



MAKING PAKISTAN
Child-Safe



KARACHI COVERED

ANNUAL REPORT 2016 - 17



CHIDLIFE
FOUNDATION



EMERGENCY CARE

3 Emergency Rooms, **1.5 Million** children*
+2 under renovation



PRIMARY CARE

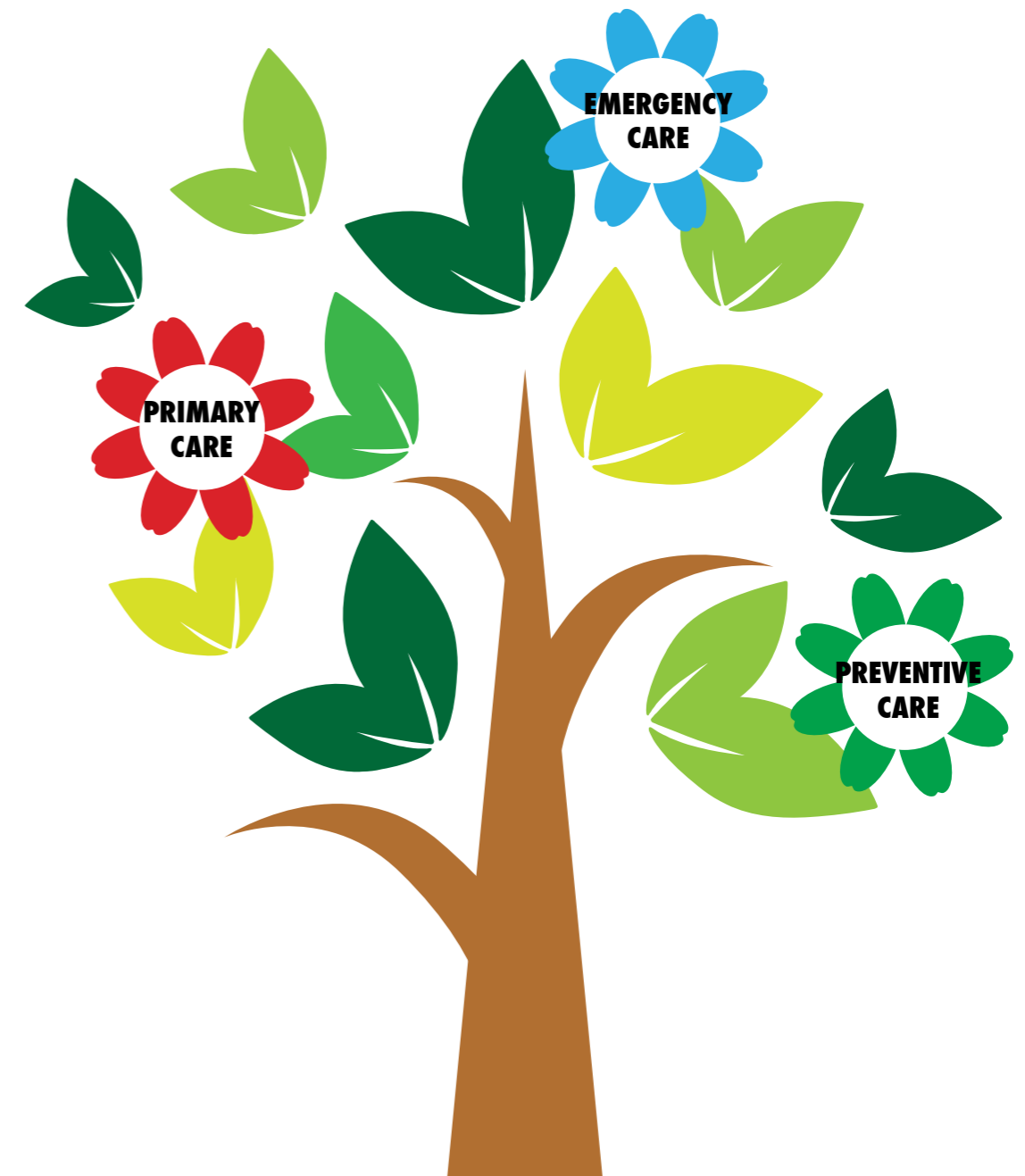
24 Clinics, **2.5 Million** patients*



PREVENTIVE CARE

50,000 people*

* Upto June 2017



Those who spend their wealth (in Allah s way) by night and day,
secretly or publicly they will have their reward with their Lord.
No fear and grief will be concerning them

Quran 2:274



Making Pakistan Child-Safe – KARACHI COVERED

ChildLife Foundation has striven to provide quality and affordable healthcare to the children of Pakistan since its inception in 2010. It started operations in Karachi, setting 'Children's Emergency Room' of Pakistan in Civil Hospital Karachi (CHK). After the unprecedented success of this ER, ChildLife was approached by the Government of Sindh (GoS) to replicate a similar Emergency Room at the National Institute of Child Health (NICH) in Karachi, which caters to the largest number of children within Sindh and Balochistan.

Our aim is to improve access to pediatric emergency healthcare across Karachi, such that no child should be more than 30 minutes away from a world-class pediatric emergency room, completely free-of-cost. With this in mind, ChildLife opened the doors to its third pediatric ER, in the premises of Sindh Government Hospital Korangi (SGHK-5). Spread over 14,000 square feet, this 80 bedded facility is our model ER and the largest of its kind in Pakistan.

Karachi is the 3rd largest and most populous city in the world, and as such we plan to establish a total of five ERs to cater to the emergency healthcare needs of children of Karachi. To that end, we are scheduled to start operations at our fourth ER at Abbasi Shaheed Hospital before the end of 2017, and at Sindh Government Hospital Malir-Saudabad by early 2018. Once Karachi is covered, one could easily say that 'Karachi has become Child-Safe'.

For interior Sindh, ChildLife plans to replicate its ER model in big cities like Larkana, Nawabshah, Sukkur and Jamshoro. For smaller districts, ChildLife plans to implement telemedicine to treat patients by remote intervention from senior consultants at ChildLife's telemedicine control room at its head office.

In addition to operating its own ERs across Karachi, ChildLife has partnered with SINA Trust to establish and run Primary Healthcare Clinics in slums of Karachi. These clinics form a cohesive network that facilitates the poor with affordable primary healthcare. ChildLife also has a Preventive Health Program in partnership with BRAC International and an SMS based behavior change program.

With every passing year, ChildLife is growing stronger and better. After covering Karachi and eventually Sindh, ChildLife aims to establish similar facilities all over Pakistan. The vision and mission of ChildLife will enable it to achieve this goal with success, and make 'Pakistan Child-Safe'.



CHIDLIFE NETWORK IN KARACHI

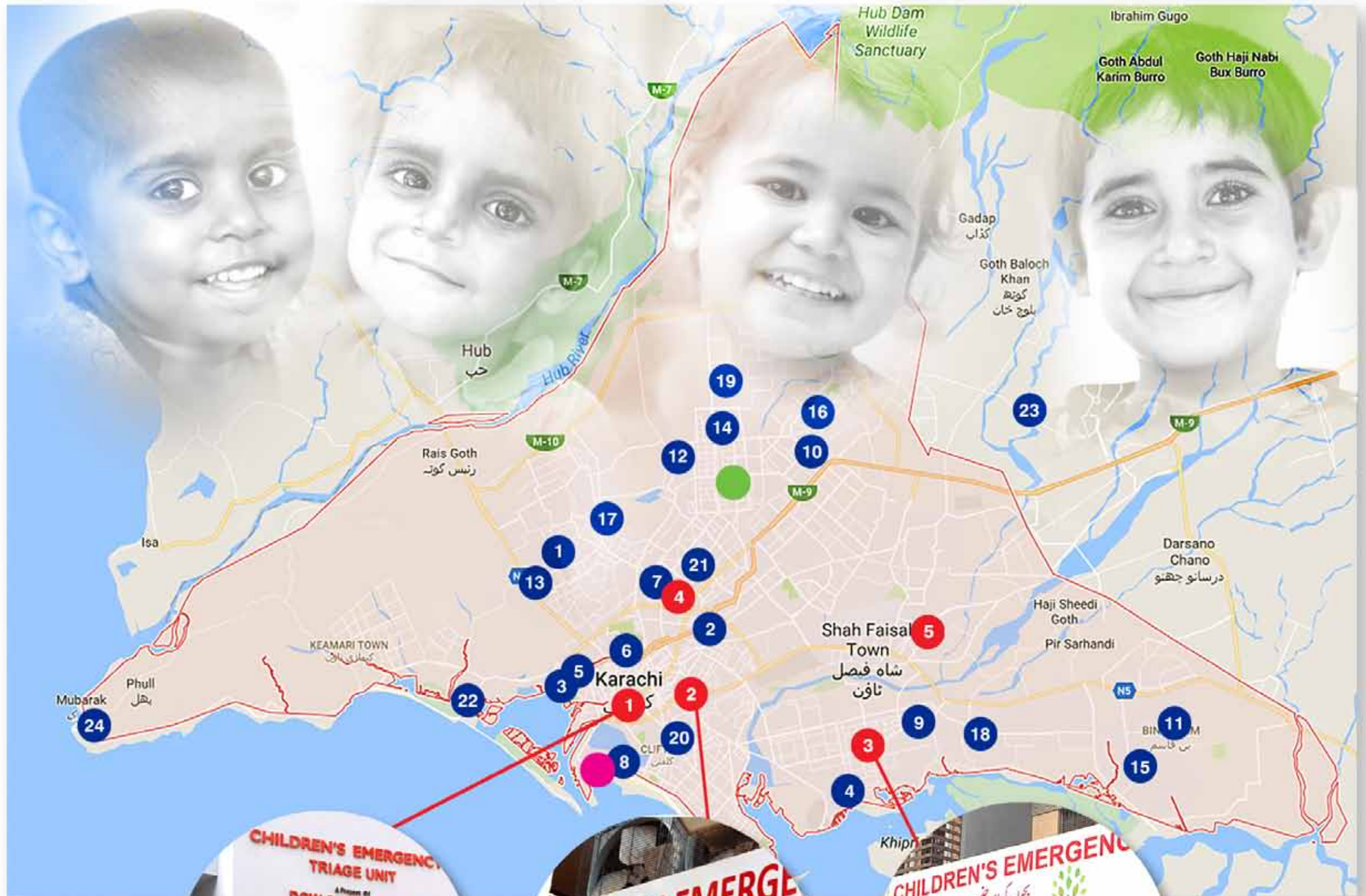
Emergency Rooms

- 1** Civil Hospital Karachi (CHK)
689,675*
- 2** National Institute of Child Health
747,404*
- 3** Sindh Government Hospital,
Korangi-5
45,259*
- 4** Abbasi Shaheed Hospital
(work in progress)
- 5** Sindh Government Hospital,
Malir-Saudabad
(work in progress)

