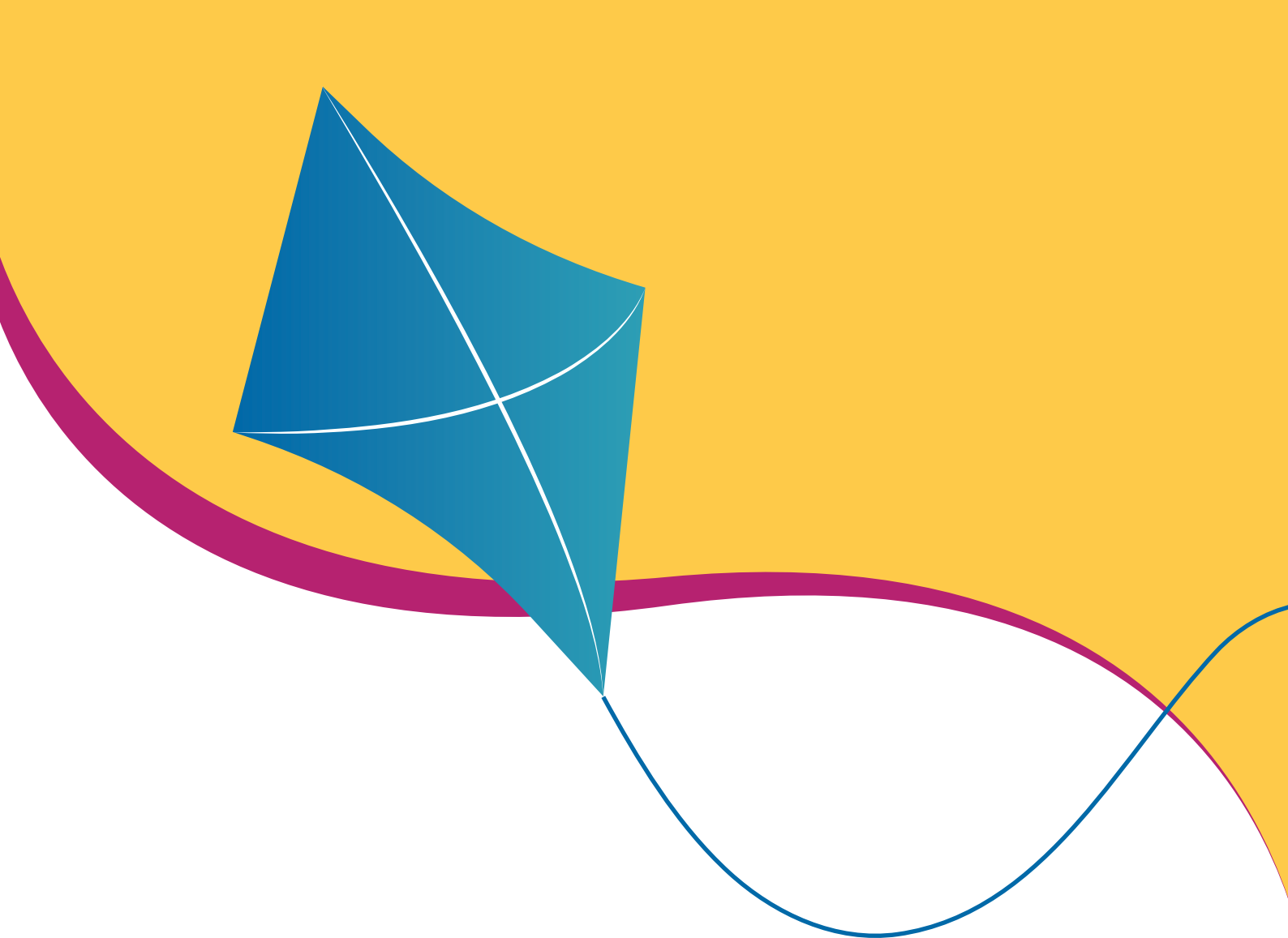


**Saving Children
in 75+ Hospitals**

ANNUAL REPORT 2022

أُمِيدِنُو



ChildLife Foundation in
75+ HOSPITALS
a promise of hope and prosperity in
PAKISTAN'S 75TH YEAR

ChildLife Foundation's presence in 75+ Hospitals promises hope and prosperity in Pakistan's 75th year of Azadi.

Healthcare is not a privilege but a right. Unfortunately, many families cannot afford healthcare for their children in a country with an estimated 55 million people below the poverty line*.

ChildLife Foundation has given hope to these families for the past 12 years. Our expanding network makes health accessible to children from all corners of the country. Our patients are treated free of cost at state-of-the-art 11 Children's Emergency Rooms (ER) and 67 Telemedicine Satellite Centers (TSC) with well-trained doctors and staff under an internationally acknowledged world-class emergency care system.

ChildLife Foundation heals children and protects underprivileged households from abject poverty. We give hope for survival to families that would otherwise go completely bankrupt if they had to pay for quality healthcare services for their children.

We are working today to set up a secure foundation to provide accessible and affordable healthcare for a better future for all our children, because they are Pakistan's Umeed-e-Nau.



*Asian Development Bank 2022 figures

بہتری کی جو

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 172-B, 1st Floor, Najeeb Center, Shahrah-e-Quaideen, Block 2, P.E.C.H.S, 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 11 government teaching hospitals in Sindh (9), Balochistan (1) and Punjab (1), treating 1.2 million children free of cost every year. The trust has also established 67 Hub & Spoke Telemedicine Centers set up at District and Taluka Hospital in the province of Sindh and Balochistan as of June 30, 2022.

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روشن مستقبل کی آس



VISION

Child-Safe Pakistan

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



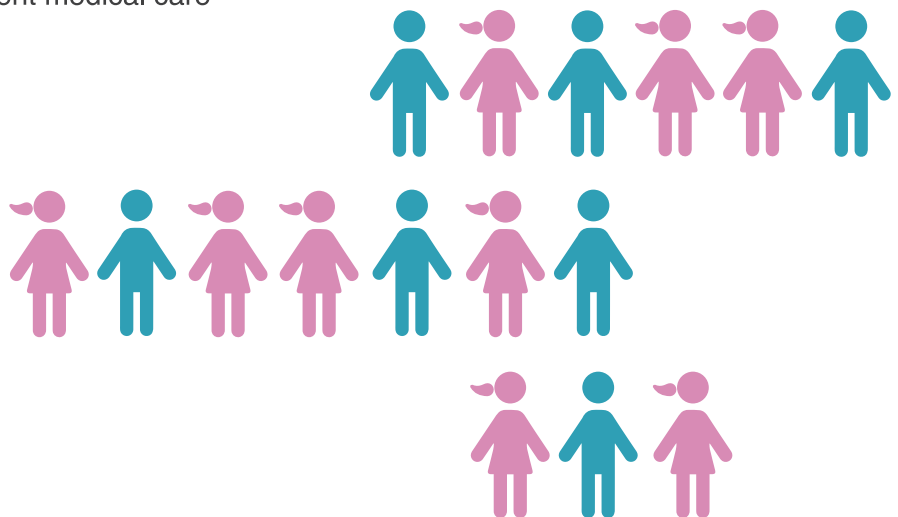
MISSION

Saving the Future of Pakistan

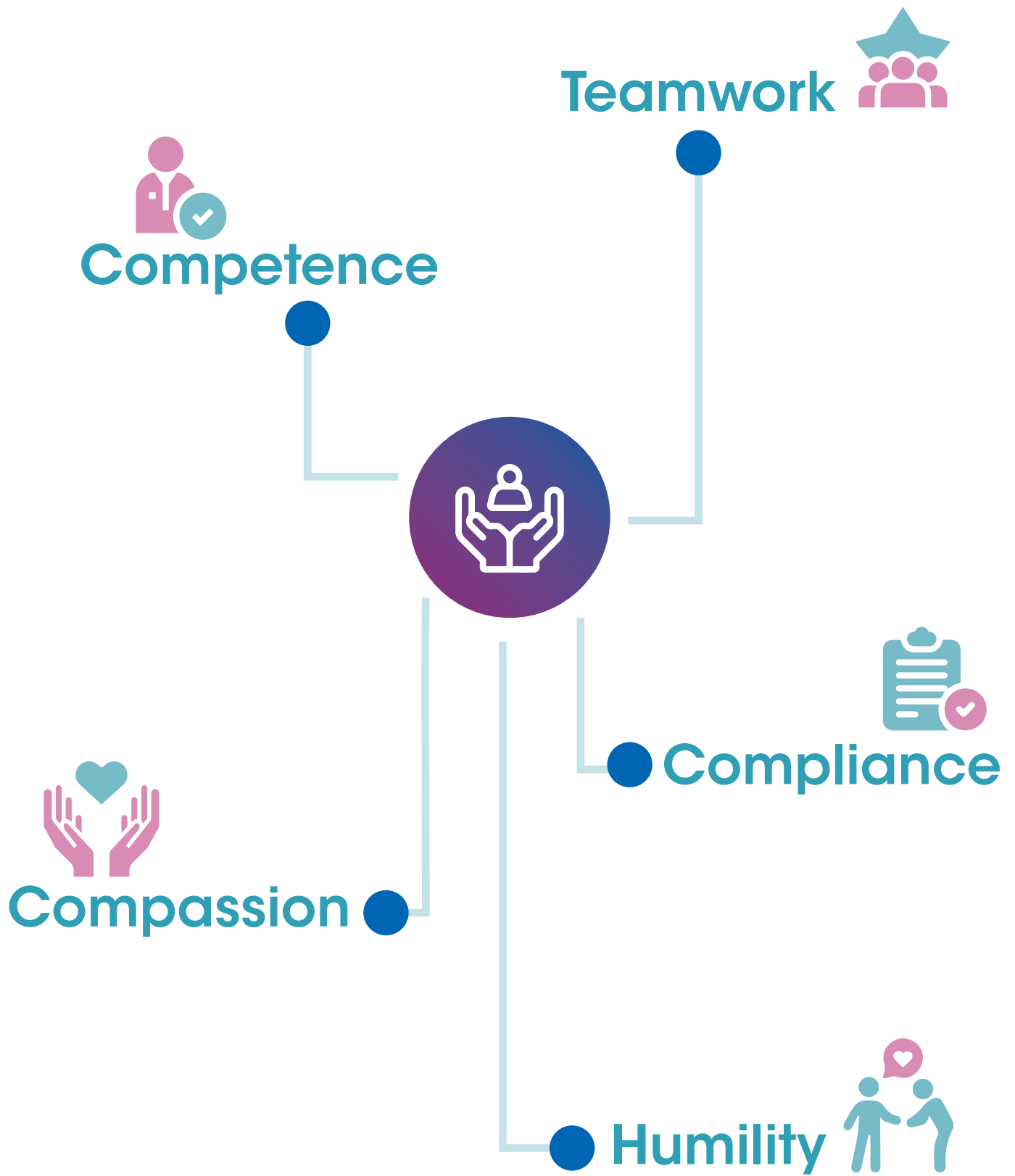
- Facilitate rapid access to quality urgent medical care

- Identify high-risk children:
 - Malnourished
 - Unimmunized
 - Poor access to basic health

- Intervene with established cost-effective preventive measures



VALUES

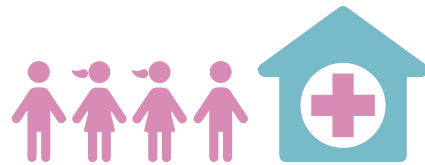


WORKING TOWARDS A CHILD-SAFE FUTURE



Children's Emergency Rooms

- All public teaching hospitals



Telemedicine Satellite Centers

- All public secondary care hospitals



Preventive Health Program

- All under 5 population

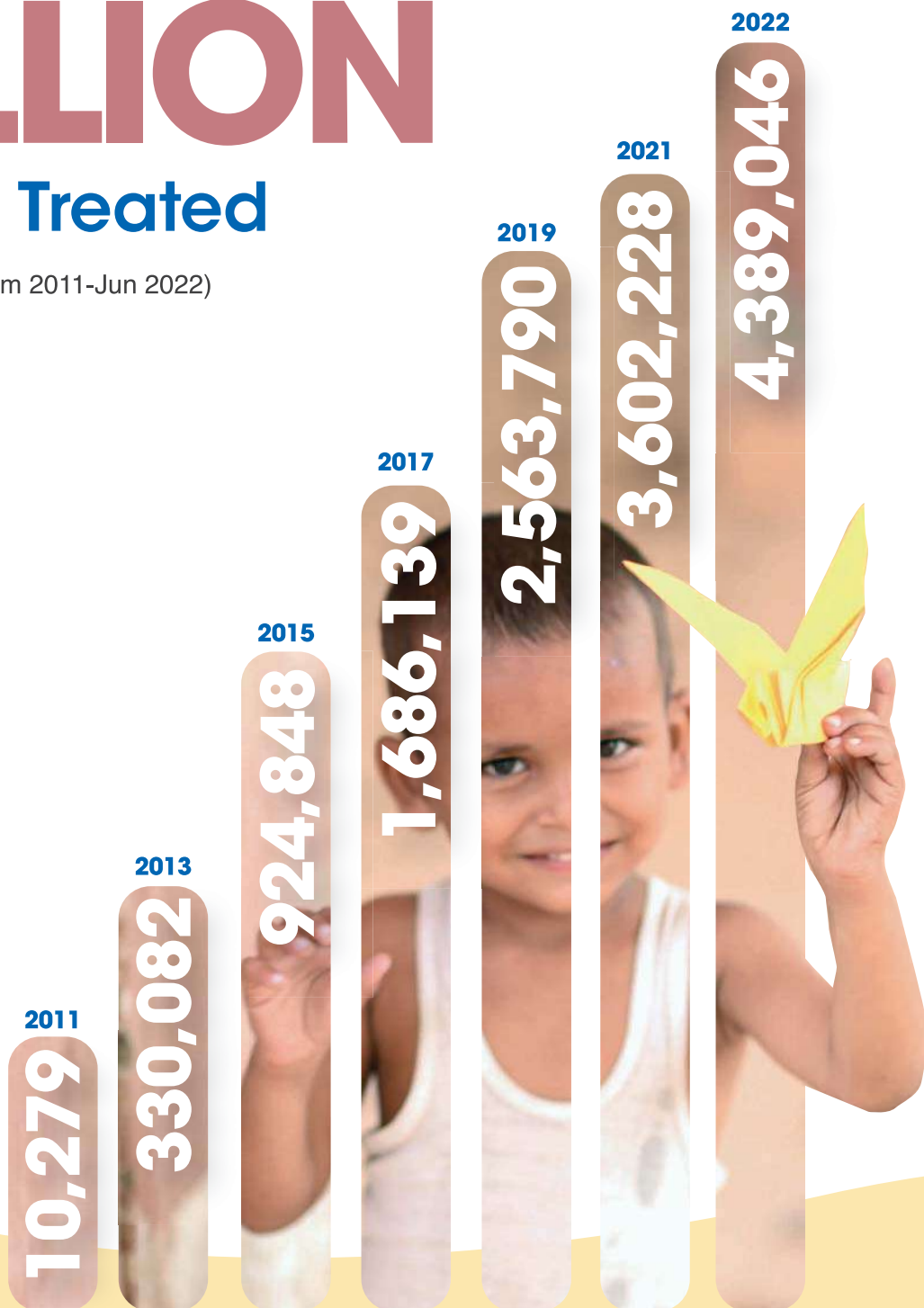


IMPACT NUMBERS

4.3 MILLION

Children Treated

(Cumulative numbers from 2011-Jun 2022)



11

Emergency Rooms (ERs)

In Sindh, Balochistan and Punjab



73%

Patient Satisfaction Rate

According to Patient Satisfaction Survey

67



Telemedicine Satellite Centres (TSC)

In all districts of Sindh and Balochistan



115,794

Telemedicine Consultations

In DHQ and THQ Hospitals of Sindh and Balochistan

75+ HOSPITALS

75 YEARS OF AZADI



چسپانغ زندگى
كا كارواں

ChildLife Foundation has increased emergency healthcare accessibility in Pakistan

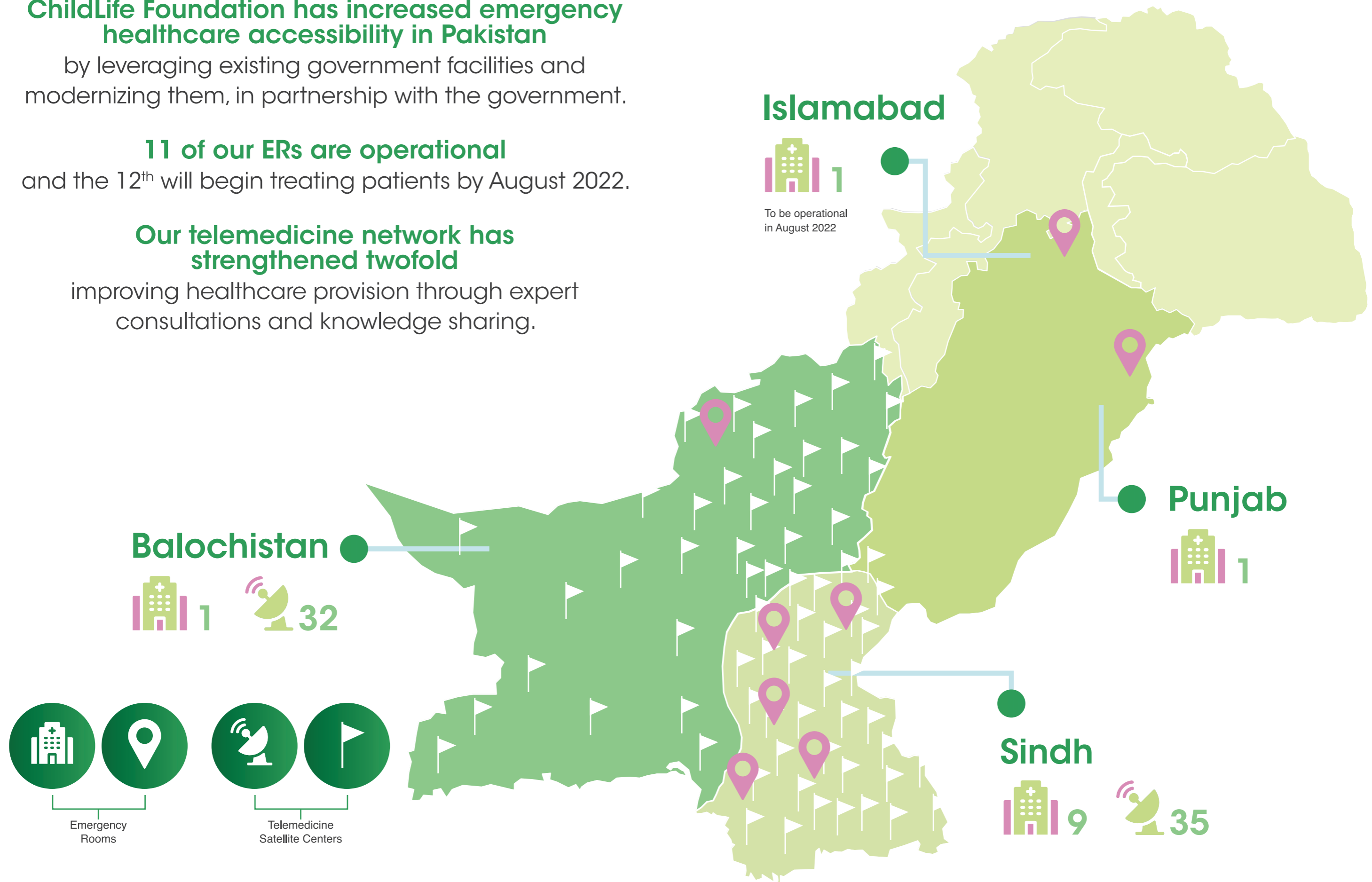
by leveraging existing government facilities and modernizing them, in partnership with the government.

