



**RIGHT
TO LIVE
EVERY
CHILD
EVERY
TIME**

ANNUAL REPORT 2019



CHILDLIFE
FOUNDATION



Every child has a right to live.
Every child has a right to
healthcare.

Children are fragile, they require healthcare that is tailored to their needs and emergency care that boosts their chances of survival. Illnesses considered trivial for adults can have grave consequences for these little individuals. Unfortunately, we live in a society where healthcare is not accessible to all children and the current state of affairs is such that child mortality is high, and in many cases, preventable with timely and effective healthcare. ChildLife is committed to upholding children's right to live by providing emergency healthcare that is efficient, expedient and accessible.

For the past eight years, ChildLife Foundation has been synonymous with quality pediatric and emergency healthcare provision to children of all ages. All children, irrespective of their backgrounds, are treated at our centers because we believe that health is a right – every child's right.

Let's all come together to give each child in our nation the right to live, to give each child a chance for survival and to make every child healthy.





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| Our Story |

UNICEF* reports Pakistan under-five mortality rate (U5MR) as 74 deaths/1000 live births.

Taking a sick child to a hospital or a clinic is a difficult task in Pakistan. Logistics, finances, and lack of awareness work against the patients where most children end up being 'treated', if they ever do, by quacks or unqualified doctors. Good medical facilities with competent staff are few, distant, and financially unaffordable. It is no surprise that one in ten children in Pakistan do not survive beyond their fifth birthday, dying due to causes as mundane as diarrhea, pneumonia and other vaccine-preventable diseases. In this scenario, ChildLife Foundation has made it its mission to provide every child with quality and affordable healthcare facilities.

With cutting-edge systems and the latest healthcare innovations adapted for use in low-income settings, ChildLife has been steadily bringing about a revolution in the communities that are overlooked by the public sector and are unable to access private care. It is providing the full spectrum of medical care from: emergency rooms and primary clinics to preventive practices. The Foundation has 7 state-of-the-art model emergency rooms in Sindh including – Civil Hospital, National Institute of Child Health (NICH), Sindh Government Hospital Korangi-5, Sindh Government Lyari General Hospital, Abbasi Shaheed Hospital, People Medical College Hospital Nawabshah and Chandka Medical Hospital, Larkana; 27 primary care clinics in the city's slums; and Preventive Health Programs. All of these parallel the best private medical facilities that the country has to offer, with far superior technology used in many cases.

| Vision |

Child-Safe Pakistan

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

| Mission |

Saving the future of Pakistan

Facilitate rapid access to quality urgent medical care

Identify high risk children:

- Malnourished
- Unimmunized
- Poor access to basic health

Intervene with established cost-effective preventive measures

| Values |

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

* data.unicef.org/country/pak/



07*

state-of-the-art
model emergency
rooms in Sindh



2.5 MILLION*

Children treated in ChildLife Foundation
Emergency Rooms to-date



Hospital wise break-up of children
treated in ER*

899,661

Civil Hospital Karachi

1,112,985

National Institute of
Child Health

228,969

Sindh Government
Hospital Korangi-5

73,884

Lyari General Hospital

86,602

Abbasi Shaheed Hospital

53,643

Nawabshah

108,046

Larkana

70%

Patient Satisfaction for
ChildLife Foundation ER
services

(based on sms surveys against international
benchmark of 64%)



*All data for the year ending June 2019

27*

Primary care clinics
in slum areas



4 MILLION**

patients treated at
SINA - ChildLife Clinics



**to-date

82%*

of donations are raised
in Pakistan

18%*

are raised by the
Pakistan diaspora
worldwide



15,149*

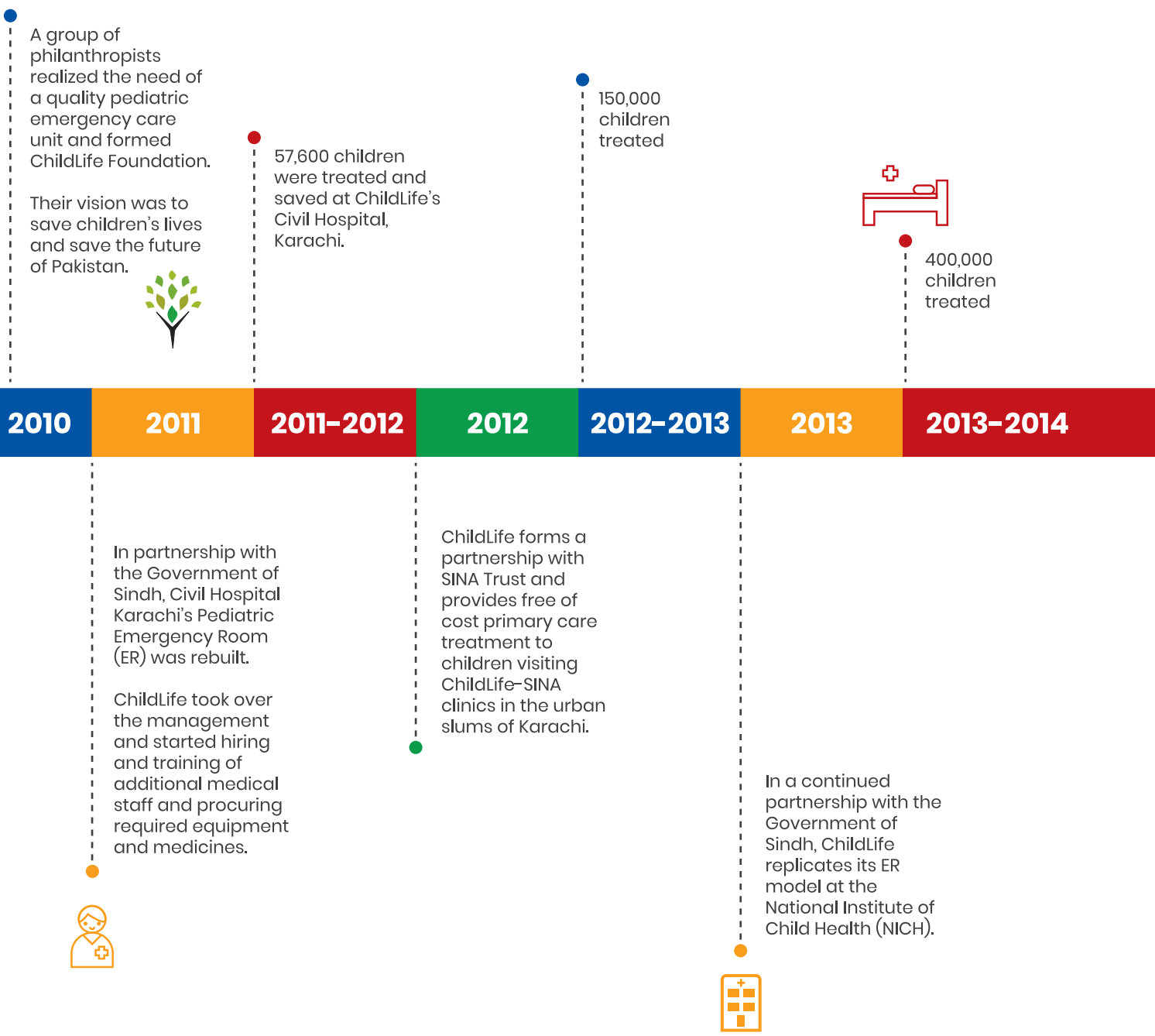
Telemedicine
consultations at
our ERs



*All data for the year 2018-2019

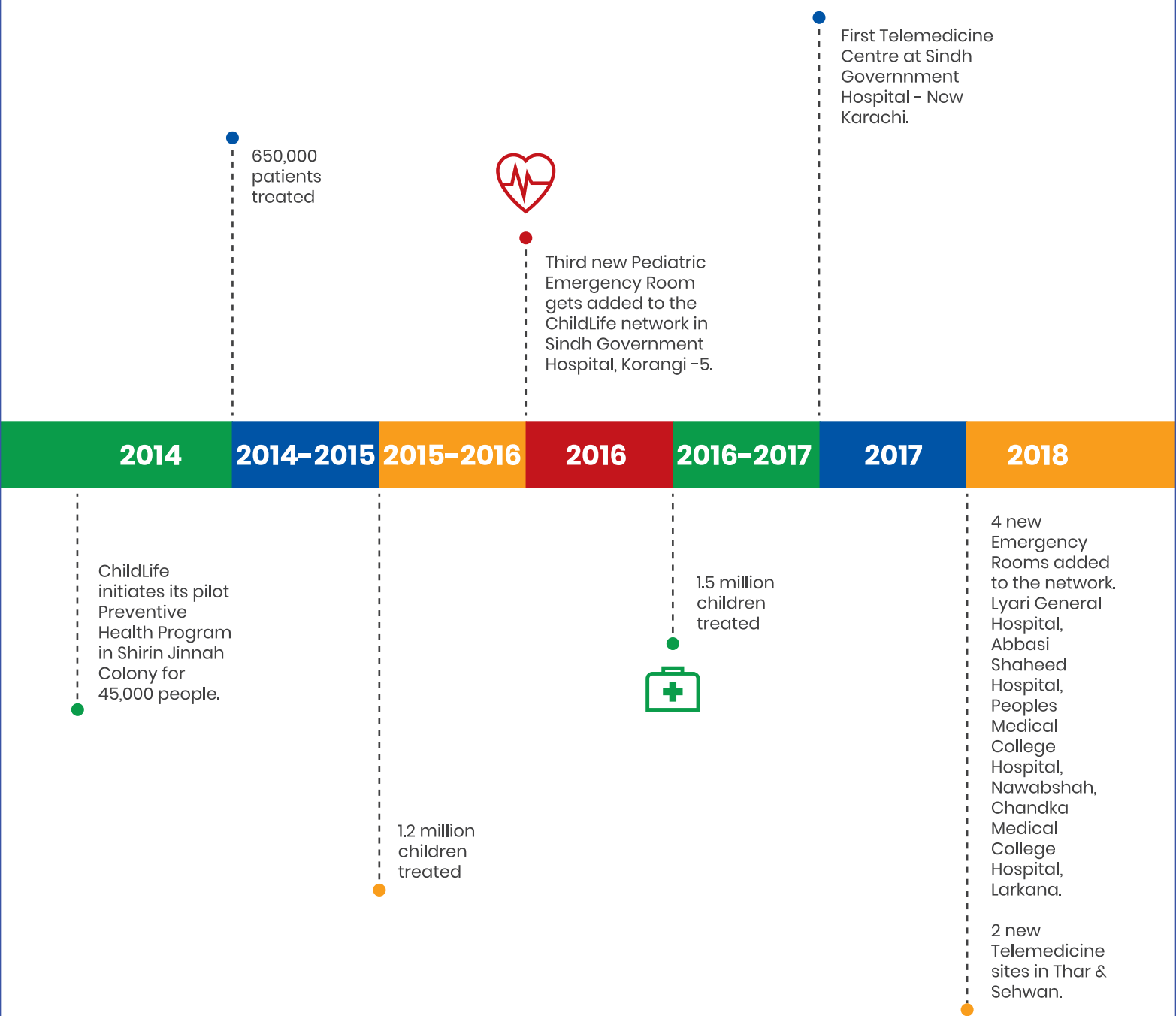
How we started

→ Need of quality pediatric Emergency care unit



Where we are now

→ 2.5 Million children treated to-date through ChildLife Foundation ERs



Where we are headed →

By opening ERs in Sukkur and Hyderabad we will cover all government teaching hospitals' ER facilities across Sindh.



Establish ERs in teaching hospitals in other provinces.

Preventive health messages will be sent to all parents/guardians of children under five years

2019

2020

Another feather in ChildLife Foundation's Cap:

ER at Civil Hospital in Quetta to be operational at the end of the year.

Establish Telemedicine sites in various secondary hospitals across the country.



**Of all the forms
of inequality,
injustice in
healthcare
is the most
shocking and
inhumane.**

- DR. MARTIN LUTHER KING, JR.



Chairman's Review

ChildLife's journey has been remarkable in all aspects. When we started, our aim was to renovate the children's ER at the Civil Hospital which was in a dilapidated condition. The goal was to be able to do something for our nation.

But when we took tangible steps to make this happen, we realized that the problem was much more deep rooted than we imagined. Not only did the premises needed an upgrade, the entire system needed an overhaul.



By the grace of Allah and the help of our donors, we were able to do much more than renovate a single ER at Civil Hospital. Today, in less than a decade, we have been able to adopt and manage a total of 7 ERs in Sindh. The year 2019 was significant in that, after covering Sindh, we were able to reach out to the province of Balochistan with the opening of ChildLife ER at Civil Hospital Quetta.

“We have introduced our one-year training program in Pediatric Emergency Medicine to ensure that the human resources that we have are properly trained and are able to deliver the quality of healthcare services needed.”



Our dream is to have ChildLife ERs in all the 40+ public teaching hospitals in Pakistan and to continue to provide access to healthcare in secondary hospitals through Telemedicine Satellite Centres so that no child in Pakistan is deprived of their basic right to healthcare. We have come to the realization that this mission that we are on, has the potential to impact the future of our nation in a singularly pervasive manner. Children are the future of our nation, and in saving them, we are saving our future.

Saving children entails providing quality emergency healthcare services, and the systems that we have developed augment our operations. We have highly efficient and uniform systems that are replicated in all facilities for quality healthcare provision at all our locations. The triage, resus and standard protocols that are present in all our ERs, have not been established in any other public hospitals in other provinces.

Technological innovations are an integral part of our success, where telemedicine and integrated software are being used extensively to help fulfill our dream. Telemedicine will allow us to provide healthcare to those sites where our senior doctors will be virtually present. At the same time, integrated software has allowed us to have a seamless system with minimal chances of error and to have an efficient treatment process where all details of patients and treatments are tracked and recorded. This system helps us to collect vital data that allows us not only to offer curative treatments but also to play a role in preventive healthcare through customized SMS for mothers.

Our plans for the future include covering all public teaching hospitals and we acknowledge that this will not be possible without developing human capital. We have introduced our one-year training program in Pediatric Emergency Medicine to ensure that the human resources that we have are properly trained and are able to deliver the quality of healthcare services needed.

ChildLife has a demonstrable track record to quickly launch and effectively manage Children's ERs in multiple cities. Certification by PCP (Pakistan Centre for Philanthropy) with a 90+% score is a testimony of its robust systems. Two separate teams from quality assurance and internal audit played a major role in improving systems. The engagement with External auditors was also expanded and special audits were undertaken for grants.

Accreditation Canada mock audit (score 87.5 %) demonstrated that our patient safety systems are world-class. The Community (parents of patients) input is solicited for improving processes at ER. Each parent is asked for their input regarding their experience through text messaging service and telephone calls.

Implementation of paperless environment through Cloud-based ERP for Finance, Supply Chain, HR, Fundraising and HMIS (Hospital MIS) ensure transparency and speed of operations. It also primes the organization for expansion. Now all vendors, a key stakeholder, submit electronic invoices. All payments including salaries are through online banking only. Deployment of innovations like telemedicine and e-learning have expanded the scope of ChildLife services and improved their quality.

The Board is fully cognizant of the challenges facing the organization especially turnover of employees and financial sustainability. Unfortunately, supply and demand imbalance of clinical staff i.e. doctors, and nurses is an industry wide phenomenon. In an environment where the organization does not charge the patients and is entirely dependent on philanthropy and grants, we balance offering a market-based salary with attractive benefits. There is an increased focus on attracting and retaining talented staff by creating a work culture that is based on mutual respect, learning environment, and purpose.

We have made our best effort to serve the nation, and together with the support of our donors, we are sure that our passion to serve will materialize with every child in Pakistan getting quality healthcare that they deserve.

Iqbal Adamjee
Chairman



CEO's Report

Quality emergency care can mean the difference between life and death for children. Overcrowded emergency rooms, shortage of medicines, untrained staff, and lack of life-saving equipments are national healthcare challenges which indicate that there is a dire need for state-of-the-art emergency rooms to counter the threat of diseases that riddle our nation's children.

However, there has been improvement in the past five years, where the overall under-5 mortality rate, in Pakistan, has declined steadily from 8.9% to 7.4%.*

*dhsprogram.com/pubs/pdf/PRI09/PRI03.pdf

The facts reflect that there has been a system-wide improvement in child mortality rates, and we are humbled that ChildLife's contribution of saving 2.5 million children in Emergency Rooms is having such an impact. We attribute our success to the 2.5 million parents who have been praying for us, since we treated their children by putting in all our efforts to provide them with better treatment each time.

Integral to our operations is the value of teamwork. While teamwork is important in all disciplines, our ERs cannot function without it. We have instilled 'esprit de corps' in our people through team-building activities and a consciously developed sense of camaraderie which helps us help patients who often arrive from far-flung locations with ChildLife ERs as their only hope for life.

Just as we value teamwork, we value employees who follow due process and practice due diligence, and work within the systems designed by ChildLife. We believe that the secret to being able to fight for the right to live for every child every time is not in serendipitous medical successes, but in meticulous treatments.

The facts reflect that there has been a system-wide improvement in child mortality rates, and we are humbled that ChildLife's contribution of treating **2.5 million children** in Emergency Rooms is having such an impact.



We take great pride in training and developing our resources and in rejoicing when they receive accolades. Every year, since the last three years, ChildLife team is shining bright in one of the biggest Emergency Care conferences in the Middle East: "Emirates Society of Emergency Medicine" (ESEM).

Our passion grows with each passing day as we have realized that the best way to make an impact on people's lives in our country is through provision of emergency healthcare facilities. Not only do we try to fill in the gap for quality ERs, but through technology we have reached countless underprivileged households with customized text messages that spread awareness regarding breastfeeding, hygiene, vaccination and other health-related issues.

Sustainability is one of the key aspects of our work and we have partnered with the governments of Sindh and Balochistan to support the Emergency Rooms in the two provinces. For more details please see the 'Corporate Sustainability' report on the following page.

We have furthered our work by spreading our network beyond our doors introducing the Volunteer program in which university/college going children from all over the world spend a week in our ERs assisting the staff and collecting communication material. Our perspective is that one day these volunteers will become our brand ambassadors and support us in our endeavor to raise funds and create awareness about our work.

Our current successes have established in us fervor to be able to spread our services to all nooks and corners of Pakistan, so that each child is able to access healthcare – that is our ultimate dream and our undying passion.

Dr. Ahson Rabbani
CEO

2. National Institute of Population Studies. 2007, 2013. Pakistan Demographic and Health Survey (PDHS) 2006-07; 2012-13. Government of Pakistan. Islamabad.



Highlights of Aspects of Sustainability

ChildLife Foundation is practicing sustainability by adopting a comprehensive policy for endowment and diversified donor portfolio based on different business segments and diaspora. It keenly focuses on strengthening their relationship with donors, government authorities, patients and all other concerned stakeholders through planning, meet-ups, effective communication and collaboration. The organization focuses on the emotional and social needs of its employees and is focused on human capital management to build the future leadership of the company. Likewise, ChildLife Foundation strictly ensures compliance with legal and statutory requirements and has adapted an ERP system to enhance productivity and reduce operational cost.



CORPORATE SUSTAINABILITY

FINANCIAL

Adherence to Donor Commitments.

Timely Receipt to all donors.