24 Primary Care Clinics
in partnership with SINA Trust

Telemedicine @ UP Mor

Preventive Health Program



* Children treated in ER upto June 2017

VISION

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

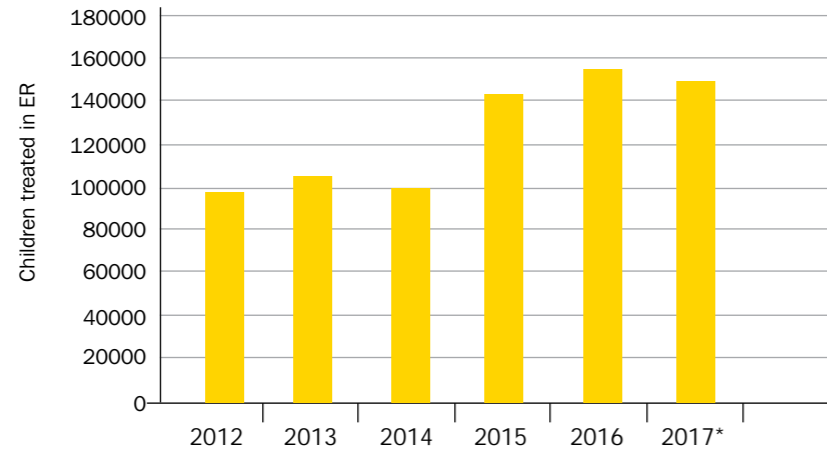
MISSION

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

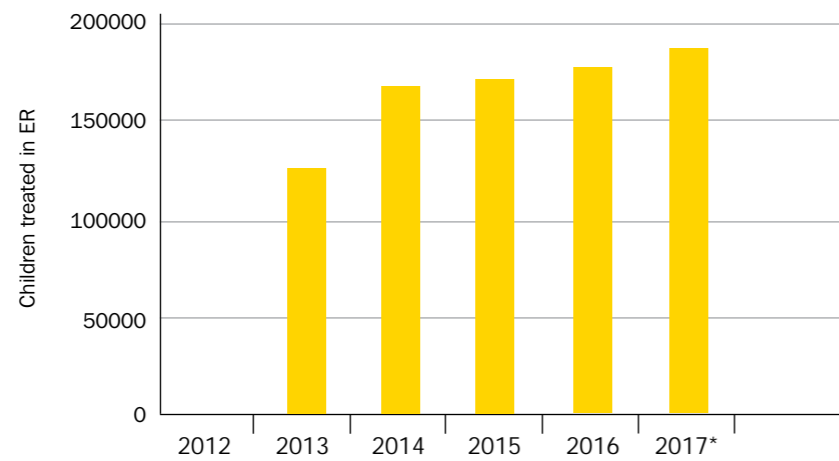


ChildLife Statistics

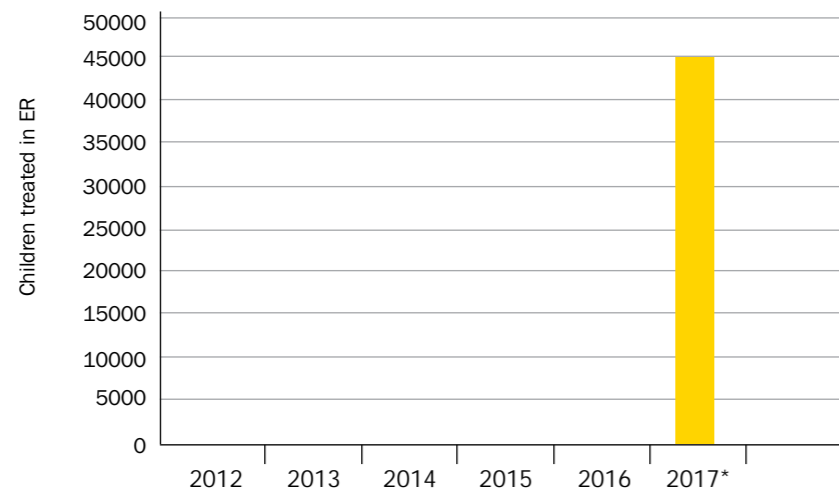
CHK: 689,675 children



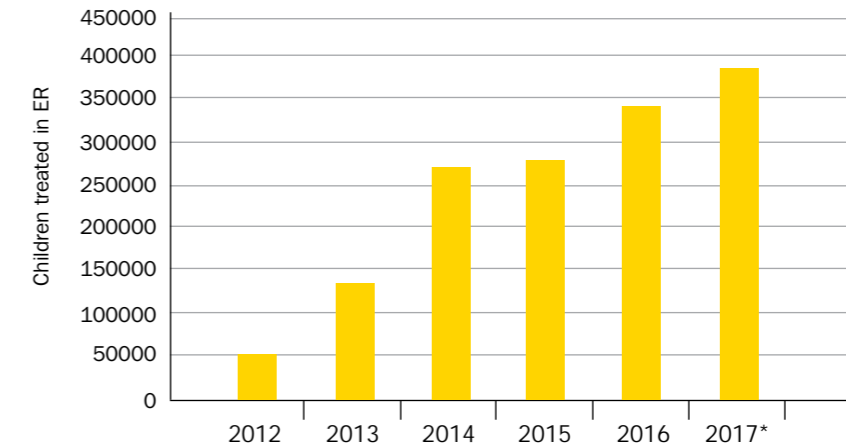
NICH: 747,404 children



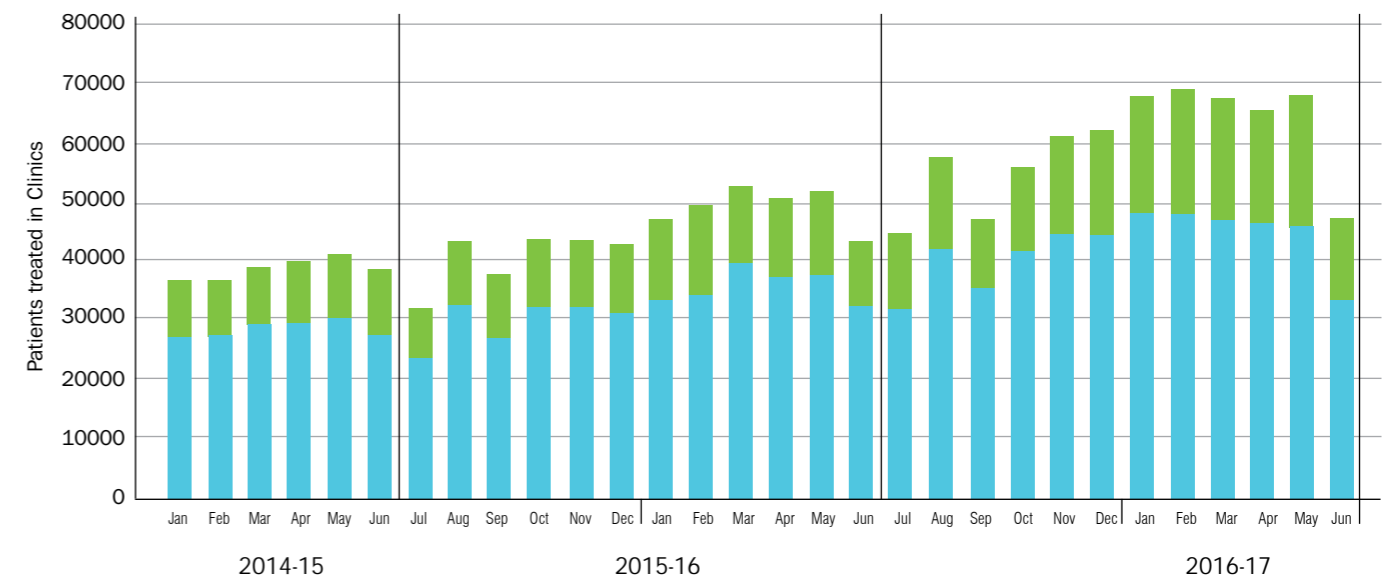
SGHK-5: 45,259 children



TOTAL: 1,482,338 children in ER



PRIMARY CARE (SINA-CHILDLIFE CLINICS)



ER Patients Satisfaction Survey (N = 3561)*

ER Site	% Satisfied
SGHK-5	81%
CHK	76%
NICH	72%
Benchmark**	65%
Total*	76%

*Total is weighted average of all the 3 ER sites

* upto June 30th 2017

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



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OUR PEOPLE



TRUSTEES*



IQBAL ADAMJEE

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



DR NASEERUDDIN MAHMOOD

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



SOHAIL TABBA

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



ZOHAIR ZAKARIA

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



ASHRAF AMDANI

Mr. Amdani is a Trustee of ChildLife, based in Florida, USA. He is CEO at American Textile and Apparel, a leading manufacturer of knit products across US and Europe. An active philanthropist, he is involved with several education and health charities, and has won many community awards in South Florida. He is a Director at Universal Health Insurance (UHI) and Vice President of Nur-Ul-Islam Academy (NUIA) School in Florida. He is also the Vice President of the prestigious South Florida Muslim Association, and a trustee of the World Memon Organization (WMO).



OSMAN RASHID

Mr. Rashid is a ChildLife trustee based in California, USA. He has a degree in Electrical Engineering from the University of Minnesota. He is the co-founder and CEO of Chegg and Know, Inc., and the founder and CEO of Galxyz, Inc., an educational game inculcating love for science in children. In 2009 he received the Ernst and Young Entrepreneur of the Year award. He has also been recognized as the Forbes Impact 15 for 2012. Through his two companies he is involved with other philanthropic work like planting trees and helping classrooms attain school supplies.



ARIF DONI

With a career spanning over three decades as founder and CEO of Doni & Co, Mr. Doni specializes in the trading of agro-commodities. He is a patron of charitable organizations such as the World Food Program, and the International Committee of The Red Cross. Understanding the need for healthcare, nutrition, and children's education, he is involved in philanthropic work across Pakistan.

* in order of joining

MANAGEMENT TEAM



Sitting Left to Right

Abida Hasan – Administrator CHK
Dr. Shahid Raza – GM Operations
Mohsin Ali – GM Finance
Dr. Ahson Rabbani – Chief Executive Officer
Dr. Irfan Habib – Head of Clinical Affairs
Dr. Huba Atiq - Consultant Clinical Affairs

Standing Left to Right

Atif Shah – Administrator NICH
Suhaib Imtiaz – Assistant Manager MLE
Zubia Iqbal – Manager Communications
Ali Hussain – Head of IT
Haider Ghaznavi – Senior Manager Communications & MLE
Asad Agha – Senior Administrator SGHK5
Yasir Rafiq – HR Manager
Tabish Shahzad – Head of Communications

CHAIRMAN'S REVIEW

Making Karachi Child-Safe

Iqbal Adamjee
Chairman, ChildLife Foundation

In order to understand the mission of ChildLife Foundation, understanding its history is very important. It plays a very significant role in defining ChildLife's core values.

In 2010, Pakistan was hit by one of the worst floods of its history. 20% of the country was submerged in water. At that time the Medical Correspondent of CNN Sanjay Gupta visited Pakistan to cover the devastation. He visited the Civil Hospital Karachi (CHK), the oldest hospital in Sindh founded 135 years ago. He ran a segment on CNN showing the dilapidated condition of the Children's Emergency Ward. The last line of his documentary was "*The children of Pakistan*

deserve much better. While the government is not doing its job, where are the Pakistanis?"

I watched this documentary and called up Dr. Naseeruddin Mahmood. Dr. Mahmood was one of the few Neonatologists of the country at that time. He was previously involved in voluntary work during the Earthquake of 2005. On my request, Dr Mahmood joined hands with me to help restore the Children's Ward at CHK.

My team and I decided to take up the task of renovating the ward. The initial plan was to give it a fresh coat of paint, install new equipment, furnish the pharmacy with medicines, and hand it



SGHK-5 Children's ER is the largest in Pakistan, with 80 beds across 14,000 sq ft. It is ChildLife's model paperless ER.

over to its management. Renowned architect Mr. Shahid Abdulla offered his services on voluntary basis to inspect the site and he concluded that the roof of the building was about to cave-in, and as such the entire structure had to be demolished and re-built.

This required proper fundraising for the project and entailed the formation of an organization that will undertake the work. ChildLife Foundation was thus formed. The donors agreed to donate only if they had the assurance that ChildLife will run the project after its completion and not the prior management. To honor our commitment we took up this challenge.

