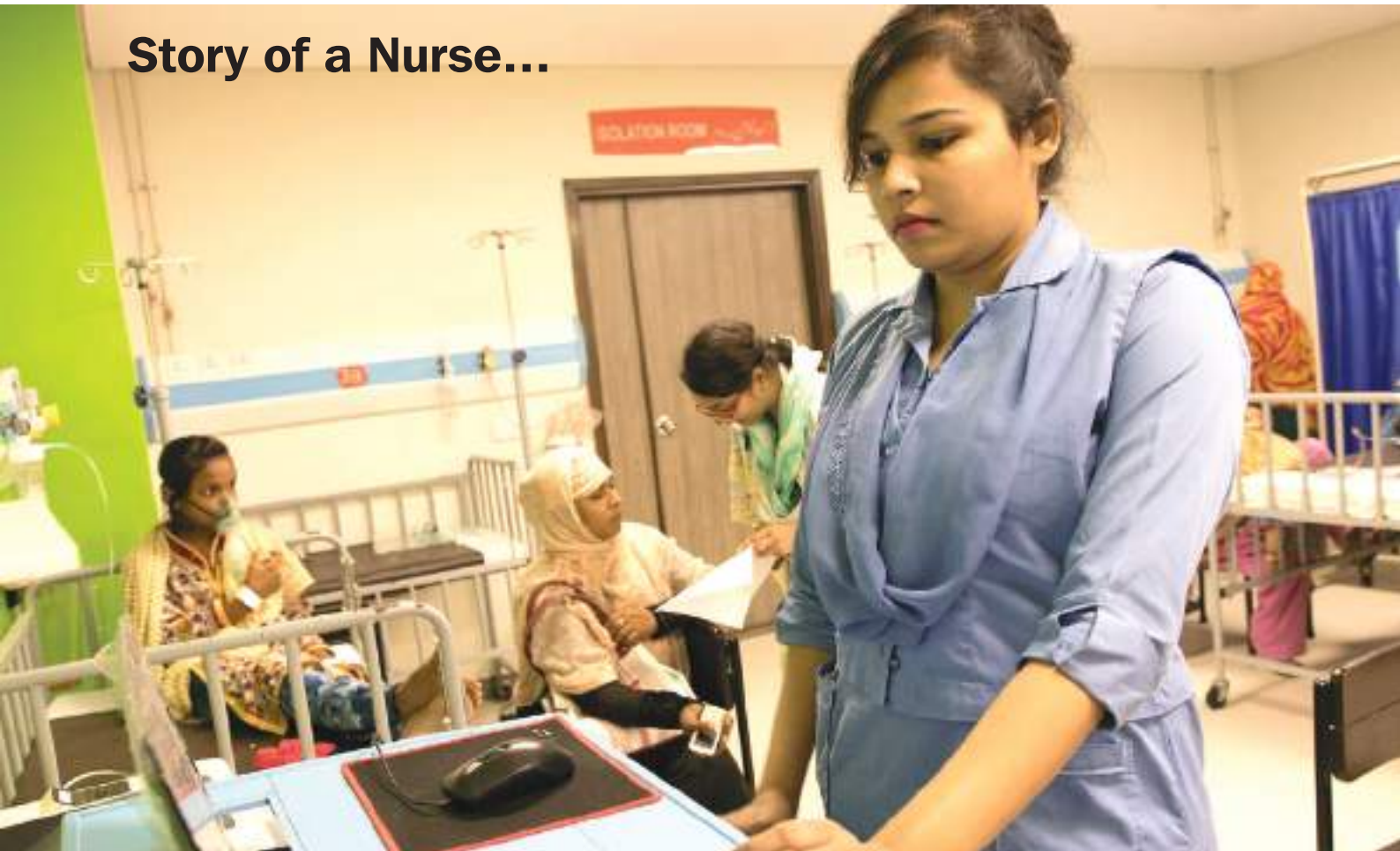


COMPLIANCE

“Care not documented, is care not given.” – JCIA

Compliance

Story of a Nurse...



Nursing Care forms the backbone of any good quality Emergency Room. A physician's treatment goes hand in hand with the support of efficient nursing care. If a doctor prescribes a medicine and its administration is not timely and efficiently executed, the quality is compromised. Hence proper nursing care is imperative to run any ER effectively.

Assistant Head Nurse, Sobia Munawar at ChildLife shares her thoughts with gratification, ***'My father had a dream and saw me as a nurse, so I chose nursing as my field of study. But soon I realized it was not only his dream but something I had a passion for, always.'*** A caring heart and sensitive nature was the perfect blend for her personality, that helped in accomplishing her father's dream and her passion.

Nursing care revolves around strict compliance to various nursing protocols such as correct dosage administration to the patient, and prescribed dilution, if required.

As a caregiver, Sobia always double-checks before dispensing the medicine, acknowledging that the right medicine has been handed over from the pharmacy, and correct dosage is administered to the 'right' patient. She further adds that she has the foresight to check the medical record number on the wristband worn by the patient. It should correspond with the medical file and the prescription of the patient. This quick-check reduces any chances of inadvertent mistakes. Sobia believes compliance to medical protocols is the key in an ER and monitoring the same is equally important.

Infection Prevention – ‘The Silent Killer’

According to the World Health Organization (WHO) every 1 in 10 patients gets an infection while receiving medical care. Infection prevention and control is the key to safe and effective quality health care. At ChildLife Emergency Rooms, infection prevention practices are rigorously adopted. Firstly, utmost importance is given to hand hygiene by placing hand sanitizer dispensers in every

corner of all ChildLife ERs. This reduces the chance of germs getting transmitted from one patient to the next patient. Other personal protective practices that ensure health workers’ hygiene include; wearing of gloves, face masks and gowns, for prevention from spreading infections among patients, as well as catching any infectious diseases themselves.



Medical Protocols - Pathway to Accuracy

Medical protocols help in ensuring accurate diagnosis and prescriptions. International best practices have been translated into clinical pathways that are monitored for implementation.



Increased Focus on Quality, Canadian Accreditation and ISO

In collaboration with William Osler Health System - one of Canada's largest community hospital systems, we are in the process of getting Canadian Accreditation for our ERs. Additionally, ChildLife Foundation is also preparing to attain the International Organization for

Standardization Certification (ISO 9001) - the highest internationally recognized Quality Management Standard.

This will allow us to make better use of our resources to enhance the quality and safety in our ERs.



100% Paperless Environment

Since 2016, ChildLife Foundation has become paperless. This has greatly contributed to benefiting both the doctors and the patients. A more comprehensive patient record is maintained as per medical compliances and protocols. Going paperless also has benefitted in ensuring an

efficient work flow and accurate data capturing of all patients. This system is also integrated into 'Telemedicine', providing doctors that are off site, to have the patient records readily available on the computer, enabling them to provide a second expert opinion.

Queue Management System

The high influx of patients is professionally managed and streamlined through a queueing system, resulting in considerable improvement in the level of treatment provided at Emergency Care.

At the Triage desk of an ER, we have categorized the patients according to the severity of their illness, distributing them in three broad categories:

- Resuscitation Patients – critically ill children
- Patients under observation
- Fast Track Out Patients



Once categorized, automated tickets are issued to every patient.





Bedside Observations

According to our data, 93% of patients visiting ERs at ChildLife, were discharged, while the remaining ones were admitted. The average length of stay is over 4 hours.

The Doctors and nurses strictly monitor the condition of the patient following medical protocols. Special care like phototherapy and warmers is provided to neonates.