Effective utilization of funds by investing with profitable institutions.

ECONOMICAL

Hiring and training of qualified doctors and nurses.

Material Resource Planning and Procurement at best possible rates.

Upgradation of systems for enhanced productivity.

POLITICAL

Strong collaboration with provincial governments.

Adherence to agreement terms & conditions, company policies, and best practices prescribed by Pakistan Center for Philanthropy.

Timely submission of fund utilization reports.

ENVIRONMENTAL

Adapted a paperless environment, e-invoicing system and strived to reduce paper wastages.

Adequate energy saving measures, e.g. moving to laptops and thin clients reduces energy consumption. Mindfully turning off unnecessary lights also helps in saving energy.

Appropriate waste disposal methods in accordance with international medical protocols.

SOCIAL

Organizational focus is on compassion and commitment while engaging with the patients at emergency rooms and ensuring delivery of quality services.

Organization considers the social and emotional needs of its employees and provide them with training and team building activities to extract the best out of them.

Armaan - The Story of Hope





“You know, the treatment here is very good. The past four months, I have brought my baby here and every time in a state when I thought I would lose him. But each time, they nursed him back to health. This time too, I am certain my child will be alright”. – Mother of Armaan

Within the aseptic premises of the spacious ChildLife Emergency Room at Lyari General hospital, Mahmooda sits silently, attending to her 4 month old son suffering from malnourishment.

Healthcare provision is a complex service in this part of the world, where it is not a solitary concern for caregivers. ChildLife Foundation works with underprivileged households and has found that counseling parents about taking care of their children is a vital part of their duty.

Mahmooda's case highlights this aspect of ChildLife's work. Living in Lyari, in a tin-roof house, Mahmooda and her husband had been firm believers in spiritual healing. Regarding conventional healthcare with wariness, they believed that medical treatments would not have an effect on their child's health.

However, when Armaan became critically ill, they rushed him to the ChildLife ER at Lyari General Hospital. There they found that medical treatments were indeed effective.

“You know, the treatment here is very good. The past four months, I have brought my baby here four times, and every time in a state when I thought I would lose him. But each time, they nursed him back to health. This time too, I am certain my child will be alright”.

The trust she has developed in ChildLife is a result of the hardwork and devotion that the team has shown. The facilities offered are outstanding – there are separate treatment areas for neonates and older children, a dedicated resuscitation room for critically ill children, a quarantine room, and a spare facility to deal with an influx of patients in cases of outbreaks and epidemics.

Therefore, it is no surprise that people like Mahmooda and her husband, with no educational background, and blind faith in spiritual healers, have started to trust ChildLife Foundation for their child's well-being.

Mahmooda's husband – a high blood pressure patient, struggles to make ends meet by working as a tailor in a factory. Her house is in a decrepit condition where the tin-roof top is not sufficient to protect her young family, from the heat and pollution outside. But with the help of the counseling that Armaan's doctors have done, Mahmooda aims to renovate her tin-roof house to protect her children from diseases better.

“My two children, Muzammil and Armaan are constantly sick. The doctors have told me that my house with a tin roof is not good enough to protect their health. The house gets extremely hot in the day time and there are many mosquitoes and flies which make my children sick” states Mahmooda, “But we will renovate the house, just as the doctors here have said, and we will make a concrete roof soon” she concludes, with hope reflected in her eyes.

ChildLife Foundation has made it a part of their mission to identify high risk children, such as Armaan, who are malnourished with poor access to basic health, and to provide them with quality healthcare. ChildLife Foundation understands that prevention is better than cure, and in this vein, ChildLife Foundation has instituted Preventive Health Programs that ensure that children are given a healthy environment at home to grow and flourish for a better future.



Alaya - Against all Odds





“This was the best decision we made. Although my husband and I went through a lot in bringing my 11-day old daughter to Karachi from Hyderabad, the treatment she is getting at NICH is working. Doctors come to check her every fifteen minutes and I can see that she is opening her eyes, and responding to my touch”.
– Mother of Alaya

ChildLife ERs cater to children from all over Pakistan – Sonia and her husband came to the ChildLife ER at NICH Karachi, from Hyderabad, with their daughter, Alaya who was in severe respiratory distress.

Sonia is not new to tragedy – her three year old first born son died in her arms just three months prior to her giving birth to Alaya. Her son was referred to the ChildLife ER at NICH by doctors in Hyderabad for his illness, but he tragically died just a day before they were to leave for Karachi.

Estranged from her in-laws after her son's death, and living at her parents' house, Sonia was facing yet another daunting situation. Alaya was delivered prematurely through a C-section by a negligent doctor at facilities that were not fit to cater to an infant's needs.

“My infant daughter was lying in the nursery, neglected and all wet from sweat and urine, while the nurses fed her formula milk. They did not give me my baby, even to breastfeed, in the two days I was at the so called hospital” Sonia laments. A few days at home and the baby had bloating and went into respiratory distress. She was moved to Civil Hospital before being referred to and immediately admitted at the ChildLife ER at NICH.

“This was the best decision we made. Although my husband and I went through a lot in bringing my 11-day old daughter to Karachi from Hyderabad, the treatment she is getting at NICH is working. Doctors come to check her every fifteen minutes, and I can see that she is opening her eyes, and responding to my touch”.

Sonia sits in the emergency room attendant area, while still recovering from her C-section surgery and her husband sleeps on the footpath outside.



“All the pain we are going through is worth it because I know that we are at the right place. I am confident that with the way that ChildLife doctors are taking care of her, we will be able to take my daughter home with us very soon” says Sonia, when asked how she is managing away from home.

Alaya's case is one among more than 2.5 million patients that have been treated at ChildLife ERs across the province of Sindh. Cases like this illustrate that there is a dire need for quality healthcare for children because there is lack of awareness about breastfeeding, infant care, and overall hygiene.

This is where ChildLife Foundation steps in by trying its best to provide care for children even when it means forgoing convention. While the acceptable time for keeping patients in emergency care is 4 hours, ChildLife ERs keep patients in the rooms for as long as it is required. This is because we understand the plight of families with critically ill children, and that often there are no beds available for patients in wards once they are released from the ER.

ChildLife is growing strength to strength due to the prayers of the families we have treated, and we hope to spread quality emergency healthcare to all corners of Pakistan.

Sher Muhammad – The Angel and the Serpent



Looking at Sher Muhammad, it is hard to imagine the terror he must have gone through when a snake bit him while he played hide and seek with his siblings. Cases of snake bite arise often in Karachi, where ChildLife Foundation ERs have reported 48 such cases in the last year.

A mischievous little munchkin, with a naughty sparkle in his eyes – 7 year old Sher Muhammad plays with his 10 brothers and sisters in the small two-room house in Baldia Town Karachi.

Looking at Sher Muhammad, it is hard to imagine the terror he must have gone through when a snake bit him while he played hide and seek with his siblings. Cases of snake bite arise often in Karachi, where ChildLife Foundation ERs have reported 48 such cases in the last year. On a global level, according to the World Health Organization (WHO), approximately 81,000 to 138,000 people die annually due to snake bites, while approximately three times the number suffer amputations and other injuries as a result of being bitten*.

However, awareness regarding snakebite precautions and treatments is low in Pakistan and people generally rely on ineffective and sometimes dangerous treatments to deal with snake bite incidents. Sher Muhammad's case indicates that this hazard is real. Once the boy's step-mother realized that the child was bitten, she used a local remedy and tied a tourniquet around Sher Muhammad's waist in a bid to prevent the poison from spreading. She also put salt on the wound, which burned and pained the already fatigued Sher Muhammad while he was rushed to a hospital 20 minutes away from the house in a rickshaw.

Sher Muhammad and his family live in a hilly area in a slum that is not easily accessible by conventional vehicles or public transport, and while his father is a rickshaw driver, he too was away for work. Sher Muhammad was turned away when he arrived at the local hospital because the hospital did not have the anti-venom to treat Sher Muhammad. They referred the bitten child to ChildLife Foundation's ER at Civil Hospital. A highly traumatic rickshaw ride led Sher Muhammad to the treatment he required. ChildLife Foundation's ER team immediately gave the child the necessary treatment and saved the hapless child's life.

The whole ordeal of travelling from one hospital to the next took an hour and a half – critical time that was wasted. It is sheer luck that the poison did not spread to his other organs before he arrived at ChildLife Foundation's ER at Civil Hospital. What is more fortunate is that his unwitting mother and the rest of the children that remained in the house, despite the snake being present, were not bitten.

Snake bite victims are under high psychological duress and should not move the affected limb. In fact, the WHO protocol for administering first aid to snakebite victims suggests that the patient be made immobile. The use of tourniquets is also fatal in some cases, and is not recommended for use. But unknown to his attendants, Sher Muhammad was given all these ineffective and dangerous treatments.

Sher Muhammad's story is proof of the dire need for ChildLife Foundation's ER services, because Sher Muhammad is not the exception – he is the norm. His case, like so many others that frequent ChildLife Foundation's ERs, is one which highlights the pressing need for accessible and affordable emergency healthcare for children in our country.

ChildLife Foundation ERs have the potential to save many more lives than the 2.5 million saved in the past years, and the team is committed to live up to this potential and help children like Sher Muhammad keep the sparkle in their eyes.



*www.who.int/snakebites/disease/en/

Dr. Tayyaba Ali - Healer with a Mission



She has a high regard for human life and death and she believes that while life is precious, a child's death needs to be respected. Referring to the inevitable issue prevalent among overworked doctors and staff in local hospitals, bedside manner is an integral part of ChildLife's dealing with patients and attendants.

Dr. Tayyaba is an inspiration for many returning expatriates. She came back to Pakistan after 15 years of serving in the National Health Service (NHS) in the UK. Her infectious smile and her energetic demeanor are evident of the passion that she has for serving her country.

She completed her education in Pakistan and worked at National Institute for Child Health (NICH) while she was a junior doctor. However, she feared that the archaic systems were wearing down her drive for excellence – she had to make compromises in healthcare service quality, but was not ready to do so. The stress and the moral dilemma that she faced was also an aspect that led her to want to explore better healthcare systems abroad.

“Junior doctors, like myself at the time, were put in a position where they had to choose between giving treatment to a patient who was most likely to survive in comparison to another patient, who was in a more precarious position, but with lesser chances of survival” laments Dr. Tayyaba, about the psychological toll that such daily situations took on her and others like her.

She left for the UK, and worked at the NHS for 15 years. “Today, after having returned from the UK, the situation of scarce resources is the same, but I've matured and know that I am now making tough decisions from a position of experience”, she continues. The turning point in Dr. Tayyaba's life was when she realized, that after having worked in an advanced healthcare system and learnt all she could, Dr. Tayyaba was geared to play her part in ensuring better healthcare systems in Pakistan. She found a perfect partner in ChildLife Foundation.

She acknowledges that there are certain similarities in NHS and in Pakistani healthcare, where both have systemic deficiencies and resource scarcities. But this is where the similarities end. Where systems such as NHS have accountability and uniformity in terms of quality of care, in Pakistan there is a polarization of healthcare institutions –on the one hand are some quality private healthcare institutions and on the other are deteriorated public hospitals in dilapidated conditions. She joined ChildLife Foundation after observing the dire need for neonatal emergency care in Pakistan, and the work that ChildLife Foundation has been doing for Emergency care of Children in the country. It was the perfect match as soon as it started. She is the embodiment of ChildLife's mission, where she too firmly believes that meticulous, uniform, and consistent processes are the solution to the healthcare crisis that Pakistan is in. Moreover, while ChildLife Foundation espouses teamwork as its integral and only organizational value, Dr. Tayyaba is the perfect team player, relying on her team members to serve critically ill neonates in the best possible manner.

She has a high regard for human life and death and she believes that while life is precious, a child's death needs to be respected. Referring to the inevitable issue prevalent among overworked doctors and staff in local hospitals, bedside manner, is an integral part of ChildLife's dealing with patients and attendants. “Once we talk to them in a respectful and calm manner, more than half the potential conflict dies down.”

Her patients cannot tell her what is wrong with them, or where it hurts, and she and her team have to rely extensively on the information that is given to them by the children's attendants. Communication in this case is very important, because in a majority of the cases, attendants need counseling. Dr. Tayyaba and her team painstakingly explain the intricacies of neonatal health, a challenge that is exacerbated when the attendants are not primary caregivers, when the patient has come from far, or when there are language barriers. But with her team, and undying spirit, she forges on each day.

Her speciality is neonates, and she chose to serve in the capacity of Senior Consultant Pediatrics in order to fill in for the scarcity of specialists that work in this area. Neonates have a completely different set of medical requirements and not all pediatricians are trained to treat neonates, much less treat them in an emergency situation. ChildLife has recognized this need, and is trying to fulfill it through gems such as Dr. Tayyaba, who are focused, have the right experience and attitude, and who are staunchly driven to improve and provide high quality accessible healthcare services. ChildLife Foundation is fortunate and appreciative of all the efforts that Dr. Tayyaba has made, and makes sure that she is empowered to do what she has set out to do – give Pakistani children at imminent risk of life quality healthcare.





**OUR
WORK**



ChildLife's Children Emergency Room, Abbasi Shaheed Hospital.



ChildLife's Children Emergency Room, Lyari General Hospital.

Emergency Rooms (ERs)

Emergency Rooms play a vital role in saving lives. Quality care provided in emergency rooms can ensure that casualties from preventable diseases are brought down to minimal. ChildLife Foundation has had a milestone year, where we were able to cover all major teaching hospitals in Sindh, after having opened our facilities at Abbasi Shaheed Hospital, Lyari General Hospital, Larkana and Nawabshah in 2018-2019.

We aim to make certain that Pakistani children are no more than 30 minutes away from emergency healthcare and plans are underway for opening up ChildLife Foundation ERs in Quetta, Sukkur and Hyderabad by end 2019.



Lyari General Hospital

This is a state-of-the-art ChildLife Foundation ER that is spacious and has all healthcare facilities under one roof. Ever since it has been inaugurated, the residents of Lyari and its adjoining areas have heaved a sigh of relief, as the ER provides much needed emergency healthcare for children in the locality.

Abbasi Shaheed Hospital

Abbasi Shaheed Hospital is serving a large population living in northern region of Karachi and plays a vital role in providing healthcare services in the city. In 2018, ChildLife Foundation opened its fifth ER in Abbasi Shaheed Hospital and treated approximately 90,000 children since its inception.

Nawabshah

Ever since Nawabshah opened its doors in 2018, the ER has treated approximately 55,000 children – with the number growing as the word about our service spreads. By opening an ER in Nawabshah, ChildLife Foundation has been able to reach out to people in upper Sindh who have little to no access to quality emergency healthcare.

Larkana

ChildLife Foundation transformed the Children's Emergency Room in Chandka Medical College Hospital – Larkana in July 2018. It is a 50 bedded, fully automated and free-of-charge emergency room operating around the clock. Since its opening, the ER is serving 300 sick children a day from areas as far as Kamber Shahdaktot, Warah, Nasirabad, Jacobabad and Dera Murad Jamali. In one year's time, Larkana ER has crossed saving 100,000 lives.



ChildLife's Children Emergency Room in Nawabshah.



ChildLife's Children Emergency Room in Larkana.

FORTHCOMING ERS

Sukkur

Sukkur will be ChildLife Foundation's 8th upcoming Emergency Room. The 50-bed facility is expected to open its doors to its little patients by Decemeber 2019. Sukkur is the third largest city in Sindh and by opening the ER here, ChildLife Foundation expects to save thousands of more precious lives.

Hyderabad

Hyderabad is the second most populous city of Sindh and severely lacks quality and affordable emergency care facilities for children. This will be ChildLife Foundation's 10th ER. Currently people who would travel to ChildLife's ERs in Karachi for quality treatment will reap benefits from this facility of ChildLife.

Quetta

ChildLife Foundation is in full gear to start operations of its Children's ER at Civil Hospital in Quetta. After the signing of an agreement in the presence of the Chief Minister of Balochistan in June 2019, ChildLife Foundation has been working day in and day out to get the Children's ER, in the largest province of Pakistan (in terms of land mass) operational by end 2019.



ER Process

The ER Process followed by ChildLife Foundation is styled on protocols recommended by WHO. The ER process has been developed to ensure that patients are treated within a limited waiting time.

Staff is on call 24/7 and patient coordinators are present at all times to counsel families and alleviate any problems that may occur.

In order to keep track of all necessary records pertaining to the child, a wrist band is issued to the patient labelled with the name, MR # & weight. Waiting times are ideally restricted to less than an hour for P2 and P3 patients unless there is unusually high patient traffic.



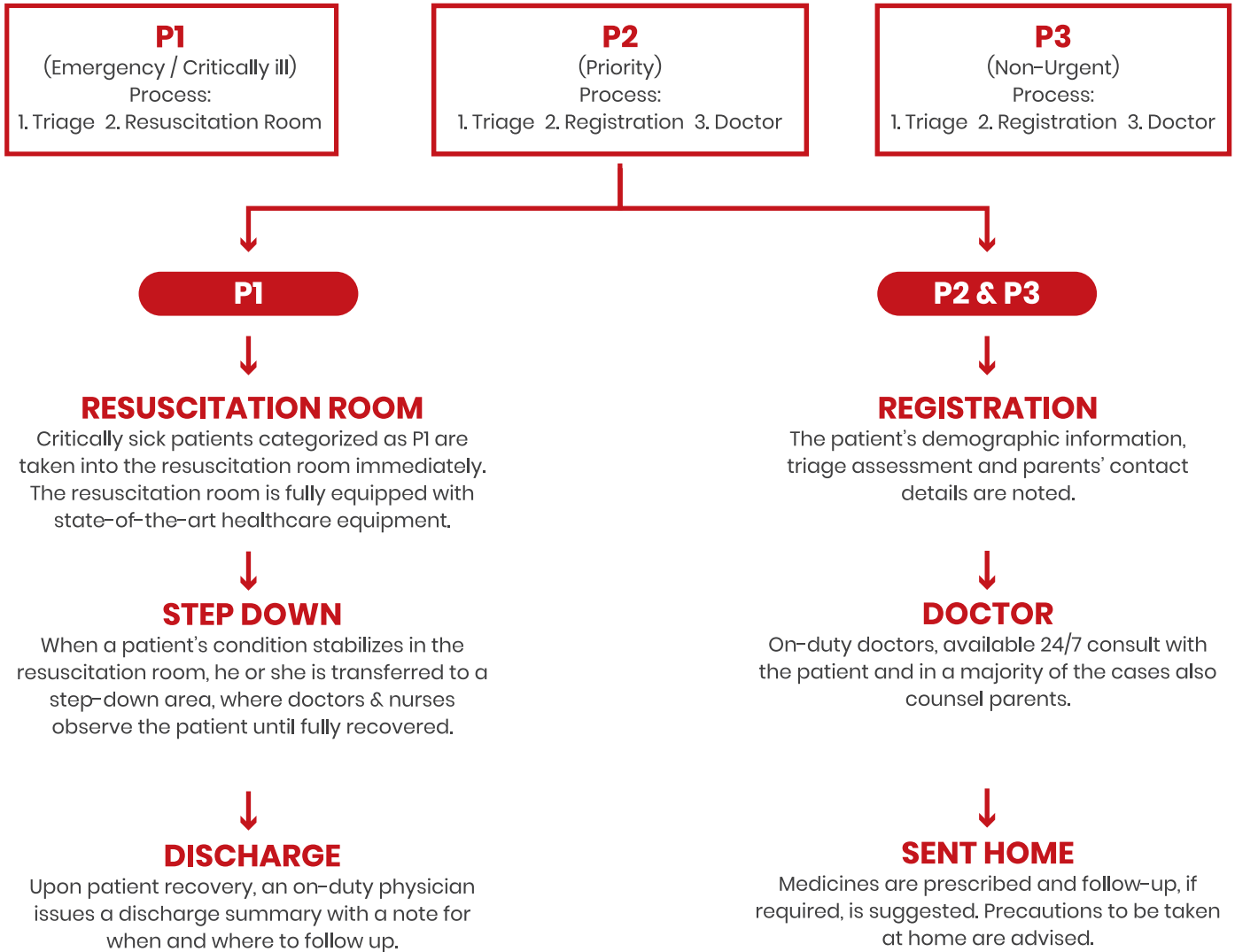
KIOSK

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

TRIAGE

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

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



ER PHARMACY

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

MEDICAL PROTOCOLS

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



ER Innovations

Innovation is vital for progress. At ChildLife Foundation, we believe in meaningful innovation that can help us achieve our ultimate goal of continuously improving the quality of healthcare. We have holistically embedded technological innovations into our systems and trained our resources to help serve our patients better.