11 of our ERs are operational

and the 12th will begin treating patients by August 2022.

Our telemedicine network has strengthened twofold

improving healthcare provision through expert consultations and knowledge sharing.



MILESTONES

Presence in Punjab

2022

Saving lives in **75+ Government Hospitals**



Balochistan Covered

2021

Saving lives in all **33 Districts**



Sindh Covered

2020

Saving lives in all **30 Districts**



Presence in Sindh & Balochistan

2019

Saving lives in **10 Government Teaching Hospitals**



Karachi Covered

2018

No child > 30 minutes away from 5 world class ERs
24/7 and Free of Cost





SAVING LIVES IN PUNJAB

ChildLife Foundation's ER at **MAYO HOSPITAL LAHORE**

ChildLife Foundation inaugurated its 11th modernized Children's Emergency Room (ER) at the Mayo Hospital, Lahore, in February 2022.

Mayo Hospital- the largest and oldest hospital in Pakistan, is integral to providing quality, accessible healthcare in Punjab.

The upgraded ER is equipped with WHO-recommended triage facility, state-of-the-art equipment such as cardiac monitors, phototherapy units, infusion pumps, and a 24/7 pharmacy dispensing life-saving medicines free of cost.

As the ChildLife Foundation hub in the province, this ER is integral to providing quality care to children in many adjoining areas, especially South Punjab, thereby leveraging the scale of our work multifold.

Provincial Under-5 Mortality Rates

The Multiple Indicator Cluster Survey Sindh (2018-19) revealed that under 5 mortality in Sindh has more than halved from 104/1000 live births in 2014, to 46/1000 live births in 2018-19.* ChildLife Foundation takes pride in its efforts to help reduce child mortality in the region.

ChildLife Foundation has entered Punjab with aims to bring down under 5 mortality rates with concerted efforts for providing quality Emergency Care free-of-cost to the children of the province and the nation.



Area Covered
7,500 Sq. ft



ER Beds
40



Patients Treated
50,000 till June 2022

* <https://www.unicef.org/pakistan/press-releases/multiple-indicator-cluster-survey-sindh-report-launched>



زندگی امنگی

Alishba is one of 6 children, including a pair of twins. The family lives in Baghbanpura in Lahore, where the father, Ziaullah, works as an embroiderer earning a meagre income of PKR 20,000 - 25,000.

Alishba was vomiting and had loose motions, so Ziaullah got her care from a nearby hospital. But when her condition deteriorated instead of improving, he was forced to look for alternatives. He put his sick daughter on his dilapidated motorbike and rushed her to the ChildLife managed children's Emergency Room (ER) at Mayo Hospital at 9 PM.

Alishba was kept in the ER for three and a half hours, where she was stabilized and later shifted to an isolated ward for treatment of Cholera. Alishba recovered well with proper and timely treatment. Ziaullah credits the ER for saving his daughter's life.

Coming to the ChildLife ER for the first time, Ziaullah had hopes in his heart but few expectations. He was left surprised and happy at the high standard of care that the modernized facility offered, as he realized that similar treatment elsewhere would have cost him 5000 to 6000 rupees - an amount he could barely afford. Now, he cannot stop praying for them.

Dysentery, cholera, and typhoid are all common diseases in our part of the world. Death from these illnesses can be easily prevented through timely and quality care—which is not easily accessible to many impoverished people in the region.

ChildLife Foundation has made it a mission to eliminate preventable diseases, and Alishba's case is one of the thousands we have treated since our inception.

ChildLife ER in Mayo Hospital is set to serve many more children like Alishba and be the Umeed-e-Nau for countless families in Punjab.

DELIVERING ON OUR PROMISES



Previous year's disclosures

We have 11 operational ERs in 2022.

In 2021, our ER in Mayo Hospital Lahore, was under construction. It began operations in February 2022 and has treated over 50,000 patients in 5 months.

The sites of our Telemedicine Satellite Centers (TSCs) increased from 32 last year to 67 in 2022.

2030 and Beyond

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



Punjab	Sindh	KP	ISB / AJK / GB	Balochistan
18	9	9	4	1

40+
Emergency Rooms



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

400+
Telemedicine Satellite Centers

The consolidated impact of our efforts will fulfill United Nation's Sustainable Development Goal 3.2, which is to eliminate preventable deaths of infants and children under 5 years of age by 2030.

GOALS



Long-Term

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

Play our part in achieving UN's Sustainable Development Goal 3.2 as Pakistan's leading pediatric emergency healthcare provider.

Medium-Term

Establish TSCs in all tehsils of Sindh by June 2023.

Short-Term

Cover 100+ hospitals in Pakistan by the end of 2022.

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



REDUCING CHILD MORTALITY

As we go into the future, ChildLife Foundation has aligned with the United Nations' Sustainable Development Goals (SDGs). SDG 3.2 is a target that ChildLife Foundation aspires to achieve, whereby SDG 3.2 aims to eliminate preventable deaths of infants and children under 5 years of age by 2030.

The World Economic Forum has ranked SDG 3.2 - Good Health and Well-being, among the top 3 priorities. At ChildLife Foundation, we have developed tangible solutions to reduce neonatal, infant and under-5 child mortality.



SUSTAINABLE DEVELOPMENT GOALS

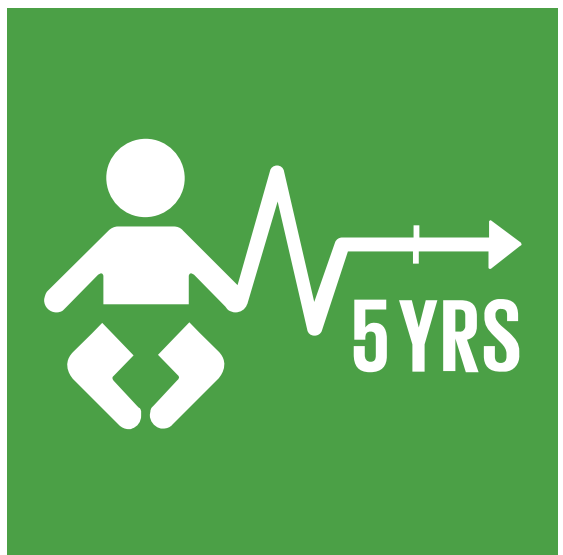
By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births.

With all countries aiming to:

Reduce **neonatal mortality** to **12 per 1,000 live births**

Reduce **under-5 mortality** to **25 per 1,000 live births**

TARGET 3.2



END ALL PREVENTABLE DEATHS UNDER 5 YEARS OF AGE

<https://sdg.iisd.org/news/public-opinion-survey-ranks-global-priorities-for-sdgs/>

STRIVING FOR A CHILD-SAFE PAKISTAN

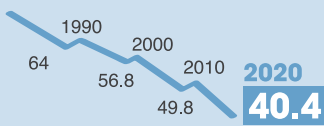


PROBLEM

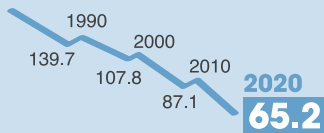
High Child Mortality

Child mortality in Pakistan has declined in the past decade, but there is room for improvement.

Neonatal mortality*



Under 5 mortality*



*Per 1,000 live births

Poor Accessibility to Healthcare

Rural areas with weak or no infrastructure don't have access to healthcare.



1.7X children in rural areas die versus children in urban areas.

Out-of-Pocket Healthcare Expenditures

Infant mortality is a key measure of a country's overall health status. But the prohibitive cost of healthcare prevents infant mortality from declining.

1.9X children from poor households die versus children from rich households.



SOLUTION

Modernized Emergency Rooms

ChildLife Foundation's Emergency Rooms are working round-the-clock to decrease child mortality. We have leveraged existing government infrastructures to scale ER modernization efforts in government teaching hospitals across Pakistan.



Expansive Telemedicine Network

We have connected regional tehsil and district government health facilities to our telemedicine network. Expert consultants treat children remotely, reducing transportation and healthcare expenditures.



Free Medical Care

ChildLife Foundation's Emergency Rooms and a widespread Telemedicine network bring all children within reach of free-of-cost life-saving healthcare.



Source: UNICEF, in full originally called the United Nations International Children's Emergency Fund, now officially United Nations Children's Fund, is an agency of the United Nations responsible for providing humanitarian and developmental aid to children worldwide. Wikipedia

<https://data.unicef.org/wp-content/uploads/2021/03/APR-2015-Key-Findings.pdf>



ACCOLADES

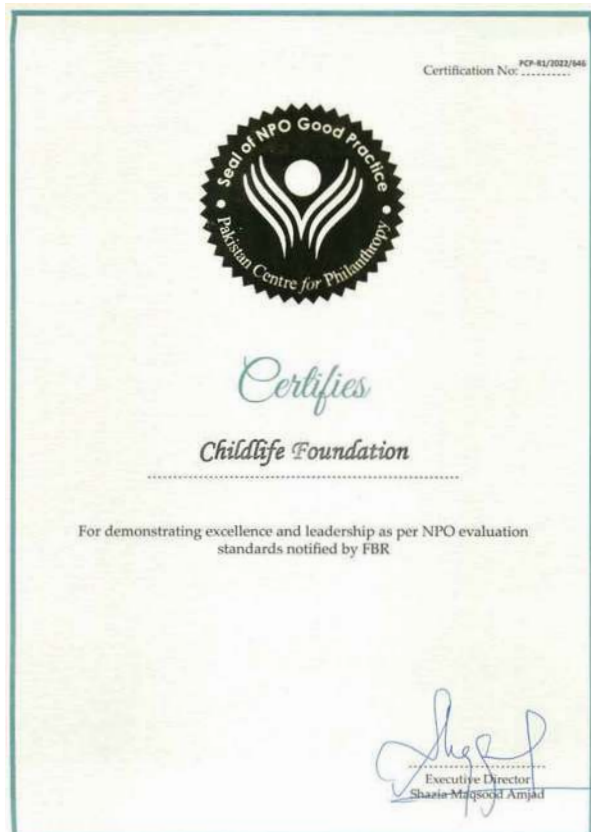


BEST CORPORATE REPORT AWARD

We take great pride that our Annual Report 2021 won the first position (Non-Profit Organization Category) in the Best Corporate Report Awards (BCR) 2021. The Institute of Chartered Accountants of Pakistan (ICAP) and the Institute of Cost and Management Accountants of Pakistan (ICMAP) have awarded ChildLife Foundation for its governance, financial transparency and accountability.

PCP CERTIFIED ORGANIZATION

We are a PCP-certified organization. Being certified by the Pakistan Centre for Philanthropy means that ChildLife Foundation is credible and trusted, with the certification reaffirming the excellence we show in our work. The PCP strengthens nonprofits and foundations to build and enrich local communities, and we are proud to be a part of their network.



ISO 9001:2015 CERTIFIED ORGANIZATION

We are ISO 9001:2015 certified, which shows that we can provide Emergency Services consistently and with high patient satisfaction. The certification indicates our ability to provide services that meet patient and regulatory requirements consistently. It also shows that we have enhanced customer satisfaction by constantly improving the system.



FPCCI AWARD FOR SOCIAL WELFARE AND HEALTHCARE SERVICES

ChildLife Foundation has won The Federation of Pakistan Chamber of Commerce (FPCCI) Achievement Award in Healthcare Services (Pediatric Emergency) category. The President of Pakistan graciously bestowed us this award for our services towards reducing child mortality in Pakistan.



K-ELECTRIC KHI AWARD

ChildLife Foundation won the prestigious K-Electric KHI Award in the category of Public Health (Secondary/Tertiary) for the second time in a row. These awards recognize the efforts of organizations that significantly impact the city of Karachi and its people and environment. We were awarded for our impactful public health initiatives and digital and online medical services for underprivileged communities.



PLATINUM SEAL OF TRANSPARENCY BY GUIDESTAR

ChildLife Foundation has been awarded “Platinum Seal of Transparency” by Guidestar, a leading information service organization specializing in reporting on nonprofit companies. The Platinum seal is the highest level of transparency that an NPO can achieve for transparency in its work. We demonstrated our transparency by sharing the past 5-year strategic goals, metrics, updated financial reports, and work details.





COLLABORATIONS

Collaborations have been integral to the success of our emergency healthcare model. We value all organizations that have partnered with us and lent us their support in our cause.

- **Aga Khan University**
- **Allegheny Health Network, USA**
- **Ares Management, USA**
- **Brother's Brother Foundation, USA**
- **Cornell University, USA**
- **Emirates Society of Emergency Medicine (ESEM)**
- **Indus Hospital**
- **International Development & Relief Foundation, IDRF Canada**
- **Istituto Giannini Gaslini, Italy**
- **Johns Hopkins University, USA**
- **Miami Herald**
- **Pakistan Pediatric Association (PPA)**
- **Pakistan Society of Emergency Medicine (PSEM)**
- **Rotary Club Karachi - New Central**
- **Rotary Club of Solon, Ohio, USA**
- **Rotary International**
- **SINA Trust**
- **SOC Films**
- **Stanford University, USA**
- **UNICEF Pakistan**
- **University of Maryland, USA**

*In alphabetical order

A PARENT'S WORST NIGHTMARE



اپنوں کا تحفظ

With inflation reaching sky-high levels, quality healthcare has become unaffordable for thousands of families in Pakistan. Noor Ali, a local electrician, belongs to one of these thousands of families who struggle each day to survive. He had already lost his one-month-old son to a blood infection 2 years ago, and now his 14-days old, pre-term twins were gasping for air.

The twins were already weak, and were being nebulized at home to keep their lungs clear. Noor Ali, surviving on PKR 500-600 daily, could not afford the machine, but was generously aided by a neighbor who had agreed to let the twins use the nebulizer. Even so, when a power outage hit the city that fateful day, the twins did not get their daily treatment and went into respiratory distress.

With the memory of his dead child still vivid in his mind, he hurriedly called an ambulance and rushed to a private hospital to get acute emergency care to save his girls .

Little did he know that the hospital bills would be financially crippling!

He was charged a total sum of PKR 36,000 for three days. Despite this, the twins' conditions had not improved, and there was no way that he could continue to afford the treatment. Having run completely out of savings and having exhausted his resources by taking loans from friends and family, Noor Ali had no option but to turn to the government-run Abbasi Shaheed Hospital.

The decision, although taken in duress, is one that saved the children's lives and gave Noor Ali hope that he would not have to spiral further into debt. His children were admitted to the ChildLife Foundation ER at Abbasi Shaheed Hospital. One of the twins was shifted to the Abbasi Shaheed NICU ward when she was stabilized while the other twin was kept at the ChildLife Foundation ER for 11 days. The twin at the ChildLife Foundation ER was put on nasal prongs for 9 days till she could breathe on her own and was out of danger.

The father said, "ChildLife Foundation saved my children's lives without me having to pay a single rupee. This kind of high quality treatment, and that too free of cost, is not available anywhere - not even in private hospitals."

He also said that, "The way they helped me in my difficult times, I also want to help them help others. Inshallah, I too will donate to their cause and repay their kindness to the best of my abilities."

Cases like these are the reason why ChildLife Foundation persists in its efforts to be better and give hope to more families across the country. The free treatment does not only save children's lives, but it also saves families from falling deep in the gallows of poverty.

"ChildLife Foundation saved my children's lives without my having to pay a single rupee. This kind of high quality treatment, and that too free of cost, is not available anywhere - not even in private hospitals."





CHAIRMAN'S REVIEW

Children can fight mammoth diseases with a flickering sliver of optimism. This optimism of children is witnessed first-hand by each team member at ChildLife Foundation, reinforcing the belief that new hope can prevail over all forms of adversity.

As we are in our 12th year, ChildLife Foundation is strengthening the public healthcare system. We aim to bring systemic change and to work toward the United Nation's Sustainable Development Goal (SDG) 3.2 to reduce neonatal and under-5 mortality rates.

2021-2022 has been another remarkable year for us, with the opening of the children's ER at Mayo Hospital, Lahore and being acknowledged as a key partner in reducing infant mortality in the country. ChildLife Foundation was conceived in 2010 to improve emergency care for children in the aftermath of the floods. After 12 years of tireless work and continuous progress, we are better prepared.

The unforeseen 2022 floods have caused widespread damage, impacting nearly 33 million of our population out of which 3.4 million are children who are exposed to deadly vector-borne diseases. ChildLife Foundation's team of 500+ healthcare professionals has been on the ground serving flood-impacted children round-the-clock. Our 5 children's Emergency Rooms treat upwards of 3000 children daily in flood-hit Larkana, Sukkur, Nawabshah, Hyderabad, and Quetta.

Key Quantitative Information

The total collections we made in 2021-22 from donors for zakat, strategic funding, and general donations stand at approximately PKR 2.0 billion, which is utilized in ER operations, Telemedicine Satellite Centers (TSCs), procurement of medicines and equipment, and human resource development.