Root Cause Analysis

Every month Morbidity and Mortality (M&M) meetings are held to review the serious cases in all ChildLife ERs. It is one of our main Key Performance Indicator (KPI). This meeting is attended by doctors and medical staff and provides a chance to review and learn from a serious case. It is one of the most important academic meetings held, focusing on

areas of improvement. Actions are taken accordingly to prevent misdiagnosis or treatment in the future.

Compliance in health care is of critical importance and includes components of safety, quality, and patient care. Adhering to medical protocols helps ensure that highest quality standards are achieved.





عاشق
C O M P A S S I O N

“Compassion is the wish to see others free from suffering.” – Dalai Lama

Compassion



Story of a Janitor...

8-year-old Hamna, a resident of Sohrab Goth located near Super Highway was brought to ChildLife ER, Civil Hospital with the complaint of a severe respiratory distress. Unable to say her daughter's name or carry her, the distraught mother Gul Bano hastily entered the ER. Kishore, the house man/janitor, immediately guided her towards the doctor.

'Every day when distraught parents enter the ER with their child in their arms, they are in a state of complete trauma. It pains me to see them in this way, but I use the same

pain to do my job with utmost compassion which contributes to saving lives.' says Kishore. He has been with ChildLife for the past six years.

Kishore considers the ER as his second home and takes care of its cleanliness and hygiene with diligence. He makes sure that ER facility is infection free and looks sparkling clean. Though not educated much, he remembers all the Infection Prevention Protocols he needs to follow by heart.

Soft Skills Training

At ChildLife we believe that learning has no limit. Therefore we also focus on developing the softer, interpersonal and management skills of our staff that helps them communicate and

perform more efficiently. Some of our workshops focus on communication skills, time management, conflict resolution, listening skills, and empathy development etc.



Patient Satisfaction

Patient satisfaction is one of our top priorities at ChildLife. This indicates how content the patient is with the care and treatment provided at our ERs.

Every patient when discharged is sent an SMS on their registered mobile number, inquiring if they were satisfied with the treatment on their visit to the ER. Calls are also made to the mothers to get feedback on their child's condition, asking if they were satisfied with the services

provided to them at the ER. According to our survey, the patient satisfaction at a ChildLife ER is 76% (based on the SMS responses).

Every health care personnel should have empathy and compassion as the driving force to enable them to perform at a childcare emergency unit. We at ChildLife ensure that through teamwork and soft skills training, the highest level of patient satisfaction is achieved.

Teamwork - 360° Evaluation

Teamwork is paramount at any ER. It significantly helps in ensuring patients well-being and safety. Without the element of teamwork, no ER can operate smoothly. We do a 360° evaluation of the entire team working in our ERs every quarter, in which all employees get a chance to rank each other on the following elements:

1. Respect for others

At ChildLife, we promote the culture of respecting your team members at all levels of hierarchy, from the doctors and administrators down to the janitors and security guards.

2. Doing your work without being reminded

Diligent setting of Key Performance Indicators (KPIs) clearly defines the role of every individual working at ChildLife. Every employee is ranked based on their performance against their KPIs without any reminders and 100% ownership.

3. Personal priority versus team work

After getting done with the routine work allotted to each individual, we encourage our staff to help their team members. Especially when there is a large influx of patients, teamwork always gets the job done efficiently and on time.



Telemedicine (TM) : The Game Changer

Only solution for quality care across Pakistan

In 2016, we introduced the first ever Telemedicine-Resus-Room site in Pakistan in collaboration with the team at Johns Hopkins, USA. It has now become an integral part in providing better pediatric emergency care. Our Telemedicine team takes great pride in stating that 'it helps save one additional life per hour'.

The primary aim of our Telemedicine program is to improve the quality of care by providing consultation to healthcare professionals. This is done through video-conferencing by implementing Live Interactive Telemedicine Support in our ERs. The focus is on the critically ill children who need immediate medical intervention in our Emergency Care units.

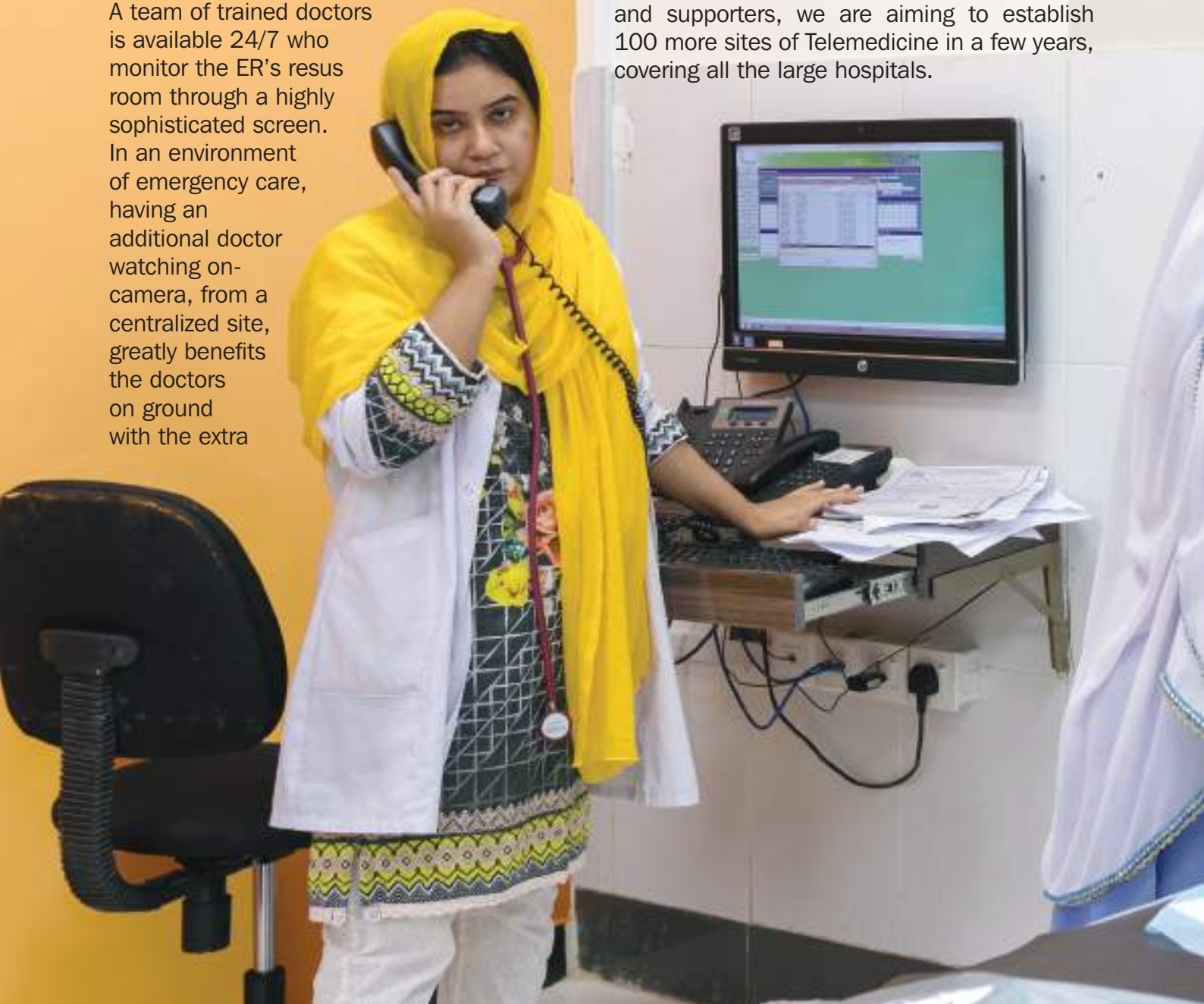
A team of trained doctors is available 24/7 who monitor the ER's resus room through a highly sophisticated screen. In an environment of emergency care, having an additional doctor watching on-camera, from a centralized site, greatly benefits the doctors on ground with the extra

professional advice. A high-definition camera and a microphone are installed to assist the set up.

