Innovating to Save Lives

ANNUAL REPORT 2015

Emergency Care | **2** ERs | **1 million** patients

Primary Care | **11** Clinics | **2 million** patients

Preventive Care | **45,000** people

شِکوہ ظُلمتِ شب سے تو کہیں بہتر تھا
اپنے حصّے کی کوئی شمع جلاتے جاتے

فراز

CHILD HEALTH IS A GLOBAL CONCERN AS WELL AS A CHALLENGE

Infectious diseases and preventable conditions claim the lives of millions of children in low-income countries. According to the WHO, approximately, 5.9 million children under the age of five died in 2015 – an appalling 16,000 children every day.[1] The leading causes of death among children under age five are preterm birth complications, pneumonia, diarrhea, birth asphyxia and malaria. About half of these deaths occurred in only five countries – China, India, Nigeria, Congo, and Pakistan – and most of these deaths can be prevented by simple, low-cost interventions.[2]

In Pakistan there were 245,000 neonatal deaths in 2015.[3] The country has the third-highest infant mortality rate in the world with pneumonia alone killing 92,000 children every year,[4] according to the Pakistan Pediatric Association.

Taking a sick child to a hospital or a clinic is a task in itself. Logistics, finances and lack of awareness work against the patient and most children end up being 'treated', if they ever do, by quacks or unqualified doctors in their area. Good medical facilities with competent staff are few, distant and financially, if not physically, inaccessible. Little wonder then that one in ten children in Pakistan do not survive their fifth birthday, dying due to causes as mundane as diarrhea, pneumonia or some vaccine-preventable disease.

It's under these circumstances that **ChildLife Foundation** comes in with the mission to provide every child with quality and affordable healthcare.

With cutting-edge systems and the newest healthcare innovations adapted for use in low-income settings, **ChildLife** has quietly been bringing about a revolution in the communities it has touched. Seeking out communities which have been neglected by healthcare services, overlooked by the public sector and unable to access private care, **ChildLife** is providing the full spectrum of medical care, from emergency rooms, to primary care clinics, down to preventive practices. The foundation has built two state-of-the-art model emergency rooms at the National Institute of Child Health (NICH) and Civil Hospital (CHK), Karachi's biggest and busiest hospitals; 11 primary care clinics in the city's slums; and a budding preventive care program. All of these parallel the best private medical facilities that the country has to offer, with the technology used in many cases far superior.

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[1] http://www.who.int/gho/child_health/mortality/mortality_under_five_text/en/

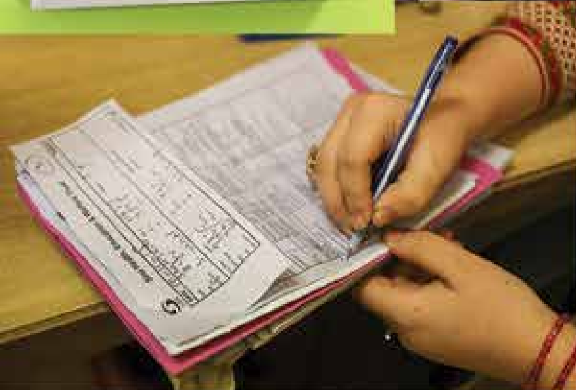
[2] Jones, G., Steketee, R.W., Black, R.E., Bhutta, Z.A., & Bellagio Child Study Survival Group (2003). How many child deaths can we prevent this year? *The Lancet*, 362, 65-71. http://dx.doi.org/doi:10.1016/S01406736(03)13811-1 .

[3] http://apps.who.int/gho/data/node.country.country-PAK

[4] http://tribune.com.pk/story/988945/92000-children-die-of-pneumonia-in-pakistan-every-year/

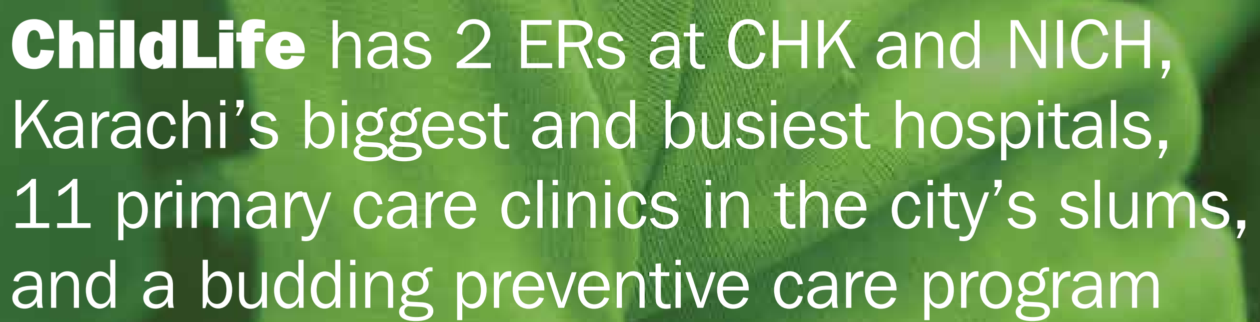
P.W.A.

EMPLOYEES OF THE MONTH



SIUT
CHILDLIFE CLINIC

Bofalgan



ChildLife has 2 ERs at CHK and NICH, Karachi's biggest and busiest hospitals, 11 primary care clinics in the city's slums, and a budding preventive care program

VISION

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

MISSION

- Facilitate rapid access to quality urgent medical care.

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

- Intervene with established cost-effective preventive measures.

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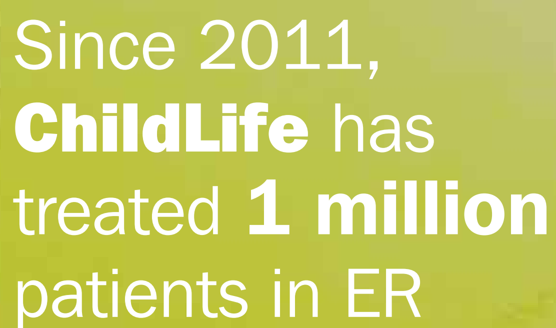
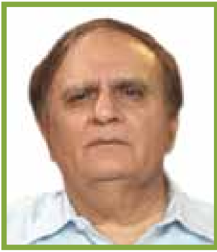


Since 2011, **ChildLife** has treated **1 million** patients in ER

OUR PEOPLE

BOARD OF TRUSTEES



Mr. Iqbal Adamjee

Mr. Adamjee is the chairman of ChildLife Foundation, which he founded with the aim of making the lives of less fortunate children better and healthier. Educated at the Millfield School, UK, and Stanford University, US, he is a prominent business leader who has had success at the helm of many organizations. But it is his philanthropic projects, such as Adamjee Eye Hospital, Adamjee School and now ChildLife, which lie closest to his heart.