ChildLife Foundation aims to make the whole experience of treatment as convenient and as expedient for patients as possible. From the time the child enters the ER till the time that the child gets back home, the ER innovations have been designed with child's needs at their heart.

AUTOMATE TO SAVE LIVES – A2SL

At ChildLife Foundation, we have made it our mission to save the future of Pakistan through quality healthcare provision; automation is important to implementation in order to help us achieve this mission.

Automate to Save Lives is ChildLife Foundation's initiative where we use software to maintain accurate patient records and to keep track of a patient's progress through the ER. A2SL is used for Patient Management – keeping record of diagnosis, medications, dosages and follow-up to serve as a database for sending awareness messages.

In addition to Patient Management, A2SL is holistically integrated within all our functions; it is used to measure effectiveness of our human resources and to evaluate their performance. These reviews go a long way in the prevention of unforeseen accidents and oversights that could cost us precious lives.

We have fully embraced technology to help us in our mission and we make sure that we constantly improve A2SL methods so that we can continue to provide quality healthcare.



MOODLE

ChildLife Foundation launched its E-Learning initiative in January 2018 through moodle. The courses in moodle consists of New Employee Orientation Programs, Clinical Trainings, Compliance Training, Weekly Quizzes etc. E-Learning has helped ChildLife Foundation to foster the culture of continuous learning and development throughout the organization.



Pediatric Airway Management

Course >



CME Weekly Quiz Course For Support and Admin Staff

Course >



CME Weekly Quiz Course For Doctors and Nurses

Course >



ChildLife Organization

Course >



Human Resources Policies & Benefits

Course >



Paediatric Vital Signs

Course >



Telemedicine

Telemedicine is one of the key elements of healthcare that can serve a country like ours. Pakistan's healthcare system suffers because of the lack of accessibility for the general population to quality and affordable healthcare.

“Telemedicine can help overcome this lack of accessibility by using technology that enables expert healthcare professionals to provide services and consultancy in the remotest of areas - saving lives from a distance.”

- Dr. Huba Atiq
Pediatric Emergency Physician & Head of Training and Telemedicine

WHY TELEMEDICINE?

Telemedicine is a game changer in healthcare. Telemedicine addresses the following core issues facing health care in Pakistan:

1. Increased Access – Especially in far flung areas where trained doctors are in short supply
2. Improving Quality – Getting a second opinion for critically ill children
3. Effective Monitoring – Providing a mechanism to monitor activities at remote sites
4. Cost Efficiency – Providing care at a much lower cost

HOW DOES IT WORK?

A central site at Civil Hospital, Karachi acts as the Command & Control Center where experienced doctors work 24/7. The center is equipped with screens connected via fiber optic / VSAT with high definition cameras at remote sites. The doctors at the site can zoom the cameras and look at dilated pupils, drip flow rates and can also monitor respiratory rate of children lying in remote hospitals hundreds of miles away. Similarly, they can move (pan) the camera to have a full view of the room. A phone working on an IP line provides the audio connection.

The following activities take place between the Central and Remote sites:

Consultation

The doctor/nurse at remote site calls the central site for consultation. Similarly, the doctor at central site can also intervene if they suspect something.

Virtual Round

At regular intervals, doctors at the central site call the remote site and ask the clinical staff to give them a virtual round (discussing each patient in the room).

System Check

The doctors at the central site can observe if monitors are connected, drips are working, etc.

Observations

The doctors at the central site also observe the doctors/nurses in action and rate them against standard protocols. This is used to give feedback to team at remote site as well as to certify them.

CHILDLIFE EXPERIENCE

Currently, ChildLife is providing Telemedicine support in the Resuscitation Rooms at 7 ChildLife's ERs in government hospitals. We will be providing similar service for Children's ER at Civil Hospital, in Quetta, Sukkur and Hyderabad when it starts its operations.

Moreover, ChildLife has 3 Telemedicine Satellite Centers at Secondary hospitals mainly

1. Sindh Government Hospital, New Karachi
2. District Headquarter Hospital, Mithi
3. Syed Abdullah Shah Institute of Medical Sciences, Sehwan

At these sites, ChildLife provides Telemedicine equipment, connectivity and a trained nurse in the evening shift. The government provides the staff and medicines. Approximately 8-10 critical consultations take place each day at each site.

IMPACT

Working with international universities, ChildLife developed protocols for the working of Telemedicine Centers. The impact, measured a year ago, estimated that at least one critical mistake (called good catch) was avoided every hour due to Telemedicine services.



Clinics

The urban slum communities of Karachi belong to lower socioeconomic classes and suffer from a total absence of affordable and accessible quality primary healthcare.

ChildLife Foundation, early in its years of operations of providing emergency healthcare for children, found that many of the ailments afflicting children were preventable through quality primary care.

Therefore, in 2012, ChildLife Foundation entered into a partnership with SINA Trust with the aim of providing basic primary healthcare to the underprivileged segment of the population in Karachi. Since the partnership, 4 million patients have been treated at the clinics with the funding. The treatment of welfare patients is covered by zakat and general donations contributed by our generous supporters.



SINA Clinics' main strength is their Quality Management System (QMS), which is designed to manage all the documents, activities, tasks, processes, audits and trainings. QMS is essential to effective patient management and operations because the clinics cater to a large patient population – 3000+ patients treated daily.

THE PROCESS

The process followed at SINA Clinics is simple and effective. Upon entry into the clinic for the first time, all patients are issued green cards and different colored files; blue for children, yellow for men and pink for women. Complete records of the patients are maintained because many are repeat patients. The next step is the Temperature Pulse Respiration (TPR) station where patients have their vitals checked and documented. Tokens are issued to the patients, after they go through TPR, after which they are required to wait for their turn to see the doctor. The clinics also ensure a constant supply of medicines and have an in-house pharmacy that is well-stocked with medicines to save patients against shortage of crucial drugs. In addition to this, SINA Clinics have developed a unique referral system through which every patient requiring a specialist's consult or secondary care is referred to qualified consultants in Karachi, either free of cost, or at a highly subsidized fee. This system allows deserving patients to get advanced medical care. Around 20,000 patients are referred for consultation annually.

MOBILE CLINICS

The trust has also introduced 'Mobile Clinics' in areas where access to Primary Care clinics is a challenge. There are three clinics that are currently operational at Kakapir Village, Mubarak Village and Konkar Goth.

PARTNERSHIP

ChildLife Foundation and SINA Trust's partnership has improved the provision of quality healthcare services to the underprivileged areas in Karachi and so far, 27 such clinics have been serving their purpose. We know that a lot more work needs to be done in the healthcare sector and are looking forward to opening up more facilities in the near future with the help of our partners and donors.

SINA – CHIDLIFE PRIMARY CARE CLINICS

S. NO.	NAME OF CLINIC	LOCATION
1	Zainab & SHINE Humanity Centre	Baldia Town
2	Austin Centre	Mehwashah
3	South Florida Centre	Machar Colony
4	Hijani Amina Hasham Centre	Ittehad Colony Korangi 2.5
5	Medecins Sans Frontieres Centre	MSF Machar Colony
6	Dr. Ali Bhai Patel Memorial Centre	Paposh, North Nazimabad
7	Momin Adamjee Centre	Shirin Jinnah Colony
8	Hajra & Ahmed Umer Centre	Jumma Goth
9	Raghib Foundation's Shahnaz Memorial Centre	Saindad Goth
10	Hanif Adamjee Centre	Yousuf Arfani Goth
11	Shahjehan Siddiqui Centre	Zareen Colony
12	Moosa Sorty Centre	Moach Goth
13	Qureshi Memon Centre	Yousuf Goth 4K
14	Aisha Zainab & Abdul Majeed Centre	A.M.J Pipri
15	Anita Aziz Rakla Centre	Yousuf Sahab Goth
16	Salim N. Mukaty & Hamida S. Mukatay Centre	Khairabad, Orangi Town
17	ILL Centre	Majeed Colony
18	Tabba Centre	Khair Muhammad Goth
19	Referral Clinic 1	Hilal e Ahmer
20	Referral Clinic 2	North Nazimabad
21	Mobile Clinic 1	Kakapir Village
22	Mobile Clinic 2	Konkar Goth
23	Mobile Clinic 3	Mubarak Village
24	Amin Ahmed Bawany Centre	Saleh Muhammad Goth
25	Mohammad Jaffer Ebrahim Centre	Bhittaiabad
26	Bilwani Centre	Bilal Colony
27	Aisha, Zainab & Abdul Majeed Centre	Ali Muhammad Jokhio Goth (Pipri)



Preventive Health Program (PHP)

Preventive Health Programs are essential for Pakistan. Although they are constrained by the fact that they do not generate visible outcomes instantly, preventive health care is still pivotal in decreasing child mortality.

Healthcare has been augmented by cutting edge digital technologies such as robotics and telemedicine so that it is easy to overlook the simple yet effective technology of text messaging.

ChildLife Foundation, with its focus on serving all children regardless of ethnicity and socio-economic status has found text messaging to be a highly effective tool in the implementation of their Preventive Health Program.

ChildLife Foundation sends SMS, based on the idea that 'prevention is better than cure', every week to parents who are registered through ChildLife Foundation operated ERs.

PHP serves multiple purposes including:

1 Spreading awareness about preventable diseases.

2 Sending messages that are geared towards targeting behavioral changes in the recipients, specifically parents who receive the messages.

There are other methods also through which we plan to conduct PHP even more intensively. These methods include controlled messages, automated messages, robocalls and messages sent through lady health workers.

Controlled messages are sent to parents of neonates, who have been treated at ChildLife Foundation ERs, thrice a week for 52 weeks. The idea is to repeat the message so that it registers in their minds and they start adopting the practices recommended. These messages will promote exclusive breast-feeding for six months, encourage hand washing and hygiene and create awareness regarding the importance of timely vaccinations in addition to other messages.



Some of the messages read:

1. Protect your baby from diarrhea. Make sure his or her food is freshly cooked and make sure to give your baby boiled water in a clean utensil.
2. Your baby needs only breastmilk. Don't give the baby any other food or liquid until he or she is six months old.
3. Cooking inside will create smoke that will lead to breathlessness and illness. Keep your windows open while cooking to keep your loved ones safe.
4. ORS will restore the water your baby is losing when he or she has diarrhea. ORS is not a cure, but it will help your baby to stay hydrated.
5. Have you been cooking? Eating? Using the toilet? If yes, WASH your hands with soap and water to protect against harmful diseases.

Robocalls are pre-recorded voice messages that will be sent to patients coming in our ERs. We believe this will be highly effective especially for those who are not literate and will be a cost-effective periodic reminder.

Lady Health Workers are effective as peer to peer counseling engages the patients and parents and has the potential to bring about the required behavioral change. Our Emergency Rooms are the best environment for teachable moments because parents of the admitted children have seen their child recover from an ordeal; therefore, they will do everything in their power to safeguard their child's health.

ChildLife Foundation believes in making an impact and for PHP, an impact analysis is planned periodically to gauge its effectiveness.



A red fabric background with a patterned scarf and a yellow garment. The scarf features a complex, repeating pattern of circular and organic shapes in brown, tan, and black. A yellow garment is visible on the left side.

OUR DONORS & OUR EVENTS



Donor Events & Highlights

Donors are an integral support system for ChildLife Foundation. Without their support, we would not be where we are. Throughout the year, our local members and supporters make sure that we have sufficient funds for our operations. At our end, we make sure that we make the best use of the funds to provide quality and accessible emergency healthcare to children.

We motivate our team to deliver great results and have periodic team recognition events, trainings and award ceremonies. Moreover, we have also won awards from external agencies that have recognized and appreciated our work.

CHILDLIFE RECEIVES FPCCI ACHIEVEMENT AWARD

The President of Pakistan, Dr. Arif Alvi conferred an achievement award to Mr. Arif Doni Trustee, ChildLife Foundation, for

“Outstanding Performance of ChildLife’s Pediatric Emergencies”

at 7th – Federation of Pakistan Chambers of Commerce and Industry Achievement Awards Ceremony in July, 2019.



TINA SANI, VISITED CHILDLIFE’S CHILDREN EMERGENCY ROOM, LYARI GENERAL HOSPITAL



Tina Sani, an avid supporter visited ChildLife Foundation's Children Emergency Room at Lyari General Hospital in May, 2019.

She praised the courteous staff, neat and clean facility and commended the noble cause of saving children FREE-of-COST.

CHILDLIFE FOUNDATION PRESENTED AT SPRING RETREAT – DOGANA

DOW GRADUATES OF NORTH AMERICA (DOGANA) presented ChildLife Foundation's work at their Spring Retreat in April, 2019.

We would like to thank the DOW CLASS of '89 for sponsoring the triage unit at Civil Hospital Emergency Room since its inception.



PROF. DR. NADEEM QURESHI VISITS CHIDLIFE'S ER IN LYARI



Dr. Nadeem Qureshi (DOW 89, Prof. Pediatric Emergency Medicine at St. Louis University) visited ChildLife Foundation's Emergency Room at Lyari General Hospital in March, 2019.

He appreciated the electronic health record system and ChildLife Foundation's initiatives in training and research.

DEUTSCHE BANK SUPPORTS CHIDLIFE

The CSR team of Deutsche Bank distributed Iftar boxes at ChildLife's Children Emergency Room at the National Institute of Child Health in May, 2019.

The Bank is also supporting purchase of life-saving equipments for our ERs.



PAKISTAN ASSOCIATION OF DUBAI - PAD



Pakistan Association Dubai invited ChildLife Foundation to share their vision & efforts to save the children of Pakistan in May, 2019.

DR. AYESHA KHAN VISITS CHIDLIFE'S ER – CIVIL HOSPITAL, KARACHI

Dr. Ayesha Khan, Emergency Physician from Stanford Hospital visited ChildLife's ER – Civil Hospital Karachi in January, 2019.

She was glad to see that quality Emergency Care was being provided to the children of Pakistan.



CHIDLIFE FOUNDATION CELEBRATED 6 YEARS – CHILDREN'S ER (NICH)



ChildLife Foundation awarded shields among the staff for exemplary work during ceremony in May, 2019.

Dr. Syed Jamal Raza, Director – NICH shared “ChildLife Foundation’s Children Emergency Room at NICH caters to the emergency care needs of children coming from all over Sindh and even parts of Balochistan. We are very proud that NICH Children’s Emergency is the first ever Emergency Room in a public sector hospital to introduce Triage system and Tele-Resus.”

CHIDLIFE LIVE IN RAMAZAN TRANSMISSION ON 'NEWSONE' ABOUT CHIDLIFE

ChildLife Foundation was invited in live Barkat e Ramzan transmission at NewsOne during Ramazan 2019.

Dr. Shahid Raza and Dr. Huba Atiq from ChildLife Foundation talked about the missions of saving little lives. They urged viewers to come forward to save more lives.



UNIVERSAL CHILDREN'S DAY CELEBRATION – LYARI GENERAL HOSPITAL



Universal Children's Day was celebrated at the Pediatric ER, Lyari General Hospital on November 20, 2018.

The ceremony began with the cake cutting followed by goodie bags distribution among the children.

Medical Superintendent – LGH was the chief guest of the ceremony.

CHILDLIFE VOLUNTEER PROGRAM AWARDS CEREMONY

ChildLife Foundation launched its first ever Volunteer Program in collaboration with DOGANA (Dow Graduates Association of North America) from the 25th – 30th of December, 2018.

During a 5-day program, volunteers got hands-on experience on counseling patients, conducting research, writing blogs & assisting at ChildLife's Pediatric Emergency Room in Civil Hospital Karachi. Basic Life Support (BLS) training was also provided to the volunteers. Upon successful completion of the 5 day program, certificates were awarded to the participants during a formal award ceremony to encourage voluntary work carried out by undergraduate students.



EMIRATES SOCIETY OF EMERGENCY MEDICINE (ESEM) 2018



ChildLife Foundation won 3 awards at the Emirates Society of Emergency Medicine (ESEM) Conference held in Dubai on December 12, 2018.

ESEM is one of the leading Emergency Medicine Conferences in the Middle East region. This year there were 1200 participants from 32 countries. A total of 41 posters were presented by ChildLife at the ESEM. Physician Incharge – Dr. Wahida Latif was awarded 1st prize for the best poster presentation on "Administration of Antibiotics within an Hour of Triage, a Pediatric Emergency Experience", whereas Head of Telemedicine & Trainings, Dr. Huba Atiq was awarded 2nd prize for the best poster presentation on "Bedside Physicians Perspective on using Telemedicine Support in Pediatric Resuscitation Rooms in Rural Sindh – Pakistan". Consultant Incharge Telemedicine – Dr. Sharmeen Nasir won Best Poster Case award on "Telemedicine based management of Hyper-osmolar Hyperglycemic State (HHS).

PATIENT SAFETY AUDIT BY WILLIAM OSLER – CANADA

An 8-member team from William Osler Health System, Canada visited ChildLife Foundation and used Accreditation Canada checklists to assess the level of patient safety at ChildLife's Emergency Room.

It is a certification of quality to achieve international standards of pediatric emergency. ChildLife scored 87.5% in the patient safety audit.