In the first phase, we changed the infrastructure but realized the existing staff was limited and found it difficult to handle the influx of large number of patients. We hired janitors, security guards, nurses, doctors, while also retaining those who were already working there. One part of the MoU signed between ChildLife and Government stated that the government will not abdicate, and the existing quota for medicines and staff will not be reduced. Thus, ChildLife started running the new Emergency Room at CHK. It was registered in 2010 and opened its doors to the public on 26 October 2011.

A year later, National Institute of Child Health (NICH) approached us. They wanted ChildLife to adopt its Children's Emergency Ward and create a similar modern facility as at CHK. NICH is the largest facility for Child Emergency in both Sindh and Balochistan, and caters to more patients than any other hospital in Karachi. We agreed, and took up the challenge.

A patient analysis conducted at NICH showed us that 40% of patients coming to the ER were from



Korangi. There was a need to have a Children's ER in Korangi. Sindh Government Hospital Korangi offered us the space. We visited the site and found that they had a brand new building under construction, and the new Children's ER would be possible there. We started operations in June 2016 and completed the expansion in May 2017. SGHK-5 is the largest Children's ER in Pakistan, with 80 beds across 14,000 sq ft. ChildLife considers it a model paperless ER.

In the coming year, we plan to start two more ER facilities in Karachi, one at Abbasi Shaheed Hospital and the other in Malir-Saudabad. We feel having at least five Children's ERs will cover Karachi, and make it Child-Safe. In a broader perspective, we intend having the same ER facilities throughout Pakistan to provide quality and affordable children health care.

ChildLife has also set up a network of Primary Health Care Units throughout Karachi in partnership with SINA Trust. We now have 24 clinics located in various areas of Karachi providing quality and affordable healthcare to the children.

CEO'S REPORT

It's a matter of RIGHT!

Dr. Ahson Rabbani

CEO, ChildLife Foundation



Access to quality healthcare is a right of all Pakistanis. As Pakistan celebrates its 70th year of independence, ChildLife celebrates its 7th year of operations. We are proud of the progress made in many sectors since the independence of our nation. However, the dream is not fulfilled until the masses have access to basic social services, like education and health.

Unfortunately, Pakistan's under-five mortality rate at 8.9%¹ is amongst the highest in the world. A majority of these deaths are preventable, and a well-established network of emergency rooms can help save precious lives of these vulnerable and less privileged children.

Now ChildLife's ERs at Civil, NICH and SGHK-5 cater to around 1500 children every day and work 24/7 in a child-focused and reassuring environment. All the ERs are equipped with cardiac monitors, defibrillators, resuscitation and phototherapy units, and well-stocked pharmacies. All treatment and medicines are provided free of cost.

To make effective use of this infrastructure, the first step is *competent* staff, who is qualified, trained and skilled in emergency care. ChildLife has 250+ staff

along with contract staff for cleaning and security. All of ChildLife's clinical staff have been trained in Basic Life Support (BLS), Pediatric Advanced Life Support (PALS) and soft skills. We have also launched Pediatric Emergency Medicine Certificate (PEMC), which is a first of its kind, 6-month training course certified by Dow University of Health Sciences (DUHS). 40 doctors have received their certification this year, and 30 more are under training. ChildLife places a lot of focus on Teamwork which we feel is paramount in an ER, where the single common goal is to save the patient's life. A 360 degree evaluation is conducted every quarter based on the 3 Cs of Competence, Compliance and Compassion, for improving teamwork.

Consistently efficient and effective performance to deliver results requires *compliance* to a set of protocols. In addition to medical protocols, ChildLife has developed systems to ensure delivery of emergency care at its best. Queue Management System (QMS), paperless environment, automation, and telemedicine are all initiatives taken in this direction. QMS helps to manage a seamless flow of patients from the initial entry point to check out,

improves process and operational efficiency, and enhances the patient experience by reducing patient waiting times.

Telemedicine helps save one additional life per hour. High definition cameras are installed in all ChildLife's ERs and a senior doctor provides decision support from a central location at the Head office. This minimizes the chances of errors in the high-pressure environment of the ER. The technology works two-way – through virtual rounds of the resuscitation rooms, the specialist can monitor individual patients and provide expert opinion for their treatment either through his own observation, or upon request by the on-ground staff.

500,000 patients received treatment at the clinics this year. Going one step further, many diseases can be prevented through hygiene practices and immunization, which will reduce the influx of patients to the primary care clinics. We are conducting a pilot preventive program with BRAC at Shirin Jinnah Colony, near one of our clinics, whereby 40 health workers provide medical advice and referrals. One of the immediate successes has been that recommended 4 ante-natal checkups for expectant mothers have gone up from 52% to 57%, and full immunization for children has risen from 55% to 81%. ChildLife is also conducting a research study on ORS usage with Aga Khan University. In another preventive intervention,

- Peace of Mind for Poor Parents
- KARACHI Covered
- No Child > 30 minutes away from a ChildLife ER



We at ChildLife firmly believe that *Care Not Documented is Care Not Given*. To mandate documentation, we felt there was a need to automate our processes in order to save more lives. Keeping this in view, we developed a special software called A2SL – Automate To Save Lives.

Karachi is the city where ChildLife was born. We are very close to achieving our dream of making Karachi a Child-Safe city, where the poor parents can sleep peacefully, having the conviction that they are just a few minutes away from a state-of-the-art emergency room for their children. With three fully operational Children's ERs, and two more becoming operational by 2Q 2018 *InshaAllah*, we will cover Karachi end-to-end, such that no child will be more than 30 minutes away from a ChildLife's Emergency Room. Making Karachi 'Child-Safe' will be a huge breakthrough in the healthcare system of Pakistan.

While ERs are the main focus of ChildLife, we realize that a lot of children will not end up in an emergency, if they have access to quality primary healthcare in their vicinity. Thus ChildLife partners with SINA Trust to run 24 primary care clinics in the slum areas of Karachi where potable water and sanitation is a far cry resulting in a multitude of diseases; close to

sms messages on breastfeeding, hand washing and immunization are sent to mothers of 5575 neonates treated at our ER who are being followed for a year.

We are grateful to the government for giving us an opportunity to work with them in the public sector hospitals of Karachi. The Government has now requested ChildLife to extend its network and replicate its ER model in Larkana and Nawabshah. For the remote districts of Sindh, where finding a qualified doctor is a huge challenge in itself, we plan to have the Telemedicine setup at Resus Rooms of government hospitals to supervise and coach doctors round the clock. To this end, we have initiated a pilot Telemedicine setup at Sindh Government Hospital, UP Mor, Karachi. Beyond Sindh, there are 127 districts in Pakistan, and we plan to use a combination of Emergency Rooms and Telemedicine sites to cover all of them.

We are thankful to our donors and partners who have helped us come this far, *Alhamdulillah*. Our goal is to make Pakistan Child-Safe, and we feel we can achieve our goal with the dedication and support of our team and supporters. We intend to cover Karachi by 2018, Sindh by 2019 with a combination of ERs and Telemedicine, and Pakistan by 2020 *InshaAllah*.

¹ Source: National Institute of Population Studies (NIPS) [Pakistan] and ICF International. 2013. Pakistan Demographic and Health Survey 2012-13. Islamabad, Pakistan, and Calverton, Maryland, USA: NIPS and ICF International.

² <http://www.pbscensus.gov.pk>

A group of philanthropists realized the need of a quality pediatric emergency care unit and formed ChildLife Foundation. Their vision was to save children's lives and save the future of Pakistan.

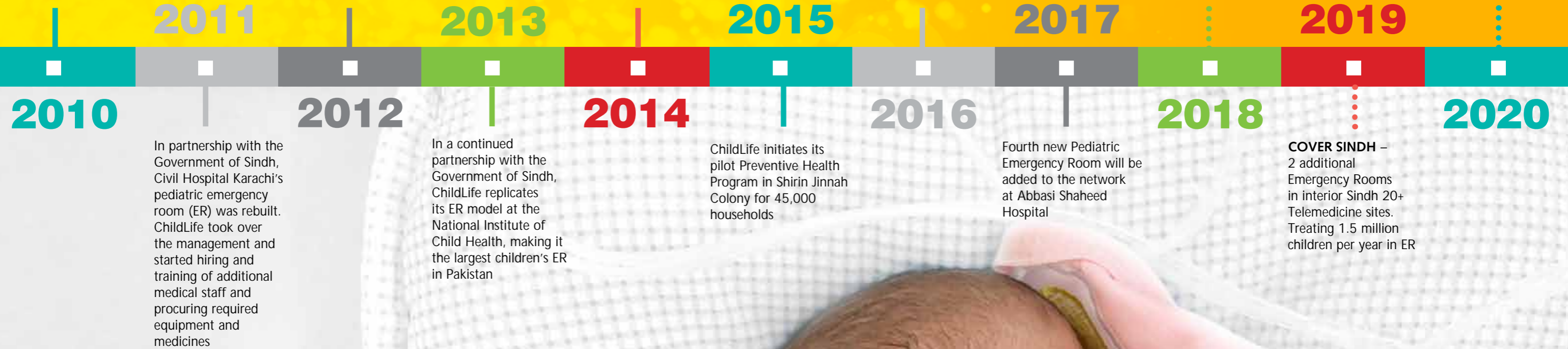
ChildLife forms a partnership with SINA Trust and provides free of cost treatment to children visiting ChildLife-SINA clinics in the urban slums of Karachi

More than 100,000 children were treated at NICH in the first year of operation

Third new Pediatric Emergency Room gets added to the ChildLife network in Sindh Government Hospital, Korangi 5

COVER KARACHI – 5 Emergency Rooms + 6 Telemedicine Sites. Treating 1 million children per year in ER

COVER PAKISTAN – 7+ Emergency Rooms and 100+ Telemedicine sites spread across the country. Treating 2 million children per year in ER



ORGANIZATION HISTORY

YEAR	CHILDREN TREATED IN ER
2012	58,600
2013	190,000
2014	470,000
2015	750,000
2016	1,100,000
2017	1,500,000





Pediatric Emergency Rooms

Saving lives of those who are fighting against time and money

Primary Health Care Clinics

Treating basic diseases like fever and cough through a neighborhood facility, before complications arise

Preventive Health Program

Spreading preventive health care knowledge to save children from falling prey to everyday diseases

PROGRAMS

EMERGENCY CARE



ER Operations

She was treated as their own child

"I could never understand how parents could be so careless about their children when I would hear news such as 'a child drank kerosene oil' etc. But today it happened with my own daughter!" said a teary-eyed mother of two year old Mantasha. "Mantasha was playing with her clay toys this morning while I was doing the laundry, after sending my older kids to school. I did not hear her when she came up behind me. I turned around at the sound of vomiting and was horrified to see the bottle of Bleach lying uncapped on the floor. My daughter must have poured some in her clay toy cup, and drank it".



The distraught mother, a resident of Korangi 1, rushed her daughter to ChildLife Pediatric Emergency Room at Sindh Government Hospital Korangi. Mantasha was immediately taken from the Triage desk to the Resus. She had already vomited thrice on way to the hospital. She was shifted to the Step-down once her condition stabilized, and she was declared out of danger.

Mantasha's mother further said, "Her father keeps reminding me to keep a vigil eye on Mantasha as she is very active and mischievous. Though I try my best but this incident still happened and has shaken me. I am thankful to The Almighty that I brought her here, instead of taking her to any nearby clinic. The doctors immediately

attended to Mantasha and she is fine now". Mantasha's mother heaves a sigh of relief as she sees her daughter out of misery, and the agony she herself had endured for the past two hours in the ER.

"I did not have to plead and beg anyone here to treat this emergency case as my daughter's life was in danger. The staff attended to her straightaway, as if she was their own child. I don't have the words to express my gratitude for the kindness of all the people who are working here and those running it. Thankfully, the treatment and medicines were free of cost, otherwise I did not have enough money at hand, after paying the rickshaw that brought me here".