Telemedicine is broadly divided into four main functions i.e. Tele-Consulting, Tele-Monitoring, Tele-Diagnosing & Tele-Education.

According to a survey, 80% of the doctors in upper Sindh were of the view that Telemedicine has helped them in managing and treating critically ill children. Presently, there are 10 Telemedicine sites at our ERs, including 2 sites at Sindh Government Hospital, new Karachi and at District Headquarter Hospital Mithi, Tharparkar.

With the unwavering support of our donors and supporters, we are aiming to establish 100 more sites of Telemedicine in a few years, covering all the large hospitals.





A study by UNICEF suggests that every five seconds a child dies from preventable causes like diarrhea and pneumonia, worldwide. Half of these deaths can be avoided by changing behaviors. It is ironic that most of the patients coming to ChildLife ERs, suffer from ailments that could have been easily prevented, had there been some level of awareness

amongst the parents. Even a simple habit like hand washing helps prevent minor illnesses like diarrhea. This led us to believe that there is a need to promote general health awareness amongst the community. Though the benefits of this will be seen long-term, we have started the implementation of Preventive Health Program.



PREVENTIVE HEALTH PROGRAM



Behavior Change Communication

ChildLife is committed to ensuring that the prevention of disease is prioritized higher than its treatment. ChildLife has a great influx of patients in its ERs, making it impossible for individual patient counseling. We use the service of SMS which is growing worldwide to help change the behavior of the parent. We send WHO approved and customized text messages to our patients registered and treated at our ERs. We focus on the following interventions to bring about

an improvement:

- Immediate and exclusive breastfeeding
- Immunizations
- Hand washing
- Zinc & Vitamin A
- Antenatal steroids
- Oral rehydration therapy (ORT)
- Antibiotics for pneumonia, dysentery and sepsis
- Families knowledge of danger signs in a child health



Increasing ORS usage via SMS and Calls

Diarrhea is among the leading causes of death amongst children in Pakistan. The Pakistan Demographic and Health Survey (PDHS) shows that each year an estimated number of 53,300 children die due to this preventable disease⁵. Furthermore, a child in Pakistan experiences four to six episodes of diarrhea every year.

of ORS along with zinc supplements to treat cases of diarrhea.

In collaboration with the Department of Community Health Sciences, Aga Khan University, ChildLife is raising awareness amongst parents about diarrhea and its related complications. The parents registered with our ERs are sent messages on the usage and benefits of ORS, and ways to reduce diarrhea.

UNICEF and WHO recommend the use



BRAC

ChildLife joined hands with BRAC (Bangladesh Rural Advancement Committee) in 2015 with a mission to educate the low-income communities about preventive health practices through health workers. This partnership was based on the objective to reduce the

number of illnesses that can be easily prevented by educating the community. After three successful years with BRAC, we have reached out to 45000 people and educated them about water, sanitation, hygiene (WASH), maternal health, neonatal, child health, and nutrition.



⁵ <https://www.pwd.punjab.gov.pk>



PRIMARY CARE





SINA - ChildLife Clinics

3.2 million patients treated*

Basic health care facilities in Pakistan are not within the reach of common man. Even after seventy one years of our country's independence, half of our population (51% according to an estimate) is deprived of basic health care facilities.

ChildLife foundation in partnership with SINA Trust has brought about a revolution in bringing quality Primary Health Care to the less privileged. It was in 2012 that we went into collaboration with SINA. Our collective aim was to cater to common illnesses amongst people, including their diagnosis and treatment at community level. All children that come to our clinics are treated free of cost.

The biggest strength of SINA is its Quality Management System (QMS) which is based on international healthcare protocols. This greatly helps in delivering quality treatment.

The first step at a SINA clinic is the Registration Desk where the patient is given a green colored card and assigned a similar color-coded file; blue color is for children, and yellow and pink for men and women respectively. The staff meticulously maintains these files which has the patient's medical history. The patient with the green color card is guided to the Temperature Pulse Resuscitation (TPR) station where the vitals of the child are checked. After this tokens are issued to the patients and they wait for their turn to see the doctor.

* upto June 30th 2018

In case, a patient requires specialized care, beyond the scope of the clinic, they are then directed through a referral system to other institutions and ChildLife Emergency Rooms.

All SINA clinics have an in-house pharmacy well stocked with medicines, so the patient does not have to undergo hassle of getting the medicines from outside.

In 2016, we introduced 'Mobile Clinics' in areas where Primary Care was either not available or not upto the standard. Currently we have three Mobile Clinics. Presently there are 27 clinics operating in Karachi that have treated over 3.2 million patients to-date.

S. No	Name of Clinic	Location
1	Zainab and SHINE Humanity Centre	Baldia Town
2	Austin Centre	Old Sabzi Mandi
3	South Florida Centre	Machar Colony
4	Hajiani Amina Hasham Centre	Ittehad Colony Korangi 2.5
5	Medecins Sans Frontieres Centre	MSF Machar colony
6	Qamar and Ibrahim Rashid Centre	Mewashah
7	Dr Ali Bhai Patel Memorial Centre	Paposh, North Nazimabad
8	Momin Adamjee Centre	Shirin Jinnah Colony
9	Hajra and Ahmed Umer Centre	Jumma Goth
10	Raghib Foundation's Shahnaz Memorial Centre	Saindad Goth
11	Hanif Adamjee Centre	Yousuf Arfani Goth
12	Shahjehan Siddiqui Centre	Zareena Colony
13	Musa Soorty Centre	Moach Goth
14	Qureshi Memon Centre	Yousuf Goth 4K
15	Aisha Zainab & Abdul Majeed Centre	A.M.J Pipri
16	Anita Aziz Rakla Centre	Yousuf Sahab Goth
17	Salim N. Mukaty & Hamida S. Mukaty Centre	Khairabad, Orangi Town
18	IIL Centre	Majeed Colony
19	Tabba Centre	Khair Muhammad Goth
20	Referral Clinic 1	Hilal e Ahmer
21	Referral Clinic 2	North Nazimabad
22	Mobile Clinic 1	Kakapir Village
23	Mobile Clinic 2	Konkar Goth
24	Mobile Clinic 3	Mubarak Village
25	Amin Ahmed Bawany Centre	Saleh Muhammad Goth
26	Mohammad Jaffer Ebrahim Centre	Bhittaiabad
27	Bilwani Centre	Bilal Colony

ChildLife presence in Sindh



Chandka Medical College (CMC)

Larkana

Ghulam Muhammad Meher
Medical College Hospital
(GMMCH)

Sukkur

People Medical College (PMC)

Nawabshah

Liaquat University Medical
Health Sciences (LUMHS),
Jamshoro/ Hyderabad

Jamshoro

Karachi

Civil Hospital Karachi (CHK)
National Institute of Child Health (NICH)
Sindh Govt. Hospital Korangi 5 (SGHK-5)
Lyari General Hospital (LGH)
Abbasi Shaheed Hospital (ASH)

Civil Hospital Mithi (CHM)
Tharparkar



DONORS & HIGHLIGHTS



A big thanks to our Supporters and Partners

Deloitte.