Mr. Mohammad Ashraf Amdani

Mr. Amdani is the CEO of American Textile and Apparel in Florida, the director of Universal Health Insurance (UHI), the vice president of Nur-Ul-Islam Academy (NUIA), the vice president of South Florida Muslim Association, and a trustee of the World Memon Organisation (WMO). His long list of involvements underscore his dedication to helping others. Not only is he a trustee of the ChildLife Foundation, he is also actively involved in several education and health charities in Florida.

Dr. Naseeruddin Mahmood

Having studied to be a pediatrician in the US and Canada, Dr. Naseeruddin Mahmood preferred to practice in his homeland, Pakistan. A philanthropist at heart, not only is he one of the founding trustees of ChildLife Foundation, he also advises at Indus Hospital and Karachi Relief Trust, and is on the board of the SINA Trust, a partner of ChildLife.

Mr. Osman Rashid

An electrical engineer by profession, Mr. Osman Rashid is the co-founder and CEO of two very successful educational startups, Chegg and Kno, Inc. He is also the founder and CEO of Galxyz, an educational game inculcating a love for science in children. In 2012, the talented Mr. Rashid got recognised as the Forbes Impact 15. Apart from being a board member at ChildLife, he is very involved with philanthropic work such as planting trees and helping classrooms attain school supplies through his companies.

Mr. Sohail Tabba

A strong-willed entrepreneur and business man, Mr. Tabba is involved in various business as well as social endeavours: he is the founding member of the Italian Development Council, the director of the Tabba Heart Institute and the Aziz Tabba Foundation. His passion lies in transforming tough situations into opportunities of hope, which explains his interest in the ChildLife Foundation, where the driving force is overcoming the socio-political challenges in providing the less fortunate with the best possible healthcare

Mr. Zohair Zakaria

A graduate of Babson College, US, Mr. Zakaria has had 14 years of rich experience and is currently the director and CFO of Al Noor Sugar Mills Limited. Mr. Zakaria is actively involved in a number of charitable organisations and is one of the founding trustees of ChildLife Foundation.

MANAGEMENT

Standing left to right: Hasnain Akbar, Asad Agha, Fahad S. Khan, Dr. Irfan Habib, Rahim Dhanani, Mohammad Zahir, S. Ali Hussain. *Sitting left to right:* Batool Zehra, Aamir Jessani, Dr. Ahson Rabbani, Dr. Tahir Sheikh, Tabish Shahzad