We
Give
Lives

Emergency Room Protocols & Processes



Triage & Fast Track Counter

The term 'Triage' is derived from the French language meaning; "to sort out". In medical use, it is to prioritize patients according to the severity of their illnesses.

ChildLife Foundation is the first in Pakistan to introduce the concept of a 'Triage' in public sector hospitals. We have a state-of-the-art triage block functioning in all our ERs. The patients coming to the triage fall into three categories: Emergency, Priority and Non-Urgent / Queue. We follow the World Health Organization's (WHO) Emergency Triage Assessment and Treatment (ETAT) Module, where the patients are categorized as P1 (Emergency), P2 (Priority) and P3 (Non-urgent / Queue). P1 category refers to patients who need immediate life-saving interventions; like CPR (Cardio Pulmonary Resuscitation), need of IV fluid boluses and inotropes to improve their systemic circulation and application of high flow oxygen and endotracheal

intubations. P2 are those who need priority, like neonates and infants who are malnourished with any presenting illness, mild respiratory distress, high grade fever and dehydration that needs replacement with IV fluids with observations on bedside for some hours in ER. P3 patients need just consultation from a healthcare provider for complaints like fever, flu and mild cough, without any need of intervention in ER.

The staff working at the ER is trained on WHO ETAT triage system. On entering the 'Triage' block, each patient is issued a ticket from the kiosk. At the first counter, the patient is physically recognized, his/her vitals are taken and pulse, temperature and oxygen saturation is recorded. A 'Triage' trained nurse and OPD coordinator conducts this initial diagnosis by looking at the child's appearance/ conscious level, breathing and color. If the child is in critical condition, he/she is immediately sent to the Resus with the help of medical staff present. This categorizes the patient into P1 category.

After recording the clinical symptoms, a wrist-band is issued to each patient. This helps in digitally recognizing the patient if he/she is in the Resus room. If the patient does not look critically sick, he/she will be called at their ticket number for Registration and Treatment. They fall into P2 or P3 category and move ahead in the 'Triage' area. A new token number is then issued to these patients canceling the entry token. This enables them to wait their turn for treatment.

The next counter is the Registration desk where the demographics of the patient are recorded. The patient number is initiated by EQMS (Electronic Queue Management System). This system has been installed not only to ease and systemize the flow of the patients, but also to measure the length of stay of each patient at the 'Triage'. This is also meant to determine the time taken by every station; e.g time

and some are not. The Zakat fund is consumed on these eligible patients and the rest are treated by the donations received by ChildLife.

The Welfare Officer does a random sampling of patients, for this criterion. The Doctor then examines the P2 and P3 category patients. We have defined the time slot for the treatment of both P2 and P3 patients so that more patients can be treated during the day through Fast Track Out Patient Department (FTOPD).

The P2 patients requiring Intravenous treatment are transferred into the wards, and P3 patients after getting a thorough check up by the doctor, are prescribed medicines. They go to the Pharmacy window and after getting the medicine are discharged. This is the working of a 'Triage' in an ER facility.

ChildLife Foundation is the first to introduce the concept of a 'Triage' in public sector hospitals in Pakistan. We have a state-of-the-art triage block functioning at our ERs.



to Triage, to Registration, to Doctor, and finally to the Pharmacy and then discharge. This tracks the breakdown of the time consumed by each patient at all these various stations. This helps determine the Patient Satisfaction after the treatment.

After the registration counter, there is a desk for Welfare Officer, who is a qualified Mufti. He interviews patients based on Sharia Laws to determine whether the patient is Zakat eligible or not. Though all patients coming into the ChildLife ERs are treated free of cost, some are Zakat eligible

An Administration Officer is also present on the floor 24/7 to ensure protocols are being followed and all patients are well taken care of.

ChildLife triage operates round the clock. Our mission is not to turn back any patient even if the complaint is minor. The government OPD closes around 2 pm. The patients requiring treatment after these hours visit ChildLife ER and are treated as P3 category patients. If we do not treat these patients, chances are their condition will exacerbate, and they'll end up in the ER.



Resuscitation Room

The presence of a Resus room in all ER facilities enables ChildLife to save more lives. This directly has an impact on the survival rate of the patients treated in the ER. Patients falling in P1 category are immediately shifted to the Resuscitation Room. It is fully equipped with latest machines, monitors, and with life-saving drugs available within reach in the room.

Our professional doctors and nurses not only give the children in the Resus immediate medical attention, but also have the facility to get a medical consult by a senior doctor through the Telemedicine monitor. This enables them to reach out for advice in critical cases without wasting time and an off-site doctor eye helps to avoid any misses.

Once the child is in stable condition, he/she is transferred from the Resus to the Step-down ward, where they are kept under observation and for further treatment before discharge.

Pediatric Observation Area

Over the years, Karachi's population has expanded rapidly but there has not been a single hospital built in the public sector for the last three to four decades, where children who need treatment or management of their illnesses could get admission. The only tertiary care setups in the city for children, are NICH, CHK and Abbasi Shaheed Hospital. These hospitals are already overburdened and have resource limitations.

ChildLife Foundation at SGHK-5 has developed a 35-bedded Pediatric Observation Block for children of > 28th day of their life till the age of 14 years. Children suffering from asthma and in need of nebulization are treated and managed here, along with children with a mild complain of pneumonia and gastroenteritis requiring oxygen support, antibiotics and intravenous fluids.



According to statistics of the last 4 years in our ERs, 93% of patients visiting ChildLife ER were being discharged after observation of average 5 hours. The disease spectrum revolves around gastroenteritis, reactive airway disease or asthma, which needs observation and intervention for IV fluids and nebulization respectively.

Neonatal Observation

Neonatal mortality in Pakistan is one of the highest in South Asia. Most deaths are preventable and require simple life saving measures like keeping the baby warm, oxygen support for some hours, need of fluids and antibiotics in time, control further deterioration of disease or condition.

Patients in need of fluids and phototherapy, treatment of jaundice in newborns, need observation of 36 to 48 hours. Similarly in the above age group, a lack of support for oxygen, incubator care and warmers due

to resource constraints in public sector hospitals, are also a cause of neonatal deaths.

Some of the neonates requiring non-invasive bubble CPAP are admitted in the hospitals for four to five days. Hence there is a dire need to develop a Holding or an Acute Care Area for patients who need observation of 24 to 36 hours. A neonate, which requires a longer stay should be moved to Nursery Care for further management within 4 to 5 hours of stay in ER. The bed space in public sector hospitals of Karachi is a challenge to accommodate such patients.



ER Process



Innovations



Telemedicine Expansion to SGH – UP Mor

ChildLife's endeavor to achieve the best, leads us to try new concepts that may benefit and enhance the existing child healthcare system. We are currently conducting a pilot of Telemedicine at the Sindh Government Hospital UP Mor, Karachi. A camera and mic will be installed and doctors will be trained as to how use this technology most efficiently. A well trained doctor will be available 24X7 at our office who will be monitoring this site through a highly sophisticated screen. On basis of its performance we will expand to other hospitals all over the country. Currently we have Telemedicine set up in all our 3 ERs in both Neonatal and Pediatric Resus rooms. This not only helps in having a senior doctor available for consultation 24x7 but also helps in saving 1 life/hour additionally.

International Organization for Standardization Certification

As an organization, we at ChildLife aim to achieve ISO certification. This will help make our processes more efficient and match up to international



standards. ISO believes *'write what you do and do what you write'*. This logic does not leave anything to chance. We also believe that *'care not documented, is care not given'*. Unless a process has been documented it will ascertain it has not taken place. We have a target to achieve ISO certification by June 2018.

Teamwork & Compassion

In Emergency Care, Compassion is all about patient's satisfaction. We send out SMS to all our patients visiting the ERs, asking if they were satisfied by the services. If the recipient wants to answer YES they should press 1 on their cell phones, if NO, they press 2. We then call all those people who had pressed 2, to find the reason for their dissatisfaction. We do a rating of each ER, every month.

Our three ER sites in Karachi are in healthy competition amongst themselves over these ratings. In our monthly meetings we assess the satisfaction scores, by looking at the scores of each site and doctors. We look at the trend and compare it with the previous month to see how far we have progressed.

The benchmark for ER-Patient satisfaction throughout the world is 65%*. ChildLife's Emergency Room is hitting 77% – 80%. Through our systems we can determine which doctor has received the highest doctor-to-patient rating and who got the lowest.

We award certificates of appreciation to such exemplary doctors. The doctors with below average scores are given one-on-one coaching, advising them to improve their dealing with the patients.

Another important factor that adds to Compassion, is Teamwork. Without teamwork no ER can function smoothly. It is a collective effort starting from the security guard, to the janitor, to the nurse to the pharmacist. If one slackens the whole chain weakens in performance.

We do a 360° evaluation every quarter within the team, where everybody rates everyone. We find out who has been rated highest in teamwork, and who is at the bottom of the list. The highest rated employee is awarded and the lowest is coached.

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



3. Personal job versus teamwork: This means helping other team members after finishing your own work.

There are times in the ER when the patient flow is at its maximum and cannot be managed by the staff designated. It is always helpful to have more than one pair of hands to deal with such situations. And this is where teamwork comes into play.

We encourage teamwork because an ER cannot survive without collective teamwork. Hence, in order to sustain it, we need to measure, reward and coach all our employees. These are the key values that we promote at ChildLife.

Morbidity and Mortality Meeting

According to one of the studies, significant deaths in ER are preventable. Morbidity and Mortality Meeting is the first and foremost academic session in our ERs. It is a mechanism to debate or debrief upon a case, where the actual or potential harm, or the reason of death is discussed. This meeting provides a chance to focus on the prevalent systems and take into consideration how the processes, people and circumstances can be converged for betterment.

Teamwork is broken down into three parts:

1. Respect for Others: We measure respect by the Islamic teachings of 'refraining from back-biting'. All employees rate one another on this basis.

2. Doing your work without being reminded: Everybody has his or her roles identified in an ER. This is how teamwork develops. If they follow their roles, work will be done more efficiently, effectively and on time.



and the Pediatric Emergency Medicine Certificate for Nursing (PEMCN). The first batch graduated in January 2017. This is a first of its kind program to teach specific skills to Healthcare Professionals at the ChildLife Pediatric ERs to enable them to better operate in the ER. The certificate course is first of its kind in the country which was conducted by Dr. Irfan Habib, Head of Clinical Affairs and Dr. Huba Atiq, Course Director and Incharge of Telemedicine at ChildLife Foundation.

Staff Training (PEMC & PEMCN)

ChildLife Foundation in collaboration with Dow University of Health Sciences, launched the Pediatric Emergency Medicine Certificate (PEMC)

The PEMC and PEMCN are comprehensive education programs for medical practitioners for the care of sick and injured children, addressing a full spectrum of emergency illnesses, injuries and scenarios that they could possibly encounter. The course is designed for doctors and medical providers with intermediary training.