**JOHNS HOPKINS
UNIVERSITY**



**Stanford
University**



WAVETEC®

Thanks to our Donors

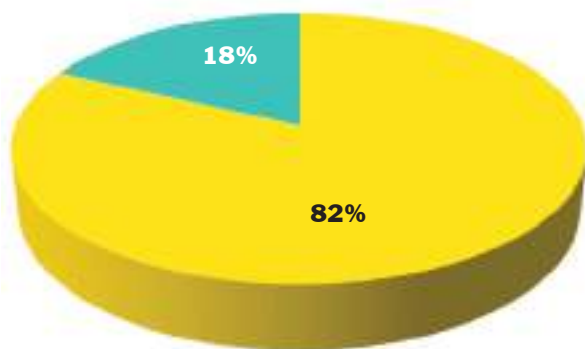


We take great pride in saying that almost all of our donations come from Pakistanis. 82% of donations are raised in Pakistan, while the remaining 18% are raised by the Pakistani diaspora, especially in the United States of America.

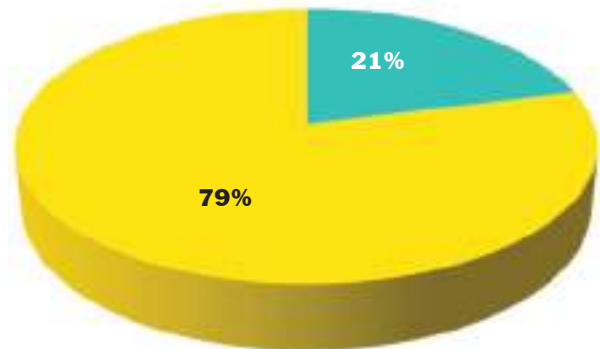
We are grateful to our champions residing in Austin, Baltimore, Bay Area, Chicago, Cincinnati, Detroit, Granger, Houston, Michigan, Seattle, South Florida, Pittsburgh, New York who out of their unconditional love, support our mission to see a healthy and child safe Pakistan.

ChildLife’s incredible contribution in the health sector for the underprivileged was shared with a packed house at DOGANA in LA this year, while multiple fundraisers were held in October 2017 in Fort Lauderdale, Fresno, Cincinnati and Ohio. Furthermore, in April 2018 fundraising events were held in Las Vegas, Seattle, Chicago, Baltimore, Austin and New York.

Donation Breakup 2017-18



■ Diaspora ■ Pakistan



■ Zakat ■ Non-Zakat / Donation

Highlights



Completion of 6th and 7th batch- Pediatric Emergency Medicine Certificate (PEMC)

ChildLife Foundation organized Pediatric Emergency Medicine Certificate (PEMC) Award Distribution Ceremony at Dow University of Health Sciences (DUHS). The chief guest of the ceremony, Vice Chancellor - DUHS Prof. Dr. Saeed Quraishy awarded shields and certificates to 21 doctors, of the 6th & 7th Batch on the successful completion of PEMC.



Punjab Health Foundation visits ChildLife

Delegates of the Punjab Health Foundation (PHF) including Managing Director Mr. Ajmal Bhatti visited ChildLife's Emergency Rooms. They were briefed on the processes and systems at our ERs and the innovations made to save more lives. PHF appreciated and explored possibilities of collaboration with ChildLife for managing children's emergency rooms in government hospitals in Punjab.



Celebrating Independence Day

This year, ChildLife celebrated 14th August with much zeal and enthusiasm in all its Emergency Care centres, and continued its efforts to make Pakistan a 'Child Safe' country.



ChildLife wins top 3 at 'Best Poster Presentation Awards' at ESEM Conference in UAE

ChildLife won top 3 Awards for Best Poster Presentations at the Emirates Society of Emergency Medicine (ESEM) Conference held in Dubai in December 2017. Of the total 89 posters presented at the ESEM, the jury selected top 3 Abstracts, all three of which were presented by ChildLife.



ChildLife Participates in 24th World Nurse Practitioners & Healthcare Congress

Our Clinical Nurse Instructor, Ms. Shagufta Baig presented a clinical paper on “Redefining the future in Pediatric Emergency Nursing Education of a low middle-income country Pakistan”, whereas Head Nurse - ChildLife Foundation at NICH, Anne Arthur read a paper on “Validation of different Triage Systems in Emergency Department, Pakistan.” Held from June 25 - 27th, 2018 in Dubai, both of our participants were awarded with certificates.



WHO delegation visits ChildLife’s Emergency Room

Simon Johnathon and Collins Doreen of World Health Organization (WHO) met ChildLife team at its ER in Korangi, the site for a WHO research study on diarrhea conducted by Aga Khan University.



MoU with William Osler Team from Canada

William Osler team visited ChildLife ERs as a part of their Sun Life Financial Osler Global Health tour. This visit was in line with their vision of 'patient-inspired care without boundaries'. They focus on emergency services, pediatric medicine and diabetes. A Memorandum of Understanding (MoU) was also signed between William Osler and ChildLife, on how they will continue to collaborate with ChildLife in various trainings and accreditations.



Johns Hopkins team visit ChildLife ERs

Dr Junaid Razzak, Professor of Emergency Medicine at Johns Hopkins University visited ChildLife's Emergency Rooms at Korangi 5. He met with the doctors and staff and discussed protocols regarding patient safety, research and telemedicine. Dr Asad Latif from Johns Hopkins University visited Children's ER at Korangi government hospital. We appreciate their passion to help improve the quality of care at ChildLife.



PSO Supports SINA-ChildLife Clinic

PSO CSR Trust recently signed an MoU with ChildLife for supporting Dr. Ali Bhai D. Patel Memorial Clinic. This primary healthcare clinic run by ChildLife with its partner SINA Trust caters to the underprivileged population in North Nazimabad and adjoining areas. More than 123,000 patients have received treatment at the clinic since its inception in June 2013.



SES Expert from Germany Visits ChildLife

Based in Bonn, Senior Experten Service (SES) is Germany's leading volunteer organization for experts and executives from all professional spheres. Mrs. Dietlind Herzog from SES visited ChildLife for 2 weeks. Having vast experience in nursing, and especially in Newborn Care in Emergency and Intensive Care, our ER staff benefitted from the skill and knowledge that Mrs. Herzog brought with her.



APPNA & DOGANA Leadership Visits ChildLife

Dr. Naseem Sheikhani - President Elect 2018 APPNA (Association of Physicians of Pakistani Descent of North America) and Mr. Aamir Zain Jamal – President DOGANA (Dow Graduate Association of North America), visited ChildLife Foundation Emergency Room at Ruth Pfau K.M. Civil Hospital Karachi. They were briefed about the protocols and processes including our new paperless software 'Automate to Save Lives' (A2SL).



Health Secretary Dr. Fazlullah Pechuho inaugurates Telemedicine project at New Karachi Hospital

Telemedicine remote site in Pediatric Emergency of Sindh Government Hospital New Karachi was inaugurated by the Health Secretary Dr. Fazlullah Pechuho. This is a pilot remote telemedicine project supported by ChildLife. Telemedicine has been a game changer in emergency healthcare. Its benefits include increased access particularly in rural areas, low cost of intervention, and efficiency in emergency care. Learnings from this pilot telemedicine project will help us extend these benefits by replicating this model in government hospitals all over Sindh, for the benefit of masses.