TEAMWORK AWARDS



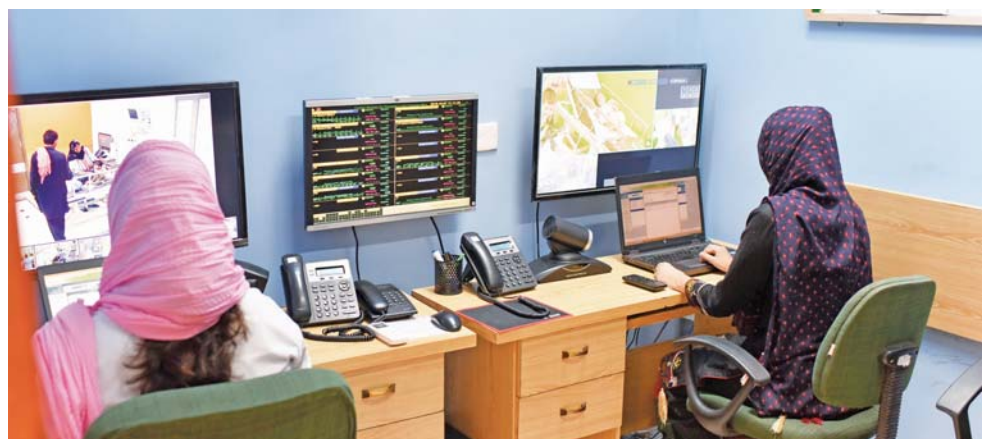
ChildLife Foundation awards shields and certificates to its employees every quarter after assessing the following parameters:

1. Respect for others
2. Doing the work without reminder
3. Going beyond

The purpose of these awards is to maintain a healthy competition among employees and also to enhance the spirit of teamwork.

FIRST EVER TELEMEDICINE IN PUBLIC SECTOR HOSPITALS

The Telemedicine Headquarters at ChildLife Emergency Room Civil Hospital Karachi, comprises of consultants who provide 24/7 tele-consultation to 10 sites while conducting virtual rounds and system checks.



CHILDLIFE MEASURES PATIENT SATISFACTION FOR IMPROVEMENT



ChildLife Foundation conduct patient satisfaction survey via SMS. The performance of 7 Emergency Rooms (ER) is reviewed and areas of improvement are evaluated.

The average 'Satisfaction' score for 7 of our ERs was 70%, while the international benchmark for ER satisfaction is 64%.

EMPLOYEE OF THE MONTH

The award is given to ChildLife Foundation's employees based on punctuality, good behavior and performance as a valued team member.

The award is vital in motivating all our employees to provide world class healthcare services to patients.



FIRST PEDIATRIC EMERGENCY MEDICINE CERTIFICATION IN NAWABSHAH

The first-ever Pediatric Emergency Medicine Certification was introduced for the doctors working at ChildLife's ER, Peoples Medical College Hospital, Nawabshah.

The certification is necessary to ensure consistency in the high standard of healthcare services provided.



PEDIATRIC EMERGENCY MEDICINE CERTIFICATION



ChildLife Foundation understands the importance of on-the-job training of doctors and staff and remains committed to improving the existing skills set and expertise of the doctors and staff.

ChildLife Foundation has launched a 6 months training course in Pediatric Emergency Medicine (PEMC) for the doctors. The course is certified by Dow University of Health Sciences (DUHS).

ONE YEAR TRAINING PROGRAM IN PEDIATRIC EMERGENCY MEDICINE

ChildLife Foundation has launched a one-year training program in pediatric emergency medicine.

This training program includes classroom trainings and bed-side teaching. 17 enrolled physicians will get the exposure of working in a paperless environment.

PEDIATRIC EMERGENCY MEDICINE CERTIFICATION FOR NURSES

ChildLife Foundation launched advance PEMCN to develop nurses for competency based medical education in Pediatric Emergency Medicine. It helps nurture them to be compassionate leaders who deliver the best quality emergency care to the children of Pakistan.



INTERNATIONAL PEDIATRIC EMERGENCY MENTORSHIP PROGRAM

The International Pediatric Emergency Mentorship Program is being launched for the first time in Pakistan by ChildLife Foundation in collaboration with Johns Hopkins University & University of Maryland – USA.

This course is focused on the development of leadership skills, advanced clinical knowledge & research in Pediatric Emergency physicians. Trained physicians – Dr. Junaid Razzak & Dr. Adnan Bhutta, will be responsible for the dissemination of best possible quality care throughout the pediatric emergency departments of Pakistan.





Global Initiatives

USA Fundraisers & Events

Our donors are ChildLife Foundation's backbone. All the good work that we have been able to do in being able to treat children has been due to the generous contributions - not only of our local supporters, but also our global donors.

Over the past year, members all over the world held many different fundraising events. These stakeholder initiatives added more supporters to our cause and helped generate substantial funds to sustain ChildLife Foundation's mission.

Known all over the world for our philanthropy, Pakistanis are a charitable nation and love to help those in need. ChildLife Foundation is a proof of this national value system. Pakistanis living in the country as well as abroad generate most of our funds. 82 per cent of the funds were generated from within Pakistan and 18% from the Diaspora. 80 per cent of the funds are from Zakat contributions, while 20% are donations.

Our domestic benefactors as well as to our international supporters played their part and for this, we are grateful. Our international patrons from Dallas, Houston, Georgia, Cincinnati, Indiana, South Florida, Pittsburgh, Seattle, Chicago, Virginia, Arkansas, Austin, Minneapolis, San Jose, New York and New Jersey played a significant role for their home country. They organized meetings and held fundraising events – some even graciously held them at their homes. The Association of Physicians of Pakistani Descent of North America (APPNA) has been particularly helpful in presenting our work to potential supporters and has spread awareness about ChildLife Foundation in their ranks and among healthcare professionals in North America.

The key aspect in all of our donors and supporters efforts was their undying and passionate patronage for ChildLife Foundation, which shone through in the contributions that have enabled us to treat hundreds of thousands of children in our ERs in the past year.





Our Supporters & Partners

We would like to thank our supporters and partners who have made each year of operations better than the last.

Deutsche Bank, Sina Trust, Pfizer, ICI Pakistan, Stanford University, Wavetec, William Osler Health System, Pakistan State Oil (PSO), Senior Experten Services (SES), HBL, Johns Hopkins University and the International Development and Relief Foundation (IDRF) have all supported us in various ways to help us in our mission to save the future of Pakistan through quality pediatric emergency healthcare.





Awards & Certificates

ChildLife Foundation is a proud recipient of various awards for its work. Recognition by various institutions and agencies is a validation of our work and we hope to continue to live up to expectations and to benefit as many children as possible.



PCP – Certification

Pakistan Centre for Philanthropy (PCP) is a designated Certification Agency by the FBR, that awards accreditation to NGOs that demonstrate excellence in the functional areas of Transparency, Accountability and Good Governance.

Pakistan Centre for Philanthropy initiated the first of its kind certification in South Asia. The certification endorses transparency, accountability and good governance in the nonprofit sector of Pakistan. PCP involves the evaluation of nonprofit organization on standardized parameters of internal governance, financial management and program delivery.



FPCCI Award

ChildLife Foundation has been serving the nation since the past decade and its sincere efforts were recognized and rewarded by the President of Pakistan at the FPCCI achievement award ceremony.

ChildLife Foundation received the 'Outstanding Performance of Childlife's Pediatric Emergencies' award.



KCCI Award

The Karachi Chamber of Commerce and Industry presented an appreciation award to ChildLife Foundation for the work towards Pediatric Healthcare.

Mr. Ashraf Amdani – Trustee ChildLife Foundation received the award on behalf of the team.





GOVERNANCE



Trustees*

Our trustees conceived the idea of ChildLife Foundation and it is their vision and their optimism that has helped us to deliver a significant impact on the public healthcare services sector of Pakistan. With a mission to have a sustainable means of helping the nation, the trustees have been at the forefront of our operations and have devoted their time, energy, expertise and resources to ChildLife Foundation.



MR. IQBAL ADAMJEE

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



DR. NASEERUDDIN MAHMOOD

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

*In order of joining



MR. SOHAIL TABBA

Mr. Tabba is one of the founding trustees of ChildLife Foundation. He is a leading businessman and entrepreneur in Pakistan, with over two decades of experience working in the manufacturing, energy, real estate and cement sectors. As 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 also actively involved with many philanthropic projects. He is the founding member of the Italian Development Council and the director of the renowned Tabba Heart Institute and Aziz Tabba Foundation.



MR. 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 board of other companies part of the Al Noor Group. Through the Al Noor Group, Mr. Zakaria is actively involved in a number of charitable organizations.



MR. ASHRAF AMDANI

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



MR. OSMAN RASHID

Mr. Rashid is a trustee of ChildLife based out of California, USA. He has a bachelor's degree in electrical engineering from the University of Minnesota. He is the co-founder and CEO of two very successful educational startups, Chegg and Know, Inc. Chegg has been publicly trading shares on the NYSE since 2013. He is also the founder and CEO of Galxyz, Inc., an educational game inculcating a 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 companies he is very involved with other philanthropic work such as planting trees and helping classrooms attain school supplies.



MR. ARIF DONI

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



DR. MALIHA AHMAD KAMAL

Dr. Kamal is a Medicine Specialist based in Pittsburgh, Pennsylvania. She received her medical degree from Aga Khan Medical College in 1996 and has been in practice for more than 20 years. She has the following credentials namely; Chief of Hospital Medicine, UPMC-St. Margaret, Medical Director Corporate Care Management, Clinical Assistant Professor and Department of Critical Care Medicine. She is associated with UPMC St. Margaret, UPMC Passavant and UPMC Mercy.



MR. ABID GANATRA

Mr. Ganatra is presently Executive Director and Chief Financial Officer of ICI Pakistan Limited. He has been associated with Yunus Brothers Group since 1994. He has more than 25 years of experience at senior management positions with emphasis on financial management, operational management, capital restructuring, mergers and acquisitions, corporate and legal affairs as well as taxation. He is a fellow member of the Institute of Chartered Accountants and the Institute of Cost and Management Accountants of Pakistan. He also gained a Master's degree in Economics and Bachelors in Law.



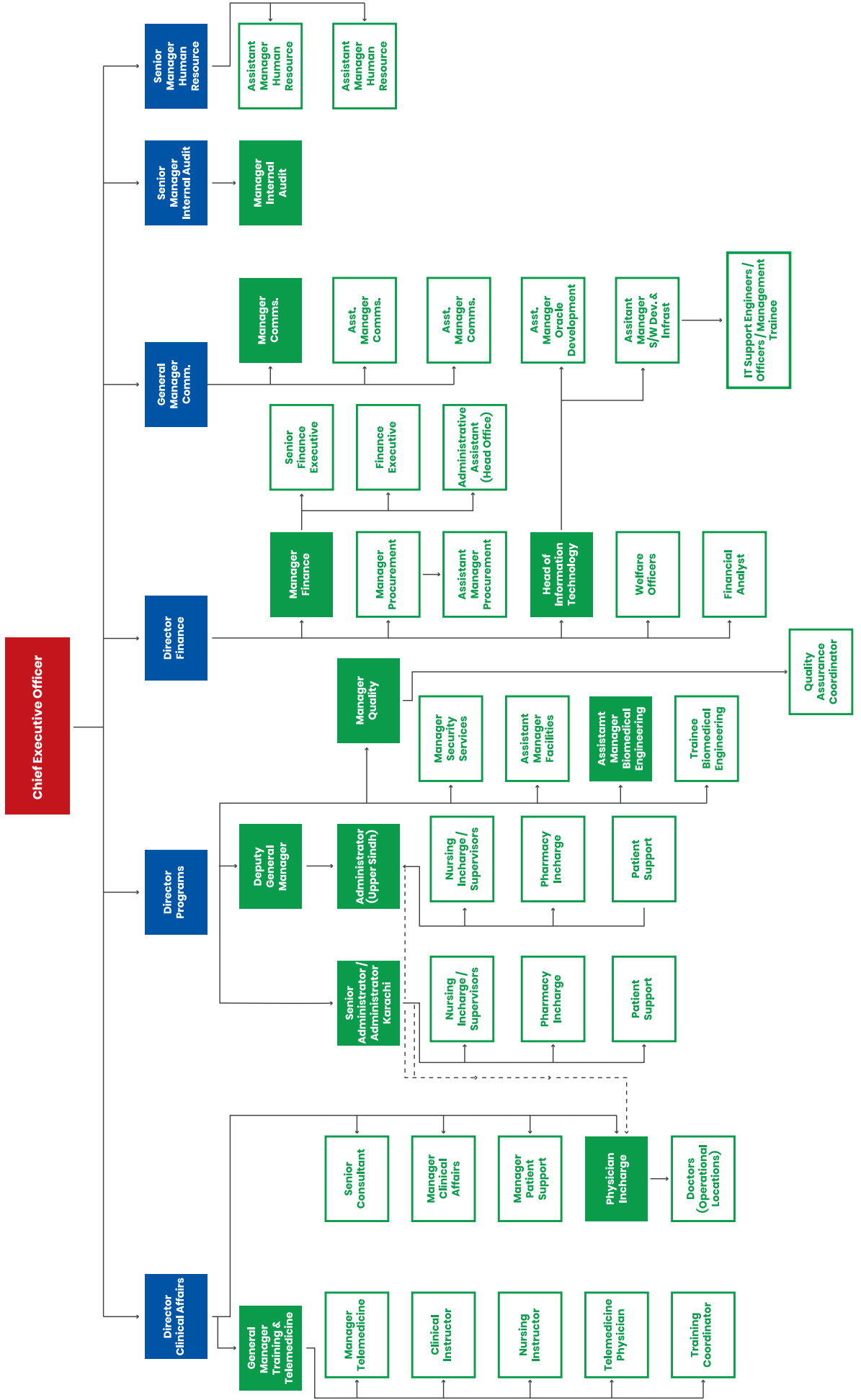
Stakeholder's Engagement

ChildLife Foundation ensures that compelling engagement helps translate stakeholder needs into organizational goals and forms the basis of strategy development. The organization listens, leads with integrity and manages expectations with decisive behaviour.



Stakeholders	Description	Expectation	Frequency
Legal Authorities	Strict compliance with applicable laws, regulations, filing and submission of tax returns and statements, summary as well as details of funds utilization against allocated grants etc.	Legal compliance and disclosure, true and fair presentation of financial statements and appropriate utilization of donations and grants.	As per statutory timelines
Donors	A person, partnership, company or other welfare/regulatory institution funding organization for their operational/capital needs and sustainability.	Excellent communication with information exchange, timely receipts, funds utilization summary reports and regular updates on ongoing as well as future projects.	Continuous
Banks / Investment Organizations	To make the best use of funds in hand and derive a continuous stream of profits to maintain organization's sustainability. Organization ensure to diversify their portfolio and manage the risk by working with the best possible financial institutions of the country and keep them engaged and take them in confidence as and when required.	Timely communication of the organization's structural changes, future as well as ongoing prospects and updates on funds purpose and usage when required.	Continuous
External Auditors	Providing reasonable assurance over true and fair presentation of financial statements.	Fair presentation of data and disclosures, adherence to organization's policies and procedures, compliance to local and legal regulations. They expect to kept updated with structural changes and major developments during the year.	Yearly
Patients	The organization strives hard to make the best possible use of available resources in providing timely and quality medical health care services to the children of Pakistan. They ensure the patients are properly heard.	Timely and accurate treatment by qualified doctors, they expect convenience, care, to be listened, followed up and be advised with precautionary measures for future.	Continuous
Vendors	The organization manages their working capital and operational needs with effective collaboration and communication with the suppliers and service providers through market visits, getting into agreements and providing them feedback on their product quality and services on periodic basis.	Detailed description of requirement and quantities in advance, regular meet-ups, as this will help them devise a plan and strategy to serve the organization's needs.	Continuous
Social / Print Media	The organization keeps excellent working relationship with the media and other private institutions disseminating the news, other happenings, advancement in the medical health care services to its stakeholders. The organization's communication team also keeps their website and social media pages up-to-date.	Timely communication of organization's structural changes and information on ongoing and future projects.	Continuous

Organogram



Management



Dr. Ahson Rabbani
Chief Executive Officer



Dr. Irfan Habib
Director Clinical Affairs



Dr. Shahid Raza
Director Programs



Mohsin Ali
Director Finance



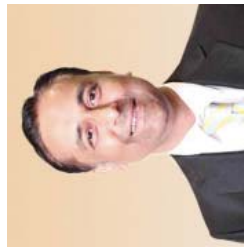
Tabish Shahzad
General Manager
Communications



Dr. Huba Atiq
General Manager Training and
Telemedicine



Syed Asad Agha
Deputy General Manager
Programs



Syed Ali Hussain
Head of IT



Yasir Rafiq Khan
Senior Manager
Human Resource



Rais Ahmed
Senior Manager
Internal Audit



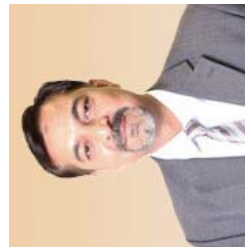
Abida Hassan
Administrator CHK & Telemedicine



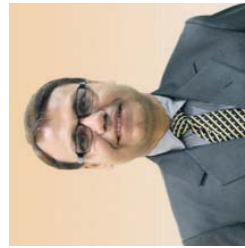
Dr. Siddiq
Administrator NICH



Muhammad Wajahat Khan
Administrator SGH – Korangi 5



Atif Shah
Senior Administrator
Abbasi Shaheed Hospital



Naeem Ahmed
Administrator SGH – Lyari



Noman Bin Mushtaque
Administrator Nawabshah



Abdullah Khan Asar
Administrator Larkana



Board Committees

Board Committees are a necessary part of ChildLife Foundation because they help us to keep check of our operations and ensure that our processes are running efficiently. We take our operating costs and expenses seriously because we are aware of the huge responsibility that we have towards our stakeholders. The board committees help us to investigate digressions, facilitate external auditors and support the coordination between external and internal auditors.

AUDIT COMMITTEE

The audit committee is established to review the principles, policies and practices adopted in the preparation of the financial statements of the organization. It aims at ensuring that Annual Report of the organization and any other announcement relating to financial performance comply with the statutory requirements. The terms of reference include

- to determine compliance with relevant statutory requirements;
- to oversee the process for selecting external auditors, their appointment, reappointment and removal; to approve the audit fee or any fees in respect of non-audit services provided by the external auditors ensuring that the provision of non-audit services does not impair the external auditors' independence or objectivity.
- to review half-yearly and annual financial statements, providing information to the Board on organization's assets, its cash flows, any changes in accounting policies and practices and significant related party transactions;
- to ensure coordination between the internal and external auditors of the Foundation;
- to review external auditors' audit report;
- to facilitate the external audit and discuss with external auditors of major observations arising from external audits and any matter that the auditors may wish to highlight (in the absence of management, where necessary);
- to ensure that internal audit function has adequate function and is appropriately placed;
- to ascertain that the internal control systems including financial and operational controls, accounting systems for timely and appropriate recording of purchases, receipts and payments, assets and liabilities and the reporting structure are adequate and effective;
- to institute special projects, value for money studies or other investigations on any matter specified by the Board of Trustees, in consultation with the Chief Executive and to consider major findings of activities characterized by fraud, abuse of power and management's response thereto;

Three meetings of the committee were held during the year.

Members of the committee are:

Committee Members	Status
Mr. Abid Ganatra	Chairman of the Committee
Dr. Naseeruddin Mahmood	Non-Executive Director
Mr. Iqbal Adamjee	Non-Executive Director

ROLE OF THE AUDIT COMMITTEE

The role and responsibilities of the Audit Committee are set out in the in the Audit Committee Charter which is reviewed by the committee annually considering relevant legislation and recommended good practices. The committee's responsibilities include, but are not limited to, the following matters with a view to bringing any relevant issues to the attention of the Board:

- Oversight of the integrity of Foundation's Financial Statements.
- Review of Foundation's Half yearly and annual Financial statements and recommend them to the Board of Trustees for approval.
- Oversight of Risk Management and internal control system.