PRIMARY CARE



SINA-ChildLife Clinics

2.5 million patients treated*



Name of Clinic

Location

Name of Clinic	Location
1. Zainab and SHINE Humanity Centre	Baldia Town
2. Austin Centre	Old Sabzi Mandi
3. South Florida Centre	Machar Colony
4. Hajiani Amina Hasham Centre	Ittehad Colony, Korangi 2.5
5. Medecins Sans Frontieres Centre	MSF Machar Colony
6. Qamar and Ibrahim Rashid Centre	Mewashah
7. Dr Ali Bhai Patel Memorial Centre	Paposh, North Nazimabad
8. Momin Adamjee Centre	Shirin Jinnah Colony
9. Hajra and Ahmed Umer Centre	Jumma Goth
10. Raghbir Foundation's Shahnaz Memorial Centre	Saindad Goth
11. Hanif Adamjee Centre	Yousuf Arfani Goth
12. Shahjehan Siddiqui Centre	Zareena Colony
13. Musa Soorty Centre	Moach Goth
14. Qureshi Memon Centre	Yousuf Goth 4K
15. Aisha Zainab & Abdul Majeed Centre	A.M.J. Pipri
16. Anita Aziz Rakla Centre	Yousuf Sahab Goth
17. Salim N. Mukaty & Hamida S. Mukaty Centre	Khairabad, Orangi Town
18. IIL Centre	Majeed Colony
19. Tabba Centre	Khair Muhammad Goth
20. Referral Clinic 1	Hilal e Ahmer
21. Referral Clinic 2	North Nazimabad
22. Mobile Clinic 1	Kakapir Village
23. Mobile Clinic 2	Konkar Goth
24. Mobile Clinic 3	Mubarak Village

* Upto June 2017



Primary Care Program

Primary Health Care (PHC) refers to 'essential health care' that is based on 'scientifically sound and socially acceptable' methods of treatment and technology. This means providing comprehensive health care that is easily accessible to all individuals and families of a community.

In 2012, ChildLife entered into a partnership with SINA Trust, with an aim to provide basic primary health care to the underprivileged. It caters to accessible and authentic, low cost health care facility, that diagnoses and treats common illnesses occurring in any household. The main reason why a child ends up in an ER, is mainly due to the unavailability of quality primary care at community level. Presently ChildLife-SINA clinical facilities are only available in Karachi, but plans are afoot to replicate this framework nationwide.

Patients at SINA are classified into 3 categories- Zakat eligible, Non-Zakat and Welfare, the funding for which is covered by Zakat and General donations made by our generous supporters.

One of the biggest strengths of SINA is its Quality Management System (QMS). QMS is designed to manage all of the documents, activities, tasks, processes, quality events, relationships, audits and training that must be administered and controlled in a clinic. Based on the principles of QMS, SINA has created a framework for defining and delivering quality treatment, managing risk, and continuous improvement.

Every clinic is designed keeping in mind the convenience of patients so that they understand and follow the process with ease.

The first stop is the Registration Desk where the patient is issued a green colored card and assigned a color-coded file: blue for children, yellow for men and pink for women. A complete medical record of each patient is maintained meticulously, since many patients are repeat visitors to these clinics. The patient takes the green card to the next desk the Temperature Pulse Resuscitation (TPR) station, where the vitals of each patient are checked and documented. Tokens are then issued to all patients and they wait their turn to see the doctor. SINA's in-house diagnostic service provides free and highly

subsidized investigations including laboratory tests and ultrasounds. Samples are collected daily from our clinic collection points and are delivered to our centralized laboratory.

Many of these impoverished localities do not receive electricity from the national power grid hence the clinics run their own power generators. Security cameras are also installed at every facility for constant monitoring of the workflow.

The clinic pharmacies are fully stocked with quality medicines, so the patients do not have to buy expired or counterfeit medicines from outside. More so, lab tests are also conducted within the clinics' premises. There is also a provision of ultrasound and x-ray facility at some clinics. The ultrasounds are performed by a qualified sonologist at a very subsidized rate.

In case of emergency or patients requiring specialized care, they are directed to nearby Welfare Health Care Centres. SINA has developed a unique Referral System in this respect. Every patient that requires a specialist's consult or secondary and tertiary care, is referred to qualified consultants in Karachi, free of cost, or at a highly subsidized fee. This assures advanced medical care to deserving patients, who otherwise may not be able to access secondary and tertiary care due to lack of awareness and financial constraints. Financial assistance is also provided to poor patients through zakat and welfare funds.

Presently there are two Referral Clinics operating in Karachi, one in Clifton and the other in North Nazimabad.

SINA has also introduced 'Mobile Clinics' in areas where access to Primary Care Clinics is a challenge. Currently there are three mobile clinics operating in:

- a. Kakapir Village
- b. Mubarak Village
- c. Konkar Goth

Continuous development of medical practitioners is a cornerstone of SINA's model. It runs the Continuous Medical Education (CME) Program, based on needs that emerge during regular quality assurance processes. This program is aimed both at doctors and at paramedics.



Austin Centre



Ifrah's mother Razia brought her 1.5 year old daughter to Austin Centre as soon as she discovered a pus-filled eruption on her abdomen while bathing her one afternoon. Thinking her daughter had contracted a serious skin infection, she was relieved to hear the doctor say that medicines and proper hygiene will cure it over the next few days. On the fourth visit to the clinic over a span of two weeks, the pus had already dried and the pain subsided.

A resident of Liaquatabad, Razia had been bringing her two daughters Nadia (3) and Ifrah (1.5) to the Austin Centre ever since she came to know about it from a relative residing in the vicinity of the clinic. She is relieved that her children get good quality treatment with free medication at the Centre, and are checked by doctors who are gentle and caring.

This Clinic was the first collaborative effort under ChildLife-SINA partnership, and it is located in Old Sabzi Mandi, a densely populated area with low income community. This clinic is operated by the funds contributed by the Pakistani community based in Austin, Texas, US - hence named in recognition of their efforts.

As of 2017, **128,485** patients were treated at this clinic.



Whilst the actual cost per adult patient is above PKR 350 (USD 3.50 approximately), the consultation fee charged is between PKR 20 (USD 0.20) and PKR 50 (USD 0.50). Children are treated absolutely free of cost. The subsidized fee structure enables more patients to visit the clinic on a daily basis.

South Florida Centre



Stomach ache and chest congestion are common ailments amongst young children living in the slums of Karachi. This usually happens due to the habitual eating of food sold by roadside vendors, which is unhygienic and of substandard quality.

2 year old Mahnoor was brought to South Florida Centre with severe pain in the abdomen and congestion. She also had pus oozing out of her ear for the past two days. On investigation, the doctor found that she had been eating *paapar* (a popular roadside snack). This led to a throat infection, which aggravated due to lack of treatment and progressed into an ear infection.

Mahnoor was prescribed antibiotics and asked to come for a follow-up after five days. Mahnoor's mother brings both her daughters to this clinic whenever needed as she has the surety of being treated by a qualified doctor and given safe medicines.

The fact that all the treatment is free of cost was a relief to her, as she tries to make ends meet, with her husband's meager earnings.

Located in Machar Colony, South Florida Centre is right in the hub of the fishing industry wasteland, and houses more than 700,000 people. An open industrial sewage drain cuts right through this area,



with no separation or protective measures from the filth around.

The clinic has treated over **154,531** patients as of June 2017.

The South Florida Centre was built in 2013 by ChildLife-SINA partnership. This clinic was made possible by the generous donations made by our donors in South Florida. There was a dire need for such a medical facility, especially for the children of this area, due to the highly unhygienic conditions.



Raghib Foundation's Shahnaz Memorial Centre



The shy smile on Osama's face is what immediately draws one to the 12 year old, to strike a conversation. It is then that one comes to know that he is unable to speak. "He had seizures when he was born" his father explains, "I couldn't afford to get him treated. He has been like this ever since. Sometimes he drools and other kids then make fun of him."



Osama's father brings him to the Clinic supported by Raghib Foundation whenever he is sick. This free of cost facility enables Osama's father to get a doctor's consult, have lab tests done, and procure medicines without paying anything from his pocket. His only expenditure is the commute expense, which he sometimes saves by walking to the Clinic. Osama's family is originally from Swat.

Osama had high fever and diarrhea since two days and white pimples had appeared on his mouth, chin and tongue. Osama was prescribed a five day

antibiotic course as the diagnosis was bacterial infection. His father collected the medicines free of cost from the Pharmacy, comforted in the knowledge that though he could not get Osama the required healthcare at his birth, but can at least alleviate the seasonal illnesses of his son through the Clinic. He wishes that if there was a similar Clinic 12 years back, maybe he could have saved his son from becoming handicapped for life.

Raghib Foundation's Shahnaz Memorial Centre was inaugurated in May 2015. It was formed with the support and generous donations from Mr. Raghib Hussain, a California based entrepreneur. It has been named after his mother, to honor his involvement at the inception and continuous support of this Centre.

Shahnaz Memorial Centre is located in Saindad Goth, with adjoining localities like Ayub Goth, Ibrahim Goth and Lassi Goth. It serves as a lifeline for all these areas. Saindad alone is a community of over 10,000 households, consisting of daily wagers and small business owners. The residents of this locality cannot afford quality healthcare.

Shahnaz Memorial Centre has treated **67,838** patients as of June 2017.





PREVENTIVE CARE



Preventive Health Program (PHP)

ChildLife has always believed that prevention is better than cure. Here is why.

Preventive Care focuses on the prevention of disease rather than its treatment¹. The fields of preventive medicine and public health share the same objectives:

- Promoting general health,
- Preventing specific diseases, and
- Applying the concepts and techniques of epidemiology towards these goals

Nearly half of the patients visiting any of ChildLife ERs, have problems that could have been

easily prevented through basic preventive care. According to a 2003 study, almost two-thirds of child deaths resulting from preventable causes (diarrhea, pneumonia, measles etc.) can be avoided through simple preventive interventions such as breastfeeding, immunization, Zinc and Vitamin A supplementation and hand washing².

We believe there is a dire need to spread the awareness of these easy-to-implement interventions at household level. They will prove to be cost-effective and beneficial in the long run. This encouraged ChildLife to initiate the Preventive Health Program (PHP).



¹ Katz, D.L., Ali, A., 2009 - Preventive Medicine, Integrative Medicine and the health of the Public, IOM Summit on Integrative Medicine and the Health of the Public
² Jones G, Steketee R, Black R et al. How Many Child Deaths Can We Prevent This Year? The Lancet. Volume 362 Issue 9377 Page 65, 2003



The BRAC - ChildLife Partnership

In June 2015, ChildLife and BRAC Pakistan signed an agreement to pilot the first Preventive Health Program in Shirin Jinnah Colony, Karachi. BRAC has extensive experience with implementing community-based programs in Bangladesh and Pakistan.

ChildLife has established a training centre in Shirin Jinnah Colony. With the help of a Branch Manager, a Program Organizer, 5 Health Workers and 40 Community Health Promoters (CHPs) we aim to reach out to a population of 45,000 people. The PHP adopts a Community-based Health Worker model, to disseminate information on Water, Sanitation & Hygiene (WASH), maternal health, neonatal and child health and nutrition.

In addition to this, CHPs are trained to identify and refer patients to trusted health centres, selling over-the-counter medication for common ailments, and act as a source of information for the local populace.

Improving ORS usage via SMS and calls, ChildLife ER

Diarrhea is one of the leading causes of child mortality in the world, causing 9% of all under-5 deaths, each year¹. In Pakistan, nearly 50% of child hospital admissions are related to diarrhea², with an estimated 38% of under-5 children, receiving ORS during an episode of diarrhea.

Evidence suggests that ORS usage along with zinc-supplementation can reduce probability of another episode of diarrhea by 15%; for acute episodes of diarrhea, it is associated with a 24% lower probability of continuing diarrhea, and a 42% lower rate of treatment failure or death in persistent diarrhea episode.

This created a very strong case of utilizing effective behavioral interventions at the level of emergency care. In partnership with the Department of Community Health Sciences, Aga Khan University,



ChildLife Foundation has initiated a Randomized Controlled Trial to increase knowledge of parents/caregivers of children less than five years to prevent diarrhea and its related complications.

The objective of this study is to assess KAP (Knowledge, Attitude & Practices) of mothers/parents/caregivers for prevention of diarrhea utilizing the text messages they receive, after their child is discharged from ER after an episode of diarrhea.