Chief Executive Officer
Dr. Ahson Rabbani

Chief Financial Officer
Aamir Jessani

GM – Programs
Dr. Tahir Sheikh

Head of Clinical Affairs
Dr. Irfan Habib

Administrator – CHK
Mohammad Zahir

Administrator – NICH
Asad Agha

Head of IT
S. Ali Hussain

Commmunications Advisor
Tabish Shahzad

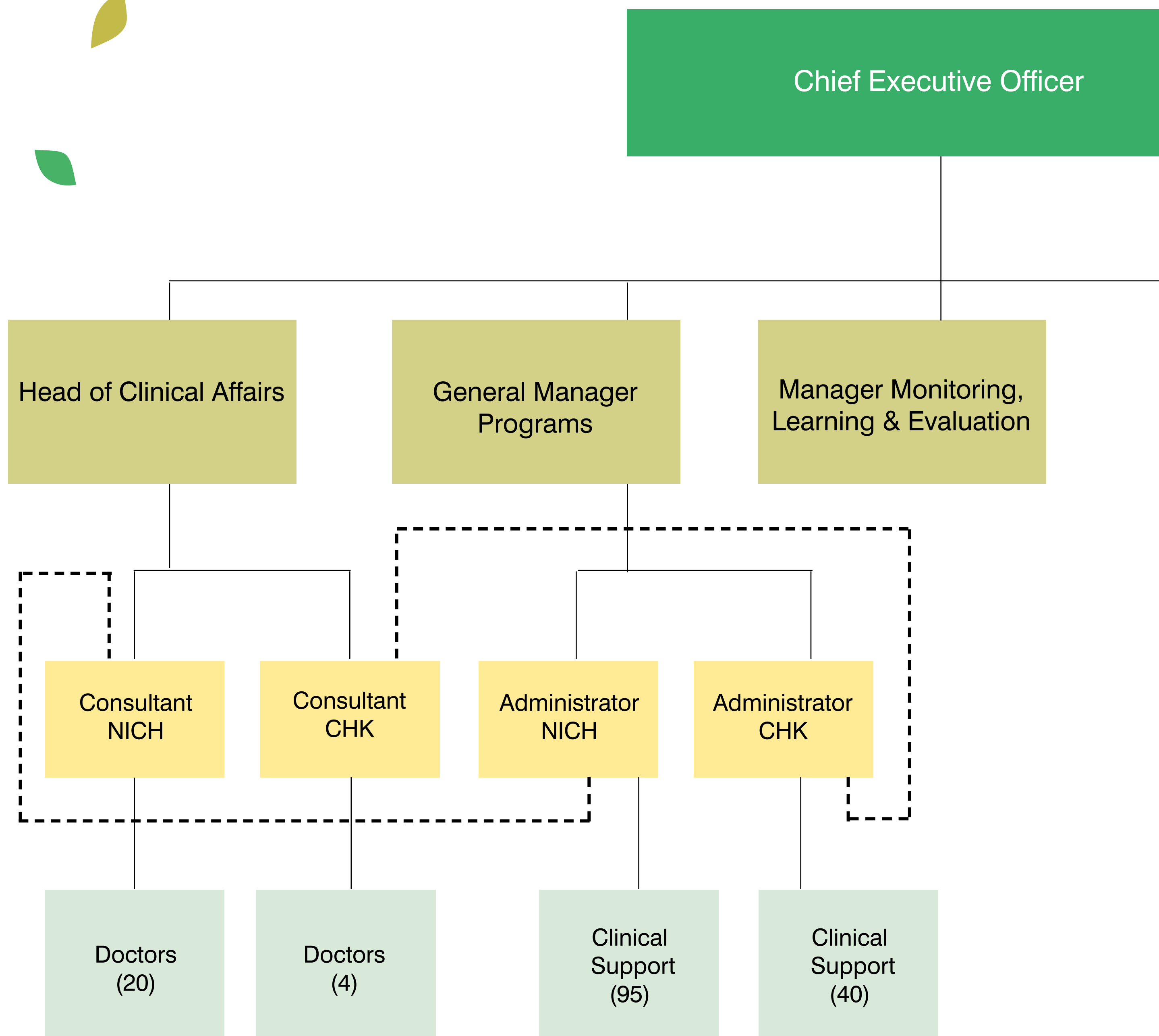
Assistant Manager, HR
Rahim Dhanani

Manager Monitoring, Learning and Evaluation
Fahad S. Khan

Assistant Manager Communciations
Hasnain Akbar

Associate Creative
Batool Zehra

ORGANOGRAM



Communications Advisor

Assistant Manager Human Resources

Chief Financial Officer

Associate Creative (Social Media)

Assistant Manager Communications

Head of Information Technology

Assistant Manager Finance

IT Support (2)

Finance Support (3)

MESSAGE FROM THE CHAIRMAN

Onwards and Upwards with Our Goals

Iqbal Adamjee
Chairman, ChildLife Foundation

They say our children are our future, but in Pakistan those who would become the future barely manage to survive. With one of the highest infant death rates in the world, Pakistan's children have no recourse to quality healthcare.

This, in a nutshell, was the driving force behind the formation of ChildLife Foundation in 2010. Our concern at the abysmal healthcare facilities came with the realization that we had to be part of a solution, not just another voice in the chorus of complaints. During the last five years, I can say in good conscience that we have done our bit to make quality healthcare accessible to those who have so far been deprived of it.

The condition of government-run hospitals and clinics in rural areas is no secret. By taking over the children's emergency rooms at the National Institute of Child Health (NICH) and Civil Hopital, Karachi, we took the first steps towards making our vision a reality. The hygiene and infrastructure at both the sites were massively upgraded, a complete reversal of how they used to be. More crucially, we now have skilled, efficient and well-trained staff in attendance round the clock, ready to deal with any and all emergencies.

Complementing our work in the emergency rooms, are the clinics we operate in partnership with the SINA Trust and our preventive health project with BRAC, which increases our impact manifold. I can confidently say that no one else operates as systematically as we do, at least not in Pakistan. We have well-equipped facilities managed by an efficient and dedicated team. It's the basic things like cleanliness, using the right equipment, discipline and life-saving protocols that make it all possible. Although these concepts are very common internationally, they haven't been applied in Pakistan so far.

Moving on

Our work is far from done; we will keep working at improving quality healthcare and increasing the number of people served and lives saved annually. In 2016, the aim is to increase the emergency centers and clinics we operate, as well as to expand the preventive health program. We will continue to work with the government to expand the function and capacity of the emergency centers at NICH and Civil Hospital as well as bring more government-run emergency centers under our umbrella. By the end of June 2016, the plan is to increase the number of clinics to 16. 2016 is also expected to be a great year for the ChildLife-BRAC partnership. We are working towards the expansion of the preventive care program for mother and child with BRAC. With the first pilot programme at the Shirin Jinnah Colony up and running, we have faith that we will expand to more slum areas of Karachi, reaching a larger number of children.

Of all the forms of inequality, injustice in healthcare is the most shocking and inhumane.
- Martin Luther King Jr.

BEFORE

AFTER

One of our hopes going forward is to have the community in the slum areas be more involved. The objective is not simply running a clinic but developing awareness and cementing the involvement of the community in improving their own quality of life.

Another one of our goals is taking ChildLife's model health system to Punjab and Khyber-Pakhtunkhwa. We are willing to set up model emergency centers and clinics as well as provide guidance free of cost to anyone willing to take up the task.

We are also working on making our clinics paperless and computer savvy. Records will be kept in computers rather than files; doctors will have tablets and specially designed software in place to make work easier, traceable and efficient.

Our journey has been a tough but fruitful one. We have made remarkable strides and have all the plans, ambition and passion to reach our goals for 2016 and beyond.

CEO's REPORT

Compassion is the Key

Dr. Ahson Rabbani
Chief Executive Officer, ChildLife Foundation

We do what we do for multiple reasons, the primary one being that the state of public healthcare is our problem and we have to solve it. Secondly, there is a strong moral imperative to save Pakistani children who are dying from preventable causes. It is not enough to just rely on the government; society also owes it to these children to give them a fair chance at life.

We, at ChildLife, have come a long way but still have miles to go. When you consider the alternative, which was the insufficient government infrastructure – lagging behind in both resources and efficiency – this is great work. However there is so much more that we need to do. What keeps us up at night is the question of how we can do better: How can we provide better care to our children? What processes can we add? How can we enhance the capabilities of our staff? How can we increase patient satisfaction?
For that we focus on the three C's, the pillars of emergency medicine:

Competence or skill: We need to ensure that we have enough people with the right skill set.

Compliance or system: Are the people in place doing what they are supposed to be doing? Are they doing it efficiently?

Compassion: We believe a doctor is not just a practitioner of medicine; he is a healer and a messiah. The cure needs to be holistic.

The first principle is easy to achieve; the second one is slightly more difficult. The health sector the world over is very resistant to documentation and you can improve compliance only after you start measuring indicators and following protocols.

But it is the third C that is the most elusive. For a healthcare provider, there has to exist something beyond duty – and it is compassion. The job of the doctor or the pharmacist is not just to examine the patient and dispense medicine, but to make sure that the patient and their family are heard as well as spoken to properly. They should leave the ER with the perception that the caregiver is someone who actually cares, and that the patient can talk to them, ask them questions, and share their concerns and fears.

BEFORE

AFTER

We believe a doctor is not just a practitioner of medicine; he is a healer and a messiah. The cure needs to be holistic.

It is difficult to make compassion part of the culture when the number of patients each doctor treats is as high as it is. But there is no denying its importance, particularly if we keep in mind the socio-economic background of our patients. These are people who usually do not know their rights and get pushed around if they go to a government hospital. We do not want to compromise their dignity; they may be poor, but there is no reason why they should be treated poorly. We want our patients to get the same respect that patients at private hospitals get. And why shouldn't they? They are getting free treatment not as charity but as a right.