- Oversight of compliance with legal and regulatory requirements.
- Oversight of the external auditors' performance, objectivity, qualifications and independence; the approval process of non-audit services; recommendation to the Board of their nomination.
- Ensure that proper and adequate accounting records have been maintained by the Foundation in accordance with applicable accounting and reporting standards
- The performance of the Internal Audit Function.

INTERNAL AUDIT FUNCTION

- A comprehensive internal control framework has effectively been implemented through an independent internal audit function established by the Board, reporting directly to the Audit Committee.
- This year, the audit field work across all Children Emergency Rooms managed by the Foundation in the province of Sindh was undertaken by the Internal Audit department.
- Audit reports of all 7 Children Emergency Rooms managed by the Foundation have been generated by the Internal Audit Department.
- Furthermore, internal audit of Head Office functions, was also conducted in accordance with internal audit plan approved by the Audit Committee. Certain follow-up audits were carried out as well.
- For improvement as well as for better control in Children Emergency Rooms and Head Office several trainings and meeting were held with the staff throughout the year.
- The Head of Internal Audit has direct access to the Chairman of Audit Committee for discussion on any serious matter and for guidance in performing the assigned tasks professionally and diligently.
- The Audit Committee was able to confirm that all expected key controls for operational compliance, financial reporting and safeguarding the assets of the Foundation were in place through effective internal control risk management processes.
- The cooperation between the external and internal auditors has ensured the most appropriate financial reporting and compliance with laws and regulations producing effective reporting of results.

EXTERNAL AUDIT FUNCTION

- Statutory auditors of the Foundation, M/s Deloitte Yousuf Adil, Chartered Accounts, have completed their audit engagement of the "Foundation's Financial Statements" for the year ended 30th June-2019 and shall retire on the conclusion of the Board Meeting.
- Audit Committee has reviewed and discussed the auditors' report.
- The Audit Firm has been given a satisfactory rating under the Quality Control Review Programme of the ICAP and the Firm is fully compliant with the IFAC Guidelines on the Code of Ethics, as adopted by the ICAP.
- Both Childlife Foundation and Deloitte Yousuf Adil have safeguards in place to avoid the possibility that the external auditors' objectivity and independence could be compromised.
- The auditors M/s. Deloitte Yousuf Adil have retired and being eligible for re-appointment as Auditor of the Foundation, However, the audit committee has suggested for change in auditors. The audit committee appreciated M/s. Deloitte Yousuf Adil efforts. The committee suggested to appoint an audit firm having satisfactory quality control review (QCR) rating.

HUMAN RESOURCE AND REMUNERATION COMMITTEE

The HR & Remuneration Committee assists the Board in fulfilling its obligations relating to human resource matters and recommending Human Resource Policies to the board. It will have an overall responsibility, but not limited to recommendation, selection, evaluation, compensation and succession policy of CEO, Company Secretary and Senior Management.

They shall support strong organizational performance and people risk management. The terms of reference include:

- to review and recommend Human Resource Management (HRM) policies to the Board (including recruitment, retention, training, performance, compensation, termination, misconduct, appeals and complaints);
- to ensure that the HRM policies are in compliance with applicable laws;
- to review and recommend to the Board selection, evaluation, compensation (including retirement benefits) and succession planning of the CEO and other senior management;
- to consider major changes in the organizational structure;
- to review the annual salary plan including increments.
- to ensure leadership continuity in the event of an unexpected departure or emergency leave of the CEO or any senior staff member.
- The committee shall ensure to establish fair work rules and policies.
- The committee shall annually review its charter and recommend proposes changes to the board.
- The committee may form and delegate responsibilities to sub-committee as and when appropriate.
- The committee shall design a succession policy for key executives including the CEO.
- The committee shall make annual reports to the board.

One meeting of the committee was held during the year.

Members of the Committee are:

Committee Members	Status
Mr. Arif Doni (AD)	Chairman of the Committee
Mr. Iqbal Adamjee (IA)	Chairman Board of Trustee
Dr. Naseeruddin Mahmood (NM)	Trustee
Mr. Sohail Tabba (ST)	Trustee
Dr. Ahson Rabbani (AR)	CEO



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

منزل سے آگے بڑھ کر منزل تلاش کر
مل جائے تجھ کو دریا تو سمندر تلاش کر
علامہ اقبال



پان بنگلہ
سکرینڈ ٹیو
آرٹس ڈسٹریکٹ

DO NOT SMOKING
-CIGARETTES-

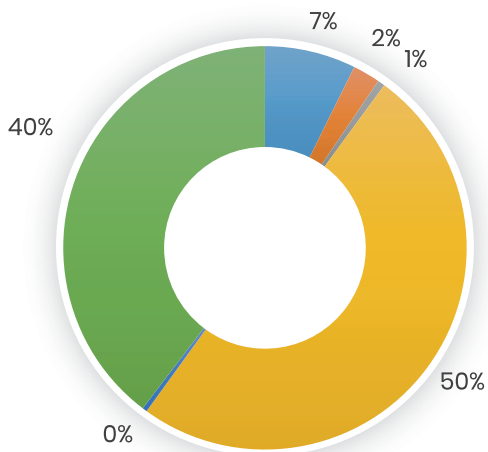


FINANCIALS

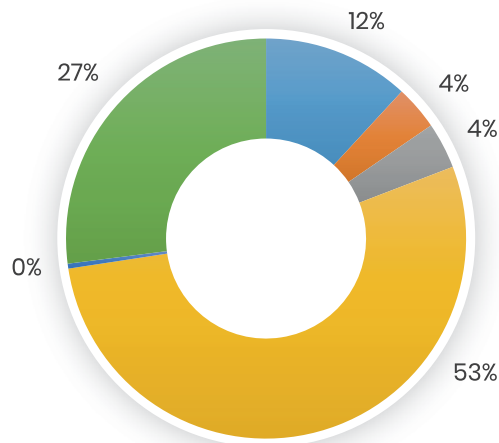
Financial Highlights

Graphical Presentation of Balance Sheet

Assets 2019

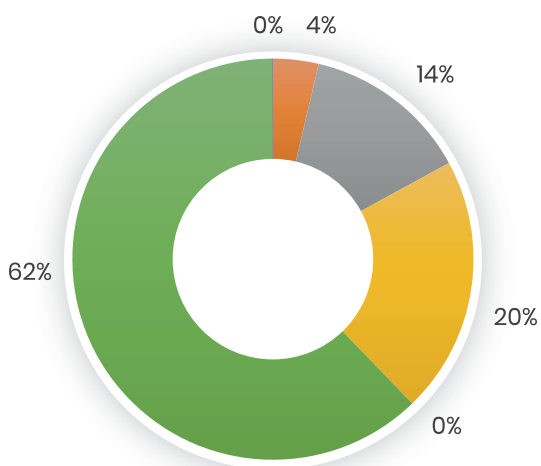


Assets 2018

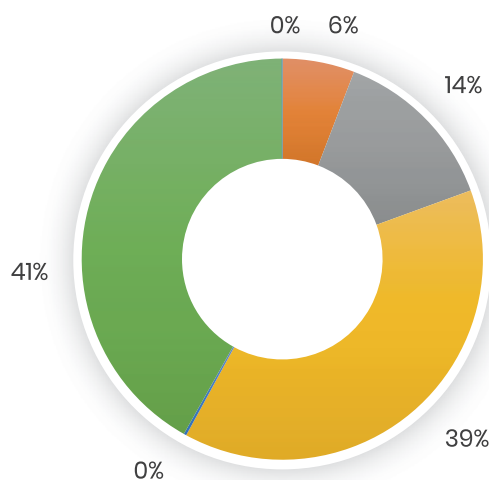


- Investments
- Cash and Bank Balances
- Operating Fixed Assets
- Other receivables
- Consumables
- Advances, deposits and prepayments

Funds and Reserves 2019



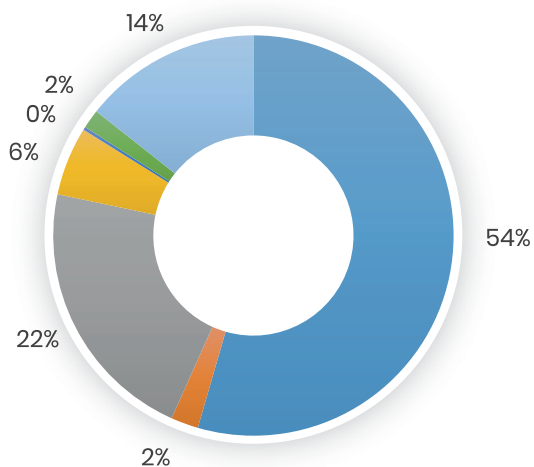
Funds and Reserves 2018



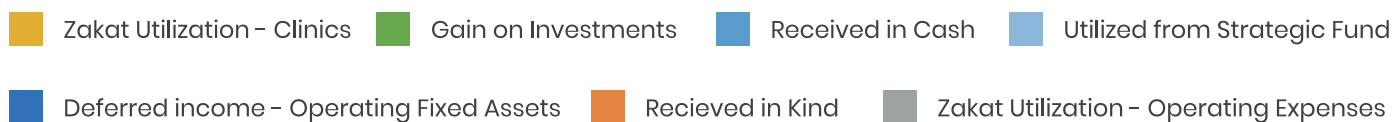
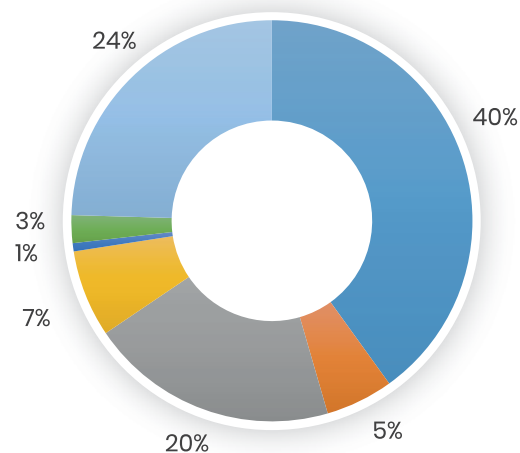
- Strategic Fund
- Endowment Fund
- Zakat Fund
- General Fund
- Unrealized gain on available for sale investment*
- Inception Contribution

Graphical Presentation of Income and Expenditure Account

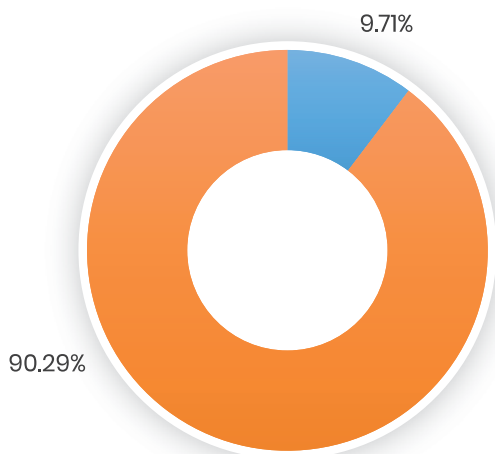
Income 2019



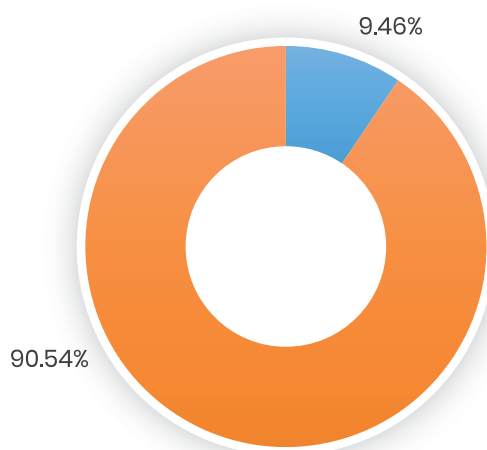
Income 2018



Expenses 2019



Expenses 2018



Receipts Pattern

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

Amount in PKR Million



Financial Highlights

STATEMENT OF INCOME AND EXPENDITURE	2019	2018	2017	2016	2015	2014
Total Income	847,083,854	651,378,889	359,146,652	302,399,526	198,063,490	147,382,018
Total Expenses	776,065,477	590,306,932	358,749,467	289,077,989	197,281,114	148,169,803
Surplus/(deficit) for the year transferred to general fund	71,018,377	61,071,957	397,185	13,321,537	782,376	(787,785)

* Re-stated figures for 2017 - 2018 after adaption of IFRS in accordance with financial disclosures note 3.15.

STATEMENT OF FINANCIAL POSITION

Operating Fixed Assets	87,909,980	82,747,121	26,057,292	22,574,468	15,544,039	15,178,656
Operating Current Assets	1,116,365,927	614,953,308	375,112,736	229,215,832	178,927,170	63,036,707
Total Assets	1,204,275,907	697,700,429	401,170,028	251,790,300	194,471,209	78,215,363
Funds:						
Total Funds	1,147,951,634	606,770,775	370,201,027	223,674,764	164,025,328	52,858,940
Liabilities:						
Deferred income related to operating fixed assets	1,305,671	3,453,563	7,712,548	7,842,153	9,430,435	12,812,246
Creditors, accrued and other liabilities	55,018,602	87,476,091	23,256,453	20,273,383	21,015,446	12,544,177
Total Liabilities	56,324,273	90,929,654	30,969,001	28,115,536	30,445,881	25,356,423
Total Funds & Liabilities	1,204,275,907	697,700,429	401,170,028	251,790,300	194,471,209	78,215,363

* Re-stated figures for 2017 - 2018 after adaption of IFRS in accordance with financial disclosures note 3.15.

SUMMARY OF CASH FLOWS:

Cash and cash equivalents at beginning of the year	188,449,717	103,432,247	77,347,022	66,933,982	22,298,163	23,833,543
Net cash generated from operating activities	64,237,065	76,541,048	11,431,289	16,411,595	10,273,582	134,227
Net cash used in investing activities	(262,167,898)	(182,192,890)	(129,769,868)	(52,541,341)	(76,555,629)	(19,842,519)
Net cash generated from financing activities	486,862,077	190,669,312	144,423,804	46,542,786	110,917,866	18,172,912
Net increase in cash and bank balances	288,931,244	85,017,470	26,085,225	10,413,040	44,635,819	(1,535,380)
Cash and cash equivalents at end of the year	477,380,961	188,449,717	103,432,247	77,347,022	66,933,982	22,298,163

Key Financial Ratios

Profitability Ratios

Cost/Income Ratio	91.6%	90.6%	99.9%	95.6%	99.6%	100.5%
Net Profit/Income Ratio	8.4%	9.4%	0.1%	4.4%	0.4%	-0.5%

Liquidity Ratios

Current Ratio	20.29	7.03	16.13	11.31	8.51	5.03
Quick / Acid Test Ratio	19.81	6.74	15.84	11.02	8.34	4.80
Cash to Current Liabilities	8.68	2.15	4.45	3.82	3.18	1.78

Turnover Ratios

Inventory Turnover Ratio	6.03	5.72	15.14	18.78	20.14	16.61
No. of Days in Inventory	61	64	24	19	18	22

INDEPENDENT AUDITOR'S REPORT

To the Trustees of ChildLife Foundation

Opinion

We have audited the financial statements of ChildLife Foundation (the Trust), which comprise the statement of financial position as at June 30, 2019 and the statement of income and expenditure, statement of changes in fund balances and statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Trust as at June 30, 2019 and of its financial performance, changes in fund balances and its cash flows for the year then ended in accordance with approved accounting and reporting standards as applicable in Pakistan.

Basis for Opinion

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

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

Management is responsible for the other information. The other information comprises Chairman's review and CEO's report.

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

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

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

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

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

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

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.

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

Deloitte Yousuf Adil
Chartered Accountants

Dated: December 17, 2019

Place: Karachi

Member of
Deloitte Touche Tohmatsu Limited

Statement of Financial Position

as at June 30, 2019

	Note	2019 Rupees	2018 Rupees (Restated)	2017 Rupees (Restated)
ASSETS				
NON-CURRENT ASSETS				
Operating fixed assets	4	81,510,570	82,747,121	26,057,292
Intangible asset	5	6,399,410	-	-
		87,909,980	82,747,121	26,057,292
CURRENT ASSETS				
Consumables	6	26,505,393	24,951,454	6,817,880
Advances, deposits and prepayments	7	6,935,668	26,014,597	2,596,179
Investments	8	601,049,533	372,770,004	260,990,714
Other receivables		4,494,372	2,767,536	1,275,716
Cash and bank balances	9	477,380,961	188,449,717	103,432,247
		1,116,365,927	614,953,308	375,112,736
TOTAL ASSETS		1,204,275,907	697,700,429	401,170,028
FUNDS AND LIABILITIES				
FUNDS				
Un-Restricted Funds				
Inception contribution		10,000	10,000	10,000
General fund		162,801,504	85,562,656	24,490,699
		162,811,504	85,572,656	24,500,699
Restricted Funds				
Zakat fund		42,063,047	35,333,877	44,213,911
Endowment fund		228,796,467	233,720,421	212,220,421
Unrealized gain on available for sale investment		-	1,296,517	4,265,996
Strategic fund	10	714,280,616	250,847,304	85,000,000
		985,140,130	521,198,119	345,700,328
TOTAL FUNDS		1,147,951,634	606,770,775	370,201,027
LIABILITIES				
NON-CURRENT LIABILITIES				
Deferred income related to operating fixed assets	11	1,305,671	3,453,563	7,712,548
CURRENT LIABILITIES				
Creditors, accrued and other liabilities	12	55,018,602	87,476,091	23,256,453
TOTAL LIABILITIES		56,324,273	90,929,654	30,969,001
TOTAL FUNDS AND LIABILITIES		1,204,275,907	697,700,429	401,170,028
CONTINGENCY AND COMMITMENT				
	13			

The annexed notes from 1 to 28 form an integral part of these financial statements.



Trustee



Trustee

Statement of Income And Expenditure

For the year ended June 30, 2019

	Note	2019 Rupees	2018 Rupees (Restated)
INCOME	14	725,525,084	492,226,193
Add: Transfer from strategic fund against specific expenditures	10	121,558,770	159,152,696
EXPENDITURE			
Salaries and benefits	15	454,379,657	239,711,670
Medicines consumed		155,025,711	90,905,093
Patient consultation	16	59,869,050	56,379,994
Project renovation		8,470,294	138,853,259
Depreciation	4	27,882,607	13,726,771
Amortization	5	182,840	-
Supplies and consumables		18,571,704	13,076,153
Repairs and maintenance		11,744,057	8,537,256
Programmatic activities and preventive health care		5,862,312	9,476,915
Communication	17	8,037,368	8,581,534
Utilities		13,452,125	3,591,787
Legal and professional		1,266,336	440,351
Auditors' remuneration	18	264,000	264,000
Others	19	11,057,416	6,762,149
Total expenditure		776,065,477	590,306,932
Surplus for the year transferred to general fund	20	71,018,377	61,071,957

The annexed notes from 1 to 28 form an integral part of these financial statements.