FINANCIALS



CHILDLIFE FOUNDATION

Financial Statements

For the year ended June 30, 2018

INDEPENDENT AUDITOR'S REPORT TO THE TRUSTEES OF CHILDLIFE FOUNDATION

Opinion

We have audited the financial statements of **Childlife Foundation** (the Trust), which comprise the balance sheet as at June 30, 2018 and the income and expenditure account, 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, 2018 and of its financial performance, changes in fund balances and its cash flows for the year then ended in accordance with the approved accounting and reporting standards as applicable in Pakistan.

Basis of Opinion

We conducted our audit in accordance with the International Standards on Auditing (ISAs) as applicable in Pakistan. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are independent of the Trust in accordance with the International Ethics Standards Board for Accountants' Code of Ethics for Professional Accountants as adopted by the Institute of Chartered Accountants of Pakistan (the Code), and we have fulfilled our other ethical responsibilities in accordance with the Code. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

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

The 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.

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:

- i 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.
- i 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.
- i Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- i 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.
- i 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.

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



Chartered Accountants

Engagement Partner:
Mushtaq Ali Hirani

Dated: November 22, 2018
Place: Karachi

CHILDLIFE FOUNDATION
BALANCE SHEET
AS AT JUNE 30, 2018

	Note	2018 Rupees	2017 Rupees
ASSETS			
NON-CURRENT ASSETS			
Operating fixed assets	5	82,747,121	26,057,292
CURRENT ASSETS			
Consumables	6	24,951,454	6,817,880
Advances, deposits and prepayments	7	26,014,597	2,596,179
Investments	8	372,770,004	260,990,714
Other receivables		2,767,536	1,275,716
Cash and bank balances	9	188,449,717	103,432,247
		<u>614,953,308</u>	<u>375,112,736</u>
TOTAL ASSETS		<u><u>697,700,429</u></u>	<u><u>401,170,028</u></u>
FUNDS AND LIABILITIES			
FUNDS			
Un-Restricted Funds			
Inception contribution		10,000	10,000
Zakat fund	10	35,333,877	44,213,911
General fund		68,079,774	24,490,699
		<u>103,423,651</u>	<u>68,714,610</u>
Restricted Funds			
Endowment fund	11	249,513,186	216,486,417
Strategic fund	12	253,833,938	85,000,000
		<u>503,347,124</u>	<u>301,486,417</u>
TOTAL FUNDS		<u><u>606,770,775</u></u>	<u><u>370,201,027</u></u>
LIABILITIES			
NON-CURRENT LIABILITIES			
Deferred income related to operating fixed assets	13	3,453,563	7,712,548
CURRENT LIABILITIES			
Creditors, accrued and other liabilities	14	87,476,091	23,256,453
TOTAL LIABILITIES		<u><u>90,929,654</u></u>	<u><u>30,969,001</u></u>
TOTAL FUNDS AND LIABILITIES		<u><u>697,700,429</u></u>	<u><u>401,170,028</u></u>

The annexed notes 1 to 26 form an integral part of these financial statements.



TRUSTEE



TRUSTEE

CHILDLIFE FOUNDATION
INCOME AND EXPENDITURE ACCOUNT
 FOR THE YEAR ENDED JUNE 30, 2018

	Note	2018 Rupees	2017 Rupees
INCOME	16	474,743,311	359,146,652
EXPENDITURE			
Salaries and benefits		236,675,779	155,362,697
Medicines consumed		90,905,093	96,071,210
Patient consultation	17	56,379,994	43,656,954
Project renovation		138,853,259	23,526,157
Depreciation		13,726,771	9,862,235
Supplies and consumables		13,076,153	7,482,683
Repairs and maintenance		11,573,147	5,591,512
Programmatic activities and preventive health care		9,476,915	6,146,460
Communication	18	8,581,534	4,535,552
Utilities		3,591,787	3,097,720
Legal and professional		440,351	953,060
Auditors' remuneration		264,000	264,000
Others	19	6,762,149	2,199,227
Total expenditure		590,306,932	358,749,467
Less: Utilized from Strategic Fund	12	(159,152,696)	-
Surplus for the year transferred to general fund	20	43,589,075	397,185

The annexed notes 1 to 26 form an integral part of these financial statements.



TRUSTEE



TRUSTEE

CHILDLIFE FOUNDATION
STATEMENT OF CASH FLOWS
 FOR THE YEAR ENDED JUNE 30, 2018

	2018	2017
	Rupees	Rupees
CASH FLOWS FROM OPERATING ACTIVITIES		
Surplus of income over expenses for the year	43,589,075	397,185
Adjustments for		
Amortization of deferred income	(4,258,985)	(4,052,312)
Depreciation charge for the year	13,726,771	9,862,235
(Gain) / Loss on disposal of operating fixed assets	(3,000)	25,837
	<u>53,053,861</u>	<u>6,232,945</u>
Working capital changes		
(Increase) / decrease in current assets		
Consumables	(18,133,574)	(944,538)
Other receivables	819,541	5,474,044
Advances, deposits and prepayments	(23,418,418)	(2,314,232)
Increase in current liabilities		
Creditors, accrued and other liabilities	64,219,638	2,983,070
Net cash generated from operating activities (A)	<u>76,541,048</u>	<u>11,431,289</u>
CASH FLOWS FROM INVESTING ACTIVITIES		
Purchase of operating fixed assets	(70,416,600)	(13,652,696)
Investment in Islamic term deposits	(90,000,000)	(110,000,000)
Investment in Islamic mutual funds	(21,779,290)	(6,398,972)
Proceeds from disposal of operating fixed assets	3,000	281,800
Net cash used in investing activities (B)	<u>(182,192,890)</u>	<u>(129,769,868)</u>
CASH FLOWS FROM FINANCING ACTIVITIES		
Zakat fund received	166,499,320	215,297,101
Funds received under restrictions	325,000,000	85,000,000
Utilization of Strategic fund	(159,152,696)	-
Utilization of Zakat fund	(175,379,354)	(206,635,448)
Endowment fund received	21,500,000	41,366,629
Realized gain from Islamic Investments	12,202,042	9,395,522
Net cash used in investing activities (C)	<u>190,669,312</u>	<u>144,423,804</u>
Net increase in cash and bank balances (A+B+C)	85,017,470	26,085,225
Cash and cash equivalents at beginning of the year	103,432,247	77,347,022
Cash and cash equivalents at end of the year	<u>188,449,717</u>	<u>103,432,247</u>

The annexed notes 1 to 26 form an integral part of these financial statements.