Patient satisfaction, a key performance indicator, stood at 73%, considerably higher than the average 64% in world-class ERs in the developed world.

The Board's Operations

ChildLife Foundation's board comprises ten passionate members, with four of them being renowned healthcare professionals. Trustees provide stewardship and guidance in all matters – primarily operational, administrative, and strategic.

Our replicable emergency healthcare model aligns with the board's vision and has decreased child and infant mortality in the region.

The board's efforts have enabled ChildLife Foundation to be one of the few institutions in the public health sector that is ISO-9001:2015 certified. This year, we have renewed our certification.



ChildLife Foundation is building a force of doctors and pediatricians for a much **bigger cause - the future of this nation.**

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 practices. In the event of an emergency or significant business disruption, the Foundation is committed to doing its utmost to ensure uninterrupted services through its business continuity plan.

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. The recent hike in inflation has impacted the cost of doing business globally. In line with the organization's business continuity planning, we have conducted a systematic evaluation to identify possible threats that might confront us in the future. Risk assessment at ChildLife Foundation results from regular morbidity meetings, incident reports, real-time communication and feedback mechanisms, and a keen awareness of the environment. Our Hub-and-Spoke model for telemedicine and effective healthcare delivery relies on the IT infrastructure - which can be exposed to natural disasters and implementation risks. We regularly carry out risk assessments under management oversight and disaster recovery tests to ensure tolerance. Consequently, the board has made a thorough assessment of the risks that we may face from all fronts and has taken the necessary steps to ensure that ChildLife Foundation is able to chart through all uncertainties steadily.

Advancements made in the past year

Our ERs have increased from 10 last year to 11, with Mayo Hospital in Lahore starting operations in February 2022. The facility treated a record 50,000 patients within the first five months of its launch. We are committed to advance in research; our team has submitted 75 research paper abstracts to the Emirates Society of Emergency Medicine (ESEM) - a prestigious society formed by Emergency Physicians in the UAE to strengthen the knowledge and network of ER specialists in the region.

Strategizing for Success

The momentum of the ChildLife Foundation is proof of our painstakingly formulated strategies. We are in more than 75 hospitals in Pakistan and are set to cover more than a hundred locations by the end of 2022. We have widened our resource pool by training pediatric residents studying in government teaching hospitals. There is no one magic bullet to the problem of children's healthcare in Pakistan. ChildLife Foundation integrates primary, tertiary, emergency, and preventive care, along with telemedicine, to give every child the chance to live and contribute to Pakistan's future. It is through this holistic effort that we have been able to bring optimism for a better life in the form of renewed hope.



Mr. Iqbal Adamjee

Founding Trustee & Chairman
ChildLife Foundation



ChildLife Foundation's Telemedicine improves healthcare through knowledge sharing with doctors and nurses in remote tehsil and district public healthcare facilities.



Collection in 2021-22 from donors for zakat, strategic funding, and general donations stand at approximately **PKR 2.0 billion**



75 research paper abstracts were accepted by the Emirates Society of Emergency Medicine (ESEM) which were submitted by our team.



CEO'S REPORT

As Pakistan celebrates 75 years of nationhood, we forge ahead with compassion and perseverance in the hope for a healthy future of our children. Children embody hope for a bright future and ChildLife Foundation is committed to saving the future of Pakistan by ensuring rapid access to quality, free-of-cost, emergency medical care for infants and children across the nation.

In our years of practice, we have seen the vicious cycle of poverty and ill health in motion; seemingly innocuous diseases have fatal consequences for children without healthcare. The lack of access to healthcare, referred to as health poverty, is high in the country. More than 40% of the population is considered to be health-poor.*

Rural areas have a much higher ratio than urban areas, where most healthcare resources are concentrated in the 25 largest cities. All of the 40+ government teaching hospitals are in metropolitan areas.

With tertiary care only in the big cities, ill children from remote areas are brought to metropolitan areas. Out-of-pocket payments to avail treatment thrust families further into poverty as they incur transportation and living expenses and waste valuable time on a journey that can be averted with quality healthcare options available across the country and close to their homes.

ChildLife Foundation provides world-class healthcare to the sickest and poorest of children through its Emergency Rooms (ER) and telemedicine facilities absolutely free of cost, giving relief to low-income families.

We are expanding across the country; a new feather in our cap is the children's ER of Mayo Hospital in Lahore, which became functional in February this year. We expect to bring mortality down much further than current levels with our growing network of telemedicine centers in rural areas.

ChildLife Foundation initiated its work in Sindh in 2010. According to UNICEF reports, child mortality decreased from 104 per thousand to 46 per thousand births over the past five years. While myriad factors have been at play, ChildLife Foundation's efforts for this feat have been credited by authorities.

As the 2022 floods have ravaged a large part of our country, displaced families, particularly children, are in dire need of emergency healthcare. ChildLife Foundation's team has been on the ground since the floods hit mid-June. We hope and pray for our nation's welfare as we strive each day with renewed hope that our resilient nation will come out stronger and better from these trying times.



46/1000 LIVE BIRTHS (2018-19) FROM 104/1000 LIVE BIRTHS IN 1990.

The Sindh Government has credited ChildLife Foundation's efforts.

Resource Mobilization Strategy and Financial Capital Structure

ChildLife Foundation leverages government resources and networks rather than replacing them, ensuring resource sustainability and an unmatched scale of operations. Supported by private organizations and individuals from Pakistan and abroad, we have seen an increasing number of patient volumes in each Emergency Room since our inception.

Current Performance and Future Projections

We saw an 18% growth in the number of patients treated in the past year. The total number of our patients treated since 2010 reached 4.3 million. We expect more patients as we increase our telemedicine sites in all tehsils of Sindh by 2023.

Access to healthcare has been improved, as evident by city-based hospitals getting fewer referrals from remote areas as these regions are being served effectively by our Telemedicine Satellite Centers. ChildLife Foundation has more than doubled the number of its TSCs – from 32 last year to 67 today.

Managing Risks and Threats

Our ER sites operate from government buildings, but we ensure that the renovations we do undergo formal inspection by the Engineering Council to ensure structural integrity.

Climate change is a prevalent threat where natural disasters can cause disruptions, for which ChildLife Foundation is prepared. Our staff is experienced in working in all conditions - COVID-19 and urban flooding have made them more resilient and steadfast in their work. The 2010 floods sparked the establishment of the ChildLife Foundation, but with our growth and expansion, we are in a much better position now to deal with calamities effectively.



Dr. Ahson Rabbani

Chief Executive Officer
ChildLife Foundation

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/

*<https://pide.org.pk/pdf/pideresearch/phwps-001-spatial-differences-and-socio-economic-determinants-of-health-poverty.pdf>



ChildLife Foundation's world-class emergency care prevents transportation, accommodation, and private healthcare expenditures, **saving families from poverty and debt.**



From 32 last year to 67 today.

ChildLife Foundation's Telemedicine Satellite Centers have doubled in number.



HOPE FOR SURVIVAL
**FLOOD EMERGENCY
RESPONSE**

ChildLife Foundation was born in response to the 2010 super floods. Healthcare facilities at the time were sub-par, and many lives were lost because government facilities could not deal with the influx of patients from the flooded areas of the province's interior.



After 12 years, we are again faced with an unforeseen scale of destruction. 33 million people have been displaced with 3.4 million at-risk children exposed to deadly water- and vector-borne diseases, including diarrhea, cholera, malaria, dengue, typhoid and pneumonia.

However, in these 12 years, ChildLife Foundation has been able to greatly upgrade the government emergency healthcare system and, through it, help the most vulnerable of children.



**33
MILLION**

people have been displaced
out of which

**3.4
MILLION**

are children who are
exposed to deadly water-
and vector-borne diseases,
including diarrhea, cholera,
malaria, dengue, typhoid,
and pneumonia.

ChildLife Foundation's genesis in terms of our life-saving work has helped us garner our expertise, scale, and advancement in our Emergency room and Telemedicine Network. Through these, we have saved lives that would otherwise be lost as they were a decade ago.

Our on-ground 500-member team of healthcare and management professionals was present in flood-stricken locations across Sindh and Balochistan. We launched an integrated disaster response strategy at ChildLife's children's Emergency Rooms (ERs) in Larkana, Sukkur, Nawabshah, Hyderabad, and Quetta. These facilities were working in overdrive 24/7.

We also leveraged the telemedicine network, spanning all 30 districts of Sindh and 33 districts of Balochistan to connect flood-affected children in far-flung rural areas with child specialists.

Children have received life-saving consultations from experienced Karachi-based doctors.



500 MEMBER TEAM

of healthcare and management professionals was present in flood-stricken locations across Sindh and Balochistan.



CHILDLIFE FOUNDATION TREATS

200,000+



FLOOD AFFECTED CHILDREN.

In addition, ChildLife Foundation conducted free medical camps for children close to their homes. The medical camps were headed by child specialists and have concluded successfully in district and tehsil headquarters hospitals, basic health units, and rural health centers in Dera Allah Yar, Darya Khan, Daur, Hub, Tharoshah, Qilla Saifullah, and Odero Lal Station, where children received free treatment and medicines for their illness.



ChildLife Foundation's team met with many challenges while treating flood affectees. Our teams from nearby locations and even from Karachi rushed to these remote areas selflessly.

Albeit facing many obstacles including destroyed road networks that were swept away by the floods, our doctors and nurses reached the victims and treated them tirelessly.

KEEPING HOPE AFLOAT



پر امید مستقبل

Sajjad was saved by ChildLife Foundation in its Larkana ER. Homeless and unsheltered, Ali's son Sajjad fell critically ill with acute gastroenteritis. The child was in hypovolemic shock when when his father had no choice but to wade through the murky waters and rush to ChildLife Foundation's Emergency Room in Larkana.

Tando Masti Khan has been inundated with flood waters, and little is left of the once serene village in Khairpur District Sindh. Imam Ali, a resident there, said, "Floods destroyed my home and crops, and I migrated to Larkana with my family. We are living on the streets here."

The timely emergency treatment helped revive Sajjad within hours, he could sit up and talk to his loved ones. ChildLife Foundation was a ray of hope for many thousands like his father in dark times.

Ali said, "I am grateful to this hospital for saving my child's life."

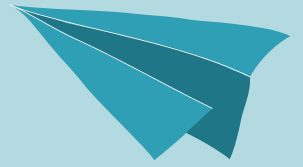
We thank our donors for their support and for extending a helping hand to children like Sajjad. You are saving little lives every single day.



**ChildLife Foundation
is a ray of hope for
many thousands like
Sajjad's father in
dark times.**



OUR SERVICES





HOPE FOR LIFE
**CHILDREN EMERGENCY
ROOMS**

Preventable deaths of children can be exponentially reduced through timely emergency healthcare.

ChildLife Foundation has invested efforts to revitalize the pediatric emergency care network in the country.

We have scaled healthcare across Pakistan's cities, districts and tehsils by working with a replicable model premised on continuous learning and development.

We follow a WHO-approved protocol and adhere to a proven process to provide the best possible healthcare to underprivileged children.

The ER Process



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

Our Emergency Rooms (Geographical Locations)

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

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

Mission Rd, New Labour
Colony, Nanakwara, Karachi

Patients
Treated

1,083,876



2011

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

Rafiqi S.J Shaheed Road,
Karachi Cantonment,
Karachi

Patients
Treated

1,419,871



2013

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

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

Patients
Treated

424,797



2016

We started offering free children's emergency healthcare from 2011.

Cumulative numbers of children treated in each ER till June 2022.

Lyari General Hospital, Karachi

Rangiwara Road,
Lyari, Karachi

Patients Treated
181,364



2018

Abbasi Shaheed Hospital, Karachi

Tabish Dehlavi Road,
Block 3, Nazimabad,
Karachi

Patients Treated
307,961



2018

People Medical College Hospital, Nawabshah

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

Patients Treated
212,625



2018

Chandka Medical College Hospital, Larkana

Children Hospital, Opp.
Shaikh Zaid Hospital,
Larkana

Patients Treated
376,369



2018

Ghulam Muhammad Mahar Medical College Hospital, Sukkur

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

Patients Treated
73,617



2020

Sandeman Provincial Hospital, Quetta

Jinnah Road, Quetta City,
Quetta

Patients Treated
107,005



2020

Liaquat University of Medical and Health Sciences, Hyderabad

Liaquat University Hospital,
Hyderabad

Patients Treated
154,927



2020

Mayo Hospital, Lahore

Anarkali Bazar Road,
Lahore

Patients Treated
51,297



2022

By June 2022, we treated more than 4.3 million patients at 11 locations.

Dr. Ruth Pfau Civil Hospital, Karachi

Mission Rd, New Labour Colony, Nanakwara, Karachi

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

Before



After





HOPE FOR A BRIGHT FUTURE
**TELEMEDICINE
SATELLITE CENTERS**

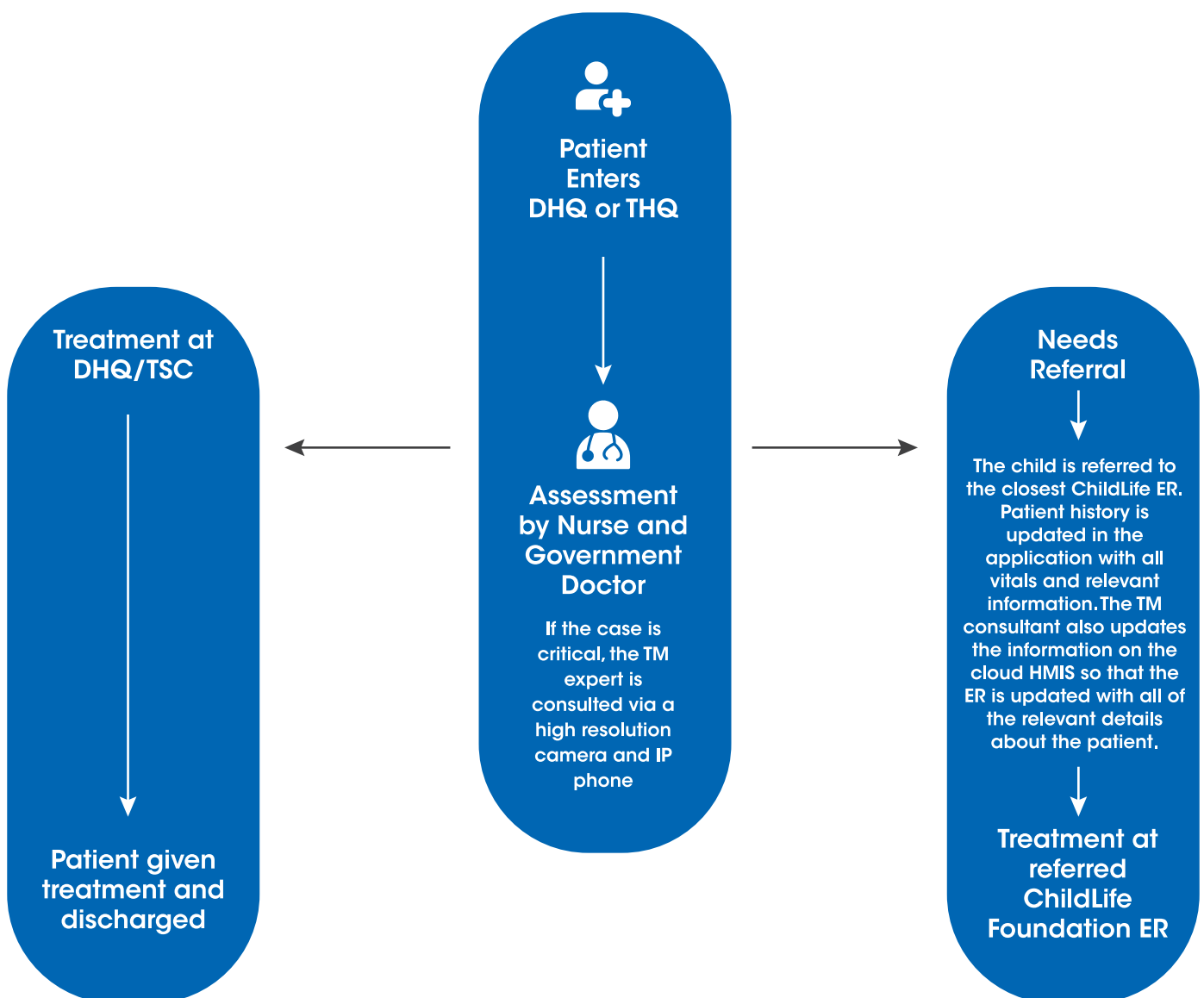
More than 2/3rd of the population lives in rural areas outside major cities and this population has no access to proper healthcare. ChildLife Foundation Telemedicine facilities connect these areas to professional doctors through a world-class healthcare network.

Our hub-and-spoke model has its central site, known as Telemedicine Control Room, at Civil Hospital in Karachi. Expert consultants work 24/7 at the Control Room, observing patients who arrive at district or tehsil hospitals (spokes) through a high definition camera. The on-ground nurse or doctor at these hospitals consult with the Control Room doctors through an IP phone which is installed at each site along with the high definition camera.

Patients at tehsil or district hospitals who require further medical intervention are referred to the nearest ChildLife Foundation Emergency Room (hub). Treatment is expedited through timely and accurate diagnosis and vital information sharing.

We use a cloud-based information system where vital data about the patient is uploaded on a mobile application by the on-site nurse or doctor. The telemedicine consultant updates the information on the cloud HMIS system and informs the ER of the patient's forthcoming arrival so that no time is lost in providing the treatment to the patient once they arrive at the ER.

Telemedicine Satellite Center Consultation Process



SURVIVING THE FLOODS



امید سے
ہے زندگی

The 2022 floods have wreaked havoc in the countryside. Families that were barely making ends meet are now in dire straits. 4-year-old Wajid Ali's family from Ali Bukhsh village near Hyderabad is no exception.

Abdur Razzaq, Wajid's father, is a mechanic earning 22,000 rupees a month from his job. He supports his parents and 4 young children with little to spare for anything other than basic rations. The flood eviscerated his village. All crops and possessions were swept away, along with the ancestral home. The family had to seek shelter at makeshift camps at a small dam nearby for a few weeks till the water subsided.