Trustee



Trustee

Statement of Cash Flows

For the year ended
June 30, 2019

	2019 Rupees	2018 Rupees
CASH FLOWS FROM OPERATING ACTIVITIES		
Surplus for the year	71,018,377	61,071,957
Adjustments for		
Amortization of deferred income	(2,147,892)	(4,258,985)
Depreciation	27,882,607	13,726,771
Amortization	182,840	-
Gain on investments	(12,956,688)	(17,482,882)
Loss / (Gain) on disposal of operating fixed assets	660,063	(3,000)
	84,639,307	53,053,861
Working capital changes		
(Increase) / decrease in current assets		
Consumables	(1,553,939)	(18,133,574)
Other receivables	(5,469,743)	819,541
Advances, deposits and prepayments	19,078,929	(23,418,418)
Increase in current liabilities		
Creditors, accrued and other liabilities	(32,457,489)	64,219,638
Net cash generated from operating activities (A)	64,237,065	76,541,048
CASH FLOWS FROM INVESTING ACTIVITIES		
Purchase of operating fixed assets	(29,237,186)	(70,416,600)
Purchase of intangible asset	(6,582,250)	-
Encashment of Islamic term deposit receipts	(234,500,000)	(90,000,000)
Investment in Islamic mutual funds	6,220,471	(21,779,290)
Proceeds from disposal of operating fixed assets	1,931,067	3,000
Net cash used in investing activities (B)	(262,167,898)	(182,192,890)
CASH FLOWS FROM FINANCING ACTIVITIES		
Zakat fund received	236,863,781	166,499,320
Funds received under restrictions	584,992,082	325,000,000
Utilization of strategic fund	(121,558,770)	(159,152,696)
Utilization of Zakat fund	(230,134,611)	(175,379,354)
Endowment fund received	-	21,500,000
Realized gain from Islamic Investments	16,699,595	12,202,042
Net cash generated from financing activities (C)	486,862,077	190,669,312
Net increase in cash and cash equivalents (A+B+C)	288,931,244	85,017,470
Cash and cash equivalents at beginning of the year	188,449,717	103,432,247
Cash and cash equivalents at end of the year	477,380,961	188,449,717

The annexed notes from 1 to 28 form an integral part of these financial statements.



Trustee



Trustee

Statement of Changes in Fund Balances

For the year ended June 30, 2019

	Note	Un-Restricted fund		Restricted fund			Total	
		Inception contribution	General fund	Zakat fund	Endowment fund	Unrealized gain / (loss) on available for sale investment		Strategic fund
Rupees								
Balance as at July 01, 2017		10,000	24,490,699	44,213,911	212,220,421	4,265,996	85,000,000	370,201,027
Funds received during the year		-	-	166,499,320	21,500,000	-	325,000,000	512,999,320
Zakat utilized for operating expenses		-	-	(129,855,029)	-	-	-	(129,855,029)
Zakat claim for patients treated at SINA Trust	16	-	-	(45,524,325)	-	-	-	(45,524,325)
Surplus for the year		-	61,071,957	-	-	-	-	61,071,957
Funds utilized during the year	10	-	-	-	-	-	(159,152,696)	(159,152,696)
Unrealized loss on:								
- Islamic mutual funds investments		-	-	-	-	(2,969,479)	-	(2,969,479)
Balance as at June 30, 2018		10,000	85,562,656	35,333,877	233,720,421	1,296,517	250,847,304	606,770,775
Transfer due to adoption of IFRS 9		-	-	-	1,296,517	(1,296,517)	-	-
Balance as at July 1, 2018 - restated		10,000	85,562,656	35,333,877	235,016,938	-	250,847,304	606,770,775
Funds received during the year		-	-	236,863,781	-	-	584,992,082	821,855,863
Zakat utilized for operating expenses		-	-	(183,057,511)	-	-	-	(183,057,511)
Zakat claim for patients treated at SINA Trust	16	-	-	(47,077,100)	-	-	-	(47,077,100)
Surplus for the year		-	71,018,377	-	-	-	-	71,018,377
Funds utilized during the year	10	-	-	-	-	-	(121,558,770)	(121,558,770)
Unrealized loss on:								
- Islamic mutual funds investments		-	6,220,471	-	(6,220,471)	-	-	-
Balance as at June 30, 2019		10,000	162,801,504	42,063,047	228,796,467	-	714,280,616	1,147,951,634

The annexed notes from 1 to 28 form an integral part of these financial statements.



Trustee



Trustee

Notes to the Financial Statements

For the year ended June 30, 2019

1. GENERAL INFORMATION

- 1.1** ChildLife Foundation (the Trust) was established under a registered trust deed dated October 27, 2010. The principal office of the Trust is situated at 3rd Floor, Adamjee House, I.I. Chundrigar Road, Karachi. The principal objects of the Trust are to:
- promote the cause of medical care and manage emergency care units for children and setting-up, establishing, managing, operating, obtaining registrations and recognitions and funding for medical, educational and social welfare institutions;
 - accept donations, grant contributions and subsidies from philanthropists, local and offshore donors, bodies and organisations;
 - acquire, take over or receive by way of donations, develop plots, amenity sites and immovable properties of all kinds out of funds of the Trust; and
 - provide medical and health care facilities for and medical treatment of the people by building, setting-up, establishing, managing, operating, funding, promoting, aiding and assisting hospitals, organising clinics, etc. and to generally do, effectuate, fulfill and undertake all other social welfare and charitable activities and to plan, implement and execute charitable and welfare projects of all kinds as may be permissible under the law.

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

Head Office:

1st floor, Najeeb Center 172-B, Allah Wali Chowrangi, Block 2, P.E.C.H.S, Karachi, in the province of Sindh.

Children's Emergency Units:

- Civil Hospital, Karachi (CHK)
 - National Institute of Child Health (NICH)
 - Sindh Government Hospital Korangi 5 (SGHK)
 - Abbasi Shaheed Hospital (ASH)
 - Maternal and Child Health Institute, District Shaheed Benazirabad, Nawabshah (NWB)
 - Children Hospital, Larkana (LKN)
 - Sindh Government Lyari General Hospital (LGH)
 - Ghulam Mohammad Maher Medical College Teaching Hospital, Sukkur (GMMMC)
 - Liaquat University of Medical and Health Sciences Teaching Hospital, Jamshoro (LUMHS)
 - Civil Hospital, Quetta (CHQ)
- 1.2** The Trust is currently managing the Children's Emergency Unit and Diarrhea Treatment Unit at CHK under a revised Memorandum of Understanding (MOU) signed on July 4, 2017 between the Trust and Government of Sindh (GoS) through the Secretary Health. Under the MOU:
- the GoS through Health Department is responsible for providing adequate resources in the annual budget and depute, post and assign such qualified, technical, professional and surgical / medical experts, paramedical staff and other experts of related disciplines and would also provide basic utilities without cost and the use of an appropriate stand-by generator; and
 - the Trust is responsible for renovation and providing medical equipment, air conditioning and other essential equipment for the Children's Emergency Units as and where necessary on its sole discretion, for the efficient and smooth running of the project. Further the Trust is responsible for smooth management of the project and of the facilities and may engage in technological advancements for compliance with medical protocols and improving the efficiency and quality of care.
- 1.3** The Trust is managing the Children's Emergency Unit under a revised MOU signed on July 4, 2017 among the Trust, NICH, GoS through the Secretary Health and SINA Trust (one of the strategic partners of the Trust). Under the MOU:
- the NICH is responsible for providing adequate resources in the annual budget and depute, post and assign such

qualified, technical, professional and surgical / medical experts, paramedical staff and other experts of related disciplines and would also provide basic utilities without cost and the use of an appropriate stand-by generator; and

- the Trust is responsible for renovation and providing medical equipment, air conditioning and other essential equipment for the Children's Emergency Units as and where necessary on its sole discretion, for the efficient and smooth running of the project. Further the Trust is responsible for smooth management of the project and of the facilities and may engage in technological advancements for compliance with medical protocols and improving the efficiency and quality of care.
- SINA Trust has been operating primary health care clinics in low-income and densely populated areas of Karachi for providing good quality and affordable healthcare for children. The Trust initiated a strategic partnership with SINA Trust in 2012. The Trust is providing the children financial support for free treatment, lab testing, and medicines, as well as helping SINA Trust in improving their clinics and expand their network of services in other areas.

1.4 The Trust is also managing the Children's Emergency Unit in Korangi under a revised MOU signed on July 4, 2017 among the Trust, SGHK, and GoS through the Secretary Health. Under the MOU:

- the SGHK is responsible for providing adequate resources in the annual budget and depute, post and assign such qualified, technical, professional and surgical / medical experts, paramedical staff and other experts of related disciplines and would also provide basic utilities without cost and the use of an appropriate stand-by generator; and
- the Trust is responsible for renovation and providing medical equipment, air conditioning and other essential equipment for the Children's Emergency Units as and where necessary on its sole discretion, for the efficient and smooth running of the project. Further, the Trust is responsible for smooth management of the project and of the facilities and may engage in technological advancements for compliance with medical protocols and improving the efficiency and quality of care.

1.5 The Trust is also managing the Children's Emergency Unit in ASH under a MOU signed on September 11, 2017 between ASH, Karachi Metropolitan Corporation (KMC) and the Trust for upgradation and operation of pediatric emergency room of ASH. Under the MOU:

- the KMC is responsible for providing quality service to pediatric patients. Further, to improve the functioning and management, it has been principally agreed by the Medical Health and Services Department that certain facilities being provided by them should be supplemented by private sector philanthropists through donations and Zakat; and
- the Trust is responsible for maintaining transparency in the application of such donations and Zakat, and enabling the smooth operation and functioning of the facilities sponsored by it but being funded by private sector philanthropists and through Zakat.

1.6 The Trust is also managing the Children's Emergency Units in NWB and LKN under a MOU signed on September 29, 2017 between the Trust and GoS through the Secretary Health. Under the MOU:

- the GoS through Health Department is responsible for providing adequate resources in the annual budget and depute, post, assign or transfer such qualified, technical, professional and surgical / medical experts, paramedical staff and other experts of related disciplines and would also provide basic utilities without cost; and
- the Trust is responsible for renovation and providing medical equipment, air conditioning and other essential equipment for the Children's Emergency Units as and where necessary on its sole discretion, for the efficient and smooth running of the projects.

1.7 The Trust is also managing the Children's Emergency Unit in LGH under a MOU signed on January 15, 2018 between the Trust and GoS through the Secretary Health. Under the MOU:

- the GoS through Health Department is responsible for providing adequate resources in the annual budget and depute, post and assign such qualified, technical, professional and surgical / medical experts, paramedical staff and other experts of related disciplines and would also provide basic utilities; and
- the Trust is responsible for smooth management of the above mentioned units and of the facilities and to ensure that

the same will function according to the standard operating procedures agreed with the administration of LGH. Moreover, it is also responsible for financial obligations with respect to the project and in improving the quality of medical services in Sindh.

1.8 The Trust is also managing the Children's Emergency Units in GMMMC and LUMHS under a MOU signed on March 9, 2018 between the Trust and GoS through the Secretary Health. The operations will commence during the next financial year. Under the MOU:

- the GoS through Health Department is responsible for providing adequate resources in the annual budget and depute, post, assign or transfer such qualified, technical, professional and surgical / medical experts, paramedical staff and other experts of related disciplines and would also provide basic utilities without cost; and
- the Trust is responsible for renovation and providing medical equipment, air conditioning and other essential equipment for the Children's Emergency Units as and where necessary on its sole discretion, for the efficient and smooth running of the projects.

1.9 The Trust is also managing the Children's Emergency Unit in CHQ under a MOU signed on June 24, 2019 between the Trust and Government of Balochistan (GoB) through the Secretary Health. The operations will commence during the next financial year. Under the MOU:

- the GoB through Health Department is responsible for providing adequate resources in the annual budget and depute, post and assign such qualified, technical, professional and surgical / medical experts, paramedical staff and other experts of related disciplines and would also provide basic utilities without cost and the use of an appropriate stand-by generator; and
- the Trust is responsible for renovation and providing medical equipment, air conditioning and other essential equipment for the Children's Emergency Units as and where necessary on its sole discretion, for the efficient and smooth running of the projects.

2. BASIS OF PREPARATION

2.1 Statement of compliance

These financial statements have been prepared in accordance with approved accounting and reporting standards as applicable in Pakistan. The approved accounting and reporting standards applicable in Pakistan include International Financial Reporting Standards (IFRSs) issued by International Accounting Standards Board (IASB) as notified by the Securities and Exchange Commission of Pakistan (SECP) and Accounting Standard for Not for Profit Organizations (NPOs) issued by the Institute of Chartered Accountants of Pakistan (ICAP).

The financial statements for the year ended June 30, 2018 and earlier years were prepared in accordance with the requirements of International Financial Reporting Standards for Small and Medium - sized Entities (IFRS for SMEs) issued by IASB as notified by the SECP.

The above mentioned change in accounting framework for the preparation of the financial statements has not resulted in any material adjustments to the carrying values of the assets and liabilities of the Trust as at June 30, 2019 or at previous reporting date and did not require any significant change in accounting policies of the Trust, other than certain additional disclosures.

2.2 Basis of measurement

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

2.3 Functional and presentation currency

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

2.4 Use of estimates and judgements

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

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

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

- a) Useful lives, residual values and depreciation method of operating fixed assets (note 3.1);
- b) Useful life, residual value and amortization method of intangible asset (note 3.2);
- c) Impairment of financial and non financial assets (note 3.5);
- d) Provision for retirement benefit obligation (note 3.8); and
- e) Provision for taxation (note 3.10).

2.5 CHANGES IN ACCOUNTING STANDARDS AND INTERPRETATIONS

2.5.1 New accounting standards and amendments that are not yet effective

The following standards, amendments and interpretations are only effective for accounting periods, beginning on or after the date mentioned against each of them. These standards, interpretations and the amendments are either not relevant to the Trust's operations or are not expected to have significant impact on the Trust's financial statements other than certain additional disclosures.

	Effective from accounting period beginning on or after:
Amendments to IFRS 3 'Business Combinations' - Amendments regarding the definition of business.	January 01, 2020
Amendments to IFRS 9 'Financial Instruments' - Amendments regarding prepayment features with negative compensation and modifications of financial liabilities.	January 01, 2019
Amendments to IFRS 10 'Consolidated Financial Statements' and IAS 28 'Investments in Associates and Joint Ventures' - Sale or contribution of assets between an investor and its associate or joint venture.	Effective from accounting period beginning on or after a date to be determined. Earlier application is permitted.
IFRS 16 'Leases' - This standard will supersede IAS 17 'Leases' upon its effective date.	January 01, 2019
Amendments to IAS 28 'Investments in Associates and Joint Ventures' - Amendments regarding long term interests in an associate or joint venture that form part of the net investment in the associate or joint venture but to which the equity method is not applied.	January 01, 2019

Amendments to IAS 19 'Employee Benefits' – Amendments regarding plan amendments, curtailments or settlements.	January 01, 2019
IFRIC 23 'Uncertainty over Income Tax Treatments' – Clarifies the accounting treatment in relation to determination of taxable profit (tax loss), tax bases, unused tax losses, unused tax credits and tax rates, when there is uncertainty over income tax treatments under IAS 12 'Income Taxes'.	January 01, 2019
Amendments to IAS 1 'Presentation of Financial Statements' and IAS 8 'Accounting Policies, Changes in Accounting Estimates and Errors' – Amendments regarding the definition of material.	January 01, 2020
Amendments to References to the Conceptual Framework in IFRS Standards.	January 01, 2020

Certain annual improvements have also been made to a number of IFRSs.

Other than the aforesaid standards, interpretations and amendments, the IASB has also issued the following standards which have not been adopted locally by the SECP:

- IFRS 1 'First Time Adoption of International Financial Reporting Standards'
- IFRS 14 'Regulatory Deferral Accounts'
- IFRS 17 'Insurance Contracts'

3. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The significant accounting policies adopted in the preparation of these financial statements are the same as those applied in the preparation of the financial statements of the Trust for the year ended June 30, 2018 other than changes due to change in accounting framework as explained in note 3.15 to the financial statements.

3.1 Operating fixed assets

These are stated at cost less accumulated depreciation and impairment losses, if any.

Depreciation is charged to income applying the straight line method at the rates specified in note 4 to the financial statements.

In respect of additions and disposals during the year, depreciation is charged from the month of acquisition and up to the month preceding the disposal respectively.

The residual values and useful lives of operating fixed assets are reviewed and adjusted, if appropriate, at each reporting date. Assets are derecognised when disposed off or when no future economic benefits are expected from its use or disposal.

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

3.2 Intangible asset

Intangible asset comprises of cost of computer software and is stated at cost less accumulated amortization and accumulated impairment losses, if any. The cost of intangible asset is amortized over the estimated useful life using the straight line method. Costs associated with maintaining the computer software are recognised as expense in the statement of income and expenditure as and when incurred. The useful life, residual value and amortization method of intangible asset is reviewed and adjusted, if appropriate, at each reporting date.

3.3 Consumables

Consumables include medicines purchased by the Trust and received as donation from CHK, NICH, SGHK, ASH, NWB, LKN and

LGH. It is recorded at cost, which is determined using First In First Out (FIFO) method.

3.4 Cash and cash equivalents

Cash and cash equivalents comprises of cash in hand, current and savings accounts held with banks.

3.5 Financial instruments

Financial assets and liabilities are recognised when the Trust becomes a party to the contractual provisions of the instrument. Financial assets are de-recognised when the Trust loses control of the contractual rights that comprise the financial assets. Financial liabilities are de-recognised when the obligation specified in the contract is discharged, cancelled or expired.

Financial assets and financial liabilities are initially measured at fair value. Transaction costs that are directly attributable to the acquisition or issue of financial assets and financial liabilities (other than financial assets and financial liabilities at fair value) are added to or deducted from the fair value of the financial assets or financial liabilities, as appropriate, on initial recognition. Transaction costs directly attributable to the acquisition of financial assets or financial liabilities at fair value are recognised immediately in the statement of income and expenditure.

3.5.1 Financial assets

All regular way purchases or sales of financial assets are recognised and derecognised on a trade date basis. Regular way purchases or sales are purchases or sales of financial assets that require delivery of assets within the time frame established by regulation or convention in the marketplace. All recognised financial assets are measured subsequently in their entirety at either amortized cost or fair value through income and expenditure (FVTIE), depending on the classification of the financial assets.

Financial assets at amortized cost

Instruments that meet the following conditions are measured subsequently at amortized cost:

- the financial asset is held within a business model whose objective is to hold financial assets in order to collect contractual cash flows; and
- the contractual terms of the financial asset give rise on specified dates to cash flows that are solely payments of principal and interest on the principal amount outstanding.

Financial assets at FVTIE

Financial assets that do not meet the criteria for being measured at amortized cost are measured at fair value through income and expenditure. Specifically investment in Islamic mutual funds are measured subsequently at FVTIE.

Financial assets at FVTIE are measured at fair value at the end of each reporting period, with any fair value gains or losses recognised in the statement of income and expenditure.

3.5.2 Impairment of non-financial assets

The Trust assesses at each reporting date whether there is any indication that assets may be impaired. If such indication exists, the carrying amounts of such assets are reviewed to assess whether they are recorded in excess of their recoverable amount. Where carrying values exceed the respective recoverable amount, assets are written down to their recoverable amounts and the resulting impairment loss is recognised in the statement of income and expenditure. The recoverable amount is the higher of an asset's 'fair value less costs to sell' and 'value in use'.