ChildLife has achieved competence by providing 4 medical practitioners for each staff appointed by the goveernment. To ensure compliance, we are pushing on by putting protocols in place and following up with documentation. As far as compassion goes, as an organization as well as a nation, we need to do much more. For 2016, therefore compassion is highest on our priority list.

Also of importance this year is that we want to complete the pyramid of emergency, primary and preventive care for the underprivileged.

We have two emergency sites – at NICH and Civil Hospital and we treat 1000 patients per day in the ER. In the next 12 months we want to establish other emergency sites not only to take some load off NICH and Civil Hospital, but also to provide better coverage within Karachi. If Karachi has 5 such sites, people would be able to take their children to an emergency room within 30 minutes rather than in an hour or more, which is what it takes right now. In many cases, this time is the difference between life and death.

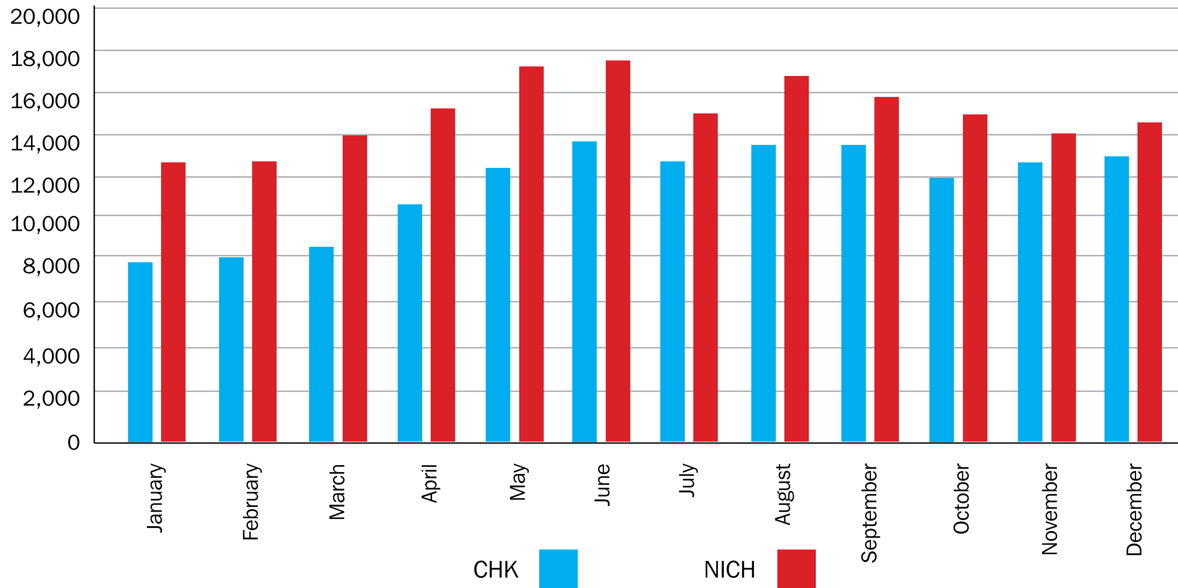
We have started a preventive healthcare program at one of our clinics. Over the next 12 months we hope to gain insight and be ready to replicate this model in more clinics.

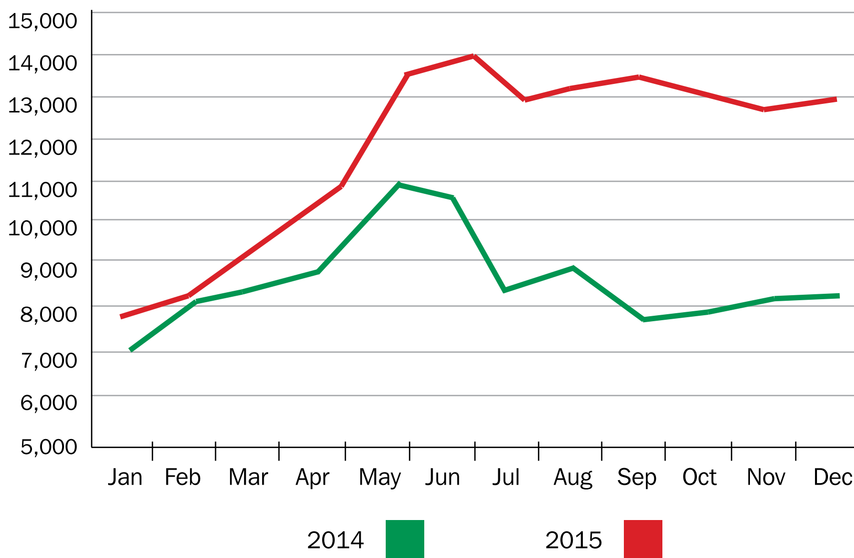
Alongside this, we are working on a telemedicine set up, which is an investment for the future. The Live Interactive Decision Support (LIDS) program places a senior doctor at a central site where he or she will supervise and coach doctors in different

emergency rooms round the clock. Why is this necessary? When diagnosing a patient, a doctor is picking from an array of diseases, investigations and medicines. In an emergency room, with the pressure to come to a quick decision with limited information, the chances of making an error are high, particularly when considering the shortage of properly trained doctors at odd hours.

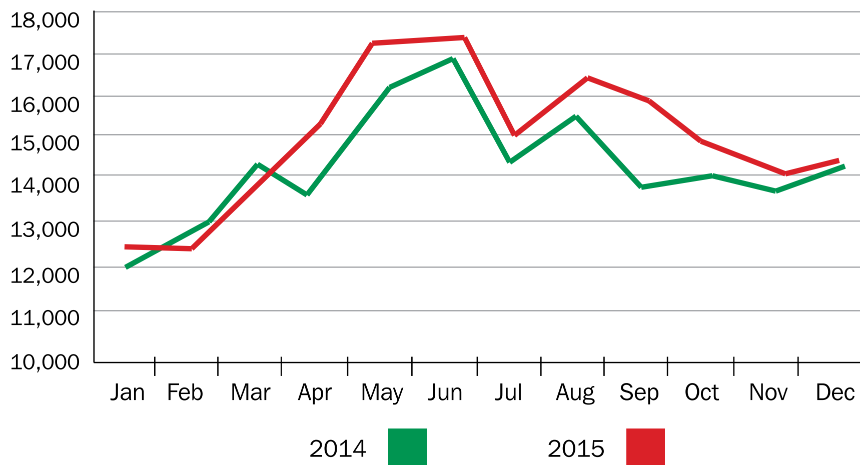
Technology can be a saviour in such situations: with high definition cameras installed in ERs and a senior doctor providing decision support from a central site, the doctor on the ground will be responsible but with the added benefit of a senior doctor's counsel. We believe we can save lives and ensure a faster turnaround with this technique. Once we have mastered this, the benefits of expanding it to rural areas – where finding a qualified doctor is a huge challenge – will be immense.