Many families have been living in these shelters, surrounded by mosquito-infested waters. Malaria is rampant, as are Dengue, typhoid, skin diseases, and gastroenteritis. It is no wonder that the young Wajid Ali contracted a fever. All nearby clinics closed down, so Abdur Razzaq had no option but to take the child, convulsing with fits and high grade fever, on his motorbike to Taluka Hospital Manjhand – 5 km from their home.

Fortunately, Manjhand is ChildLife Foundation's Telemedicine site. Our specialist at Telemedicine Control Room at Civil Hospital, Karachi observed Wajid's critical state through the high definition camera and advised intravenous antibiotics and Jenim and Dexa injections. The Control Room doctor further advised the on-ground nurse to refer Wajid to the ChildLife Emergency Room (ER) in Hyderabad, which is one hour away from the hospital.

The ER team in Hyderabad was fully prepared to receive the child and, without wasting any time, started his treatment for Malaria, for which he had tested positive. The team kept him in a ward and took care of his medication and nutrition. Thanks to their efforts, Wajid's prognosis is positive. He was stabilized at the ER and is completely out of danger.

Wajid's grandfather, giving a little context, commented: "I was so worried for my grandson; we feared for the worst. We are poor people, and we don't have any schools or health facilities in our area. No one has come to help us, but the people at ChildLife Foundation have been very supportive. They counseled and gave us hope that the child would get better at Hyderabad ER. And they were right. As soon as we entered the ER in Hyderabad, we knew that our son would get better. Just look at the clean environment and unique healthcare system!"

ChildLife Foundation provides free-of-cost treatment to children from all over Pakistan. Telemedicine has been a beacon of hope for our young patients, especially those in flood-hit regions where facilities have been shut down and there is limited accessibility. ChildLife Foundation is on a mission to save lives and bring hope, and Wajid Ali's case is just one of the millions of lives we have saved till now.



ChildLife Emergency Room, Hyderabad



Taluka Hospital Manjhand

"I was so worried for my grandson; we feared for the worst. We are poor people, and we don't have any schools or health facilities in our area. No one has come to help us, but the people at ChildLife Foundation have been very supportive."



Wajid's home locality

Benefits of Telemedicine

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

ChildLife Foundation's TSCs As at June 30, 2022

35 Telemedicine Sites in Sindh			32 Telemedicine Sites in Balochistan		
Chachro	Matli	Sanghar	Awaran	Kalat	Nushki
Dadu	Mirpur Sakro	Sehwan	Barkhan	Kech	Panigur
Digri	Mirpurkhas	Shikarpur	Chagai	Kharan	Pishin
Diplo	Mithi	Sinjhor	Dera Allahyar	Khuzdar	Sherani
Ghotki	Nagarparkar	Sujawal	Dera Bugti	Killa Abdullah	Sibi
Hala	Nausharo Feroze	Tando Adam	Duki	Killa Saifullah	Sohbatpur
Islamkot	Pano Aqil	Tando Allahyar	Gwadar	Kohlu	Surab
Jacobabad	Qamber	Tando M. Khan	Harnai	Loralai	Washuk
Kashmore	Qasimabad	Thatta	HUB	Mastung	Zhob
Khairpur	Saeedabad	Umerkot	Jhal Magsi	Musakhel	Ziarat
Kotri	Sakrand	UP Mor	Kachhi	Naseerabad	
Matiali	Samaro				

Telemedicine Consultation Process



Telemedicine Satellite Center at DHQ Hospital Mastung, Balochistan

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



Telemedicine Control Room at Civil Hospital, Karachi

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



HOPE FOR BETTERMENT
CLINICAL SYSTEMS

ChildLife Foundation operates in the challenging sector of children's healthcare in Pakistan. As such, providing the highest quality of care is the organization's ultimate aim.

Clinical Audits

Clinical audits are at the core of all our quality improvement and continuous learning efforts. They include:

Case Reviews

Quality improvement plans are developed based on 30 case reviews from all patient categories every month. They are scored on practices and compliances by doctors, nurses and pharmacists at each ChildLife Emergency Room (ER).



Morbidity and Mortality (M&M) Reviews

To reduce the number of preventable deaths, monthly mortality cases are reviewed by the Physician In-charge and then by Clinical Instructors. Action items are derived from the reviews and assigned to relevant stakeholders for implementation. Monthly M&M meetings are held at the unit level.



Physician KPIs

Physicians at each unit are evaluated monthly by their Incharge based on Clinical Key Performance Indicators (KPIs). The KPIs are:

- Competence:** Our clinical staff undergoes continuous training and learning so that we can strive for excellence in emergency healthcare.
- Compassion:** All doctors in ChildLife's Emergency Rooms are compassionate in saving little lives - our collective and ultimate goal.
- Compliance:** Strict compliance to medical protocols for accuracy in diagnosis and prescriptions.



Clinical Automation

ChildLife Foundation launched a new cloud based healthcare management information system in 2021 to ensure data accuracy, confidentiality, and speed - a crucial aspect of emergency healthcare.

ChildLife Foundation has focused on automating tasks to reduce the burden on clinical leaders. Microsoft Power App was introduced in 2021 to minimize time spent on administrative and academic tasks. Team leaders and Incharges can access case reviews, schedules, M&M reviews, and KPIs on this powerful platform.

Standard Operating Procedures (SOPs)

All staff in ChildLife Foundation ERs comply with SOPs. These SOPs have been implemented to improve the quality of patient care and ensure patient safety. Physicians' competence, behavior, and quality of care provided are assessed through these SOPs.

Clinical Trainings

Clinical trainings ensure the growth of healthcare practitioners by keeping them updated with current research and effective practices. By offering clinical training at every level, ChildLife Foundation is able to provide quality pediatric emergency care which is at par with modern treatment methods and practices across the world.

These trainings are conducted by our clinical instructors.

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

A total of

3,000+ doctors, nurses and pharmacists

have been trained by ChildLife Foundation.



HOPE FOR PROSPERITY
**SINA-CHILDLIFE
CLINICS**

SINA Trust and ChildLife Foundation have been in collaboration since 2012. We are on a mission to provide holistic healthcare, not only through treatment but also through prevention.

SINA has treated 628,162 patients at 8 primary health care clinics which are supported by ChildLife Foundation since their inception. These clinics enable our efforts to offer preventative advice and quality treatment in underprivileged areas free of cost. These SINA facilities supported by ChildLife reduce the burden on tertiary care and when issues are treated at the doorstep, they prevent escalation to the need for emergency care. The SINA clinics are fully digitized so complete records are available and loss of patient is almost 0%.

SINA-ChildLife Clinics have an in-house pharmacy and a state of art diagnostic lab. They offer diagnosis, diagnostic tests, treatment, referrals, and family healthcare counseling. Areas which do not have access to quality primary healthcare are served through mobile clinics. The staff uses tablets and cloud-based technology in these areas.

Name of Clinic	Location
Dr. Ali Bhai D. Patel Memorial Centre	North Nazimabad
Austin Centre / Tehreek-e-Falak	Mewashah
Hanif Adamjee Centre	Yousuf Arfani Goth
Momin Adamjee Centre	Shireen Jinnah Colony
Qureshi Memon Clinic	Yousuf Goth 4K
Raghib Foundation's Shahnaz Memorial Centre	Saindad Colony
South Florida Centre	Machar Colony
Tabba Centre	Khair Muhammad Goth

Total Patients Treated

628,162

(from inception till June 30, 2022)





DONORS & EVENTS





DONOR
HIGHLIGHTS

مشترکہ کوشش - نمایاں کارکردگی

ChildLife Foundation is a trailblazer due to the transformation it has brought in public emergency care for children.

From creating hygienic and clean safe spaces to automating the healthcare processes, training and managing staff, and implementing clinical protocols, ChildLife Foundation's impact is remarkable. We have adhered to international medical standards and are steadily progressing towards our vision of 2030; making free quality emergency care available for children in all 500+ government hospitals of Pakistan.

I appreciate and heartily thank all our employees for supporting ChildLife's vision and helping us achieve huge successes in the past decade.

Our efforts have been made possible through the whole-hearted support of local and overseas donors. Pakistanis are known for their generosity, and their contributions towards philanthropic causes like ours puts them at par with developed nations. Our international donors, in a similar vein, have been wonderfully supportive.

Thanks to all this love and support, I am sure that we will secure a bright and healthy future for our children.



Mr. Sohail Tabba

Founding Trustee & Vice Chairman
ChildLife Foundation

10 Years of Saving Lives Shields for Patrons

Celebrating 10 years, we visited and distributed plaques to donors for their staunch support through out the years. Our patrons have helped us expand our reach and help more children of Pakistan by providing world-class Emergency Healthcare.



Sapphire Textiles Mills Limited



Pakistan State Oil (Pvt) Limited



Ismail Industries Limited



Macter International



Habib Bank Limited

10 Years of Saving Lives & Long Service Awards

Aimed at celebrating and acknowledging the services and dedication of long serving employees, we invited donors to be a part of the Long Services Awards.



The highlight of the event was ChildLife Foundation's first ER patient and her parent narrating their story.

Tree Plantation Drive

In August 2021, we partnered with corporate supporters in tree plantation drive across our ERs and save children's lives. ChildLife Foundation acknowledged the donors and partner organizations for playing their role in making Pakistan greener and child-safe.



United Towel Exporters



English Biscuit Manufacturers



Toyota Indus Motors



Shan Foods



Tapal Tea



Hub Power Company Limited



ICI Pakistan



Habib Metropolitan Bank

CSR Meetup in Lahore

After a very successful CSR Meetup in March 2021, another CSR Meetup in Lahore was held on November 19, 2021 - on the eve of Universal Children's Day. Ms. Atiya Zaidi MD & ECD, BBDO & Mr. Sohail Zindani, Learning Minds, were the speakers at the event. Participants included: Habib Metropolitan Bank, Fauji Fertilizers, Finca Microfinance Bank, Adamjee Insurance, Crescent Fibres, Nishat Apparel, Sapphire Textile Mills Limited, Haleeb Foods, Packages Limited, BIMA Pakistan, Fatima Group, Wateen Telecom, Punjab Colleges, Nishat Dairies, Lahore University of Management Sciences, and Hayat Kimya Pakistan.



Co-Branded Ramzan Campaign

ChildLife Foundation partnered with various organizations to raise awareness about the cause of saving little lives during Ramzan 2022.



Sapphire



SPAR



Jaffer Brothers (Pvt) Limited

Platinum Jubilee

To celebrate ChildLife's presence in 75 hospitals on Pakistan's 75th Azadi, donors were invited to visit our 1st Emergency Room at Civil Hospital Karachi and witness the Telemedicine Control Room.



Gatron Foundation



HBL Foundation

K-Electric's KHI Award

We won K-Electric's KHI Award for the 2nd time in a row this year. The awards honour and support organizations that are making a significant impact on the city of Karachi.



9th FPCCI Achievement Award

ChildLife Foundation was the recipient of 9th FPCCI Achievement Award in the Health Care Services (Pediatric Emergency) category.



Patrons visit ERs

Corporate Donors visited our Emergency Rooms to witness life-saving work.



MoU signed with Jaffer Brothers

ChildLife Foundation signed a Memorandum of Understanding with Jaffer Brothers for using the power of social media to spread awareness about reducing child mortality in Pakistan.



Toyota Indus Motor Company Donation

The Toyota Indus Motor Company Limited presented a substantial donation cheque to help us save children's lives across the nation.



MoU signed with Istituto Giannina Gaslini, Italy

ChildLife Foundation and Istituto Giannina Gaslini, Italy signed an MoU with the objective of saving lives through better use of pediatric Emergency Rooms and Telemedicine services, and jointly develop and conduct training courses for health professionals.





OUR
SUPPORTERS

AASCO
 ACM Gold
 Adamjee Foundation
 Aftab Adamjee Trust
 AJCL (Pvt) Ltd.
 Al Meezan Investment Management Limited
 Al Noor Modarba
 Apparel Zone
 Arif Habib Foundation
 Artistic Fabric Mills
 Artistic Garment Industries (AGI DENIM) (Private) Limited
 Asia Petroleum Limited
 Askari Bank Limited
 AssureTex
 B. Braun Pakistan (Pvt) Ltd.
 Baltic Shipping (Pvt) Ltd.
 Bank Al Habib Ltd.
 Bank Islami Pakistan Ltd.
 Beltex Co. Ltd.
 Bestway Logistic Services (Pvt) Ltd.
 Bharucha & Co.
 Blue Zorro (Pvt) Ltd.
 Bosch Pharmaceuticals (Pvt) Ltd.
 Century Container
 Cherat Packaging Ltd.
 CJMF Foundation
 Cowasjee Foundation
 Dalal Securities (Pvt) Ltd
 Eastern Garments (Pvt) Ltd.
 EFU General Insurance Ltd.
 EMBA Corporation
 Emcon Enterprises
 English Biscuit Manufacturers (Pvt) Ltd.
 Engro Corporation Ltd.
 Engro Foundation
 First Al-Noor Modaraba
 Getz Pharma (Pvt) Ltd.
 Ghandhara Tyre & Rubber Company Ltd.
 GlaxoSmithKline Pakistan
 Grupo Karims Foundation
 Habib Metropolitan Bank Ltd.
 Hafiz Tannery
 Hanif Adamjee Charitable Trust
 Haseen Habib Foundation
 Hayder Ali Communications
 HBL Foundation
 Hinovex Trading
 Hommie & Jamshed Nusserwanjee Charitable Trust
 Hope 4 Humanity
 ICI Pakistan Foundation
 IKAN Engineering Services (Pvt) Ltd.
 Infaq Foundation
 International Development And Relief Fund (IDRF)
 Interwood Mobel (Pvt) Ltd.
 Iqbal Adamjee Trust
 Ismail Industries Ltd.
 Jaffer Brothers (Pvt) Ltd.
 Jan Mohammed Dawood Trust
 JS Investments Ltd.
 K-Electric Ltd.
 Khaadi Pakistan SMC (Pvt) Ltd.
 Kundi Logistics (Pvt) Ltd.
 Kundi Services (Pvt) Ltd.
 LMK Resources Pakistan (Pvt) Ltd.
 Lucky Knits (Pvt) Ltd.
 Lucky Paragon Ready Mix Ltd.
 Lucky Textile Mills Ltd.
 M. Bashir Kasmani (Pvt) Ltd.
 M. Munir M. Ahmed Khanani Securities (Pvt) Ltd.
 M.I. Industries
 Macter International
 Makda Enterprises
 Meezan Bank Ltd.
 Momin Adamjee Welfare Trust
 Muhammad Saleem Kasmani Securities (Pvt) Ltd.
 Multinet Pakistan (Pvt) Ltd.
 Murree Brewery Co. Ltd.
 Najmi Bilgrami
 NBP Fund Management Ltd.
 Noor Ul Hermain International
 Novatex Ltd.
 Nuricon Union (Pvt) Ltd.
 Nutrico Pakistan (Pvt) Ltd.
 Pacific Pharmaceutical Ltd.
 Pak Oman Asset Management Company Ltd.
 Pak-Arab Pipeline Company Limited (PAPCO)
 Pak-Arab Refinery Ltd. (PARCO)
 Pakistan Cables Ltd.
 Pakistan Science and Engineering Foundation
 Pakistan State Oil Company Ltd. (PSO CSR Trust)
 Paragon Constructors (Pvt) Ltd.
 Pfizer Pakistan Ltd.
 PharmEvo (Pvt) Ltd.
 Poly Tech International
 Premium Knits
 Pride Manufacturing
 Progressive Traders (Pvt) Ltd.
 Rahimtoola Group of Companies
 Reliance Insurance Co. Ltd.
 Sajjadiyya Trust
 SAN Traders
 Sapphire Retail Ltd.
 Sapphire Textile Mills Ltd.
 Sattar Electronics
 Sea Gold (Pvt) Ltd.
 Selling Business System
 Shafi Apparels
 Shahbaz Garments (Pvt) Ltd.
 Shahtaj Sugar Mills Ltd.
 Shan Foods (Pvt) Ltd.
 Siddiqsons Ltd.
 Soorty Enterprises (Pvt) Ltd.
 Standard Chartered Bank (Pakistan) Ltd.
 Sukkur Beverages (Pvt) Ltd.
 Systems Ltd.
 Tapal Tea (Pvt) Ltd.
 Thal Ltd.
 The Indus Academy
 The Learning Centre
 The Rabia Azim Trust
 The Searle Company Ltd.
 The Shaikh Hebatbhoy
 Toyota Indus Motor Company Ltd.
 TPL Insurance Ltd.
 TPL Properties Ltd.
 TPL Trakker (Pvt) Ltd.
 Trendz International
 UBL Fund Managers (UBL Funds/Al-Ameen Funds)
 Unibrand (Pvt) Ltd.
 UniPak
 United Towel Exporters (Pvt) Ltd.
 Universal Shipping (Pvt) Ltd.
 UTI Industries (Pvt) Ltd.
 Wavetec (Pvt) Ltd.
 West Bury (Pvt) Ltd.
 Yawasi Commodities

**In alphabetical order*

***List updated till June 30, 2022*



EVENT
HIGHLIGHTS

Long Service Awards 2021

Acclaiming the contribution of our employees who have worked with ChildLife Foundation for 5+ years.



Leadership Workshop

ChildLife Foundation's team attended an enlightening session on trust from the leadership series led by renowned trainer, Mr. Abbas Hussain.



Teamwork Awards

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



Birthday Celebrations

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



Movie Night

HR arranged a movie night for the ChildLife team so they could sit back, relax and spend quality time together.



Sports Gala

An exciting and fun-filled Sports Gala Cricket match was organized by the HR department. The event brought our multitalented teams from Hyderabad, Nawabshah, Sukkur, and Larkana ERs together building camaraderie and rapport among the professionals and staff.



Effective Communication Trainings

Renowned Trainer, Ms. Nausheen Ahmed, conducted a workshop on Effective Communication at ChildLife's Head Office and Emergency Rooms.



Breast Cancer Awareness Session

The female staff at ChildLife's ER in Civil Hospital, Karachi, attended a Breast Cancer Awareness session arranged by the HR department.



Clinical

EPEMC & IPEM Graduation Ceremony

A graduation ceremony was held at DOW University of Health Sciences, Karachi, for our clinical staff who successfully completed the courses "Essentials of Pediatric Emergency Medicine" (Batch 14 and 15) and "International Pediatric Emergency Medicine" (Batch 1).