The study is in its initial stages where the baseline is being conducted at the ER in NICH. The parents enrolled in the intervention arm of the study are being sent reminder messages on the usage and benefits of ORS, and on the reduction of diarrhea.

The results of the study will help expand the Preventive Health Program at ChildLife.

SMS4ER

SMS4ER is a customized SMS campaign initiated by ChildLife Foundation aimed at spurring behavior change for the patients who go through our ERs. The idea is to track patient outcomes post ER-experience, which becomes difficult to measure otherwise. Providing treatment to over 500 patients daily at each ER, makes it difficult to undertake brief interventions in the form of individual counseling. ChildLife makes use of an outsourced platform to execute SMS to parents of the children receiving treatment at our ER.

The messages are scheduled in advance and multiple executions are made, from 'ChildLife'. The age group of under-5 children leaving the ER is targeted, whereby they are sent reminder core messages covering the areas of breastfeeding, hand-washing and immunization. Currently, the core messaging is being piloted at our Emergency Room at Korangi where a total of 5,575 neonates are to be followed for a year. The messages are sent thrice a week.

¹ <http://data.unicef.org/child-health/diarrhoeal-disease.html>

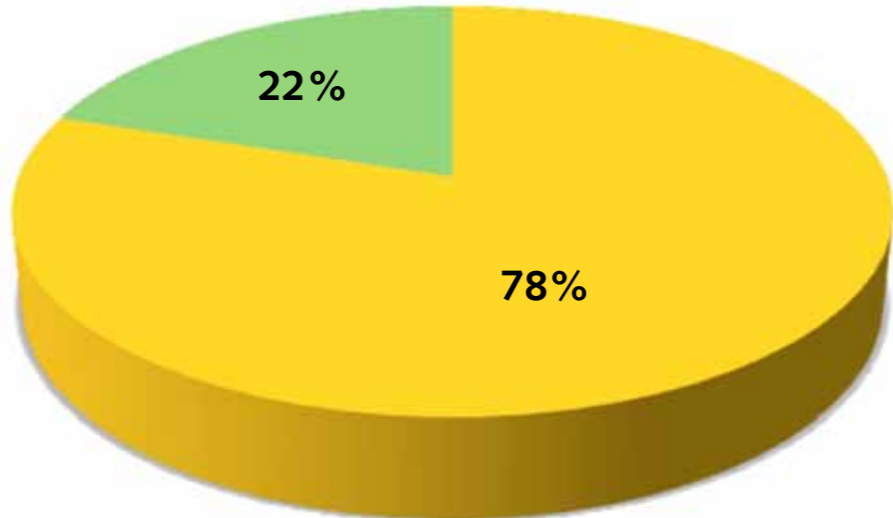
² Donald E. Morisky, Snehendu B. Kar, Abdul Sattar Chaudhry, Kai Ren Chen, Magda Shaheen and Kirstin Chickering. Update on ORS Usage in Pakistan: Results of a National Study, *Pakistan Journal of Nutrition* 1(3): 143-150, 2002



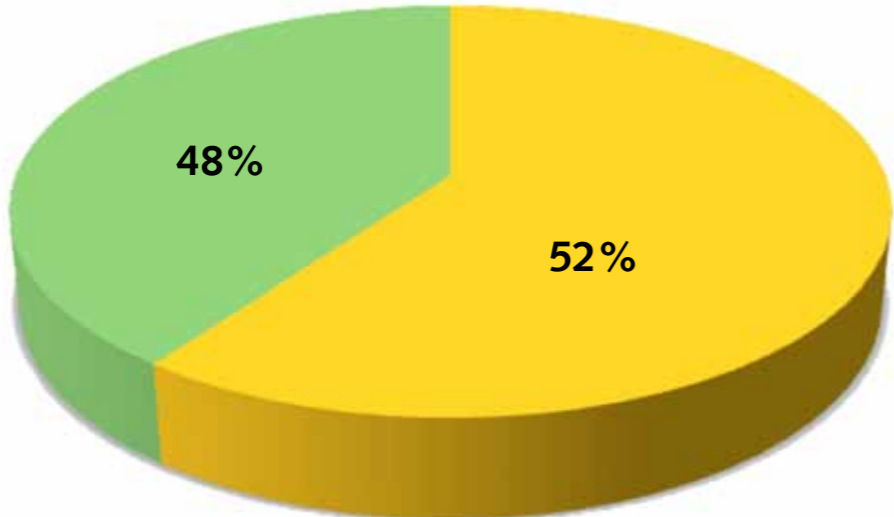
**DONORS and
HIGHLIGHTS**

DONORS AND PARTNERS

Donation Breakup 2016 - 17



■ Diaspora ■ Pakistan



■ Non-Zakat / Donation ■ Zakat



ChildLife Foundation America – an IRS approved charity



Due to the persistent demand from our donors to register ChildLife with IRS for enhanced credibility and transparency, we worked towards getting IRS registration. ChildLife successfully rolled out its US non-profit arm in 2017 after meeting all regulatory requirements. ChildLife Foundation America is now an IRS approved tax-exempt charity 501(c) (3) with EIN no 81-3687828. We are fully compliant with all regulations required by IRS. Yasir Billoo, a trustee in Florida, who is a lawyer by profession, manages this arm very efficiently.

The tax exempt status enables us with many benefits that include:

- Donors are more comfortable donating directly to ChildLife
- The commission charged previously by an intermediary to process funds is saved, enabling close to 100% of the donated amount actually being transferred to the cause of saving lives.
- New channels of donation are opened for us via Corporate Matching, Stock Donations, recurring Credit Card donations, and Wire Transfer. We have successfully set up Corporate Matching programs with companies such as MICROSOFT, APPLE, INTEL, DELL etc.

ChildLife is extremely thankful to the donors who have helped us raise funds from Pakistanis all over the world, and are proud of the fact that more Pakistanis are coming forward to solve the problems themselves.



Annual Pakistan Day at PACC

Earlier this year Pakistani American Community Centre (PACC) hosted the Annual Pakistan Day event with ChildLife Foundation on March 24th, with the legendary Alamgir as a performer, followed by the melodies from new talent Assad J. Waince. We are extremely thankful to PACC for helping us raise funds for the children of Pakistan.

ChildLife thanks its Donors

Trustees of ChildLife Foundation and SINA hosted a dinner in Karachi on 24th January 2017 inviting the donors of the respective organizations. The main purpose of this dinner was to thank the donors for their support over all these years and share with them how they have contributed to bring about a change in the society. CEOs and representatives of both the organizations shared their success story and growth over the years and appreciated their donors without whose support none of this would have been possible. Some donors also shared their firsthand experience of working for the cause and how others could contribute for a greater impact.



Highlights



Visit from John Hopkins University

Dr Junaid Razzak, Professor of Emergency Medicine at Johns Hopkins University visited ChildLife Emergency Room at Korangi. He met with the doctors and staff and discussed protocols regarding patient safety, research and tele-medicine. Last year in August, Dr. Razzak and his wife Dr Omrana Pasha hosted an awareness meeting for ChildLife at their home in Baltimore, to celebrate Pakistan's Independence Day.

Teams from Larkana and Nawabshah visit ChildLife

Teams from public sector hospitals in Larkana and Nawabshah visited the ChildLife ER in Korangi. Dr Tufail, Dr Ali Sial, Dr Saifullah Jamro, and 10+ post graduate doctors were briefed about the best practices at Pakistan's largest Children's ER. The intention is to replicate the same in public sector ERs in Interior Sindh.



70th Independence Day Celebrations

This year, Pakistan Day celebrations coincided with the organization's 7th anniversary celebrations. We paid a tribute to our entire team for a dedicated year. Our aim is to make Pakistan Child-Safe starting with Karachi. We also appreciated the efforts of our team at ChildLife Foundation working to 'Save the Future of Pakistan'. Our qualified and experienced doctors work towards continuous improvement in saving lives by developing and following prescribed protocols.



WHO Delegation's visit

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

ChildLife and William Osler Health System

Dr. Naseeruddin Mahmood was invited at a gathering by William Osler Health System, with whom ChildLife is collaborating for education and research.

"ChildLife's mission is to make Karachi a Child-Safe city, such that if a child gets really sick in the middle of the night, the mother knows where to take him for quality treatment, where she will find a good doctor and free medicines."



CM Sindh inaugurates SGHK-5 ER

Chief Minister Sindh, Syed Murad Ali Shah, inaugurated ChildLife's 3rd Emergency Room (ER) in Korangi. He assured full support from the government for this initiative. He was given a tour of the facility by the Trustees and CEO of ChildLife Foundation and met the doctors on duty and the patients in treatment. He appreciated the work done by ChildLife Foundation and assured his support to replicate it.

ChildLife on GEO TV

Famous TV celebrity Bushra Ansari interviewed ChildLife on GEO TV, about treating 1 Million patients a year, and how to prevent 1000 children (under 5 years) from dying every day in Pakistan.





Improving Team Performance - 360 Degree Evaluation

A critical element in a team's level of effectiveness is the ability of individual team members to communicate with each other and organization as a whole. According to medical literature, Teamwork is the no. 1 solution in busy Emergency Rooms. ChildLife assisted its team at all 3 Emergency Rooms by conducting a 360 degree feedback that helps in increasing self-awareness and transparent communication within a team and organization. Awards were distributed to the best team player in three categories: Doctors, Nurses & Patient Care.

ESEM Conference in Dubai

The Emirates Society of Emergency Medicine (ESEM) held its annual conference in Dubai from December 7-10, 2016 and was attended by more than 1050 delegates from 40+ countries. An outstanding scientific program with over 100 high caliber local and international speakers, ESEM has become the largest Emergency Medicine conference in the region. 12 Abstracts of Research Papers written by members of the ChildLife Team were accepted at the Conference, on topics like the Impact of Telemedicine in Public Sector Hospitals, and Post Discharge Patient Outcomes.



William Osler Health System from Canada visits ChildLife

Team of acute healthcare professionals from William Osler Health System visited ChildLife Foundation as part of their Global Health Tour 2017. They visited all three Emergency Rooms at Civil Hospital, National Institute of Child Health and Sindh Government Hospital Korangi. Dr. Irfan Habib - Head of Clinical Affairs at ChildLife also briefed the team about "Automate to Save Lives" software introduced in emergency rooms for effective patient care.



Soft Skills Training

26 of ChildLife Foundation's clinical staff went through soft skills training on "Communication and Team Work" on 24th & 26th April, 2017. It was conducted by Mr. Shahruck Hussain - Head of Learning & Development, Lucky Cement at Karachi School of Business & Leadership. We believe that communication skills can be learned and improved with the right training.



PALS Training at ChildLife

Pediatric Advanced Life Support (PALS) Training is conducted for all doctors and nurses at ChildLife Foundation. PALS provides our doctors and nurses, the skill and knowledge to properly respond and treat critically ill children. It is a classroom based course with clinical scenarios. There is active participation and group interaction. Each and every doctor and nurse at ChildLife Foundation goes through this course along with Basic Life Support (BLS) course.

Employee of the Month Award

ChildLife appreciates performance of every employee by awarding "Employee of the Month" to one selected employee based on his/her compassion and compliance to the protocols.





FINANCIALS

CHILDLIFE FOUNDATION

Financial Statements

For the year ended June 30, 2017

INDEPENDENT AUDITORS' REPORT TO THE TRUSTEES

Opinion

We have audited the financial statements of Childlife Foundation (the Trust), which comprise of the balance sheet as at 30 June 2017, and the income and expenditure account, cash flow statement and statement of changes in fund balances for the year then ended, and notes to the financial statements, including a summary of significant account policies.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Trust as at June 30, 2017 and of its financial performance, changes in fund balances and its cash flows for the year then ended in accordance with the approved accounting and reporting standards as applicable in Pakistan.