STATISTICS



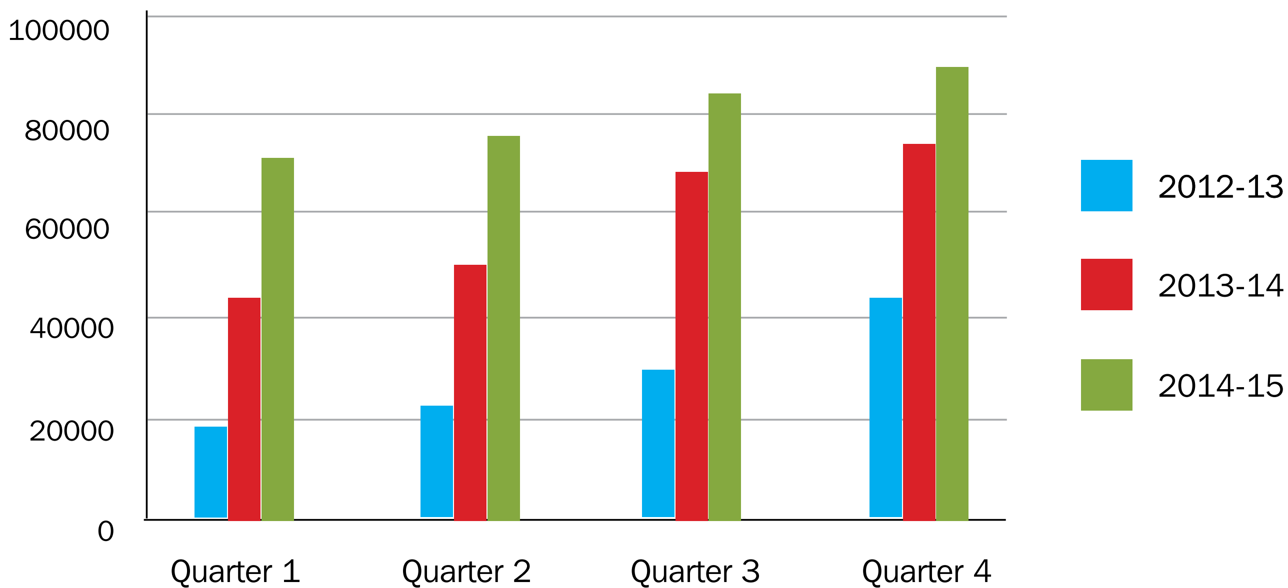


Total patients
2014: **102,000**
2015: **142,000**

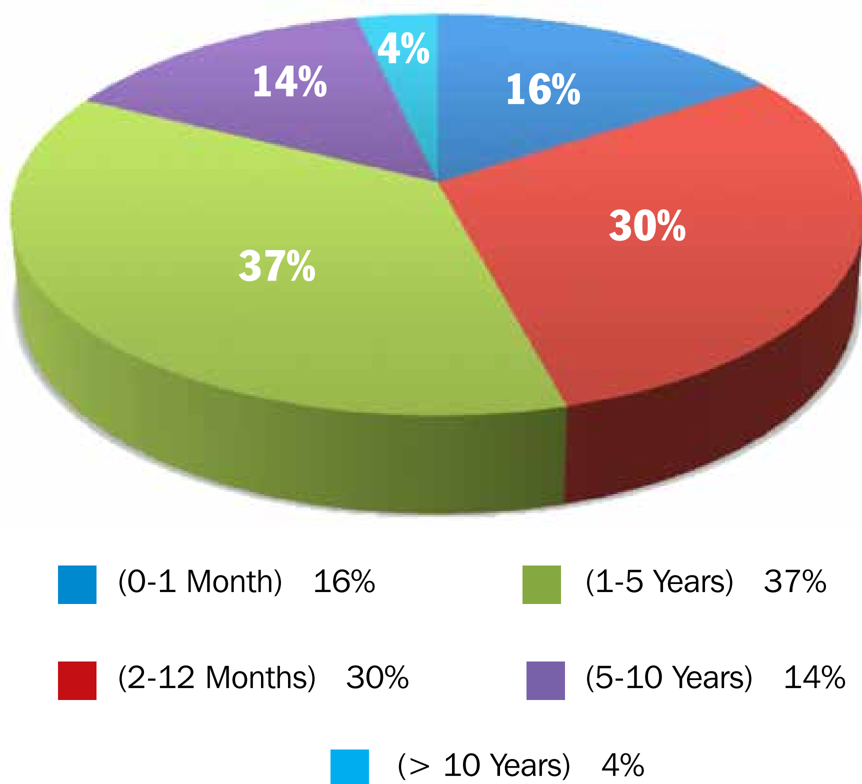


Total patients
2014: **172,000**
2015: **180,000**

Total Patients in Clinics



Profile of patients in ER



PROGRAMS

At least **50** children
are saved every day in
the resuscitation room
due to **ChildLife**

EMERGENCY CARE

Karachi Heats Up: Saving Lives in the City

Karachi's deadliest heatwave coincided with the month of Ramazan to create a health crisis in the city. Fasting adults, whose dawn to dusk abstinence had led to severe dehydration, were rushed to hospitals in a critical state. Children too suffered badly in the heat.

According to statistics released by the Sindh Department of Health, the 2015 heatwave caused the highest recorded temperatures in Karachi since 1979 and brought a total of 1,206 people to their death in Karachi alone. It resulted in the highest number of patients ChildLife treated on a particular day: 1400 on 21st June, 2015, nearly 2.5 times the average daily volume.