Clinical Training at Indus Hospital

ChildLife's clinical instructors conducted a workshop titled "Sick Child: Early Identification and Rapid Stabilization" in Karachi. The workshop was accredited by Dow University of Health Sciences and was held in collaboration with Indus Hospital's instructors.



Journalists Visit ChildLife ER in Mayo Hospital, Lahore

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



Children's Day Celebration at Civil Hospital, Karachi

ChildLife's ER in Civil Hospital, Karachi, celebrated Universal Children's Day with a cake for the little patients.



Senior Health Reporters Visit ChildLife ER in Hyderabad

Mr. Hamid-ur-Rehman Awan (SAMAA TV) and Mr. Waqar Bhatti (The News) visited ChildLife's ER in Hyderabad where they were briefed about the organization's model of emergency treatment as per global standards.



Bureau Chiefs Visit ChildLife's ER in Civil Hospital, Karachi

Mr. Qazi Hasan (Bureau Chief Dawn News), Mr. Javed Chaudhry (Bureau Chief GTV) and Mr. Aftab Khan (Sr. Journalist Express News) toured ChildLife's first-ever children's Emergency Room in Civil Hospital, Karachi. They also observed the telemedicine control room which connects children in remote rural regions to Karachi-based specialists.





GLOBAL **INITIATIVES**

انسائیت سے محبت

Our enthusiastic diaspora and the passion for their country has been a source of great support for ChildLife Foundation. I want to thank all our overseas patrons for their support.

I would like to convey my gratitude to the Chapter Champions and supporters for their unrelenting support and for going the extra mile in arranging fundraising events, engaging other expatriates, and helping spread awareness about our work and our mission.



Mr. Ashraf Amdani

Trustee
ChildLife Foundation

Civil Hospital ER visit by Patron

(October 2021) - Ms. Farnaz Akbar from Cleveland, along with her daughter, visited the ER at Civil Hospital, Karachi and was impressed with the strict compliance of medical protocols, especially PPEs during COVID-19 times.



PALS Convened

(October 2021) - Dr. Saba A. Chughtai convened PALS - Association of Pakistani American Ladies for Social Welfare, in Cincinnati, to announce their support for an ER wing at ChildLife's 1st ER in Lahore, Punjab.

Pittsburgh Zoom Fundraiser

(November 2021) - Dr. Noor Afshan, Dr. Burhanuddin Mahmood and Dr. Maliha Kamal continued their untiring efforts in Pittsburgh to save the future of Pakistan.



South Florida Zoom Update Session

(October 2021) – Our advocates from South Florida gathered to learn the future plans and expansion updates via a Zoom update session.

Bay Area Gathering

(November 2021) – Mr. Zia Syed, ChildLife Foundation’s champion in Bay Area had a get-together with family and friends where our CEO was able to share latest updates on the journey to make Pakistan child-safe.



Dallas Dinner

(November 2021) – Update Session in Dallas on ChildLife reaching various milestones so far in the year of 2021.



Austin Fundraiser

(November 2021) - Thank you Austin for coming together passionately towards the cause of saving lives. A special shout out to our champions in Austin: Mr. Omer Dossani and Ms. Kirin Dossani, for hosting a wonderful fundraiser of the ChildLife Foundation Austin chapter.



Cleveland - A Night of Comedy Camaraderie and Care!

(November 2021) -. Supporters in Cleveland came together to celebrate ChildLife’s 10th anniversary. This event featured Pakistan’s popular English language stand-up comedian Saad Haroon, OSU Dabke Team and Ms. Sabeen Gill. We are grateful to Ms. Sobia Khan, Ms. Nazima Khan, Ms. Simee Malik, Ms. Khalida Sultan, Mr. Saleem Ahmed and Mr. Masroor Malik for their commitment to the mission of saving children’s lives in Pakistan.

Houston Fundraiser

(November 2021) - Pakistani diaspora and other supporters of ChildLife Foundation in Houston have always been dedicated to our cause. We extend our gratitude to Dr. Mahmood Khichi, Dr. Adnan Siddiqui and Mr. Faheem Khwaja for supporting ChildLife in spreading awareness about the cause of making Pakistan child-safe.



Visit by Cleveland Champions

(December 2021) - Mr Suhail Mustafa, Dr. Arif Usmani and Dr. Saba Ali from Cleveland paid a visit to the ER at Abbasi Shaheed Hospital which also houses the 1st 'Cleveland'-sponsored ER wing.



Visit by Houston Champions

(December 2021) - Ms. Bushra Khan from Houston witnessed the life-saving work being done by us at Civil Hospital, Karachi. This ER is also home to the 'Houston'-sponsored Resus Room which treats the most critical category of patients.

Visit by South Florida Champions

(December 2021) - Mr. Salem Suriya & Mr. Imran Bashir from South Florida toured the ER facility and Telemedicine Control Room at Civil Hospital, Karachi.



Visit by Cincinnati Champions

(January 2022) - Ms. Anila Zindani from Cincinnati, along with her children, showed immense admiration upon her visit for the compassion that the ChildLife Foundation team practices at Civil Hospital, Karachi.



Visit by patrons from South Florida

(February 2022) - Mr. Hanif Andha and his wife from South Florida were all praises for the quality of care being provided to patients at the ER in Civil Hospital, Karachi.



Visit by Orlando Champions

(March 2022) - Dr. Munira Zafar from Orlando visited the ER at Civil Hospital, Karachi, and expressed her appreciation at the high standard of emergency care being provided to children.



South Florida Supporters' Visit

(March 2022) - Mr. Ashraf Amdani (Trustee) along with his friends, Mr. Zia Bhutta (from South Florida) and Mr. Anjum Zafar paid a visit to the then recently renovated ER at Mayo Hospital, Lahore.



Fundraiser in Yardley and Sacramento

(March 2022) - We held our first fundraiser in Yardley, Pennsylvania, and Sacramento, California and successfully established a chapter of passionate supporters.



Fundraiser for Children's ER at Mayo Hospital Lahore

(March 2022) - ChildLife Foundation Houston and Pittsburgh gathered once again to raise funds and garner support for the recently renovated ER at Mayo Hospital, Lahore.

Fresno Fundraiser

(March 2022) - The community in Fresno has been one of the regular supporters of ChildLife Foundation's work and their get-togethers to raise funds proved their enthusiasm yet again.



GIKI Alumni Association MoU

(March 2022) - The GIKI Alumni in the US believes in giving back to their country. An MoU was signed in the Bay Area between ChildLife Foundation and GIKI Alumni to sponsor an ER Block at our upcoming ER in PIMS, Islamabad.



South Florida's Annual Fundraiser

(March 2022) - We thank Mr. Ashraf Amdani, Mr. Yasir Billoo, Mr. Khalid Mirza and Mr. Salem Suriya for their continuous support in saving lives and making the Fundraiser a huge success.



Visit by Sacramento Champion

(March 2022) - Dr. Mahfooz Khan from our newly established chapter in Sacramento, CA, visited the upgraded children's ER in Mayo Hospital, Lahore, to witness firsthand the world class quality care being provided by our compassionate team.



Mr. Amin Naviwala's Visit

(March 2022) - Mr. Amin Naviwala, a long-standing supporter from South Florida, toured the ER facility at Civil Hospital, Karachi.



SUPPORTING CHILDREN IN
HOSPITALS

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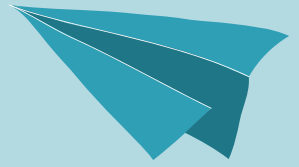
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OUR TEAM



TRUSTEES



Mr. Iqbal Adamjee | Chairman

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 including Adamjee Eye Hospital. He is also a trustee at the Adamjee Foundation.

Mr. Sohail Tabba | Vice Chairman

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



Dr. Naseeruddin Mahmood

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

Mr. Ashraf Amdani

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

Mr. Doni is the Founder and CEO of Doni & Co., a company that specializes in the trading of agro-commodities. He has over 3 decades of experience in the field of international trade. He has developed a vast network of commodity origination around the world. Mr. Doni 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, proper nutrition, and education among children, he is involved with many philanthropic works and organizations in this sector in Pakistan.



Mr. Osman Rashid

Mr. Rashid is a trustee of ChildLife Foundation based out of California, USA. He is a successful serial entrepreneur and has started many companies including Chegg, Kno, Inc. 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 actively involved in other philanthropic work such as planting trees and helping classrooms attain school supplies.

Dr. Maliha Ahmed Kamal

Dr. Kamal is a Hospital Medicine Specialist based in Pittsburgh, Pennsylvania. She received her medical degree from Aga Khan Medical College in 1996 and has been practicing for more than 20 years. She has the following credentials: Hospitalist, UPMC-Passavant, Medical Director Corporate Care Management, Clinical Assistant Professor at 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 in 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 has a Master's degree in Economics and a Bachelor's in Law.

Dr. Fehmina Arif

Dr. Arif is a pediatrician associated with Civil Hospital, Karachi (CHK). She completed her MBBS from Dow Medical College Karachi in 1985; DCH in 1996 from the University of Karachi and FCPS in Pediatrics from 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.

MANAGEMENT TEAM



Dr. Ahson Rabbani | Chief Executive Officer

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



Dr. Irfan Habib | Medical Director

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

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



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

Mr. Farooq has more than 19 years of experience in the areas of accounting, financial management, risk management, policy reforms, regulatory compliance, and business turnarounds. He joined ChildLife in 2021. Before joining ChildLife Foundation, 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. Syed Asad Agha | Director - Operations

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



Mr. Mohsin Ali | Director - Planning and Services

Mr. Ali is a result-driven executive with more than 15 years of progressive experience. He is experienced in streamlining business operations that drive growth, increase efficiency, and improve bottom-line profitability. He is a member of IPA Australia and a CA finalist, and has worked in the areas of developing and implementing financial controls and processes in addition to productivity improvements.



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

Dr. Kazi Mahmood is a medical graduate and holds a master's degree from IBA in Health System Planning. He has 20 years of experience of working at Aga Khan University Hospital (AKUH) in different tiers of clinical operations & quality management. During the last 10 years of his service at AKUH, he held leadership positions and headed the Department of Emergency Medicine. He was credited with reshaping clinical services to improve patient flow. He also led the Emergency Medicine team on national & international Quality Audits including JCIA (Joint Commission International Accreditation) and European Accreditation for Clinical Laboratories. He acquired specialized training in Emergency Management from Johns Hopkins Emergency Medicine Department, Baltimore.



Mr. Rais Ahmed | General Manager - Internal Audit

Mr. Ahmed has over 15 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).



Mr. Rahim Dharani | General Manager - HR

Mr. Dharani has held diverse managerial positions in multinational organizations and has over 14 years of core HR experience in leading health, academic, corporate & manufacturing/retail organizations. He has previously worked with Aga Khan Development Network 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 Human Resources and International Relations from University of Hamdard and University of Karachi respectively.



Mr. Shahzad Zaki | General Manager - Communications

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

OPERATIONS TEAM



Mr. Syed Asad Agha
Director Operations



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



Mr. Syed Atif Ali
DGM Operations,
Balochistan & CHK



Mr. Noman Bin Mushtaque
Sr. Administrator, Central
Sindh



Mr. Abdullah Khan Asar
Sr. Administrator, Northern
Sindh



Mr. Muhammad Wajahat
Sr. Administrator, ASH &
Projects



Dr. Muhammad Siddiq
Sr. Administrator, LGH &
Shared Services



Mr. Muhammad Imran
Sr. Manager Telemedicine



Mr. Shamshad Ahmed
Administrator – SGHK-5



Mr. Alfurqan Javed
Administrator, PIMS
Hospital



Mr. Masoom Nakshbandi
Administrator, Hyderabad



Mr. Kamran Mehmood
Administrator, Quetta



Mr. Usman Mehmood
Administrator, LGH



Mr. Muhammad Saeed Khan
Administrator, Mayo
Hospital



Mr. Hafizullah Mangi
Administrator, NICH

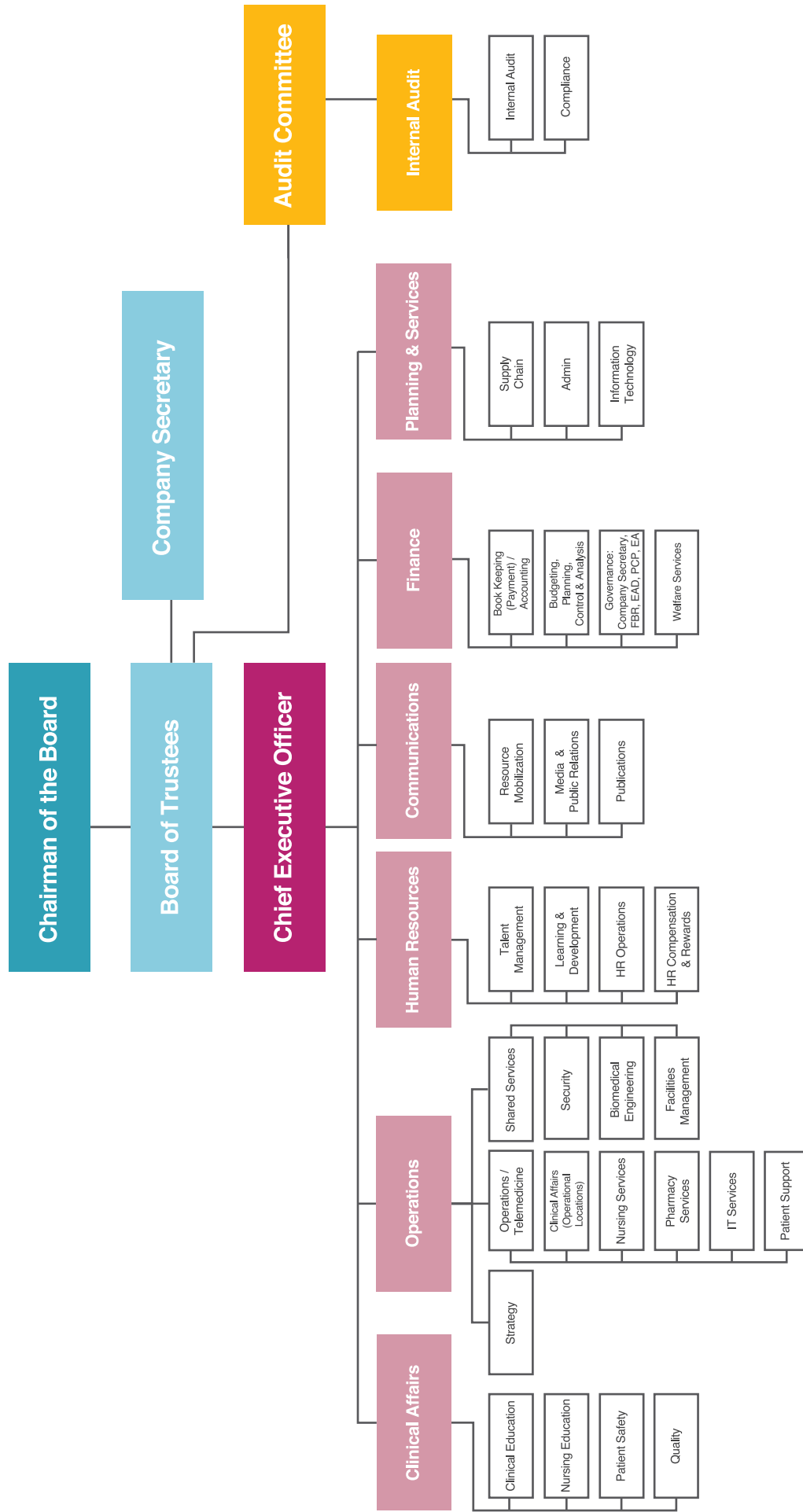


Mr. Imtiaz Soomro
Administrator, Sukkur



Mr. Israr Ahmed
Manager Operations

ORGANOGRAM



Shariah Advisor
Alhmd Shariah Advisory Services (Pvt.) Limited

External Auditors
A.F. Ferguson & Co.

Tax Advisors
KPMG



GOVERNANCE





STAKEHOLDER'S **ENGAGEMENT**

ChildLife Foundation has not only been able to provide free quality emergency care to children, but also a renewed hope to their families with the support of its stakeholders.

Each stakeholder plays an active and significant role in different aspects of our work, helping us to raise our quality standards.

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 to local and federal legal regulations. Updates of structural changes and major developments during the year as required.	Yearly

Stakeholders	Description	Expectation	Frequency
<p>Patients</p>	<p>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.</p>	<p>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.</p>	<p>Continuous</p>
<p>Vendors</p>	<p>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.</p>	<p>Strategic planning of organization's needs based on detailed descriptions of requirements of quantities. This is achieved through regular meet-ups.</p>	<p>Continuous</p>
<p>Social/ Print and Electronic Media</p>	<p>The organization collaborates professionally with all institutions involved in disseminating news and events, with particular importance given to health care services advancements. The communication team updates its website and social media pages to keep all stakeholders apprised of the latest happenings.</p>	<p>Communication of all pertinent information regarding happenings, events, and any organizational changes that occur.</p>	<p>Continuous</p>
<p>Pakistan Centre for Philanthropy (PCP)</p>	<p>PCP is a designated Certification Agency by the Federal Board of Revenue (FBR), Government of Pakistan. PCP conducts performance evaluations of Non-Profit Organizations on behalf of FBR and certifies that NPOs meet with the desired requirements of certification standards (notified by FBR) in the areas of internal governance, financial management, and program delivery.</p>	<p>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.</p>	<p>3 years</p>

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.

Three meetings of the committee were held during the year.

Members of the committee are:

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

Internal Audit Function

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

- Audit reports of all 11 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, 2022.
- 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 the recommendation, selection, evaluation, compensation and succession policy of CEO, Company Secretary and Senior Management. It shall support strong organizational performance and people risk management. The terms of reference include:

- To review and recommend Human Resource Management (HRM) policies to the Board (including recruitment, retention, training, performance, compensation, termination, misconduct, appeals and complaints);
- To ensure that the HRM policies are in compliance with applicable laws;
- To review and recommend to the Board selection, evaluation, compensation (including retirement benefits) and succession planning of the CEO and other senior management;
- To consider major changes in the organizational structure;
- To review the annual salary plan including increments;
- To ensure leadership continuity in the event of an unexpected departure or emergency leave of the CEO or any senior staff member;
- The committee shall ensure to establish fair work rules and policies;
- The committee shall annually review its charter and recommend proposes 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	Trustee
Dr. Naseeruddin Mahmood	Trustee
Mr. Sohail Tabba	Trustee

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.