Basis of Opinion

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

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

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs as applicable in Pakistan will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with ISAs as applicable in Pakistan, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- 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.


Chartered Accountants

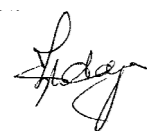
Engagement Partner:
Mushtaq Ali Hirani

Dated: September 26, 2017
Place: Karachi

CHILDLIFE FOUNDATION
BALANCE SHEET
AS AT JUNE 30, 2017

	Note	2017 Rupees	2016 Rupees
ASSETS			
NON-CURRENT ASSETS			
Property and equipment	5	26,057,292	22,574,468
CURRENT ASSETS			
Consumables	6	6,817,880	5,873,342
Advances, deposits and prepayments	7	2,596,179	281,947
Investments	8	260,990,714	144,591,742
Other receivables		1,275,716	1,121,779
Cash and bank balances	9	103,432,247	77,347,022
		375,112,736	229,215,832
TOTAL ASSETS		401,170,028	251,790,300
FUNDS AND LIABILITIES			
FUNDS			
Un-Restricted Funds			
Inception contribution		10,000	10,000
Zakat fund	10	44,213,911	39,474,965
General fund		24,490,699	24,093,514
		68,714,610	63,578,479
Restricted Funds			
Endowment fund	11	216,486,417	160,096,285
Strategic fund		85,000,000	-
		301,486,417	160,096,285
LIABILITIES			
NON-CURRENT LIABILITIES			
Deferred income related to property and equipment	12	7,712,548	7,842,153
CURRENT LIABILITIES			
Creditors, accrued and other liabilities	13	23,256,453	20,273,383
TOTAL LIABILITIES		30,969,001	28,115,536
TOTAL FUNDS AND LIABILITIES		401,170,028	251,790,300

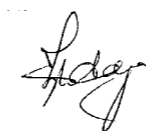
The annexed notes 1 to 21 form an integral part of these financial statements.



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CHILDLIFE FOUNDATION
INCOME AND EXPENDITURE ACCOUNT
FOR THE YEAR ENDED JUNE 30, 2017

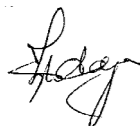
	Note	2017 Rupees	2016 Rupees
INCOME			
	14	152,511,204	122,165,665
EXPENDITURE			
Salaries and benefits		155,362,697	109,482,843
Medicines consumed		96,071,210	90,017,339
Patient consultation	15	43,656,954	36,431,439
Project renovation		23,526,157	24,396,593
Depreciation		9,862,235	6,917,233
Supplies and consumables		7,482,683	5,613,509
Repairs and maintenance		5,591,512	4,814,762
Resource mobilization and communication	16	5,933,682	3,814,800
Preventive health care		4,748,330	3,252,645
Utilities		3,097,720	1,705,667
Legal and professional		953,060	367,296
Auditors remuneration		264,000	264,000
Others	17	2,199,227	1,999,863
Total expenditure		358,749,467	289,077,989
Less: Charged to Zakat Fund			
Operating expenses		(166,425,422)	(148,253,288)
Operating expenses clinics	15.2	(31,979,573)	(29,289,433)
Project renovation		(8,230,453)	(2,691,140)
		(206,635,448)	(180,233,861)
		152,114,019	108,844,128
Surplus for the year transferred to general fund	18	397,185	13,321,537

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

CHILDLIFE FOUNDATION
STATEMENT OF CASH FLOWS
FOR THE YEAR END JUNE 30, 2017

	2017 Rupees	2016 Rupees
CASH FLOWS FROM OPERATING ACTIVITIES		
Surplus of income over expenses for the year	397,185	13,321,537
Adjustments for		
Amortization of deferred income related to property and equipment	(4,052,312)	(4,019,988)
Depreciation charge for the year	9,862,235	6,917,233
Loss on disposal of property and equipment	25,837	1,937
	<u>6,232,945</u>	<u>16,220,719</u>
Working capital changes		
(Increase) / decrease in current assets		
Consumables	(944,538)	(2,161,459)
Other receivables	5,474,044	1,321,106
Advances, deposits and prepayments	(2,314,232)	1,773,292
Increase in current liabilities		
Creditors, accrued and other liabilities	<u>2,983,070</u>	<u>(742,063)</u>
Net cash generated from operating activities (A)	<u>11,431,289</u>	<u>16,411,595</u>
CASH FLOWS FROM INVESTING ACTIVITIES		
Purchase of property and equipment	(13,652,696)	(14,037,599)
Investment in Islamic term deposits	(110,000,000)	(5,000,000)
Investment in Islamic mutual funds	(6,398,972)	(33,591,742)
Proceeds from disposal of property and equipment	281,800	88,000
Net cash used in investing activities (B)	<u>(129,769,868)</u>	<u>(52,541,341)</u>
CASH FLOWS FROM FINANCING ACTIVITIES		
Receipt of Zakat	215,297,101	175,683,236
Funds received under restrictions	85,000,000	-
Utilization of Zakat fund	(206,635,448)	(180,233,861)
Endowment fund received	41,366,629	44,112,921
Realized gain from Islamic Investment	9,395,522	6,980,490
Net cash generated from financing activities (C)	<u>144,423,804</u>	<u>46,542,786</u>
Net increase in cash and bank balances (A+B+C)	<u>26,085,225</u>	<u>10,413,040</u>
Cash and cash equivalents at beginning of the year	<u>77,347,022</u>	<u>66,933,982</u>
Cash and cash equivalents at end of the year	<u>103,432,247</u>	<u>77,347,022</u>

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



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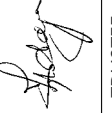


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CHILDLIFE FOUNDATION
STATEMENT OF CHANGES IN FUND BALANCES
FOR THE YEAR END JUNE 30, 2017

	Restricted Fund				General Fund			Total
	Inception contribution	Zakat Fund	Endowment Fund	Strategic Fund	Project renovation and capital expenditure	Others	Subtotal	
Balance at June 30, 2015	10,000	46,457,296	106,786,055	-	-	10,771,977	10,771,977	164,025,328
Funds received during the year	-	-	-	-	-	-	-	219,796,157
Zakat utilized for operating expenses	-	175,683,236	44,112,921	-	-	-	-	(148,253,288)
Zakat claim for patients treated at SINA	-	(148,253,288)	-	-	-	-	-	(29,289,433)
Zakat utilized for project renovation	-	(29,289,433)	-	-	-	-	-	(2,691,140)
Zakat transferred to General Fund	-	(2,691,140)	-	-	2,431,706	-	2,431,706	-
Surplus for the year	-	(2,431,706)	-	-	-	13,321,537	13,321,537	13,321,537
Available-for-sale investment	-	-	-	-	-	-	-	-
Unrealized gain on	-	-	-	-	-	-	-	-
- Islamic Term Deposit Receipt	-	-	309,530	-	-	-	-	309,530
- Islamic Mutual Funds Investment	-	-	1,907,289	-	-	-	-	1,907,289
Realized gain on	-	-	-	-	-	-	-	-
- Islamic Mutual Funds Investment	-	-	1,684,453	-	-	-	-	1,684,453
- Islamic Term Deposit Receipt	-	-	4,234,626	-	-	-	-	4,234,626
- Other Islamic investments	-	-	1,061,411	-	-	-	-	1,061,411
Balance at June 30, 2016	10,000	39,474,965	160,096,285	-	-	24,093,514	24,093,514	223,674,764
Funds received during the year	-	-	-	-	-	-	-	341,663,730
Zakat utilized for operating expenses	-	215,297,101	41,366,629	85,000,000	-	-	-	(166,425,422)
Zakat claim for patients treated at SINA	-	(166,425,422)	-	-	-	-	-	(31,979,573)
Zakat utilized for project renovation	-	(31,979,573)	-	-	-	-	-	(8,230,453)
Zakat transferred to General Fund	-	(8,230,453)	-	-	3,922,707	-	3,922,707	-
Surplus for the year	-	(3,922,707)	-	-	-	397,185	397,185	397,185
Property and equipment purchased during the year	-	-	-	-	-	-	-	-
Available-for-sale investment	-	-	-	-	-	-	-	-
Unrealized gain on	-	-	-	-	-	-	-	-
- Islamic Term Deposit Receipt	-	-	495,973	-	-	-	-	495,973
- Islamic Mutual Funds Investment	-	-	4,290,625	-	-	-	-	4,290,625
- Other Islamic investments	-	-	841,383	-	-	-	-	841,383
Realized gain on	-	-	-	-	-	-	-	-
- Islamic Mutual Funds Investment	-	-	2,108,347	-	-	-	-	2,108,347
- Islamic Term Deposit Receipt	-	-	6,507,987	-	-	-	-	6,507,987
- Other Islamic investments	-	-	779,188	-	-	-	-	779,188
Balance at June 30, 2015	10,000	44,213,911	216,486,417	85,000,000	-	24,490,699	24,490,699	370,201,027

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



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TRUSTEE

1. GENERAL INFORMATION

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

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

1.2 The Trust is currently managing the Children's Emergency Unit and Diarrhea Treatment Unit at Civil Hospital Karachi (CHK) under a revised Memorandum of Understanding (MOU) signed last year on May 12, 2016 between the Trust and Government of Sindh (GoS) through the Secretary Health. Under the MOU:

- the GoS through Health Department is responsible for providing adequate resources in the annual budget and depute, post and assign such qualified, technical, professional and surgical medical experts, paramedical staff and other experts of related disciplines and would also provide basic utilities; and
- the Trust is responsible for smooth management of the above mentioned units and of the facilities and to ensure that the same will function according to the standard operating procedures agreed with the administration of CHK. Moreover, it is also responsible for financial obligations with respect to the project and in improving the quality of medical services in Sindh.

1.3 The Trust is managing the Children's Emergency Unit under a Memorandum of Understanding (MOU) signed among the Trust, National Institute of Child Health (NICH), Government of Sindh (GoS) through the Secretary Health and SINA Trust under the MOU:

- the NICH is responsible for providing adequate resources in the annual budget and depute, post and assign such qualified, technical, professional and surgical medical experts, paramedical staff and other experts of related disciplines and would also provide basic utilities; and
- the Trust is responsible for smooth management of the above mentioned unit and of the facilities and to ensure that the same will function according to the standard operating procedures agreed with the administration of NICH; further it is also responsible for providing and arranging funds for the complete renovation of the above mentioned unit and to provide medical equipment, air conditioners etc.
- SINA Trust has been operating primary health care clinics in low-income and densely populated areas of Karachi for providing good quality and affordable healthcare for children. Childlife Foundation initiated a strategic partnership with SINA Trust in 2012. The Childlife Foundation is providing the children financial support for free treatment, lab testing, and medicines, as well as helping SINA Trust improving their clinics and expand their network of services in other areas.

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

- the SGHK is responsible for providing adequate resources in the annual budget and depute, post and assign such qualified, technical, professional and surgical medical experts, paramedical staff and other experts of related disciplines and would also provide basic utilities; and
- the Trust is responsible for smooth management of the above mentioned unit and of the facilities and to ensure that the same will function according to the standard operating procedures agreed with the administration of SGHK, further it is also responsible for providing and arranging funds for the renovation as deemed necessary of the above mentioned unit and to provide medical equipment, air conditioners etc.

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

2. STATEMENT OF COMPLIANCE

These financial statements have been prepared in accordance with approved accounting standards, as applicable in Pakistan. Approved accounting standards comprise of International Financial Reporting Standards for Small and Medium - Sized Entities (SMEs) and Guidelines for Accounting and Financial Reporting by Non-Government Organizations / Non Profit Organizations issued by the Institute of Chartered Accountants of Pakistan.

3. BASIS OF PREPARATION

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

4. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

4.1 Cash and cash equivalents

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

4.2 Taxation

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

4.3 Income recognition

Donation contributions are recognised on receipt basis.