The heatwave underscored the need for an efficient emergency healthcare system. According to the World Health Organisation, Pakistan spends only 0.5% of its gross domestic product (GDP) on health and the results are harrowingly apparent. From the level of hygiene to the treatment protocols, emergency care in government-run hospitals is dismal at best. The equipment is unreliable and the medicines routinely out of stock, or, when they are available, either beyond their expiration date or counterfeit. The situation is even more dismal in rural areas where there are no reliable and well-equipped medical facilities for miles on end and unqualified quacks openly work as doctors.

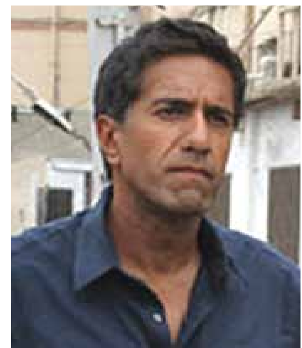
10-month-old Imran Rehmat came to the NICH emergency room with his father and grandmother. He was running a high fever and had been convulsed by fits and uncontrollable neck-twisting. Worried by his son's condition, his father had immediately taken him to a nearby hospital in his hometown of Banaras. Unfortunately, all the treatment the little boy had received was a sedative injection, which temporarily halted his fits. Once he woke up, however, he was much the same. It was then that a neighbor suggested that Imran be taken to the children's emergency at NICH.The staff on duty immediately took care of Imran. After a thorough examination, he was given appropriate medication to stabilise his condition and then shifted to the NICH ward to recover from the heatstroke.

1,400 patients were treated by ChildLife on 21st June 2015, nearly 2.5 times the average daily volume.

Uncharted Waters: The Beginning of ChildLife

The failings of the public health sector, common knowledge among citizens, were brought to the fore during the floods of 2010. The floods had left 20% of the country under water and affected 20 million people. Now a vast majority of them were left homeless, without access to adequate clean water, sanitation, food, and healthcare. The implications on their health, livelihoods and well-being were devastating. 1,514 people were officially reported dead as of early November 2010 and 2,605 people were confirmed injured. Water-borne diseases such as diarrhea, pneumonic-type illnesses, and skin diseases were rampant. Stagnant pools of water led to a rise in vector borne diseases, causing the worst outbreak of dengue in Pakistan.

The health needs of the flood-stricken communities emerged at the same time as the floods brought a drop in the state's capacity to deliver health services. In August 2010, chief medical correspondent for CNN, Dr. Sanjay Gupta traveled to Pakistan to report on the devastation wreaked by the flood, visiting almost all the affected areas. Reporting from Civil Hospital in Karachi, Dr. Gupta witnessed the pressure on the hospital's inadequate resources. Patients lay on the floor to receive treatment from doctors since there were not enough beds, and there was an acute shortage of medicine.



When Dr. Gupta's news report aired on television, it motivated a group of Pakistani businessmen to solve this crisis by forming a collaboration with the government. In November 2010, renovations got underway at the Civil Hospital's Emergency Room of Paediatrics. A 1,900-bed tertiary care public hospital, Civil Hospital is one of the largest teaching hospital of Pakistan, imparting both undergraduate and postgraduate training. This is where ChildLife was born, with a dream to save every child's life through innovative solutions. The 22-bed facility, which had been renovated in a world class manner, includes a well-equipped pharmacy, and a triage room.

50% of Pakistani drugs are fake or substandard, which is why ChildLife gives every patient medicines from its pharmacy.

NICH: The Drive to Do More

In 2013, ChildLife adopted one of the biggest pediatric emergency rooms in Pakistan, in a public-private venture with National Institute of Child Health (NICH). As with Civil Hospital, ChildLife did not simply vamp up the building; it hired trained and qualified staff and put in place innovative technological solutions that would ensure timely and efficient delivery of medical care to incoming patients. Such solutions include a state-of-the-art software system to minimize pilferage from the pharmacy.

ChildLife Foundation and NICH partnered with Memon Medical Institute Hospital (MMIH), a welfare hospital run by the charitable Memon community, so that patients requiring ventilators when one was not available at NICH could be transferred to MMIH and treated free of charge.

Such was the case with Huma and Ashfaq's baby. The parents were ecstatic when their boy was born and could not wait to hold him and show him off to the eager family members waiting at home. But when the nurses did not hand the newborn over to them immediately, their joy turned to unease, and then dread.

The baby was in respiratory distress and needed urgent care. The delivery staff advised the parents to rush him to ChildLife's emergency room at NICH. At NICH, the baby was immediately sent to the resuscitation area as the triage staff recognized his case as critical. The team on duty cleared out the baby's airway passage and stabilized him. They assessed that he was suffering from Meconium Aspiration System and would need ventilator support. The downside: all the ventilators at NICH were in use by patients.

Such heartbreaking situations had occurred in the past; ChildLife doctors would save a baby only to not have ventilator support ready for him/her. But this baby was different. Under an agreement signed between NICH, ChildLife, MMIH and Aman Health Services, he benefited from ventilators available at MMIH. This hospital has 8 beds in the NICU and 4 in the PICU, a few of which, at any given time, are free. Staff at ChildLife phoned to confirm the availability of a ventilator for Huma's baby at MMIH. Then an Aman ambulance transported the family to MMIH. Thus the baby became the first to benefit from this partnership. Many more children will be able to receive treatment in MMIH via ChildLife and this agreement will doubtless save countless lives.

ChildLife's technological solutions include a state of the art software system to minimize pilferage from the pharmacy and record medicines issued to each patient.

Sophisticated Systems: How we do it

What enables ChildLife to save lives is a constant innovative drive and a vision to institute cutting-edge health systems, at par with those found internationally. 50 lives are saved each day due to ChildLife running these two children's ERs.

Triage

ChildLife's ER was the first to introduce the concept of triage in the public sector hospitals of Pakistan. In the past, patients in the ER were seen in turn rather than according to the severity of their condition. Before the launch of a triage counter at NICH, Aga Khan University Hospital was the only hospital following triage. Now, all of ChildLife's staff is trained to follow the Emergency Severity Index (ESI) and very sick patients go in immediately, so that doctors can make use of their golden minutes to save lives. When the success of the triage counter at NICH became apparent, the method was introduced at Civil Hospital, dramatically improving the survival rate by moving children needing acute care ahead of those who were less sick.

This year, additional improvements came from appointing an OPD coordinator in triage to ensure that patients see the doctor within the timeframe assigned to them through their ESI level.

ChildLife's Emergency Room was the first to introduce the concept of triage in the public sector hospitals of Pakistan.