One meeting of the committee was held during the year.

Members of the Committee are:

Committee Members	Status
Mr. Sohail Tabba	Chairman of the Committee
Mr. Abid Ganatra	Trustee
Mr. Iqbal Adamjee	Trustee

Shariah Advisory 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.

One meeting of the committee was held during the year.

Members of the Committee are:

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

Purchase Committee

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

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

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

Members of the Committee are:

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

Executive Volunteers

ChildLife Foundation is blessed to have guidance and support from industry experts on areas of governance, IT, legal, outreach, and fundraising.

Our valuable patrons guide us on improving operations through their expertise, knowledge, and experience. They also conduct organizational development trainings for the ChildLife Foundation team.

The Executive Volunteers are wholeheartedly engaged in spreading awareness about our work and are also involved in Corporate Social Responsibility initiatives through advocacy.

Names	Status
Mr. Khwaja Bakhtiar Ahmed	Executive Volunteer – Finance
Mr. Shahab Ahmed	Executive Volunteer – IT
Mr. Sohail Zindani	Executive Volunteer – Outreach
Mr. Farhad Karamallay	Executive Volunteer – Organizational Development
Ms. Nausheen Ahmad	Executive Volunteer – Legal

Shariah Report



ALHAMD SHARIAH ADVISORY SERVICES

(PVT) LIMITED

Annual Shariah Review Report

For the year ended June 2022

We reviewed the procedures adopted by ChildLife Foundation (CLF) for collection and utilization of Zakat for the year ended 30th June, 2022. 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.

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

Mufti Ibrahim Essa
Chief Executive Officer

Mufti Uzair Bilwani
Executive Director

Dated: Sep 6, 2022



Address: Flat 503, 8th Floor Ibrahim Residency, C.P & Berar Society, Karachi.



+92 322 2671867 |



www.alhamdshariahadvisory.com |



info@alhamdshariahadvisory.com



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 directors

Annual Evaluation of the Board and CEO's Performance

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

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
- Determine the values to be promoted throughout the organization

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
Political and economic instability	Political instability in the country also led to a huge increase in economic uncertainty. Uncertainty at individual, organization, and government levels is negatively affecting the economy. Due to this instability, there is a risk that public-private partnership may get affected in the long term.	Apart from strengthening the relationship with provincial governments and improvement in the quality of services, we have emphasized on self sustainability to increase donor base in Pakistan and at international level as well.	Higher the self sustainability the lower the chances of dependence on grant-in aid.	<ul style="list-style-type: none"> - Government - Employees - Donors/ Trustees - Clients/Customers 	High	External

Sustainability Analysis (PESTEL)

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

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

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



POLICIES

Human Resource Policies

Code of Conduct

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

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

Conflict of Interest

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

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

Whistleblowing Policy

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

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

Number of Cases

In the period between July 2021 and June 2022, no whistleblowing cases were lodged.

Diversity

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

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

Preparation of Succession Plan

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

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

IT Governance Policy

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 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.

Policy for the safety records of the entity

The main purpose is to ensure safeguard, manage and maintain financial and non-financial records. This includes storage and maintenance of manual records as well.

Digital Records

- All records that are digitally compiled and maintained, are also managed on alternate cloud servers.
- Finance related manual records that are scanned and uploaded on cloud server, are verified with ERP system.
- Patient records are being saved on live cloud servers. The primary server is also backed up by another server. The live data is also archived on backup server on daily basis.
- Complete data that is being saved on live cloud servers are also kept on external USBs drives on monthly basis.
- USBs are being kept offshore.
- Data centers where cloud servers are hosted are equipped with the latest software and hardware firewalls that curtail unauthorized access.

Hard Copies Records

- Manual records are scanned and uploaded on cloud-based server for data warehousing purposes on a quarterly basis.
- Once data is uploaded on cloud server, digitally converted records are reconciled with hard copies.

Our Contribution to the Society, Environment, and Economy

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

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

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

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

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

Key Performance Indicators (KPIs)

Fundraising

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

Marketing & Communication

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

Program Delivery

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

HR

50% Senior doctors in attendance at all times
Full and final settlement in less than 30 days
Salary on time before the first of each month

Clinical

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

Finance

External, Internal and Grant Audit completion and compliance for transparent bookkeeping.
GAP analysis and formulation of SOPs for effective internal controls
Stable liquidity position and maximization of profits on investment
Governance (Legal and tax laws compliance)
Timely payments to vendors



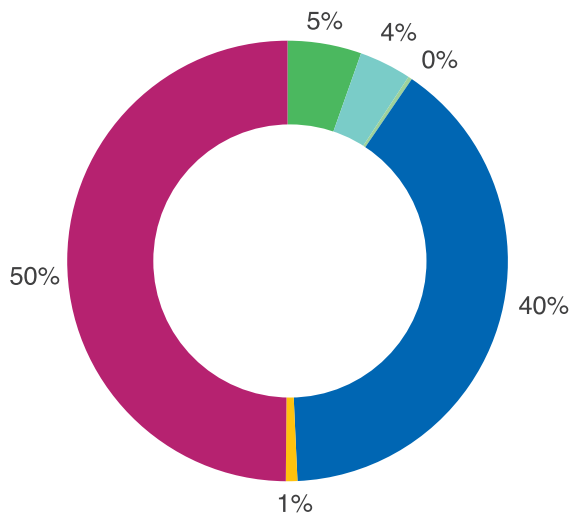
FINANCIALS



Financial Highlights

Graphical Presentation of Balance Sheet

Assets 2022



Investments

Cash and Bank Balances

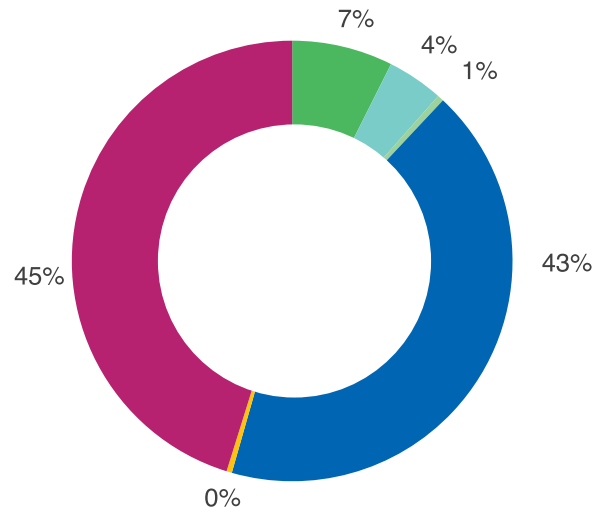
Operating Fixed + Intangible Assets

Other receivables

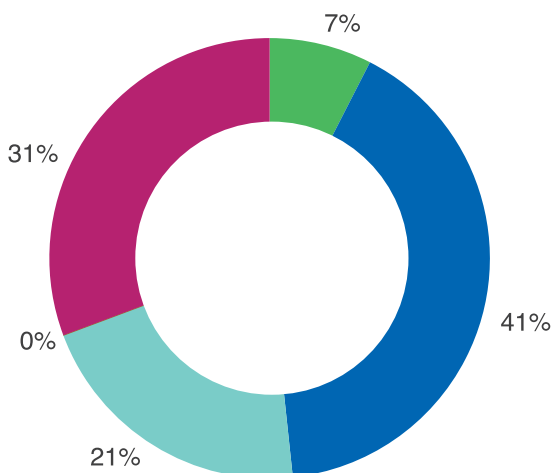
Consumables

Advances, deposits and prepayments

Assets 2021



Funds and Reserves 2022



Strategic Fund

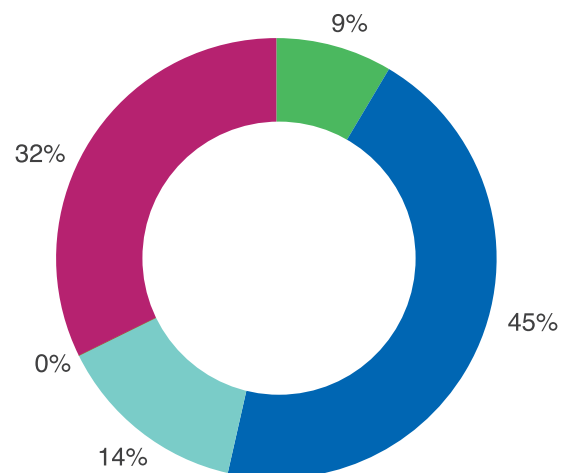
Endowment Fund

Zakat Fund

General Fund

Inception Contribution

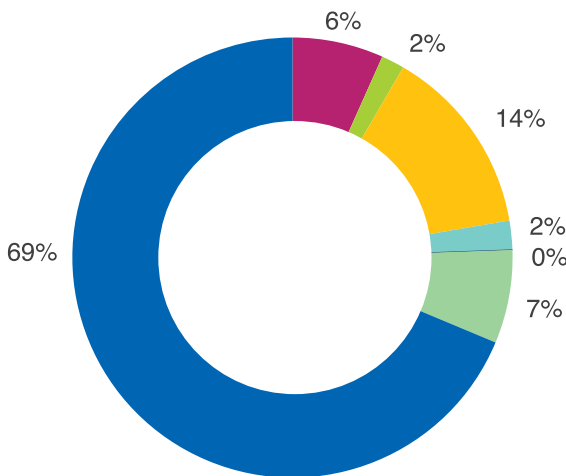
Funds and Reserves 2021



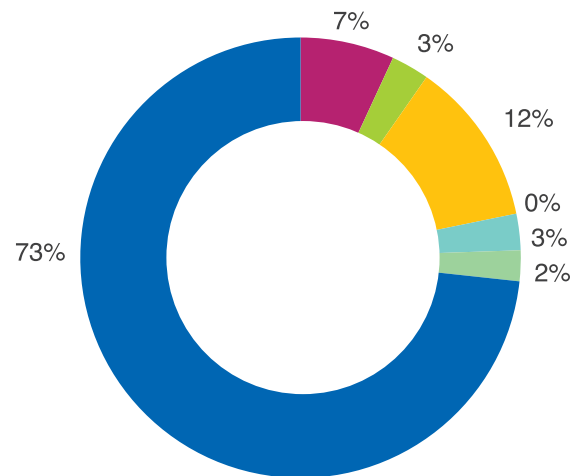
Financial Highlights

Graphical Presentation of Income and Expenditure Account

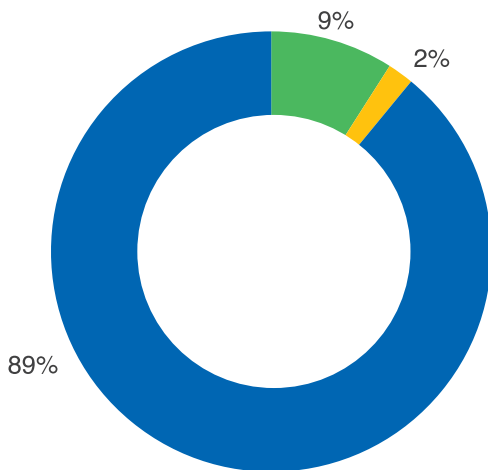
Income 2022



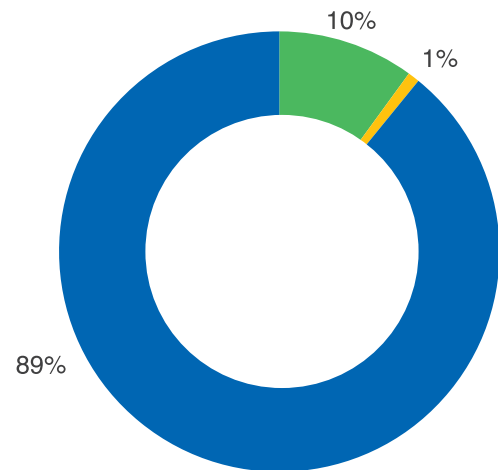
Income 2021



Expenses 2022



Expenses 2021



Receipts Pattern

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



Financial Highlights

Key Financial Indicators and Ratios

KEY FINANCIAL INDICATORS:	2021-22	2020-21	2019-20	2018-19	2017-18	2016-17
Total Income	1,956,783,256	1,401,341,494	1,275,586,860	911,157,076	771,305,140	359,146,652
Total Expenses	1,713,250,827	1,237,651,925	1,046,248,456	775,405,414	590,306,932	358,749,467
Surplus/(deficit) for the year transferred to general fund	243,532,429	163,689,569	229,338,404	135,751,662	180,998,208	397,185
STATEMENT OF FINANCIAL POSITION						
Non-Current Assets	136,101,728	126,743,675	129,493,889	87,909,980	82,747,121	26,057,292
Current Assets	2,377,124,672	1,585,076,435	1,260,193,997	1,116,365,927	614,953,308	375,112,736
Total Assets	2,513,226,400	1,711,820,110	1,389,687,886	1,204,275,907	697,700,429	401,170,028
Total Funds	2,407,477,319	1,642,990,955	1,319,243,127	1,147,951,634	606,770,775	370,201,027
Liabilities:						
Non-current liabilities	-	-	32,629	1,305,671	3,453,563	7,712,548
Current liabilities	105,749,081	68,829,155	70,412,130	55,018,602	87,476,091	23,256,453
Total Liabilities	105,749,081	68,829,155	70,444,759	56,324,273	90,929,654	30,969,001
Total Funds & Liabilities	2,513,226,400	1,711,820,110	1,389,687,886	1,204,275,907	697,700,429	401,170,028

KEY FINANCIAL RATIOS:	2021-22	2020-21	2019-20	2018-19	2017-18	2016-17
Profitability Ratios						
Cost/income Ratio	87.6%	88.3%	82.0%	85.1%	76.5%	99.9%
Net Surplus/Income Ratio	12.4%	11.7%	18.0%	14.9%	23.5%	0.1%
Liquidity Ratios						
Current Ratio	22.48	23.03	17.90	20.29	7.03	16.13
Quick / Acid Test Ratio	21.57	22.00	17.13	19.81	6.74	15.84
Cash to Current Liabilities	11.85	11.24	12.21	8.68	2.15	4.45
Turnover Ratios						
Inventory Turnover Ratio	4.13	4.28	5.00	5.50	5.72	15.14
No. of Days in Inventory	88	85	73	66	64	24
Activity ratios						
Return on assets	10%	10%	17%	11%	26%	0%
Fixed assets to income ratio	7%	9%	10%	10%	11%	7%
Total assets to income ratio	128%	122%	109%	132%	90%	112%
Capital Structure						
Debt to fund ratio	0%	0%	0%	0%	0%	0%

Summary of Cash Flow

Description	2021-22	2020-21	2019-20	2018-19	2017-18	2016-17
Cash and cash equivalents at beginning of the year	773,492,204	859,836,715	477,380,961	188,449,717	103,432,247	77,347,022
Net cash generated from operating activities	199,978,211	148,653,697	169,265,460	128,970,350	76,541,048	11,431,289
Net cash generated from / (used in) investing activities	159,031,117	(395,056,467)	271,237,205	(262,167,898)	(182,192,890)	(129,769,868)
Net cash generated from / (used in) financing activities	520,953,935	160,058,259	(58,046,911)	422,128,792	190,669,312	144,423,804
Net increase / (decrease) in cash and bank balances	879,963,263	(86,344,511)	382,455,754	288,931,244	85,017,470	26,085,225
Cash and cash equivalents at end of the year	<u>1,653,455,467</u>	<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>

Cashflow Statement of Zakat Funds (Direct Method)

Description	2021-22	2020-21	2019-20	2018-19	2017-18	2016-17
Opening balance	140,419,067	109,916,429	42,063,047	35,333,877	44,213,911	39,474,965
Received during the period	355,007,575	237,360,640	251,162,491	236,863,781	166,499,320	215,297,101
Utilization	(314,128,231)	(206,858,002)	(183,309,109)	(230,134,611)	(175,379,354)	(210,558,155)
Closing balance	<u>181,298,411</u>	<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>

Commentary on Financial Ratios

Profitability Ratios

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

Main cost comprises of human resource whether in the form of own employees or third party. The focus is not to earn surplus but to be rational in spending in all areas. Our cost to income ratio has improved from 88.3% in FY 2020-21 to 87.6% in FY 2021-22 due to more focused approach in spending. On the other hand, we have also focused to increase self-generated funds from donation and zakat venues.

Liquidity Ratios

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

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

Inventory Turnover Ratio

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

Our policy is to keep at least 2 to 3 months stock at every emergency room for smooth operations. Our operations also relate to rural areas of Pakistan. However, we are striving hard to minimize the stock holding by adopting modern day techniques. This will further improve the quick ratios.