TRUSTEE



TRUSTEE

CHILDLIFE FOUNDATION
STATEMENT OF CHANGES IN FUND BALANCES
 FOR THE YEAR ENDED JUNE 30, 2018

Note	Inception contribution	Restricted Fund				General Fund			Total
		Zakat Fund	Endowment Fund	Strategic Fund	Project renovation and capital expenditure	Others	Subtotal		
Rupees.....									
Balance at June 30, 2016	10,000	39,474,965	160,096,285	-	-	24,093,514	24,093,514	223,674,764	
Funds received during the year	-	215,297,101	41,366,629	85,000,000	-	-	-	341,663,730	
Zakat utilized for operating expenses	-	(166,425,422)	-	-	-	-	-	(166,425,422)	
Zakat claim for patients treated at SINA	17	(31,979,573)	-	-	-	-	-	(31,979,573)	
Zakat utilized for project renovation	-	(8,230,453)	-	-	-	-	-	(8,230,453)	
Zakat transferred to General Fund	-	(3,922,707)	-	-	3,922,707	-	3,922,707	-	
Surplus for the year	-	-	-	-	-	397,185	397,185	397,185	
Property and equipment purchased during the year	-	-	-	-	(3,922,707)	-	(3,922,707)	(3,922,707)	
Available-for-sale investment	-	-	-	-	-	-	-	-	
Unrealized gain on	-	-	-	-	-	-	-	-	
- Islamic Term Deposit Receipt	-	-	495,973	-	-	-	-	495,973	
- Islamic Mutual Funds Investment	-	-	4,290,625	-	-	-	-	4,290,625	
- Other Islamic investments	-	-	841,383	-	-	-	-	841,383	
Realized gain on	-	-	-	-	-	-	-	-	
- Islamic Mutual Funds Investment	-	-	2,108,347	-	-	-	-	2,108,347	
- Islamic Term Deposit Receipt	-	-	6,507,987	-	-	-	-	6,507,987	
- Other Islamic investments	-	-	779,188	-	-	-	-	779,188	
Balance at June 30, 2017	10,000	44,213,911	216,486,417	85,000,000	-	24,490,699	24,490,699	370,201,027	
Funds received during the year	-	166,499,320	21,500,000	325,000,000	-	-	-	512,999,320	
Zakat utilized for operating expenses	-	(129,855,029)	-	-	-	-	-	(129,855,029)	
Zakat claim for patients treated at SINA	17	(45,524,325)	-	-	-	-	-	(45,524,325)	
Surplus for the year	-	-	-	-	-	43,589,075	43,589,075	43,589,075	
Funds utilized during the year	-	-	-	(159,152,696)	-	-	-	(159,152,696)	
Available-for-sale investment	-	-	-	-	-	-	-	-	
Unrealized gain / (loss) on	-	-	-	-	-	-	-	-	
- Islamic Term Deposit Receipt	-	-	823,159	470,959	-	-	-	1,294,118	
- Islamic Mutual Funds Investment	-	-	(2,969,479)	-	-	-	-	(2,969,479)	
- Other Islamic investments	-	-	1,471,047	-	-	-	-	1,471,047	
Realized gain on	-	-	-	-	-	-	-	-	
- Islamic Mutual Funds Investment	-	-	81,151	-	-	-	-	81,151	
- Islamic Term Deposit Receipt	-	-	11,421,167	2,515,675	-	-	-	13,936,842	
- Other Islamic investments	-	-	699,724	-	-	-	-	699,724	
Balance at June 30, 2018	10,000	35,333,877	249,513,186	253,833,938	-	68,079,774	68,079,774	606,770,775	

The annexed notes 1 to 26 form an integral part of these financial statements.



TRUSTEE



TRUSTEE

NOTES TO THE FINANCIAL STATEMENTS-
FOR THE YEAR ENDED JUNE 30, 2018

1. GENERAL INFORMATION

1.1 Childlife Foundation (the Trust) was established under a registered trust deed dated October 27, 2010. The Principal Office of the Trust is situated at 3rd Floor Adamjee House, I.I. Chundrigar Road, Karachi. The principal objects of the Trust are to:

- promote the cause of medical care and manage emergency care units for children and setting-up, establishing, managing, operating, obtaining registrations and recognitions and funding for medical, educational and social welfare institutions;
- 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, Allah Wali Chowrangi, 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)
- Sindh Government Lyari General Hospital (LGH)
- Children Hospital, Larkana (LKN)

1.2 The Trust is currently managing the Children's Emergency Unit and Diarrhea Treatment Unit at Civil Hospital Karachi (CHK) under a 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, for the efficient and smooth running of the project; further the Trust is responsible for smooth management of the project and of the facilities 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 a revised Memorandum of Understanding (MOU) signed on July 4, 2017 among the Trust, National Institute of Child Health (NICH), Government of Sindh (GoS) through the Secretary Health and SINA Trust. Under the MOU:

- the NICH is responsible for providing adequate resources in the annual budget and depute, post and assign such qualified, technical, professional and surgical / medical experts, paramedical staff and other experts of related disciplines and would also provide basic utilities 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, for the efficient and smooth running of the project; further the Trust is responsible for smooth management of the project and of the facilities and may engage in technological advancements for compliance with medical protocols and improving the efficiency and quality of care.
- SINA Trust has been operating primary health care clinics in low-income and densely populated areas of Karachi for providing good quality and affordable healthcare for children. Childlife Foundation initiated a strategic partnership with SINA Trust in 2012. The Childlife Foundation is providing the children financial support for free treatment, lab testing, and medicines, as well as helping SINA Trust improving their clinics and expand their network of services in other areas.

1.4 The Trust is also managing the Children’s Emergency Unit in Korangi under a revised Memorandum of Understanding (MOU) signed on July 4, 2017 among the Trust, Sindh Government Hospital Korangi 5 (SGHK), and Government of Sindh (GoS) through the Secretary Health:

- 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 Units as and where necessary on its sole discretion, for the efficient and smooth running of the project. Further, the Trust is responsible for smooth management of the project and of the facilities 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 Abbasi Shaheed Hospital (ASH) under a Memorandum of Understanding (MOU) signed on September 11, 2017 between Abbasi Shaheed Hospital, Karachi Metropolitan Corporation (KMC) and Childlife Foundation for upgradation and operation of pediatric emergency room of ASH:

- the KMC is responsible for providing quality service to pediatric 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, and enabling the smooth operation and functioning of the facilities sponsored by it but being funded by private sector philanthropists and through Zakat.

1.6 The Trust is also managing the Children’s Emergency Unit in Maternal and Child Health Institute, District Shaheed Benazirabad, Nawabshah (NWB) and Children Hospital, Larkana under a Memorandum of Understanding (MOU) signed on September 29, 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, 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 Units as and where necessary on its sole discretion, for the efficient and smooth running of the projects.

1.7 The Trust is also managing the Children's Emergency Unit in Sindh Government Lyari General Hospital (LGH) under a Memorandum of Understanding (MOU) signed on January 15, 2018 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; and
- the Trust is responsible for smooth management of the above mentioned units and of the facilities and to ensure that the same will function according to the standard operating procedures agreed with the administration of LGH. Moreover, it is also responsible for financial obligations with respect to the project and in improving the quality of medical services in Sindh.

1.8 The financial statements are presented in Pakistani Rupees which is the Trust's functional and presentation currency.

2. STATEMENT OF COMPLIANCE

These financial statements have been prepared in accordance with approved accounting and reporting standards as applicable in Pakistan. Approved accounting and reporting standards include International Financial Reporting Standards for Small and Medium - sized Entities (IFRS for SMEs) issued by International Accounting Standards Board (IASB) as notified by SECP and Accounting Standard for Not for Profit Organizations (NPOs) issued by the Institute of Chartered Accountants of Pakistan (ICAP).

The financial statements for the year ended June 30, 2017 and earlier years were prepared in accordance with the requirements of Guidelines for Accounting and Financial Reporting by Non-Government Organizations / Non-Profit Organizations issued by the ICAP.

The above mentioned change in accounting framework for the preparation of the financial statements has not resulted in any material adjustments to the carrying values of the assets and liabilities of the Trust as at June 30, 2018 or at previous reporting date and did not require any significant change in accounting policies of the Institute.

3. BASIS OF PREPARATION

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

4. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

4.1 Cash and cash equivalents

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

4.2 Taxation

The 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.

4.3 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 Zakat Shariah Advisory 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 from the date the asset is available for intended use.

4.4 Utilities and staff expenses for Children's Emergency Units

In accordance with the MOUs (refer notes from 1.2 to 1.7), CHK, NICH, SGHK, ASH, LGH and NWB also contribute in providing utilities and staff (Medical and Support) for Children's Emergency Units being managed by the Trust. These costs are not included in the Income and Expenditure Account.