OPD and fast track

ChildLife's mandate is never to turn back a patient, even if the presenting complaint is minor. This is because many of these people come under dire circumstances, have already spent precious money on transport, and, if they are not assisted, may not be able to return. After the government OPDs close all patients come to ChildLife's triage and from there are moved to the ChildLife OPD and Fast Track, as appropriate.

Pharmacy

Public sector hospitals in Pakistan neither employ qualified pharmacists nor do they have a dispensing window for medicines. At ChildLife, however, dispensing and compounding is done entirely by doctors of Pharmacy. The objective is to double-check dispensing since the pressure to see patients may cause doctors to make prescription or dosage errors. The pharmacists checks the medicine according to age, weight and presenting complaint, and, if they feel that there is a mistake, ask the doctors to review it. At ChildLife, all of these checks are reviewed and discussed in weekly meetings as part of key performance indicators, so that our processes can be continuously improved.

ChildLife holds a surplus stock of 15 - 20 days in pharmacy.

BEFORE

AFTER

Pharmacy and therapeutic committee

There is always a well-stocked pharmacy since ChildLife holds a surplus stock of 15-20 days as a buffer in case of poor law and order situation or other unforeseen circumstances in the city.

A major innovation by ChildLife has been the development of a Pharmacy and Therapeutic committee comprising a physician, nurse, head nurse, administrator, general manager operations and a pharmacist. The committee looks at all prescription errors, stock shortfalls, and decides which medicines should be available. This committee corrects past mistakes, anticipates future needs, and ensures the smooth functioning of the pharmacy.

Laminar hood

A laminar hood with a bacteria filter was introduced this year. It ensures a sterile environment in which dispensing and compounding can take place. This decreases the chances of infection.

Procedure room

From intravenous canalization to chest tube intubation and lumbar punctures all procedures are carried out in the procedure room, with the staff wearing face mask and gloves for self-protection to prevent infections.

Bubble CPAP

ChildLife introduced the bubble CPAP as part of the resuscitation of a public sector hospital for the very first time. In pneumonia, bronchylitis, and respiratory distress syndrome, bubble CPAP helps children by stopping the lungs from collapsing. After the introduction of this technique doctors have noticed a dramatic reduction in the rate of children going on a ventilator.

ID band

ChildLife started the placement of ID band for patient safety this year and now compliance is 100%. Similarly, there was stress on properly handing and taking over patients' vitals. These practices were not just implemented, they are constantly measured to keep track of performance.

Life-saving medicine

ChildLife's life-saving medicines, even the very expensive ones, are delivered free of cost to patients. Similarly, all medicine, including the hard-to-find rabies immunoglobulin, are stocked in a temperature- controlled environment according to international standards.

The Pharmacy and Therapeutic committee looks at all prescription errors, stock shortfalls, and decides which medicines should be available.

Resuscitation rooms

The most important part of the ER are the two resuscitation stations. The pediatric resuscitation station has - in addition to the usual infant warmers and cardiac monitors - acquired a defibrillator, which is used to correct cardiac arrhythmia, and revive those not showing a pulse or heartbeat. The establishment of a separate neonatal resuscitation station this year has helped in saving newborns who arrive in a critical condition. This is expected to have a major impact on the survival rate.

Neonatal service

ChildLife's neonatal services include infant warmers, cardiac monitors, and a phototherapy machine. Because of our phototherapy, 70% of jaundiced kids no longer need to go to the NICU, which is generally short on space. Before ChildLife, children were nebulized using a mask which had been used by 200-300 other patients over the course of 2-3 days. But since May 2013, ChildLife gives each child his or her own mask which they then take home. Every day ChildLife issues about 250 masks.

Radiology

A portable x-ray machine for children who cannot be moved, makes their x-ray available within 30 minutes for a timely diagnosis. Around 100 x-rays are taken each day.

MnM meetings

From mid-2015, residents of NICH, doctors of ChildLife along with consultants and clinical heads started conducting morbidity and mortality meetings which search for causes of death. This gives us insights into why deaths took place and what the management can do to improve the survival rate.

Training and Checklists

The medical staff at ChildLife has undertaken the Basic Life Support (BLS) course certified by the American Heartt Associattion, as well as Pediatric Advanced Life Support (PALS) training.

PALS training has helped change the clinical approach of medical staff towards child-patients, saving both time and lives. Now there is a checklist of 12 cases that the doctor goes through for each child which ensures that no vital information is missed.

Staff in resuscitation are given a score based on whether or not they have taken key steps such as checking airway, breathing, and circulation. These procedural follow ups have improved compliance.

From a small force, growth has now taken place so that at every station there is now a ChildLife doctor along with a resident of NICH. Staff capacity has also increased: doctors' deployment has doubled and nursing staff has increased to 42 from 25. Meanwhile, the number of stations has gone up from 3 to 6.

Employee Appreciation Award

To boost morale and recognize outstanding performance, ChildLife issues an Employee of the Month certificate to a member of staff who has gone the extra mile. Based on the recommendation of the functional department head and the hospital administrator, a member of the nursing staff or ancillary management staff is awarded the certificate and plaque, and their name and photo are displayed in the board outside the ER.

ChildLife was the first to introduce the bubble CPAP as part of the resuscitation of a public sector hospital.

Our network of clinics is in low income communities of Karachi. Our aim is to ensure that every slum has a medical facility that residents can access on foot.

PRIMARY CARE

Every three years the population of Karachi swells up by a million people, boosted by labourers from all over the country, who flock to this city of lights in search of a brighter future.

The slums in which these migrants settle down, have little to show in the way of health facilities. Private hospitals are hard to access, both financially and physically, while the few government health units in the slums are understaffed, overburdened, and dismally below par in terms of the standard of care provided. A WHO report showed that half of the medical professionals working in Pakistan have fake degrees, while 50% of all medicine sold is counterfeit.