Activity Ratios

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

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

Capital Structure

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

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

ChildLife Foundation

Six Years' Vertical Analysis

	2021-22	2020-21	2019-20	2018-19	2017-18	2016-17
Income:						
Received in Cash	6.70%	6.90%	25.79%	1.95%	33.67%	32.24%
Received in Kind	1.70%	2.80%	1.76%	2.06%	4.58%	9.10%
Zakat Utilization - Operating Expenses	13.91%	12.10%	11.46%	20.09%	16.84%	48.63%
Zakat Utilization - Clinics	2.14%	2.67%	2.91%	5.17%	5.90%	8.90%
Deferred income - Operating Fixed Assets	0.00%	0.00%	0.10%	0.24%	0.56%	1.13%
Other income	6.86%	2.25%	4.76%	7.52%	2.27%	0.00%
Utilized from Strategic Fund	68.69%	73.28%	53.22%	62.97%	36.18%	0.00%
Total Income	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Expenses:						
Salaries and benefits	41.12%	45.40%	47.06%	48.33%	35.35%	36.96%
Third party contractual services	8.93%	9.18%	6.72%	9.34%	4.54%	5.40%
Medicines consumed	20.15%	21.52%	19.19%	18.26%	15.40%	26.78%
Patient consultation	3.52%	3.88%	4.57%	7.72%	9.55%	12.17%
Project renovation	6.91%	5.52%	9.12%	1.09%	23.52%	6.56%
Depreciation & Amortization	3.10%	3.78%	3.36%	3.62%	2.33%	2.75%
Supplies and consumables	2.90%	1.90%	3.15%	4.13%	2.19%	2.09%
Oxygen supplies	3.83%	2.01%	1.36%	1.05%	0.02%	0.00%
Repairs and maintenance	1.50%	1.23%	0.49%	1.08%	1.32%	1.55%
Travelling and related expense	2.02%	1.36%	1.00%	0.69%	1.38%	1.64%
Utilities	1.43%	0.86%	0.68%	0.75%	0.61%	0.86%
Cartage expense	0.45%	0.25%	0.19%	0.18%	0.00%	0.00%
Insurance expense	0.64%	0.85%	0.82%	0.71%	0.45%	0.47%
Training and development	0.30%	0.14%	0.27%	0.28%	0.36%	0.54%
Information system maintenance	0.64%	0.61%	0.59%	0.37%	0.13%	0.00%
Legal and professional	0.34%	0.20%	0.09%	0.16%	0.07%	0.27%
Auditors' remuneration	0.02%	0.08%	0.04%	0.04%	0.04%	0.07%
Advertisement	1.77%	0.92%	0.64%	1.04%	1.45%	1.26%
Programmatic activities and preventive health care	0.15%	0.06%	0.04%	0.11%	0.23%	0.07%
Others	0.28%	0.25%	0.62%	1.05%	1.06%	0.56%
Total Expenses	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
FINANCIAL POSITION:						
Assets:						
Operating Fixed Assets	5.42%	7.40%	9.32%	7.30%	11.86%	6.49%
Consumables	3.84%	4.13%	3.88%	2.20%	3.57%	1.70%
Advances, deposits and prepayments	0.28%	0.46%	1.24%	0.58%	3.73%	0.65%
Investments	39.74%	42.42%	23.37%	49.91%	53.43%	65.06%
Other receivables	0.85%	0.40%	0.32%	0.37%	0.40%	0.32%
Cash and bank balances	49.87%	45.19%	61.87%	39.64%	27.01%	25.78%
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	7.53%	8.55%	8.33%	3.66%	5.82%	11.94%
General fund	40.79%	44.99%	43.73%	30.27%	33.87%	6.62%
Endowment fund	20.99%	14.18%	17.56%	19.93%	38.73%	57.33%
Unrealized gain on available for sale investment	0.00%	0.00%	0.00%	0.00%	0.00%	1.15%
Strategic fund	30.69%	32.28%	30.38%	46.14%	21.58%	22.96%
Total Funds	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Liabilities:						
Deferred income related to operating fixed assets	0.00%	0.00%	0.05%	2.32%	3.80%	24.90%
Creditors, accrued and other liabilities	100.00%	100.00%	99.95%	97.68%	96.20%	75.10%
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

	% Variation					
	2021-22	2020-21	2019-20	2018-19	2017-18	2016-17
Income:						
Received in Cash	113%	83%	284%	15%	224%	100%
Received in Kind	102%	120%	69%	57%	108%	100%
Zakat Utilization - Operating Expenses	156%	97%	84%	105%	74%	100%
Zakat Utilization - Clinics	131%	117%	116%	147%	142%	100%
Deferred income - Operating Fixed Assets	0%	1%	31%	53%	106%	100%
Other income*	768%	181%	347%	392%	100%	0%
Utilized from Strategic Fund*	482%	368%	243%	206%	100%	0%
Total Income	545%	390%	355%	254%	215%	100%
Expenses:						
Salaries and benefits	531%	424%	371%	283%	157%	100%
Third party contractual services	790%	586%	363%	374%	138%	100%
Medicines consumed	359%	277%	209%	147%	95%	100%
Patient consultation	138%	110%	110%	137%	129%	100%
Project renovation	503%	290%	405%	36%	590%	100%
Depreciation & Amortization	539%	474%	356%	285%	139%	100%
Supplies and consumables	663%	315%	441%	428%	173%	100%
Oxygen supplies*	51107%	19348%	11102%	6260%	100%	0%
Repairs and maintenance	462%	273%	93%	151%	139%	100%
Travelling and related expense	588%	286%	177%	91%	138%	100%
Utilities	791%	345%	228%	189%	116%	100%
Cartage expense**	542%	217%	137%	100%	0%	0%
Insurance expense	650%	626%	513%	328%	157%	100%
Training and development	266%	87%	148%	114%	110%	100%
Information system maintenance	77032%	53522%	43117%	20403%	5410%	100%
Legal and professional	612%	258%	103%	133%	46%	100%
Auditors' remuneration	160%	388%	169%	100%	100%	100%
Advertisement	667%	251%	149%	177%	189%	100%
Programmatic activities and preventive health care	991%	289%	161%	328%	521%	100%
Others	238%	152%	324%	406%	313%	100%
Total Expenses	478%	345%	292%	216%	165%	100%
Surplus/(deficit) for the year transferred to general fund	61315%	41212%	57741%	34178%	45570%	100%
FINANCIAL POSITION:						
	% Variation					
	2021-22	2020-21	2019-20	2018-19	2017-18	2016-17
Assets:						
Operating Fixed Assets + Intangibles	522%	486%	497%	337%	318%	100%
Consumables	1414%	1037%	790%	389%	366%	100%
Advances, deposits and prepayments	280%	305%	661%	267%	1002%	100%
Investments	383%	278%	124%	230%	143%	100%
Other receivables	1665%	532%	353%	352%	217%	100%
Cash and bank balances	1212%	748%	831%	462%	182%	100%
Total Assets	626%	427%	346%	300%	174%	100%
Funds:						
Inception contribution	100%	100%	100%	100%	100%	100%
Zakat fund	410%	318%	249%	95%	80%	100%
General fund	4009%	3019%	2356%	1419%	839%	100%
Endowment fund	238%	110%	109%	108%	111%	100%
Unrealized gain on available for sale investment	-100%	-100%	-100%	-100%	-100%	100%
Strategic fund	869%	624%	471%	623%	154%	100%
Total Funds	650%	444%	356%	310%	164%	100%
Liabilities:						
Deferred income related to operating fixed assets	0%	0%	0%	17%	45%	100%
Creditors, accrued and other liabilities	455%	296%	303%	237%	376%	100%
Total Liabilities	341%	222%	227%	182%	294%	100%
Total Funds & Liabilities	626%	427%	346%	300%	174%	100%

* Base Year is taken as 2017-18

** Base Year is taken as 2018-19

INDEPENDENT AUDITOR'S REPORT TO THE TRUSTEES OF THE TRUST

Opinion

We have audited the financial statements of ChildLife Foundation (the Trust), which comprise the statement of financial position as at June 30, 2022 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, 2022, and of its financial performance and its cash flows for the year then ended in accordance with approved accounting and reporting standards as applicable in Pakistan.

Basis for Opinion

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

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

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

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

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

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

The Trustees are responsible for the preparation and fair presentation of the financial statements in accordance with the approved accounting and reporting standards as applicable in Pakistan, and for such internal control as the Trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

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

Those charged with governance are responsible for overseeing the Trust's financial reporting process.



*A. F. FERGUSON & CO., Chartered Accountants, a member firm of the PwC network
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Tel: +92 (21) 32426682-6/32426711-5; Fax: +92(21) 32415007/32427938/32424740; <www.pwc.com/pk>*



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: December 12, 2022
Karachi
Engagement Partner: Shahbaz Akbar
UDIN: AR202210068PYpA9hBzv

Statement of Financial Position

AS AT JUNE 30, 2022

	Note	2022	2021
		Rupees	
ASSETS			
NON-CURRENT ASSETS			
Operating fixed assets	5	134,480,692	121,399,656
Intangible asset	6	1,621,036	5,344,019
		136,101,728	126,743,675
CURRENT ASSETS			
Consumables	7	96,382,911	70,682,479
Advances, deposits and prepayments	8	7,259,011	7,909,374
Investments	9	998,781,387	726,208,890
Other receivables		21,245,896	6,783,488
Cash and bank balances	10	1,253,455,467	773,492,204
		2,377,124,672	1,585,076,435
TOTAL ASSETS		2,513,226,400	1,711,820,110
FUNDS AND LIABILITIES			
FUNDS			
Un-Restricted Funds			
Inception contribution		10,000	10,000
General fund		981,952,435	739,255,295
		981,962,435	739,265,295
Restricted Funds			
Zakat fund		181,298,411	140,419,067
Endowment fund		505,373,641	233,030,185
Strategic fund	11	738,842,832	530,276,408
		1,425,514,884	903,725,660
TOTAL FUNDS		2,407,477,319	1,642,990,955
LIABILITIES			
CURRENT LIABILITIES			
Creditors, accrued and other liabilities	12	105,749,081	68,829,155
TOTAL LIABILITIES		105,749,081	68,829,155
TOTAL FUNDS AND LIABILITIES		2,513,226,400	1,711,820,110
CONTINGENCIES AND COMMITMENTS	13		

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, 2022

	Note	2022	2021
		Rupees	
INCOME	15	1,956,783,256	1,401,341,494
EXPENDITURE			
Operating expenses	16	1,525,578,423	1,103,013,544
Administrative expenses	17	154,848,417	122,484,429
Marketing expenses	18	32,823,987	12,153,952
Total expenditure		1,713,250,827	1,237,651,925
Surplus for the year before taxation		243,532,429	163,689,569
Taxation	20	-	-
Net surplus for the year		243,532,429	163,689,569
Other Comprehensive Income for the year		-	-
Total Comprehensive Surplus for the year		243,532,429	163,689,569

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, 2022

	Note	2022	2021
		Rupees	
CASH FLOWS FROM OPERATING ACTIVITIES			
Surplus for the year		243,532,429	163,689,569
Adjustments for:			
Amortization of deferred income	15	-	(32,629)
Depreciation	5	49,789,134	43,513,296
Amortization	6.1	3,331,799	3,274,705
Profit on investments and bank deposits	15.3	(92,764,905)	(49,890,396)
Gain on investments	15.3	(835,289)	(4,073)
Gain on disposal of assets	15.3	(482,405)	(488,963)
		202,570,763	160,061,509
(Increase) / decrease in current assets			
Consumables		(25,700,432)	(16,806,631)
Other receivables		(14,462,409)	(2,274,713)
Advances, deposits and prepayments		650,363	9,256,507
Increase / (decrease) in current liabilities			
Creditors, accrued and other liabilities		36,919,926	(1,582,975)
Net cash generated from operating activities		199,978,211	148,653,697
CASH FLOWS FROM INVESTING ACTIVITIES			
Purchase of operating fixed assets	5	(63,993,038)	(42,120,771)
Purchase of intangible asset		(664,372)	(1,917,025)
Dividend received		-	1,398,040
Matured / (investment in) Islamic term deposit receipts	9	101,218,613	(400,000,000)
Redemption of / (investment in) Islamic mutual funds	9	26,208,890	(1,402,112)
Realized gain from Islamic investments		93,949,824	48,734,801
Proceeds from disposal of operating fixed assets		2,311,200	250,600
Net cash generated from / (used in) investing activities		159,031,117	(395,056,467)
CASH FLOWS FROM FINANCING ACTIVITIES			
Zakat fund received		355,007,575	237,360,640
Strategic fund received	11	1,552,753,009	1,156,534,870
Endowment fund received		271,508,167	-
Utilization of zakat fund		(314,128,231)	(206,858,002)
Utilization of strategic fund	11	(1,344,186,585)	(1,026,979,249)
Net cash generated from financing activities		520,953,935	160,058,259
Net Increase / (decrease) in cash and cash equivalents		879,963,263	(86,344,511)
Cash and cash equivalents at beginning of the year		773,492,204	859,836,715
Cash and cash equivalents at end of the year	21	1,653,455,467	773,492,204

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, 2022

Note	Un-Restricted funds		Restricted funds			Total
	Inception contribution	General fund	Zakat fund	Endowment fund	Strategic fund	
	Rupees					
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	16.1	-	(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
Funds received during the year	-	-	355,007,575	271,508,167	1,552,753,009	2,179,268,751
Zakat utilized for operating expenses	-	-	(272,265,822)	-	-	(272,265,822)
Zakat claim for patients treated at SINA Trust	16.1	-	(41,862,409)	-	-	(41,862,409)
Surplus for the year	-	243,532,429	-	-	-	243,532,429
Funds utilized during the year	11	-	-	-	(1,344,186,585)	(1,344,186,585)
Realized gain upon encashment	-	(835,289)	-	835,289	-	-
Balance as at June 30, 2022	10,000	981,952,435	181,298,411	505,373,641	738,842,832	2,407,477,319

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, 2022

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, Shahra-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)
- PIMS Hospital Islamabad (PIMS)

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

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

- 1.3** The Trust is also managing the Children’s Emergency Unit in CHQ under a revised MOU signed on March 3, 2021 between the Trust and Government of Balochistan (GoB) through the Secretary Health. Under the MOU:
- the GoB through Health Department is responsible for providing adequate resources in the annual budget and depute, post and assign such qualified, technical, professional and surgical / medical experts, paramedical staff and other experts of related disciplines and would also provide basic utilities without cost and the use of an appropriate stand-by generator; and
 - the Trust is responsible for renovation and providing medical equipment, air conditioning and other essential equipment for the Children's Emergency Unit as and where necessary on its sole discretion. Further the Trust is responsible for efficiently managing the project and the facilities, developing proper inventory and data management systems, appointing qualified and professional experts and paramedic staff where required, arranging for the provisions of medicines and medical equipment, and may engage in technological advancements for compliance with medical protocols and improving the efficiency and quality of care.
- 1.4** The Trust is also managing the Children’s Emergency Unit in MHL under a MOU signed on June 17, 2021 between the Trust and Mayo hospital, Lahore (MHL) through its Chairman, Board of Governors. Under the MOU:
- MHL is responsible for providing adequate resources in the annual budget and depute, post and assign such qualified, technical, professional and surgical / medical experts, paramedical staff and other experts of related disciplines and would also provide basic utilities without cost and the use of an appropriate stand-by generator; and
 - the Trust is responsible for renovation and providing medical equipment, air conditioning and other essential equipment for the Children's Emergency Unit as and where necessary on its sole discretion. Further the Trust is responsible for efficiently managing the project and the facilities, developing proper inventory and data management systems, appointing qualified and professional experts and paramedic staff where required, arranging for the provisions of medicines and medical equipment, and may engage in technological advancements for compliance with medical protocols and improving the efficiency and quality of care.
- 1.5** The Trust will also manage the Children’s Emergency Unit in PIMS under a MOU signed on January 28, 2022 between the Trust and Federal Medical Teaching Institute, PIMS, Islamabad through its Chairman, Board of Governors. Under the MOU:
- PIMS is responsible for providing adequate resources in the annual budget and depute, post and assign such qualified, technical, professional and surgical / medical experts, paramedical staff and other experts of related disciplines and would also provide basic utilities without cost and the use of an appropriate stand-by generator; and
 - the Trust is responsible for renovation and providing medical equipment, air conditioning and other essential equipment for the Children's Emergency Unit as and where necessary on its sole discretion. Further the Trust is responsible for efficiently managing the project and the facilities, developing proper inventory and data management systems, appointing qualified and professional experts and paramedic staff where required, arranging for the provisions of medicines and medical equipment, and may engage in technological advancements for compliance with medical protocols and improving the efficiency and quality of care.
- 1.6** The Trust 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 per patient. Rates of donations are further detailed in note 16.1.
- 1.7** 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 has submitted 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 going to be registered under the province of Sindh hence it is not required to be registered under other Provincial Trust Acts.

2 BASIS OF PREPARATION

2.1 Statement of compliance

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

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

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

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

There are certain new standards and interpretations of and amendments to existing accounting standards that have become applicable to the Trust for accounting periods beginning on or after July 1, 2021. These are considered either not to be relevant or not to have any significant impact on the Trust's financial statements.

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

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

Amendments	Effective date (accounting period beginning on or after)
- IAS 1 - 'Presentation of financial statements' (amendments)	January 1, 2024
- IAS 8 - 'Accounting policies, change in accounting estimates and errors' (amendments)	January 1, 2023
- IAS 12 - 'Income taxes' (amendments)	January 1, 2023

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

2.3.2 There are certain other new standards, interpretations and amendments that are mandatory for the Trust's accounting periods beginning on or after July 1, 2022 but are considered not to be relevant or will not have any significant effect on the Trust's operations and, therefore, have not been detailed in these financials statements.

3 BASIS OF MEASUREMENT

3.1 Accounting convention

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

3.2 Functional and presentation currency

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

3.3 Critical accounting estimates and judgments

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

The estimates and associated assumptions are based on historical experience and various other factors that are believed to be reasonable under the circumstances, the results of which form the basis of making the judgements about the carrying values of assets and liabilities that are not readily apparent from other sources. Actual results may differ from these estimates. The assumptions underlying the estimates are reviewed on an on-going basis. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period, or in the period of the revision and future periods if the revision affects both current and future periods.

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

- a) Useful lives, residual values and depreciation method of operating fixed assets (notes 4.1 and 5);
- b) Useful life, residual value and 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 profit and loss (FVTPL).

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

(i) Debt instruments

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

Classification and subsequent measurement of debt instruments depend on:

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

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

a) At amortised cost

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

b) Fair value through other comprehensive income (FVOCI)

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

c) Fair value through profit and loss (FVTPL)

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

4.4.1.2 Impairment

The Trust assesses on a forward looking basis the expected credit losses (ECL) associated with its debt instrument assets carried at 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 without undue cost or effort at the reporting date about past events, current conditions and forecasts of future economic conditions

4.4.1.3 Derecognition

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

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

4.4.2 Financial liabilities

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

4.4.2.1 Derecognition of financial liabilities

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

4.5 Offsetting of financial assets and liabilities

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

4.6 Foreign currency transactions and translation

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

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

4.7 Retirement benefit obligation

4.7.1 Defined contribution plan

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

4.8 Consumables

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

4.9 Cash and cash equivalents

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

4.10 Creditors, accrued and other liabilities

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

4.11 Provisions

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

4.12 Advances, deposits and prepayments

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

4.13 Taxation

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

4.14 Income recognition

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 Shariah Advisory Committee (SAC).

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

4.15 Fund accounting

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

4.15.1 Un-restricted funds

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

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 SAC guidelines.