Where impairment loss subsequently reverses, the carrying amount of the asset is increased to the revised recoverable amount but limited to the extent of the carrying amount that would have been determined (net of amortization or depreciation) had no impairment loss been recognised. Reversal of impairment loss is recognised as income.

3.5.3 Financial liabilities

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

Derecognition of financial liabilities

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

3.6 Off setting of financial assets and liabilities

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

3.7 Foreign currency transactions and translation

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

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

3.8 Retirement benefit obligation

Defined contribution plan

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

3.9 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.

3.10 Taxation

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

3.11 Income recognition

Donation contributions are recognised on receipt basis.

Medicines and other donations received in kind are recorded at fair value, being the deemed cost of the Trust, as and when they are received.

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

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

3.12 Utilities and staff expenses for Children's Emergency Units

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

3.13 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 General fund.

3.14 Restricted funds

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

3.14.1 Zakat fund

Zakat fund mainly includes the amount received in the Holy month of Ramadan. This shall be utilized for the operating expenses incurred during the next financial year.

As recommended by the Committee, the management created 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 Committee and endorsed by the Board of Trustees.

The utilization of Zakat funds for operating expenses except for depreciation were approved by the 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 Zakat fund. The Committee also approved the utilization of Zakat fund for patient consultation as per actual number of Zakat eligible patients. The Board of Trustees endorsed this decision in their meeting held on June 21, 2015.

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

3.14.2 Endowment 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. Any gain on investment pertaining to Endowment fund are appropriated to the Endowment fund through an appropriation of surplus.

3.14.3 Strategic fund

The Trust receives funds during the year for strategic purpose like establishing new Children's Emergency Units in various cities of Pakistan. At the discretion of donors, it has set aside these funds solely for the expansion of such units and for their routine operating expenditures.

3.15 Change in accounting framework

As at reporting date, the Trust has met the criteria of 'large sized NPO' as defined in Accounting Standard for NPOs issued by the ICAP. Resultantly, IFRSs have been adopted for the first time for preparing these financial statements. Apart from enhanced disclosures relating to financial risk management, this change in accounting framework has also impacted the Trust's accounting policy regarding the classification of financial instruments as explained below.

IFRS 9 'Financial instruments' – This standard replaces the provisions of IAS 39 that relate to the recognition, classification and measurement of financial assets and financial liabilities, derecognition of financial instruments, impairment of financial assets and hedge accounting. On July 1, 2018 (the date of initial application of IFRS 9), the Trust's management has assessed which business models apply to the financial assets held by the Trust and has classified its financial instruments into the appropriate IFRS 9 categories. The Trust has followed modified retrospective method of transition. The table below shows impact of change in accounting policies due to adoption of IFRS 9:

Financial assets and financial liabilities	Original classification as per IAS 39	New classification as per IFRS 9	Carrying amount as per IAS 39 as on June 30, 2018	Carrying amount on initial adoption of IFRS 9 on July 01, 2018
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Financial assets

Rupees

Deposits	LR	AC	955,000	955,000
Investment in Islamic mutual funds	AFS	FVTIE	61,770,004	61,770,004
Investment in Islamic term deposit receipts	LR	AC	311,000,000	311,000,000
Other receivables	LR	AC	2,767,536	2,767,536
Cash and bank balances	LR	AC	188,449,717	188,449,717

Financial liabilities

Creditors, accrued and other liabilities	OFL	AC	86,654,144	86,654,144
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- "LR" is loans and receivables
- "AFS" is available for sale
- "AC" is amortized cost
- "FVTIE" is fair value through income and expenditure
- "OFL" is other financial liabilities

Previously, all gains and losses arising due to change in fair value of investments were directly recorded in Endowment fund, whereas as per IFRS for SMEs, such gains and losses should have been separately recorded as part of 'unrealized gain / (loss) on AFS investment'.

In these financial statements, the above mentioned change has been accounted for retrospectively, with the restatement of the comparative information appearing in the statement of income and expenditure as follows:

As previously reported	Restatement	Restated amount
------------------------	-------------	-----------------

Rupees

Effect on statement of financial position

Carrying values as at June 30, 2018

General fund	68,079,774	17,482,882	85,562,656
Endowment fund	249,513,186	(15,792,765)	233,720,421
Unrealized gain on available for sale investment	-	1,296,517	1,296,517
Strategic fund	253,833,938	(2,986,634)	250,847,304

Effect on statement of income and expenditure

Amount for the year ended June 30, 2018

Income	474,743,311	17,482,882	492,226,193
Surplus for the year	43,589,075	17,482,882	61,071,957

In addition to above, Zakat fund has also been re-classified as part of restricted funds, based on the restrictions on its utilization as per Islamic principles.

4. OPERATING FIXED ASSETS

Particulars	Cost		Accumulated depreciation		Carrying value		Annual rate of depreciation %
	At July 1, 2018	At June 30, 2019	At July 01, 2018	Charge for the year / (disposals)	At June 30, 2019	At June 30, 2019	
Furniture and fixtures	17,926,840	16,609,858	3,562,577	2,865,575 (553,086)	5,875,066	10,734,792	20
Office equipment	37,089,970	47,693,670	10,104,488	8,146,805 (337,865)	17,913,428	29,790,242	20
Computer equipment	28,787,923	30,478,874	13,418,083	7,897,632 (259,376)	21,056,339	9,422,535	33
Medical equipment	37,393,911	50,922,898	11,862,650	8,514,496 (989,073)	19,388,073	31,534,825	20
Motor vehicle	2,290,500	2,290,500	1,794,225	458,099	2,252,324	38,176	20
June 30, 2019	123,489,144	147,995,800	40,742,023	27,882,607 (2,139,400)	66,485,230	81,510,570	

Particulars	Cost		Accumulated depreciation		Carrying value		Annual rate of depreciation %
	At July 1, 2018	At June 30, 2019	At July 01, 2018	Charge for the year / (disposals)	At June 30, 2019	At June 30, 2019	
Furniture and fixtures	4,353,981	17,926,840	2,711,567	851,010	3,562,577	14,364,263	20
Office equipment	13,922,125	37,089,970	6,851,471	3,253,017	10,104,488	26,985,482	20
Computer equipment	15,309,985	28,787,923	8,069,356	5,392,727 (44,000)	13,418,083	15,369,840	33
Medical equipment	17,239,953	37,393,911	8,090,733	3,771,917	11,862,650	25,531,261	20
Motor vehicle	2,290,500	2,290,500	1,336,125	458,100	1,794,225	496,275	20
June 30, 2018	53,116,544	123,489,144	27,059,252	13,726,771 (44,000)	40,742,023	82,747,121	

5. INTANGIBLE ASSET

Particulars	Cost		Accumulated depreciation		Carrying value		Annual rate of depreciation %
	At July 1, 2018	At June 30, 2019	At July 01, 2018	Charge for the year / (disposals)	At June 30, 2019	At June 30, 2019	
Computer software	-	6,582,250	-	182,840	182,840	6,399,410	33
June 30, 2019	-	6,582,250	-	182,840	182,840	6,399,410	

	Note	2019 Rupees	2018 Rupees
6. CONSUMABLES			
Medicines at:			
- CHK		2,481,050	1,458,758
- NICH		6,011,401	2,762,964
- SGHK		2,135,258	1,953,423
- ASH		4,116,914	2,257,905
- NWB		4,213,274	3,428,816
- LKN		5,338,207	-
- LGH		1,934,464	9,877,736
- Warehouse		274,825	3,211,852
		26,505,393	24,951,454

7. ADVANCES, DEPOSITS AND PREPAYMENTS

Advance to suppliers	7.1	1,280,075	22,983,107
Advance to staff		1,480,235	714,498
Deposits	7.2	954,580	955,000
Prepayments	7.3	3,220,778	1,361,992
		6,935,668	26,014,597

7.1 This represents advance given for the following purposes:

Advances against ERs		265,102	19,678,842
Advance against ERP		612,583	1,645,280
Promotional expenses		-	957,760
Others		402,390	701,225
		1,280,075	22,983,107

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

7.3 This represents prepayments made for the following purposes:

	Note	2019 Rupees	2018 Rupees
General insurance		188,792	140,836
Health insurance		2,940,301	1,111,575
Life insurance		85,688	-
Vehicle insurance		5,997	5,997
ERP utility cost		-	103,584
		3,220,778	1,361,992

8. INVESTMENTS

Islamic term deposit receipts - at amortized cost	8.1	545,500,000	311,000,000
Mutual funds - at FVTIE	8.2	55,549,533	61,770,004
		601,049,533	372,770,004

8.1 This represents investments made on behalf of Endowment fund. It carries return at the rates ranging from 6.14% to 12.43% (2018: 4.75% to 6.14%) per annum and having maturity period of 1 month to 3 years.

8.2 This represents investments made on behalf of Endowment fund.

8.2.1 Details of investment in mutual funds are as follows:

2019

Particulars	Number of units	Cost	Fair value	Unrealized gain /
		at June 30, 2019	at June 30, 2019	(loss) at June 30, 2019
		Rupees		
Nafa Islamic Allocation Fund	839,523	13,246,587	11,535,883	(1,710,704)
Meezan Financial Planning Fund	494,718	27,559,284	23,546,878	(4,012,406)
Al Ameen Islamic Fund	196,676	19,667,617	20,466,772	799,155
		60,473,488	55,549,533	(4,923,955)

2018

Particulars	Number of units	Cost	Fair value	Unrealized gain /
		at June 30, 2018	at June 30, 2018	(loss) at June 30, 2018
		Rupees		
Nafa Islamic Allocation Fund	839,523	13,246,587	13,023,350	(223,237)
Meezan Financial Planning Fund	494,718	27,559,284	28,992,185	1,432,901
Al Ameen Islamic Fund	196,676	19,667,617	19,754,469	86,852
		60,473,488	61,770,004	1,296,516

	Note	2019	2018
		Rupees	Rupees
9. CASH AND BANK BALANCES			
Cash in hand		171,913	174,157
Cash at banks:			
- Local currency			
Current accounts – Zakat		42,063,164	35,333,856
Savings accounts	9.1	111,026,545	55,733,115
		153,089,709	91,066,971
- Foreign currency			
Savings account		324,119,339	97,208,589
		477,380,961	188,449,717

9.1 These carry return at the rates ranging from 3.70% to 10.29% (2018: 3.28% to 3.70%) per annum.

	Note	2019	2018
		Rupees	Rupees
10. STRATEGIC FUND			
Balance as at July 01		250,847,304	85,000,000
Received during the year	10.1	584,992,082	325,000,000
Utilized during the year	10.2	(121,558,770)	(159,152,696)
Balance as at June 30	10.3	714,280,616	250,847,304

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

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

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

	Note	2019 Rupees	2018 Rupees
11. DEFERRED INCOME RELATED TO OPERATING FIXED ASSETS			
Balance as at July 01		3,453,563	7,712,548
Assets purchased during the year		-	-
Amortization during the year		<u>(2,147,892)</u>	<u>(4,258,985)</u>
Balance as at June 30		<u>1,305,671</u>	<u>3,453,563</u>
12. CREDITORS, ACCRUED AND OTHER LIABILITIES			
Creditors		39,696,626	73,864,104
Accrued liabilities		15,066,922	6,737,902
Others	12.1	<u>255,054</u>	<u>6,874,085</u>
		<u>55,018,602</u>	<u>87,476,091</u>

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

13. CONTINGENCY AND COMMITMENT

There is no contingency and commitment as at June 30, 2019 and June 30, 2018.

	Note	2019 Rupees	2018 Rupees
14. INCOME			
Donations			
Received in cash	14.1	461,503,442	259,724,293
Received in kind		18,782,451	35,350,462
Zakat			
Operating expenses	14.2	183,057,511	129,855,029
Operating expenses clinics	16	47,077,100	45,524,325
Amortization of deferred income related to operating fixed assets		2,147,892	4,289,202
		<u>12,956,688</u>	<u>17,482,882</u>
Gain on investments		<u>725,525,084</u>	<u>492,226,193</u>

14.1 This represents medicines received from CHK, NICH, SGHK, ASH, NWB, LKN and LGH for Children's Emergency Units operated by the Trust.

14.2 This represents actual amount transferred to income in accordance with approval received from the Committee. During the year, 27% (2018: 25%) operating expenses has been utilized from Zakat fund.

15. SALARIES AND BENEFITS

Salaries and benefits include Rs. 11,468,682 (2018: Rs. 3,063,613) in respect of employees' provident fund.

The following information is based on un-audited financial statements of the Fund, the funds have been kept in Meezan Capital Preservation Plan.

	2019	2018
Cost of investments made (Rs.)	24,556,269	4,825,644
Percentage of investments made	100%	100%
Fair value of investments (Rs.)	24,415,254	4,688,176
Size of the fund - Total assets		
Money Market	29.84%	0%
Fund of Funds	70.16%	100%

16. PATIENT CONSULTATION

This includes Rs. 47,077,100 (2018: Rs. 45,524,325) claimed from Zakat fund against Zakat eligible patients. It also includes charges paid by the Trust to SINA Trust for treatment of children @ Rs. 350 plus actual lab charges per patient at the clinics being managed by SINA Trust in the urban slums of Karachi. These expenses are reimbursed to SINA Trust after verification of supporting documents. These clinics have been established for providing quality primary health care services to the patients.

17. COMMUNICATION

This includes resource mobilization, fund raising and advertisement cost for ERs.

	2019 Rupees	2018 Rupees
18. AUDITORS' REMUNERATION		
Annual audit fee	200,000	200,000
Out of pocket	48,000	48,000
Sindh sales tax	16,000	16,000
	264,000	264,000
19. OTHERS		
Head office rent expense	1,930,498	975,000
Bank charges	1,649,884	1,550,946
Cartage expense	1,419,321	-
Loss / (gain) on disposal of operating fixed assets	660,063	(3,000)
Miscellaneous	5,397,650	4,239,203
	11,057,416	6,762,149

20. SURPLUS FOR THE YEAR TRANSFERRED TO GENERAL FUND

The surplus for the year ended June 30, 2018 and 2019 has been utilized to purchase operating fixed assets required for the smooth operations of the Trust.

21. TRANSACTIONS WITH RELATED PARTIES

The related parties comprise of employees' provident fund and 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	2019 Rupees	2018 Rupees
SINA Trust (Dr. Naseeruddin Mahmood is a common Trustee)	Payments made to SINA Trust for patient consultation	59,869,050	56,379,994

22. NUMBER OF EMPLOYEES

	2019 Number	2018 Number
- At June 30	594	573
- Average during the year	589	337

23. FINANCIAL INSTRUMENTS AND RELATED DISCLOSURES

23.1 Financial instruments by category

Financial assets	2019 Rupees	2018 Rupees
<i>At amortized cost</i>		
Deposits	954,580	955,000
Investment in Islamic term deposit receipts	545,500,000	311,000,000
Other receivables	4,494,372	2,767,536
Cash and bank balances	477,380,961	188,449,717
	1,028,329,913	503,172,253
<i>At fair value through income and expenditure</i>		
Investment in Islamic mutual funds	55,549,533	61,770,004
Financial liabilities		
<i>At amortized cost</i>		
Creditors, accrued and other liabilities	55,018,272	86,654,144

23.2 Financial risk management

The Board of Trustees has overall responsibility for the establishment and oversight of the Trust's financial risk management. The responsibility includes developing and monitoring the Trust's risk management policies. To assist the Board in discharging its oversight responsibility, management has been made responsible for identifying, monitoring and managing the Trust's financial risk exposures. The Trust has exposure to the risks associated with the financial instruments and the risk management policies and procedures summarized as follows:

23.2.1 Credit risk

Credit risk is the risk that one party to a financial instrument will fail to discharge an obligation and cause the other party to incur a financial loss, without taking into account the fair value of any collateral. Credit risk arises from the inability of the issuers of the instruments, relevant financial institution or counter parties, in case of placements or other arrangements, to fulfill their obligations.

Exposure to credit risk

Credit risk of the Trust mainly arises from balances with banks, deposits and other receivables. The maximum exposure to credit risk at the reporting date is as follows:

	2019 Rupees	2018 Rupees
Deposits	954,580	955,000
Other receivables	4,494,372	2,767,536
Bank balances	477,380,961	188,449,717
	482,829,913	192,172,253

For deposits, the management does not expect to incur material losses and consider such amount is receivable upon termination of contract. For other receivables and bank balances, financial institutions with strong credit ratings are accepted. Credit risk on bank balances is limited as these are placed with banks having good credit ratings. The credit quality of cash at banks as per credit rating agencies are as follows:

Name of banks	Rating	
	Short-term	Long-term
Habib Bank Limited	A1+	AAA
Meezan Bank Limited	A1+	AA+
Bank Al-Habib Limited	A1+	AA+
Dubai Islamic Bank Limited	A1+	AA

23.2.2 Liquidity risk

Liquidity risk is the risk that the Trust will not be able to meet its financial obligations as they fall due. The Trust finances its operations through donations, Zakat and gain from investments with a view to maintaining an appropriate mix between various sources of finance to minimize risk.

The following are the contractual maturities of financial liabilities:

	2019		
	Contractual cash flows	Upto one year	More than one year
	Rupees		
Non-derivative financial liabilities			
Creditors, accrued and other liabilities	55,018,272	55,018,272	-
	2018		
	Contractual cash flows	Upto one year	More than one year
	Rupees		
Non-derivative financial liabilities			
Creditors, accrued and other liabilities	86,654,144	86,654,144	-

The Trust manages liquidity risk by maintaining cash and bank balances as well as unrestricted funds amounting to Rs. 640,192,465 as at June 30, 2019 (2018: Rs. 274,022,373).

23.2.3 Market risk

Market risk is the risk that changes in market price, such as currency exchange rates and interest rates will affect the Trust's income or the value of its holdings of financial instruments.

23.2.3.1 Currency risk

Currency risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in foreign exchange rates. Foreign currency risk arises mainly due to conversion of foreign currency assets and liabilities into local currency.

Currently, the Trust is exposed to currency risk on account of foreign currency bank account.

	2019 Rupees	2018 Rupees
Foreign currency bank account	324,119,339	97,208,589

The following exchange rates have been applied:

	Average rates		Reporting date rates	
	2019 Rupees	2018 Rupees	2019 Rupees	2018 Rupees
USD to PKR	136.40	109.91	163.50	121.60

At reporting date, if the Rupee is strengthened / weakened by 10% against the US dollar, with all other variables held constant, surplus for the year would have been lower/higher by Rs. 32,411,934 (June 30, 2018: Rs. 9,720,859) mainly as a result of net foreign exchange loss / gain on translation of foreign currency bank account. This analysis assumes that all other variables, in particular interest rates, remain constant. The sensitivity analysis is performed on the same basis as for 2018.

23.2.3.2 Interest rate risk

The interest rate risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market interest rates.

The Trust has significant interest bearing assets where interest rate risk may arise due to fluctuations in the rates. At the reporting date, the interest rate profile of the Trust's interest bearing financial assets are:

	2019 Rupees	2018 Rupees
Financial assets		
Variable rate instruments		
Islamic term deposit receipts - at amortized cost	545,500,000	311,000,000
Savings accounts	435,145,884	152,941,704
	980,645,884	463,941,704

Cash flow sensitivity analysis for variable rate instruments

A change of 100 basis points in interest rates at the reporting date would have (increased) / decreased surplus of income over expenditure by the amount shown below. This analysis assumes that all other variables remain constant. The analysis has been performed on the same basis as for 2018.