4.5 Operating fixed assets

These are stated at cost less accumulated depreciation and impairment in value, 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.

Assets' residual values, if significant and their useful lives are reviewed and adjusted, if appropriate, at each reporting date.

Assets are derecognized when disposed off or when no future economic benefits are expected from its use or disposal. Gains or losses on disposal of assets, if any, are recognised in Income and Expenditure Account as and when incurred.

Repairs and maintenance cost are charged to income as and when incurred.

4.6 Consumables

Consumables include medicines purchased by the Trust and received as donation from CHK, NICH, K5 and LGH. It is recorded at cost, which is determined using first-in-first-out basis.

4.7 Creditors, accrued and other liabilities

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

4.8 Investments - available for sale

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

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

4.9 Un-restricted funds

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

4.9.1 Zakat fund

As recommended by the Zakat Sharia Advisory Committee, the management created a Zakat Fund for the benefits of zakat eligible patients. All the funds received on account of Zakat are directly credited to the fund. The utilization of Zakat funds for operating expenses are duly approved by the Zakat Shariah Advisory Committee and endorsed by the Board of Trustees.

The utilization of Zakat funds for operating expenses except for depreciation were approved by the Zakat Shariah Advisory Committee in the meeting held on September 15, 2012. In the meeting held on June 6, 2015, the committee recommended 67% of operating expenses except for depreciation as adjustable from the Zakat Fund. The Committee also approved the utilization of Zakat fund for patient consultation as per actual number of Zakat eligible patients. The Board of Trustees endorsed this decision in their meeting held on June 21, 2015.

The Trust received approval of 45% for utilization of Zakat Fund from the Zakat Shariah Advisory Committee, in their meeting held on May 13, 2016 for SGHK for (1) purchase of fixed assets, and (2) project renovation expenses.

4.10 Restricted funds

As defined in sub-section 1B of section 100C of the Income Tax Ordinance, 2001, restricted funds mean "any fund received by the organisation but could not be spent and treated as revenue during the year due to any obligation placed by the donor."

The Trust's restricted funds include Endowment fund and Strategic fund. Endowment fund has been created with the approval of the Trustees for the purpose to achieve sustainability. This fund is invested in Islamic Investments. Apart from the Endowment fund, the Trust received funds during the year for strategic purpose like establishing new Children's Emergency Units in various cities of Pakistan. With the approval of the Trustees, it has set aside these funds solely for the expansion of its operations, by establishing such units.

5. OPERATING FIXED ASSETS

Particulars	Cost		Accumulated depreciation			Carrying Value at June 30, 2018	Rates
	At July 1, 2017	Additions/ (Deletion) during the year	At July 1, 2017	Charge/ (Disposal) for the year	At June 30, 2018		
			Rupees				%
Furniture and fixtures	4,353,981	13,572,859	2,711,567	851,010	3,562,577	14,364,263	20
Office equipment	13,922,125	23,167,845	6,851,471	3,253,017	10,104,488	26,985,482	20
Computer equipment	15,309,985	13,521,938	8,069,356	5,392,727	13,418,083	15,369,840	33
		(44,000)		(44,000)			
Medical equipment	17,239,953	20,153,958	8,090,733	3,771,917	11,862,650	25,531,261	20
Motor vehicle	2,290,500	-	1,336,125	458,100	1,794,225	496,275	20
June 30, 2018	53,116,544	70,416,600	27,059,252	13,726,771	40,742,023	82,747,121	
		(44,000)		(44,000)			
Particulars	Cost		Accumulated depreciation			Carrying Value at June 30, 2017	Rates
	At July 1, 2016	Additions/ (Deletion) during the year	At July 1, 2016	Charge/ (Disposal) for the year	At June 30, 2017		
			Rupees				%
Furniture and fixtures	3,511,219	842,762	2,071,608	639,959	2,711,567	1,642,414	20
Office equipment	10,972,565	2,949,560	4,543,529	2,307,942	6,851,471	7,070,654	20
Computer equipment	12,232,914	3,183,871	4,208,541	3,880,478	8,069,356	7,240,629	33
		(106,800)		(19,663)			
Medical equipment	11,298,450	6,676,503	6,029,477	2,575,756	8,090,733	9,149,220	20
		(735,000)		(514,500)			
Motor vehicle	2,290,500	-	878,025	458,100	1,336,125	954,375	20
June 30, 2018	40,305,648	13,652,696	17,731,180	9,862,235	27,059,252	26,057,292	
		(841,800)		(534,163)			

	Note	2018 Rupees	2017 Rupees
6			
CONSUMABLES			
Medicines at:			
- CHK		4,670,610	1,355,414
- NICH		2,762,964	3,661,785
- K5		1,953,423	1,800,681
- ASH		2,257,905	-
- LGH		9,877,736	-
- NWB		3,428,816	-
		<u>24,951,454</u>	<u>6,817,880</u>

7 ADVANCES, DEPOSITS AND PREPAYMENTS

Advance to suppliers	7.1	22,983,107	2,343,675
Advance to staff		714,498	101,170
Deposits	7.2	955,000	27,500
Prepayments		1,361,992	123,834
		<u>26,014,597</u>	<u>2,596,179</u>

7.1 This represents advance given for the following purposes:

Advances against ERs		19,678,842	2,640
Advance against ERP		1,645,280	-
Promotional expenses		957,760	-
Others		701,225	2,341,035
		<u>22,983,107</u>	<u>2,343,675</u>

7.2 This represents security deposits given in relation to head office premises and water supply.

8 INVESTMENTS

Available for Sale

Islamic Term Deposit Receipts	8.1	311,000,000	221,000,000
Mutual Funds	8.2	61,770,004	39,990,714
		<u>372,770,004</u>	<u>260,990,714</u>

8.1 This represents investments made on behalf of Endowment Fund (refer note 11). It carries profit rate ranging from 4.75% to 6.14% (2017: 4.38% to 5.94%) per annum and having maturity period of 1 month to 3 years.

8.2 This represents investments made on behalf of Endowment Fund (refer note-11).

8.2.1 Details of investments in Mutual Funds are as follows:

Name of investee company	2018 ----Number of units---	2017	2018 Rupees	2017 Rupees
Nafa Islamic Allocation Fund	839,523	1,154,767	13,023,350	19,725,722
Meezan Financial Planning Fund	494,718	324,707	28,992,185	20,264,992
Al Ameen Islamic Fund	196,676	-	19,754,469	-
	<u>1,530,917</u>	<u>1,479,474</u>	<u>61,770,004</u>	<u>39,990,714</u>

	Note	2018 Rupees	2017 Rupees
9. CASH AND BANK BALANCES			
Cash in hand		174,157	27,783
Cash at banks:			
- Current accounts - Zakat		35,333,856	63,104,532
- Savings accounts	9.1	152,941,704	40,299,932
		<u>188,449,717</u>	<u>103,432,247</u>

9.1 The Trust maintains its accounts with Islamic banks carrying a return at the rates ranging from 3.28% to 3.70% percent (2017: 3.43% to 3.62% percent) per annum.

		2018 Rupees	2017 Rupees
10. ZAKAT FUND			
Balance as at July 01		44,213,911	39,474,965
Received during the year		166,499,320	215,297,101
Utilized during the year		(175,379,354)	(210,558,155)
Balance as at June 30		<u>35,333,877</u>	<u>44,213,911</u>

10.1 The Zakat fund includes the amount received in the Holy month of Ramadan, which fell close to the year end. This shall be utilized for the operating expenses incurred during the next financial year.