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

Donation and Zakat contributions related to specific property and equipment are recognised as deferred income and amortized over the useful lives of the asset from the date the asset is available for intended use.

4.4 Utilities and staff expenses for Children Emergency Units

In accordance with the MOUs (refer notes 1.2, 1.3 and 1.4), CHK, NICH and SGHK also contribute in providing utilities and staff (Medical and Support) for Children Emergency Units being managed by the Trust. These costs are not included in the Income and Expenditure Account of the Trust.

4.5 Property and equipment

Property and equipment are initially recorded at original cost and are depreciated on straight-line basis over their estimated useful service lives with full month depreciation in the month of purchase and no depreciation in the month of disposal at the rates specified in Note 5.

4.6 Consumables

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

4.7 Creditors, accrued and other liabilities

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

4.8 Investments - available for sale

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

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

4.9 Un-restricted funds

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

4.9.1 Zakat fund

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

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

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

4.10 Restricted funds

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

The Trust's restricted funds include Endowment fund and Strategic fund. Endowment fund has been created with the approval of the Trustees for the purpose to achieve sustainability. This fund is invested in Islamic Investments.

Apart from the Endowment fund, the Trust received funds during the year for strategic purpose like establishing new Children's Emergency Units. With the approval of the Trustees, it has set aside these funds solely for the expansion of its operations, by establishing such units in Malir and Abbasi Shaheed Hospital by the end of the next year.

5 PROPERTY AND EQUIPMENT

Particulars	Cost		Accumulated depreciation		Carrying Value at June 30, 2017	Rates
	At July 1, 2016	Additions/ (Deletion) during the year	At July 1, 2016	Charge/ (Disposal) for the year		
			Rupees			%
Furniture and fixtures	3,511,219	842,762	2,071,608	639,959	2,711,567	20
Office equipment	10,972,565	2,949,560	4,543,529	2,307,942	6,851,471	20
Computer equipment	12,232,914	3,183,871 (106,800)	4,208,541	3,880,478 (19,663)	8,069,356	33
Medical equipment	11,298,450	6,676,503 (735,000)	6,029,477	2,575,756 (514,500)	8,090,733	20
Motor vehicle	2,290,500	-	878,025	458,100	1,336,125	20
June 30, 2017	40,305,648	13,652,696 (841,800)	17,731,180	9,862,235 (534,163)	27,059,252	
					26,057,292	
Particulars	Cost		Accumulated depreciation		Carrying Value at June 30, 2016	Rates
	At July 1, 2015	Additions/ (Deletion) during the year	At July 1, 2015	Charge/ (Disposal) for the year		
			Rupees			%
Furniture and fixtures	2,973,359	537,860	1,437,687	633,921	2,071,608	20
Office equipment	8,022,730	2,961,235 (11,400)	2,731,150	1,819,029 (6,650)	4,543,529	20
Computer equipment	4,435,260	7,982,654 (185,000)	2,238,407	2,147,947 (177,813)	4,208,541	33
Medical equipment	8,820,600	2,555,850 (78,000)	4,171,241	1,858,236	6,029,477	20
Motor vehicle	2,290,500	-	419,925	458,100	878,025	20
June 30, 2016	26,542,449	14,037,599 (274,400)	10,998,410	6,917,233 (184,463)	17,731,180	
					22,574,468	

	Note	2017 Rupees	2016 Rupees
6 CONSUMABLES			
Medicines at CHK		1,355,414	1,106,470
Medicines at NICH		3,661,785	3,279,434
Medicines at K5		1,800,681	1,487,438
		<u>6,817,880</u>	<u>5,873,342</u>
7 ADVANCES, DEPOSITS AND PREPAYMENTS			
Advance to suppliers		2,341,035	122,807
Advance to staff		101,170	80,478
Deposits and prepayments		153,974	78,662
		<u>2,596,179</u>	<u>281,947</u>
8 INVESTMENTS			
Available for Sale			
Islamic Term Deposit Receipts	8.1	221,000,000	111,000,000
Mutual Funds	8.2	39,990,714	33,591,742
		<u>260,990,714</u>	<u>144,591,742</u>
8.1	This represents investments made on behalf of Endowment Fund (refer note-11). It carries profit rate ranging from 4.38% to 5.94% (2016: 4.71 % to 6.59%) per annum and having maturity period of 1 month to 3 years.		
8.2	This represents investments made on behalf of Endowment Fund (refer note-11).		
8.2.1	Details if investmets in Mutual Funds are as follows:		
		Nafa Islamic Allocation Fund	Meezan Financial Planning Fund
			Total
Number of units		<u>1,154,767</u>	<u>324,707</u>
Cost at June 30, 2016		<u>16,130,720</u>	<u>31,684,453</u>
Fair value at June 30, 2016		<u>16,416,598</u>	<u>33,591,742</u>
Dividend/Realized gain for the year		<u>1,724,206</u>	<u>2,108,346</u>
		Nafa Islamic Allocation Fund	Meezan Financial Planning Fund
			Total
Carrying value at June 30, 2017		<u>18,140,804</u>	<u>35,700,088</u>
Fair value at June 30, 2017		<u>19,725,722</u>	<u>39,990,714</u>
Unrealized gain for the year ended June 30, 2017		<u>1,584,918</u>	<u>4,290,626</u>

	Note	2017 Rupees	2016 Rupees
9 CASH AND BANK BALANCES			
Cash in hand		27,783	13,000
Cash at banks in Islamic:			
- Current accounts - Zakat		63,104,532	52,447,497
- Islamic savings accounts	9.1	<u>40,299,932</u>	<u>24,886,525</u>
		<u>103,432,247</u>	<u>77,347,022</u>
9.1	These carry return at the rates ranging from 3.43% to 3.62% percent (2016: 4.37% to 5.3% percent) per annum.		
10 ZAKAT FUND			
	The Zakat fund includes the amount received in the Holy month of Ramadan, which fell close to the year end. This shall be utilized for the operating expenses incurred during the next financial year.		
		2017 Rupees	2016 Rupees
11 ENDOWMENT FUND			
	Following assets are earmarked against endowment fund:		
Islamic Term Deposit Receipts		175,000,000	111,000,000
Islamic Mutual Funds Investments		39,990,714	33,591,742
Unrealised gain on Islamic investments		1,337,356	309,530
Cash at banks in Islamic saving accounts		158,347	15,195,013
		<u>216,486,417</u>	<u>160,096,285</u>
12 DEFERRED INCOME RELATED TO PROPERTY AND EQUIPMENT			
Opening balance		7,842,153	9,430,435
Assets purchased during the year		3,922,707	2,431,706
Amortisation for the year	14	<u>(4,052,312)</u>	<u>(4,019,988)</u>
Closing balance		<u>7,712,548</u>	<u>7,842,153</u>
		2017 Rupees	2016 Rupees
13 CREDITORS, ACCRUED AND OTHER LIABILITIES			
Creditors		19,792,631	15,169,251
Accrued liabilities	13.1	3,142,624	5,098,389
Withholding tax		321,198	5,743
		<u>23,256,453</u>	<u>20,273,383</u>
13.1	This includes staff retirement benefits amounting to Nil (2016: Rs. 1,160,004)		

	Note	2017 Rupees	2016 Rupees
14 INCOME			
Donations			
Received in cash		115,775,411	99,089,360
Received in kind			
- Medicines	14.1	28,514,706	18,743,247
- Other		4,168,775	313,070
Amortisation of deferred income related to property and equipment	12	4,052,312	4,019,988
		<u>152,511,204</u>	<u>122,165,665</u>

14.1 This represents medicines received from Civil Hospital Karachi and National Institute of Child Health for Children Emergency Unit operated by the Trust.

	Note	2017 Rupees	2016 Rupees
15 PATIENT CONSULTATION			
SINA Trust	15.1	43,656,954	36,245,752
Memon Medical Institute Hospital		-	185,687
		<u>43,656,954</u>	<u>36,431,439</u>

16 RESOURCE MOBILIZATION AND COMMUNICATION

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

	2017 Rupees	2016 Rupees
17 OTHERS		
Loss on disposal of property and equipment	25,837	1,937
Miscellaneous	2,173,390	1,997,926
	<u>2,199,227</u>	<u>1,999,863</u>

18. SURPLUS FOR THE YEAR TRANSFERRED TO GENERAL FUND

The surplus for the year ended June 30, 2016 and 2017 has been utilized to purchase fixed assets required for the smooth operations of the Trust.

19. TRANSACTIONS WITH RELATED PARTIES

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

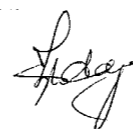
Relationship with the Trust	Nature of transaction	2017 Rupees	2016 Rupees
SINA Trust (Dr. Naseeruddin Mahmood is a common Trustee)	Payments made to SINA Trust for:		
	- Renovation of clinic	5,115,000	11,535,000
	- Pateint consultation	43,656,954	36,245,752

20 GENERAL

20.1 Figures have been rounded off to the nearest Rupee.

21 DATE OF AUTHORISATION FOR ISSUE

These financial statements were authorised for issue by the Board of Trustees on September 26th, 2017.



TRUSTEE



TRUSTEE

ZAKAT FATWA



بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ
نحمده و نصلی علی رسولہ الکریم

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

Introduction:

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

Method of utilization charity and donations:

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

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

Shariah Ruling:

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

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



MUFTI ASIM ALI KHAN
Welfare Officer



MUFTI IBRAHIM ESSA
Shariah Advisor



MUFTI MUHAMMAD ZUBAIR
Welfare Officer

7A, Tabba Street, Muhammad Ali Housing Society, Karachi 73530, Pakistan

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

www.childlifefoundation.org

www.facebook.com/childlifefoundation

HOW YOU CAN HELP

Rs. 700
(**\$7**)

Provides
Life Saving Treatment for **1**
child in an Emergency Room

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

Provides
support for a bed treating
1500 children in an
Emergency Room for one year

Rs. 10,000,000
(**\$100,000**)

Provides
for establishment of **1 Clinic**

Rs. 5,000,000
(**\$50,000**)

Provides support for **1 Wing**
(**5 beds**) treating **7500 children**
in an Emergency Room for
one year





DONATE IN PAKISTAN*

Through Checks

Mail Checks in the name of
ChildLife Foundation to:
7-A Tabba Street,
Mohammed Ali Society
Karachi, Pakistan

Through Bank Transfer

Donation Account Details:

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

Zakat Account Details:

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

Through Credit Card

Log on to
www.childlifefoundation.org

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

DONATE IN USA*

Through Checks

Mail Checks in the name of **ChildLife Foundation America** to
Salem Suriya
ChildLife Foundation
15757 Pines Blvd, STE 038
Pembroke Pines, FL 33027

Through Credit Card

Log on to
www.childlifefoundation.org

Through Bank Transfer

Bank Name: Bank of America
Account Name: ChildLife Foundation America Inc.
Account Number: 898077147810
Routing Number: 026009593
Swift Code: BOFAUS3N
Bank Address: 1900 Tyler Street, Hollywood, FL 33020

**Donations made in USA are tax exempt. ChildLife Foundation America is a registered 501(c)3 organization. EIN No.: 81-3687828. Zakat utilization is as per Shariah compliance.*

DONATE IN CANADA*

Through Checks

Mail Checks in the name of **IDRF** with a note **ChildLife Foundation** in the memo to Zohair Zakaria
ChildLife Foundation
3269 Camberwell Drive
Mississauga ON L5M6T2

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.



ChildLife Foundation
7A Tabba Street,
Mohammad Ali Housing Society,
Karachi 73530, Pakistan.
UAN: 021 111 111 253
Email: info@childlifefoundation.org

www.childlifefoundation.org