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

In a meeting held on June 6, 2015, the SAC recommended 67% of operating expenses except for depreciation as adjustable from Zakat fund. The SAC also approved the 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, 2022					
	Furniture and fixtures	Office equipment	Computer equipment	Medical equipment	Motor vehicle	Total
	Rupees					
At July 1, 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
Additions during the year	3,619,615	16,657,273	17,256,816	22,406,396	4,052,938	63,993,038
Disposals / write-offs						
Cost	<u>(2,843,164)</u>	<u>(2,039,496)</u>	<u>(9,118,758)</u>	<u>(3,205,951)</u>	<u>(2,290,500)</u>	<u>(19,497,869)</u>
Accumulated depreciation	<u>2,665,511</u>	<u>1,583,748</u>	<u>8,885,799</u>	<u>2,949,443</u>	<u>2,290,500</u>	<u>18,375,001</u>
	(177,653)	(455,748)	(232,959)	(256,508)	-	(1,122,868)
Depreciation charge for the year	<u>(4,444,561)</u>	<u>(19,578,183)</u>	<u>(7,495,190)</u>	<u>(18,001,004)</u>	<u>(270,196)</u>	<u>(49,789,134)</u>
Closing net book value	<u>9,622,225</u>	<u>54,469,364</u>	<u>17,314,721</u>	<u>49,291,640</u>	<u>3,782,742</u>	<u>134,480,692</u>
At June 30, 2022						
Cost	24,423,856	109,338,867	52,184,966	111,154,705	4,052,938	301,155,332
Accumulated depreciation	<u>(14,801,631)</u>	<u>(54,869,503)</u>	<u>(34,870,245)</u>	<u>(61,863,065)</u>	<u>(270,196)</u>	<u>(166,674,640)</u>
Net book value	9,622,225	54,469,364	17,314,721	49,291,640	3,782,742	134,480,692
Depreciation rate per annum	20%	20%	33%	20%	20%	
	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 / write-offs						
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%	

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

Purchase of the above assets is reflected in the income and expenditure account as part of 'Strategic fund 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	2022	2021
		Rupees	
6 INTANGIBLE ASSET			
Computer software	6.1	1,621,036	4,279,559
Software under implementation		-	1,064,460
		<u>1,621,036</u>	<u>5,344,019</u>

6.1 Computer Software

Particulars	Cost			Accumulated amortization			Carrying value		Annual rate of amortization %	
	At July 1, 2021	Addition during the year	Disposal / Write-offs	At June 30, 2022	At July 1, 2021	Charge for the year	Accumulated amortization on Disposal / Write-offs	At June 30, 2022		At June 30, 2022
Computer software	10,148,430	1,728,832	(2,000,000)	9,877,262	5,868,871	3,331,799	(944,444)	8,256,226	1,621,036	33
June 30, 2022	<u>10,148,430</u>	<u>1,728,832</u>	<u>(2,000,000)</u>	<u>9,877,262</u>	<u>5,868,871</u>	<u>3,331,799</u>	<u>(944,444)</u>	<u>8,256,226</u>	<u>1,621,036</u>	

Particulars	Cost			Accumulated amortization			Carrying value		Annual rate of amortization %	
	At July 1, 2020	Addition during the year	Disposal / Write-offs	At June 30, 2021	At July 1, 2020	Charge for the year	Accumulated amortization on Disposal / Write-offs	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>-</u>	<u>10,148,430</u>	<u>2,594,166</u>	<u>3,274,705</u>	<u>-</u>	<u>5,868,871</u>	<u>4,279,559</u>	

	Note	2022	2021
		Rupees	
10 CASH AND BANK BALANCES			
Cash in hand		322,536	269,480
Cash at banks:			
- Local currency			
Current accounts	10.1	182,826,524	141,947,859
Savings accounts	10.2	579,089,237	430,248,453
		761,915,761	572,196,312
- Foreign currency			
Savings account	10.2	491,217,170	201,026,412
		1,253,455,467	773,492,204

10.1 These include Zakat current accounts amounting to Rs. 181.298 million (2021: Rs. 140.419 million).

10.2 These carry return at the rates ranging from 0.25% to 11.40% (2021: 0.75% to 6.60%) per annum.

	Note	2022	2021
		Rupees	
11 STRATEGIC FUND			
Balance as at July 01		530,276,408	400,720,787
Received during the year	11.1	1,552,753,009	1,156,534,870
Utilized during the year	11.2	(1,344,186,585)	(1,026,979,249)
Balance as at June 30	11.3	738,842,832	530,276,408

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	2022	2021
		Rupees	
12 CREDITORS, ACCRUED AND OTHER LIABILITIES			
Creditors		55,606,096	36,117,670
Accrued liabilities		42,336,094	28,037,422
Others	12.1	7,806,891	4,674,063
		105,749,081	68,829,155

12.1 This includes retention money withheld at the rate of 5.00% (2021: 5.00%) on the amount of invoices paid to contractors.

13 CONTINGENCIES AND COMMITMENTS

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

14 MAJOR SOURCES OF CONTRIBUTIONS	2022	2021
	Rupees	
Major contributors of the Trust during the year are as follows:		
Government of Sindh	1,200,000,000	900,000,000
ChildLife America	702,970,340	68,063,604
Government of Balochistan	95,000,000	190,000,000
Mr. Mohammad Shoaib	32,405,000	14,000,000
Lucky Textile Mills Limited	29,450,000	30,995,240
Artistic Fabric & Garment Industries (Pvt.) Limited	24,000,000	26,000,000
Shahbaz Garments (Pvt.) Limited / Mr. Mustafa Kassam	18,450,000	11,767,250
Grupo Karims Foundation	14,600,000	19,536,840
CJMF Foundation	13,145,747	-
Mr. Abdul Kadir Adam	12,500,000	-
Khaadi Pakistan SMC (Pvt.) Limited	10,000,000	-
Mr. Muhammad Tahsin ul haq	9,209,920	17,399,840
ICI Pakistan Foundation	7,600,000	7,500,000
Sajjadiyya Trust	7,625,142	12,226,850
National Institute of Child Health	6,811,180	8,487,586
Hanif Adamjee Charitable Trust	6,746,848	5,443,450
Dr. Ruth Pfau Civil Hospital	6,676,687	7,508,152
Indus Motor Company Limited	6,500,000	-
Ismail Industries Limited	6,000,000	2,000,000
Liaquat University Hospital Hyderabad	5,084,326	5,397,112
Hinovex Trading	5,000,000	-
HLB Foundation	5,000,000	-
Mr. Mohamed Kassam	4,970,025	-
Chandka Medical College Larkana	4,408,475	2,934,392
GMC Hospital Sukkur	4,146,912	4,043,120
Iqbal Adamjee Trust	3,500,000	10,000,000
Ghazala Khan	3,500,000	280,000
Syed Umair Ahmed/Ruhiya Ahmed	3,065,000	-
Mr. Abdullah	4,800,000	6,300,000
Mr. Khalid Mirza	3,000,000	-
CDC – Trustee Meezan Islamic Fund	3,000,000	2,000,000
Nutrico Morinaga (Pvt.) Limited	-	29,517,906
Soorty Enterprises (Pvt.) Limited	-	20,000,000
Mr. Imran Rauf	-	15,353,700
Bank Al Habib Limited	-	15,000,000

	Note	2022	2021
		Rupees	
15 INCOME			
Strategic fund utilized	11.2	1,344,186,585	1,026,979,249
Donations			
Received in cash / Bank		130,911,109	96,667,697
Received in kind	15.1	33,287,634	39,199,171
Zakat utilised for			
Operating expenses	15.2	272,265,822	169,503,126
Operating expenses clinics	16.1	41,862,409	37,354,876
Amortization of deferred income related to			
Operating fixed assets		-	32,629
Other income	15.3	134,269,697	31,604,746
		<u>1,956,783,256</u>	<u>1,401,341,494</u>

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

15.2 This represents actual amount transferred to income in accordance with approval received from the SAC. During the year, 19.18% (2021: 17.27%) of operating expenses (excluding depreciation) have been utilized from Zakat fund.

	Note	2022	2021
		Rupees	
15.3 Other income			
Income:			
- Profit on bank deposits		21,515,855	26,174,905
- Net gain on sale of assets		132,775	250,591
- Exchange gain / (loss)		40,187,098	(18,778,686)
- Other		349,630	238,372
- Income from investments	15.3.1	72,084,339	23,719,564
		<u>134,269,697</u>	<u>31,604,746</u>

15.3.1 Income from investments

Term deposit receipts	71,249,050	22,317,451
Realised gain on Islamic mutual funds investments	835,289	-
Unrealised gain on revaluation of investments classified as		
'financial assets at fair value through income or expenditure' - net	-	4,073
Dividend income	-	1,398,040
	<u>72,084,339</u>	<u>23,719,564</u>

	Note	2022	2021
		Rupees	
16 OPERATING EXPENSES			
Salaries and benefits	19	598,264,192	473,475,908
Third party contractual services		149,447,217	110,888,455
Medicines consumed		345,265,295	266,348,987
Patient consultation	16.1	60,310,775	47,993,270
Project renovation		117,343,608	67,470,299
Depreciation		44,172,717	40,667,860
Amortization		1,574,766	2,224,861
Supplies and consumables		47,478,283	19,394,519
Oxygen supplies		65,621,350	24,843,319
Repairs and maintenance		23,853,145	14,253,790
Travelling and related expense		31,322,248	13,418,628
Utilities		20,926,239	8,476,780
Cartage expense		7,692,310	3,073,864
Insurance expense		9,795,427	8,509,916
Training and development		1,031,222	728,302
Information system maintenance		172,803	677,880
Legal and professional		-	124,700
Others		1,306,826	442,206
		1,525,578,423	1,103,013,544

16.1 Patient consultation

This include charges paid by the Trust to SINA Trust for treatment of children @ Rs. 443 (2021: @ 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. 41.862 million (2021: Rs. 37.354 million) against Zakat eligible patients.

	Note	2022	2021
		Rupees	
17 ADMINISTRATIVE EXPENSES			
Salaries and benefits	19	106,226,123	88,403,163
Third party contractual services		3,606,560	2,747,357
Project renovation		1,058,546	811,938
Depreciation		5,616,417	2,845,445
Amortization		1,757,033	1,049,844
Supplies and consumables		2,134,444	4,154,378
Repairs and maintenance		1,913,865	991,771
Travelling and related expense		3,285,688	3,437,973
Utilities		3,570,070	2,213,064
Insurance expense		1,117,596	1,992,357
Training and development		4,080,086	952,971
Information system maintenance		10,773,415	6,927,641
Legal and professional		5,829,243	2,329,712
Auditors' remuneration	17.1	422,496	1,025,322
Others	17.2	3,456,835	2,601,493
		154,848,417	122,484,429

	Note	2022	2021
		Rupees	
17.1 Auditors' remuneration			
Annual audit fee		350,000	885,000
Out of pocket expense		41,200	64,520
Sales tax		31,296	75,802
		<u>422,496</u>	<u>1,025,322</u>
17.2 Others			
Head office rent expense		2,743,393	2,448,379
Miscellaneous		713,442	153,114
		<u>3,456,835</u>	<u>2,601,493</u>
18 MARKETING EXPENSES			
Programmatic activities and preventive health care		2,565,518	747,891
Advertisement	18.1	30,258,469	11,406,061
		<u>32,823,987</u>	<u>12,153,952</u>

18.1 Advertisement

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

19 SALARIES AND BENEFITS

19.1 Salaries and benefits include Rs. 20.72 million (2021: Rs. 17.57 million) in respect of employees' provident fund.

19.2 The following information is based on un-audited financial statements of the Fund. The funds have been kept in Meezan Islamic Income Fund and Meezan Cash Fund (2021: Meezan Islamic Income Fund and Meezan Cash Fund).

	2022	2021
Cost of investments made (Rs.)	97,460,569	69,667,380
Percentage of investments made	100%	100%
Fair value of investments (Rs.)	97,622,605	69,705,424
Size of the fund - Total assets		
<i>Money Market</i>	8.97%	11.81%
<i>Income</i>	91.03%	88.19%

20 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 descendants or the maker of the institution or to any other person and where such private benefit is conferred, the amount of such benefit shall be added to the income of the donor; and
- (g) a statement of voluntary contributions and donations received in the immediately preceding tax year has been filed in the prescribed form and manner

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

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

	Note	2022	2021
		Rupees	
21 CASH AND CASH EQUIVALENTS			
Cash and bank balances	10	1,253,455,467	773,492,204
Term deposit receipt maturing within 3 months	9	400,000,000	-
		<u>1,653,455,467</u>	<u>773,492,204</u>

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, Director Communications, Director Planning & Services and Associate Director Quality as its key management personnel. Transactions with related parties not shown elsewhere in financial statements are as follows:

Relationship with the Trust	Nature of Transaction	2022	2021
		Rupees	
SINA Trust (Dr. Naseeruddin Mahmood is a common Trustee)	Expenses for patient consultation made to SINA Trust	60,310,775	47,993,270
ChildLife America (Mr. Osman Rashid is a common Trustee)	Strategic funds received	257,753,009	68,063,604
	Endowment funds received	271,508,167	-
	Zakat received	173,709,164	-
Lucky Textile Mills Limited (Mr. Sohail Tabba, the Trustee of Childlife Foundation is Director of Lucky Textile Mills Limited)	Zakat received	29,450,000	30,995,240
ICI Pakistan Limited (Mr. Abid Ganatra, the Trustee of Childlife Foundation is Executive Director of ICI Pakistan Limited) (Mr. Sohail Tabba, the Trustee of Childlife Foundation is Chairman of ICI Pakistan Limited)	Purchases of medicine from ICI Pakistan	4,323,265	2,313,598
	Donations received	7,600,000	7,500,000
Nutrigo Morinaga (Pvt.) Limited (Mr. Sohail Tabba, the Trustee of Childlife Foundation is Chairman of Nutrigo Morinaga)	Zakat received	-	29,517,906
Iqbal Adamjee Trust (Mr. Iqbal Adamjee is a common Trustee)	Donations received	-	10,000,000
	Zakat received	3,500,000	-
Dr. Ahson Rabbani (Chief Executive Officer)	Donations received	2,500,000	1,000,000
Mr. Abid Ganatra (Trustee)	Zakat received	1,000,000	500,000

22.1 Remuneration of Chief Executive officer and Directors

	2022		2021	
	Chief Executive Officer	Directors	Chief Executive Officer	Directors
	Rupees			
Gross salary (net of deductions)	13,094,598	20,568,551	12,024,672	11,342,511
Allowances and reimbursements	349,397	2,201,424	726,619	1,295,508
Provident fund contribution	803,298	1,089,772	730,224	716,918
	14,247,293	23,859,747	13,481,515	13,354,937
Number of persons	1	6	1	4

		2022	2021
		Number	
23	NUMBER OF EMPLOYEES		
	- At June 30	911	752
	- Average during the year	811	732

24 FINANCIAL INSTRUMENTS BY CATEGORIES

		June 30, 2022		
	Note	At amortised cost	At fair value through income and expenditure	Total
		Rupees		
Financial assets				
Deposits	8	3,253,930	-	3,253,930
Investments	9	998,781,387	-	998,781,387
Other receivables		21,245,896	-	21,245,896
Cash and bank balances	10	1,253,455,467	-	1,253,455,467
		<u>2,276,736,680</u>	-	<u>2,276,736,680</u>

		June 30, 2022		
	Note	At amortised cost	Total	
		Rupees		
Financial liabilities				
Creditors, accrued and other liabilities	12	103,429,343	103,429,343	

		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	12	66,575,825	66,575,825	

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:

	2022	2021
	Rupees	
Deposits	3,253,930	2,060,580
Other receivables	21,245,896	6,783,488
Investments in term deposit receipts	998,781,387	700,000,000
Investments in mutual funds	-	26,208,890
Bank balances	1,253,455,467	773,492,204
	<u>2,276,736,680</u>	<u>1,508,545,162</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+

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:

	2022		
	Contractual cash flows	Upto one year	More than one year
	Rupees		
Non-derivative financial liabilities			
Creditors, accrued and other liabilities	103,429,343	103,429,343	-
	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	-

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:

	2022	2021
	Rupees	
Foreign currency bank account	491,217,170	201,026,412

The following exchange rates have been applied:

	Average rates		Reporting date rates	
	2022	2021	2022	2021
	Rupees		Rupees	
USD to PKR	179.31	159.56	204.84	157.54

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. 49.121 million (June 30, 2021: Rs. 20.102 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 2021.

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:

Financial assets	2022	2021
	Rupees	
Variable rate instruments		
Savings accounts	<u>1,070,306,407</u>	<u>631,274,865</u>
	<u>1,070,306,407</u>	<u>631,274,865</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. 10.703 million (2021: Rs. 6.312 million).

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.

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.

30 DATE OF AUTHORIZATION FOR ISSUE

These financial statements were authorized for issue by the Board of Trustees on November 28, 2022.



Trustee



Trustee



THE DESIRE **TO HELP**

انسانیت کے پیروکار

Ways to Donate

\$7 (Rs. 1,400)

Life Saving Treatment for 1 child in an Emergency Room

\$10,000 (Rs. 2,000,000)

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

\$150,000 (Rs. 30,000,000)

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

\$1,000 (Rs. 200,000)

Save 150 children in an Emergency Room

\$50,000 (Rs. 10,000,000)

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 Accounts

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 Merchantile So Branch
IBAN# PK54HABB0050227900258252

Zakat Accounts

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 Merchantile So Branch
IBAN# PK05HABB0050227900258455

Meezan Bank Limited
Title of Account: Child Life Foundation – (Zakat Collection Account)
Account # 0117-0106598319
Bank: Meezan Bank Limited
Branch: UP More Branch
IBAN # PK67MEZN0001170106598319

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/CLFA21>

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 by Matching program through your employer.

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

Zelle

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

PayPal

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

AmazonSmile

Shop at AmazonSmile (smile.amazon.com) and select 'ChildLife Foundation America Inc.' as your favorite charity and we will receive 0.5% of your purchase as a donation from Amazon at no additional cost to you – it's that easy!

Donations made in USA are tax exempt.

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

Zakat utilization is as per Shariah compliance.

Donations in Canada

Through Credit Card

Log on to www.idrf.com 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.

شامِ غم لیکن خبر دیتی ہے صبحِ عید کی
ظلمتِ شب میں نظر آئی کرن اُمید کی

- علامہ اقبال

ChildLife Foundation

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