11. ENDOWMENT FUND

Following assets are earmarked against endowment fund:

Islamic Term Deposit Receipts		175,000,000	175,000,000
Islamic Mutual Funds Investments		61,770,004	39,990,714
Unrealized gain on Islamic investments		2,294,206	1,337,356
Cash at banks in Islamic saving accounts		10,448,976	158,347
		<u>249,513,186</u>	<u>216,486,417</u>

	Note	2018 Rupees	2017 Rupees
12. STRATEGIC FUND			
Balance as at July 01		85,000,000	-
Received during the year	12.1	325,000,000	85,000,000
Utilized during the year	12.2	(159,152,696)	-
Gain on investment in Islamic investments		2,986,634	-
Balance as at June 30	12.3	<u>253,833,938</u>	<u>85,000,000</u>

12.1 During the year, the Trust received funds for construction and running operations of Children's Emergency Units in Sindh.

12.2 These funds have been utilized in establishment of Children's Emergency Units in ASH, NWB, LGH and LKN.

12.3 The management intends to utilize these funds for meeting the expenditures of Children's Emergency Units in Sindh.

	Note	2018 Rupees	2017 Rupees
13. DEFERRED INCOME RELATED TO OPERATING FIXED ASSETS			
Balance as at July 01		7,712,548	7,842,153
Assets purchased during the year		-	3,922,707
Amortization during the year	16	(4,258,985)	(4,052,312)
Balance as at June 30		<u>3,453,563</u>	<u>7,712,548</u>

14. CREDITORS, ACCRUED AND OTHER LIABILITIES

Creditors		73,864,104	19,564,084
Accrued liabilities		6,737,902	3,371,171
Retention payable	14.1	6,052,138	-
Withholding tax		821,947	321,198
		<u>87,476,091</u>	<u>23,256,453</u>

14.1 This amount represents the retention money withheld at the rate of five percent on the amount of invoices paid to contractors.

15. CONTINGENCY AND COMMITMENT

There is no contingency and commitment as at June 30, 2018 and June 30, 2017.

	Note	2018 Rupees	2017 Rupees
16. INCOME			
Donations			
Received in cash		259,724,293	115,775,411
Received in kind			
Medicines	16.1	24,155,813	28,514,706
Other		11,194,649	4,168,775
Zakat			
Operating expenses	16.2	129,855,029	166,425,422
Operating expenses clinics	17	45,524,325	31,979,573
Project renovation		-	8,230,453
Amortization of deferred income related to operating fixed assets	13	4,289,202	4,052,312
		<u>474,743,311</u>	<u>359,146,652</u>

16.1 This represents medicines received from CHK, NICH, K5 and LGH for Children's Emergency Units operated by the Trust.

16.2 This represents actual amount transferred to income in accordance with approval received from Zakat Shariah Advisory Committee. During the year, 25% (2017: 58%) operating expenses has been utilized from Zakat fund.

17. PATIENT CONSULTATION

This includes Rs. 45,524,325 (2017: Rs. 31,979,573) claimed from Zakat Fund against Zakat eligible patients. It also includes charges paid by the Trust to one of its strategic partner SINA Trust for treatment of children @ Rs. 350 plus actual lab charges per patient at the clinics being managed by SINA in the urban slums of Karachi. These expenses are reimbursed to SINA Trust after verification of supporting documents. These clinics have been established for providing quality primary health care services to the patients.

18. COMMUNICATION

This includes resource mobilization and advertisement cost of launching four new ERs.

	2018 Rupees	2017 Rupees
19. OTHERS		
(Gain) / Loss on disposal of operating fixed assets	(3,000)	25,837
Bank charges	1,550,946	3,076
Head office rent expense	975,000	-
Miscellaneous	4,239,203	2,170,314
	<u>6,762,149</u>	<u>2,199,227</u>

20. SURPLUS FOR THE YEAR TRANSFERRED TO GENERAL FUND

The surplus for the year ended June 30, 2017 and 2018 has been utilized to purchase operating fixed assets required for the smooth operations of the Trust.

21. TRANSACTIONS WITH RELATED PARTIES

The related parties comprise of common trustees of the trust. Transactions with related parties not shown elsewhere in financial statements are as follows:

Relationship with the Trust	Nature of transaction	2018 Rupees	2017 Rupees
SINA Trust	Payments made to SINA Trust for:		
(Dr. Naseeruddin Mahmood is a common Trustee)	- Renovation of clinic	-	5,115,000
	- Patient consultation	56,379,994	43,656,954
		2018 Number	2017 Number

22. NUMBER OF EMPLOYEES

- At June 30	573	272
- Average during the year	337	251

23. SIGNIFICANT TRANSACTIONS DURING THE YEAR

During the year, the Trust has expanded its operations by establishing Children's Emergency Units in ASH, NWB, LGH and LKN. This has led to increased cost in relation to salaries and benefits, project renovation, depreciation, supplies and consumables etc.

24. RECLASSIFICATION

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

25. GENERAL

Figures have been rounded off to the nearest Rupee.

26. DATE OF AUTHORIZATION FOR ISSUE

These financial statements were authorized for issue by the Board of Trustees on



TRUSTEE



TRUSTEE

Zakat Fatwa



بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ
نعمته واصلی علی رسولہ الکریم

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

Introduction:

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

Method of utilization charity and donations:

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

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

Shariah Ruling:

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

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



MUFTI IBRAHIM ESSA
Shariah Advisor



7A, Tabba Street, Muhammad Ali Housing Society, Karachi 75330, Pakistan

Phone : +9221-34397701-03, Fax : +9221-34382436

www.childlifefoundation.org

www.facebook.com/childlifefoundation

How you can help



\$7 Life Saving Treatment for **1 child** in an Emergency Room

\$1000 Save **150 children** in an Emergency Room

\$10,000 Sponsor **1 bed** (1500 children) in an Emergency Room for one year

\$50,000 Sponsor **a Wing** (5 beds) treating 7500 children in an Emergency Room

DONATIONS IN PAKISTAN*

Through Checks

Mail Checks in the name of
"ChildLife Foundation"
172-B, 1st Floor, Najeeb Center,
Allah Wala Chowrangi, P.E.C.H.S,
Karachi, Pakistan

Through Bank Transfer

Donation Account Details:

Bank Al Habib Limited
Title of account: Childlife Foundation
Account # 5006-0071- 000045-01- 6
Bank: Bank Al Habib Limited
Branch: Islamic banking Shaheed-e-Millat
IBAN# PK96BAHL5006007100004501

Through Credit Card

Log on to www.childlifefoundation.org

Zakat Account Details:

Bank Al Habib Limited
Title of Account: Childlife Foundation (Zakat Funds)
Account # 5006-0081- 000046-01- 9
Bank: Bank Al Habib Limited
Branch: Islamic banking Shaheed-e-Millat
IBAN# PK67BAHL5006008100004601

**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
Salem Suriya
ChildLife Foundation
15757 Pines Blvd, STE 038
Pembroke Pines, FL 33027

Through Credit Card

<http://bit.ly/childpk>

Through Bank Transfer

Bank Name: Chase
Account Name: ChildLife Foundation America Inc.
Account Number: 322500528
Routing Number: 267084131

**Donations made in USA are tax exempt.
ChildLife Foundation America is a registered 501(c)3
organization. EIN No.: 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
2411 Presquille Drive
Oakville, ON L6H 0A7 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
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