	Effect on surplus of income over expenditure due to 100 basis points	
	(Increase)	Decrease
	————— Rupees —————	
As at June 30, 2019		
Cash flow sensitivity	<u><u>(166,996)</u></u>	<u><u>166,996</u></u>
As at June 30, 2018		
Cash flow sensitivity	<u><u>(121,209)</u></u>	<u><u>121,209</u></u>

24. FUND MANAGEMENT

The objective of the Trust when managing funds is to safeguard its ability to continue as a going concern so that it can invest in Shariah compliant profitable investments and earn benefits which in turn, can help the Trust to grow and contribute to its objectives; and to maintain a strong fund base to support the sustained development of the Trust and to maintain confidence of donors, creditors and market.

25. FAIR VALUE OF FINANCIAL INSTRUMENTS

Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

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

Fair value hierarchy

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

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

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

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

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

	2019			
	Level 1	Level 2	Level 3	Level 4
	————— Rupees —————			
Investment in Islamic mutual funds	<u><u>55,549,533</u></u>	<u><u>-</u></u>	<u><u>-</u></u>	<u><u>55,549,533</u></u>
	2018			
	Level 1	Level 2	Level 3	Level 4
	————— Rupees —————			
Investment in Islamic mutual funds	<u><u>61,770,004</u></u>	<u><u>-</u></u>	<u><u>-</u></u>	<u><u>61,770,004</u></u>

There were no transfers between the levels during the year.

26. RECLASSIFICATION

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

27. GENERAL

Figures have been rounded off to the nearest Rupee.

28. DATE OF AUTHORIZATION FOR ISSUE

These financial statements were authorized for issue by the Board of Trustees on December 02, 2019.



Trustee



Trustee

ChildLife Foundation

Six Years' Vertical Analysis

OPERATING & FINANCIAL TREND:	2019	%	2018	%	2017	%	2016	%	2015	%	2014	%
Income:												
Received in Cash	461,503,442	54.48%	259,724,293	39.87%	115,775,411	32.24%	99,089,360	32.77%	45,242,668	22.84%	26,875,132	18.24%
Received in Kind	18,782,451	2.22%	35,350,462	5.43%	32,683,481	9.10%	19,056,317	6.30%	18,910,316	9.55%	18,153,621	12.32%
Zakat Utilization - Operating Expenses	183,057,511	21.61%	129,855,029	19.94%	174,655,875	48.63%	150,944,428	49.92%	115,387,411	58.26%	98,318,950	66.71%
Zakat Utilization - Clinics	47,077,100	5.56%	45,524,325	6.99%	31,979,573	8.90%	29,289,433	9.69%	14,381,364	7.26%	-	0.00%
Deferred income - Operating Fixed Assets	2,147,892	0.25%	4,289,202	0.66%	4,052,312	1.13%	4,019,988	1.33%	4,141,731	2.09%	4,034,315	2.74%
Gain on Investments*	12,956,688	1.53%	17,482,882	2.68%	-	0.00%	-	0.00%	-	0.00%	-	0.00%
Utilized from Strategic Fund	121,558,770	14.35%	159,152,696	24.43%	-	0.00%	-	0.00%	-	0.00%	-	0.00%
Total Income	847,083,854	100.00%	651,378,889	100.00%	359,146,652	100.00%	302,399,526	100.00%	198,063,490	100.00%	147,382,018	100.00%
Expenses:												
Salaries and benefits	454,379,656	58.55%	236,675,779	40.61%	155,362,697	43.31%	109,482,843	37.87%	73,549,822	37.28%	43,879,134	29.61%
Medicines consumed	155,025,711	19.98%	90,905,093	15.40%	96,071,210	26.78%	90,017,339	31.14%	65,916,314	33.41%	49,721,779	33.56%
Patient consultation	59,869,050	7.71%	56,379,994	9.55%	43,656,954	12.17%	36,431,439	12.60%	20,650,216	10.47%	15,871,531	10.71%
Project renovation	8,470,294	1.09%	138,853,259	23.52%	23,526,157	6.56%	24,396,593	8.44%	13,721,681	6.96%	23,032,760	15.54%
Depreciation & amortization	28,065,447	3.62%	13,726,771	2.33%	9,862,235	2.75%	6,917,233	2.39%	5,320,009	2.70%	4,235,415	2.86%
Supplies and consumables	18,571,704	2.39%	13,076,153	2.22%	7,482,683	2.09%	5,613,509	1.94%	4,077,611	2.07%	3,551,450	2.40%
Repairs and maintenance	11,744,058	1.51%	11,573,147	1.45%	5,591,512	1.56%	4,814,762	1.67%	3,303,495	1.67%	1,482,196	1.00%
Programmatic activities and preventive health care	5,862,312	0.76%	9,476,915	1.61%	6,146,460	1.71%	3,252,645	1.13%	2,501,480	1.27%	-	0.00%
Communication and advertisement	8,037,368	1.04%	8,581,534	1.45%	4,535,552	1.26%	3,814,800	1.32%	4,402,772	2.23%	2,572,192	1.74%
Utilities	13,452,125	1.73%	3,591,787	0.61%	3,097,720	0.86%	1,705,667	0.59%	1,453,804	0.74%	1,451,431	0.98%
Legal and professional	1,266,336	0.16%	440,351	0.07%	953,060	0.27%	367,296	0.13%	135,476	0.07%	-	0.00%
Auditors' remuneration	264,000	0.03%	264,000	0.04%	264,000	0.07%	264,000	0.09%	236,000	0.12%	216,000	0.15%
Others	11,057,416	1.42%	6,762,149	1.15%	2,199,227	0.61%	1,999,863	0.69%	2,012,434	1.02%	2,155,915	1.46%
Total Expenses	776,065,477	100.00%	590,306,932	100.00%	358,749,467	100.00%	289,077,989	100.00%	197,281,114	100.00%	148,169,803	100.00%
Surplus/(deficit) for the year transferred to general fund	71,018,377		61,071,957		397,185		13,321,537		782,376		(787,785)	

* Re-estimated figures for 2017 - 2018 after adaptation of IFRS in accordance with financial disclosures note 3.15.

FINANCIAL POSITION:	2019	%	2018	%	2017	%	2016	%	2015	%	2014	%
Assets:												
Operating Fixed Assets	87,909,980	7.30%	82,747,121	11.86%	26,057,292	6.50%	22,574,468	8.97%	15,544,039	7.99%	15,178,656	19.41%
Consumables	26,505,393	2.20%	24,951,454	3.58%	6,817,880	1.70%	5,873,342	2.33%	3,711,883	1.91%	2,833,485	3.62%
Advances, deposits and prepayments	6,935,668	0.58%	26,014,597	3.73%	2,596,179	0.65%	281,947	0.11%	226,066	0.12%	1,705,315	2.18%
Investments	601,049,533	49.91%	372,770,004	53.43%	260,990,714	65.06%	144,591,742	57.43%	2,055,239	1.06%	1,012,166	1.29%
Other receivables	4,494,372	0.37%	2,767,536	0.40%	1,275,716	0.32%	1,121,779	0.45%	106,000,000	54.51%	35,187,578	44.99%
Cash and bank balances	477,380,961	39.64%	188,449,717	27.01%	103,432,247	25.78%	77,347,022	30.72%	66,933,982	34.42%	22,298,163	28.51%
Total Assets	1,204,275,907	100.00%	697,700,429	100.00%	401,170,028	100.00%	251,790,300	100.00%	194,471,209	100.00%	78,215,363	100.00%
Funds:												
Inception contribution	10,000	0.00%	10,000	0.00%	10,000	0.00%	10,000	0.00%	10,000	0.01%	10,000	0.02%
Zakat fund	42,063,048	3.66%	35,333,877	5.82%	44,213,911	11.94%	39,474,966	17.65%	46,457,296	28.32%	32,885	0.06%
General fund	162,801,504	14.18%	85,562,656	14.10%	24,490,699	6.62%	24,093,513	10.77%	10,771,977	6.57%	15,923,162	30.12%
Endowment fund	228,796,467	19.93%	233,720,421	38.52%	212,220,421	57.33%	160,096,285	71.58%	106,786,055	65.10%	36,892,893	69.79%
Unrealized gain on available for sale investment*		0.00%	1,296,517	0.21%	4,265,996	1.15%		0.00%		0.00%		0.00%
Strategic fund	714,280,616	62.22%	250,847,304	41.34%	85,000,000	22.96%	-	0.00%	-	0.00%	-	0.00%
Total Funds	1,147,951,634	100.00%	606,770,775	100.00%	370,201,027	100.00%	223,674,764	100.00%	164,025,328	100.00%	52,858,940	100.00%
Liabilities:												
Deferred income related to operating fixed assets	1,305,671	2.32%	3,453,563	3.80%	7,712,548	24.90%	7,842,153	27.89%	9,430,435	30.97%	12,812,246	50.53%
Creditors, accrued and other liabilities	55,018,602	97.68%	87,476,091	96.20%	23,256,453	75.10%	20,273,383	72.11%	21,015,446	69.03%	12,544,177	49.47%
Total Liabilities	56,324,273	100.00%	90,929,654	100.00%	30,969,001	100.00%	28,115,536	100.00%	30,445,881	100.00%	25,356,423	100.00%
Total Funds & Liabilities	1,204,275,907		697,700,429		401,170,028		251,790,300		194,471,209		78,215,363	

* Re-estimated figures for 2017 - 2018 after adaptation of IFRS in accordance with financial disclosures note 3.15.

ChildLife Foundation

Six Years' Horizontal Analysis

OPERATING & FINANCIAL TREND:	2019	2018	2017	2016	2015	2014	19vs18	18vs17	17vs16	16vs15	15vs14
Income:											
Received in Cash	461,503,442	259,724,293	115,775,411	99,089,360	45,242,668	26,875,132	77.69%	124.33%	16.84%	119.02%	68.34%
Received in Kind	18,782,451	35,350,462	32,683,481	19,056,317	18,910,316	18,153,621	-46.87%	8.16%	71.51%	0.77%	4.17%
Zakat Utilization - Operating Expenses	183,057,511	129,855,029	174,655,875	150,944,428	115,387,411	98,318,950	40.97%	-25.65%	15.71%	30.82%	17.36%
Zakat Utilization - Clinics	47,077,100	45,524,325	31,979,573	29,289,433	14,381,364	-	3.41%	42.35%	9.18%	103.66%	0.00%
Deferred income - Operating Fixed Assets	2,147,892	4,289,202	4,052,312	4,019,988	4,141,731	4,034,315	-49.92%	5.85%	0.80%	-2.94%	2.66%
Gain on Investments*	12,956,688	17,482,882	-	-	-	-	-25.89%	0.00%	0.00%	0.00%	0.00%
Utilized from Strategic Fund	121,558,770	159,152,696	-	-	-	-	-23.62%	0.00%	0.00%	0.00%	0.00%
Total Income	847,083,854	651,378,889	359,146,652	302,399,526	198,063,490	147,382,018	30.04%	81.37%	18.77%	52.68%	34.39%
Expenses:											
Salaries and benefits	454,379,656	236,675,779	155,362,697	109,482,843	73,549,822	43,879,134	89.55%	54.29%	41.91%	48.86%	67.62%
Medicines consumed	155,025,711	90,905,093	96,071,210	90,017,339	65,916,314	49,721,779	70.54%	-5.38%	6.73%	36.56%	32.57%
Patient consultation	59,869,050	56,379,994	43,656,954	36,431,439	20,650,216	15,871,531	61.9%	29.14%	19.83%	76.42%	30.11%
Project renovation	8,470,294	138,853,259	23,526,157	24,396,593	13,721,681	23,032,760	-93.90%	490.21%	-3.57%	77.80%	-40.43%
Depreciation & Amortization	28,065,447	13,726,771	9,862,235	6,917,233	5,320,009	4,235,415	104.46%	39.19%	42.57%	30.02%	25.61%
Supplies and consumables	18,571,704	13,076,153	7,482,683	5,613,509	4,077,611	3,551,450	42.03%	74.75%	33.30%	37.67%	14.82%
Repairs and maintenance	11,744,058	11,573,147	5,591,512	4,814,762	3,303,495	1,482,196	37.56%	52.68%	16.13%	45.75%	122.88%
Programmatic activities and preventive health care	5,862,312	9,476,915	6,146,460	3,252,645	2,501,480	-	-38.14%	54.18%	88.97%	30.03%	0.00%
Communication and advertisement	8,037,368	8,581,534	4,535,552	3,814,800	4,402,772	2,572,192	-6.34%	89.21%	18.89%	-13.35%	71.7%
Utilities	13,452,125	3,591,787	3,097,720	1,705,667	1,453,804	1,451,431	274.52%	15.95%	81.61%	17.32%	0.16%
Legal and professional	1,266,336	440,351	953,060	367,296	135,476	-	187.57%	-53.80%	159.48%	171.2%	0.00%
Auditors' remuneration	264,000	264,000	264,000	264,000	236,000	216,000	0.00%	0.00%	0.00%	11.86%	9.26%
Others	11,057,416	6,762,149	2,199,227	1,999,863	2,012,434	2,155,915	63.52%	207.48%	9.97%	-0.62%	-6.66%
Total Expenses	776,065,477	590,306,932	358,749,467	289,077,989	197,281,114	148,169,803	31.47%	64.55%	24.10%	46.53%	33.15%
Surplus/(deficit) for the year transferred to general fund	71,018,377	61,071,957	397,185	13,321,537	782,376	(787,785)	16.29%	15276.21%	-97.02%	160270%	-199.31%

* Re-estimated figures for 2017 - 2018 after adaptation of IFRS in accordance with financial disclosures note 3.15.

FINANCIAL POSITION:

OPERATING & FINANCIAL TREND:	2019	2018	2017	2016	2015	2014	19vs18	18vs17	17vs16	16vs15	15vs14
Assets:											
Operating Fixed Assets	87,909,980	82,747,121	26,057,292	22,574,468	15,544,039	15,178,656	6.24%	217.56%	15.43%	45.23%	2.41%
Consumables	26,505,393	24,951,454	6,817,880	5,873,342	3,711,883	2,833,485	6.23%	265.97%	16.08%	58.23%	31.00%
Advances, deposits and prepayments	6,935,668	26,014,597	2,596,179	281,947	226,066	1,705,315	-73.34%	902.03%	820.80%	24.72%	-86.74%
Investments	601,049,533	372,770,004	260,990,714	144,591,742	2,055,239	1,012,166	61.24%	42.83%	80.50%	6935.28%	103.05%
Other receivables	4,494,372	2,767,536	1,275,716	1,121,779	106,000,000	35,187,578	62.40%	16.94%	13.72%	-98.94%	201.24%
Cash and bank balances	477,380,961	188,449,717	103,432,247	77,347,022	66,933,982	22,298,163	153.32%	82.20%	33.72%	15.56%	200.18%
Total Assets	1,204,275,907	697,700,429	401,170,028	251,790,300	194,471,209	78,215,363	72.61%	73.92%	59.33%	29.47%	148.64%
Funds:											
Inception contribution	10,000	10,000	10,000	10,000	10,000	10,000	0.00%	0.00%	0.00%	0.00%	0.00%
Zakat fund	42,063,048	35,333,877	44,213,911	39,474,966	46,457,296	32,885	19.04%	-20.08%	12.00%	-15.03%	141172.00%
General fund	162,801,504	85,562,656	24,490,699	24,093,513	10,771,977	15,923,162	90.27%	249.37%	1.65%	123.67%	-32.35%
Endowment fund	228,796,467	233,720,421	212,220,421	160,096,285	106,786,055	36,892,893	-2.11%	10.13%	32.56%	49.92%	189.45%
Unrealized gain on available for sale investment*	-	1,296,517	4,265,996	-	-	-	-100.00%	-69.61%	0.00%	0.00%	0.00%
Strategic fund	714,280,616	250,847,304	85,000,000	-	-	-	184.75%	195.11%	0.00%	0.00%	0.00%
Total Funds	1,147,951,634	606,770,775	370,201,027	223,674,764	164,025,328	52,858,940	89.19%	63.90%	65.51%	36.37%	210.31%
Liabilities:											
Deferred income related to operating fixed assets	1,305,671	3,453,563	7,712,548	7,842,153	9,430,435	12,812,246	-62.19%	-55.22%	-1.65%	-16.84%	-26.40%
Creditors, accrued and other liabilities	55,018,602	87,476,091	23,256,453	20,273,383	21,015,446	12,544,177	-37.10%	276.14%	14.71%	-3.53%	67.53%
Total Liabilities	56,324,273	90,929,654	30,969,001	28,115,536	30,445,881	25,356,423	-38.06%	193.62%	10.15%	-7.65%	20.07%
Total Funds & Liabilities	1,204,275,907	697,700,429	401,170,028	251,790,300	194,471,209	78,215,363	72.61%	73.92%	59.33%	29.47%	148.64%

* Re-estimated figures for 2017 - 2018 after adaptation of IFRS in accordance with financial disclosures note 3.15.



How can you help

Join us in our mission to Save the Future of Pakistan. Even the smallest donation goes a long way in helping give our nation's children the right to live.

We accept donations through checks, credit cards, and bank transfers. Details are given on the following pages.



WAYS TO DONATE

\$7 (Rs. 1000)

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

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

Save **150 children** in an Emergency Room

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

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

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

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

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

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

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THROUGH CHECKS

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

THROUGH CREDIT CARD

Log on to www.childlifefoundation.org

THROUGH BANK TRANSFER

Donation Account:

Bank Al Habib Limited
Title of Account: ChildLife Foundation
Account # 5006-0071-000045-01-6
Bank: Bank Al Habib Limited
Branch: Islamic Banking Shaheed-e-Millat
IBAN Number: PK96BAHL5006007100004501

Zakat Account:

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

USD Zakat Account:

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

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

DONATIONS IN USA

THROUGH CHECKS

Mail Checks in the name of 'ChildLife Foundation America' to our US volunteer:

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

THROUGH CREDIT CARD

<http://bit.ly/childpk>

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You can contact our attorney Mr. Yasir Billoo at ybilloo@intlpartners.com with any further queries regarding matching.

Donations made in USA are tax exempt.

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

Zakat utilization is as per Shariah compliance.

DONATIONS IN CANADA

THROUGH CHECKS

Mail Checks in the name of "IDRF" with a note "ChildLife Foundation" in the memo to:

Zohair Zakaria
Trustee, ChildLife Foundation
2411 Presquille Drive
Oakville, ON L6H 0A7, Canada

THROUGH CREDIT CARD

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

Donations made in Canada are tax deductible through our partner International Development & Relief Fund (IDRF),

to a recognized Canadian charity with Charitable Registration # # 132543005RR0001.

Zakat utilization is as per Shariah compliance.

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نہیں ملتا یہ گوہر بادشاہوں کے خزینوں میں
علامہ اقبال

” ایسے لوگوں کی مدد کرو
جن کا چہرہ سوال ہوتا ہے
اور زبان بے سوال ہوتی ہے“

واصف علی واصف



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