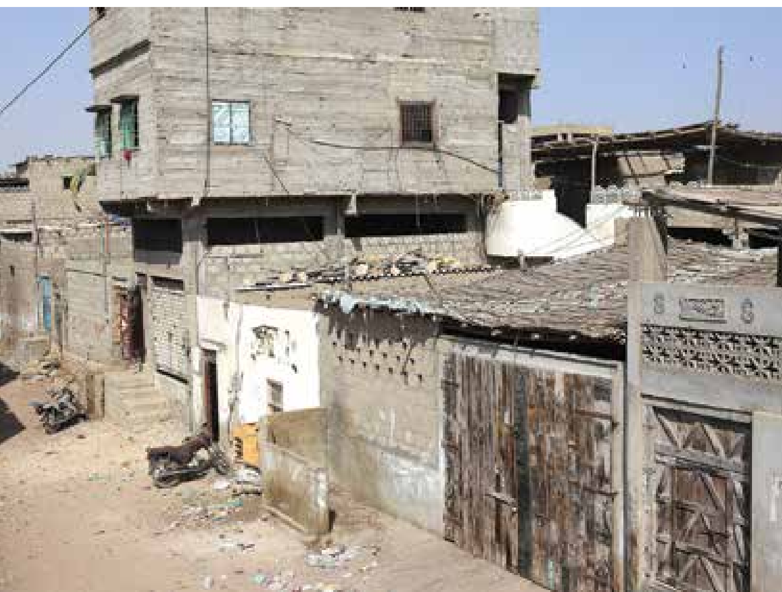
What emerges is a slow-boiling healthcare crisis for people in the lower income brackets.

In this dark scenario, ChildLife Foundation and SINA Trust have partnered to bring primary healthcare to the doorsteps of the less privileged.

The first SINA clinic was established in 1998 when Dr. Asif Imam returned to Pakistan after practicing medicine in the U.S. for over two decades. Named after the historical Muslim scientist and traveler Ibn Sina, SINA was formally registered as a Trust under Pakistani law in 2007.

SINA's greatest asset is its quality management system which has adapted international healthcare protocols for application in low-income settings. All doctors at SINA clinics are trained to use this system and the aim now is to replicate this in clinics across Pakistan.

ChildLife's role is to make SINA's facilities available to a greater number of children. With 11 clinics running and 5 more under construction, each new ChildLife-SINA clinic is identical in structure and operation, treating about 100 patients every day, half of whom are children.



11 clinics running

5 clinics under construction

100 patients treated every day, at each clinic, half of whom are children.

Many of these patients are like 14-month-old Humaira, who was running a high fever when she was brought to the ChildLife-SINA South Florida clinic in Machar Colony. Humaira is the youngest of six siblings. Her father makes a pitiful living digging graves. There are days when he comes home empty-handed and has to borrow from the grocer's to feed his family. Humaira's mother drops her voice when she admits that they owe the grocer thousands of rupees. Humaira has been up for the past 20 hours and is now slumped over her mother's shoulder, as the doctor gently puts his stethoscope on her chest and checks her throat. Soon, the diagnosis is announced. Medicines are dispensed by the clinic's pharmacy for free and Humaira's mother breathes a sigh of relief as she leaves the clinic. Slum-dwellers often end up spending two to three days' wages in simply getting to a hospital in their hour of need, so this clinic is a godsend to Humaira's mother.

In 2015, this network of clinics has reached out to 350,000 needy patients across Karachi, some from households even poorer than Humaira's.

A ChildLife-SINA Clinic is designed to be a tranquil space which promises relief for every patient entering it. The layout is organized, with clearly numbered boards taking the patient through the check-up process.

The first stop is the registration desk, where the patient is assigned a colour-coded file: children have a blue file, women a pink one and men a yellow one. A number of these patients are repeat visitors and travel several kilometers to reach the clinics because of the quality of care they receive; therefore the staff meticulously maintains these files containing their complete medical history. This process is now being digitized.

At the registration desk, a token is issued and then the patient moves on to get his/her temperature, pulse and respiration (TPR) taken by a medical practitioner at what is called the TPR station.

Zakat cards are issued to those who are eligible; for those who fail to meet the criteria, help is taken from the welfare/donations system.

The token allows the patient to see the doctor according to their turn. In the meantime, a spacious courtyard with greenery makes for a soothing waiting area. These slums typically don't receive electricity from the national grid, but inside the ChildLife-SINA clinic, the fans are running and the lights are switched on because each centre has its own generator. Security cameras are installed on site and monitored by the clinic supervisor, who is responsible for the smooth functioning of the clinic.

The doctors in the clinic are not just qualified and licensed; with ChildLife, they undergo a process called Continuous Medical Education in which there is a mandatory training workshop at the end of every month. As for the other staff, regular clinical audits ensure that the procedures set in place are being followed. There are points, for example, for courtesy to the patient, follow ups in case of non-compliance, and rewards in cases of exceptional performance.

At all ChildLife-SINA facilities, the pharmacy is stocked with medicines so that patients don't have to get medicine from outside, which can often be substandard and life-threatening.

When a doctor orders additional investigations, a mother dwelling in a slum typically has to cross

many hurdles to get these tests done. From cost to access to a lab with quality control, they all present obstacles she may not be able to overcome. This is why all ChildLife-SINA clinics collect samples which are tested at outside labs with results sent to the clinic. Most clinics also have ultrasound and x-ray machines.

If a patient requires specialized care beyond the scope of the clinic, they are directed through a referral system to other welfare institutions and ChildLife's Emergency Rooms, so that they don't have to run from pillar to post as their child's health deteriorates.

The pattern as well as the partnership has paid off: between 2012-13 over 112,000 patients were treated at the ChildLife-SINA clinics, 2013-14 saw 235,000 patients being taken care of and during the year 2015 the number of beneficiaries were around 350,000.

During the year 2015 around **350,000** patients have been treated at ChildLife-SINA Clinics

CLINICS

SHINE Humanity Clinic

Located in Baldia Town, this clinic was established in 1998. SHINE Humanity, a registered non-profit organisation in the United States, took up this cause in 2010, committing to provide 80 % of the operating expenditure of this facility. SHINE Humanity currently supports various health related projects in Shikarpur, Gharo, and Karachi, in particular carrying out relief work for those who have been affected by natural calamities.

In 2015, 39,800 patients were treated here. Apart from the laboratory, ultrasound and x-ray services that are available at every ChildLife-SINA clinic, this center provides additional services such as specialty care for asthma, allergies, diabetes, hypertension, hepatitis, and psycho-social counseling.

More important than running a clinic is cementing the involvement of the community in improving their own quality of life.

Austin Center - Old Sabzi Mandi

Old Sabzi Mandi, just off University Road, behind Central Jail, was the city's largest vegetable market before the creation of the new Sabzi Mandi on the outskirts of Karachi. A densely populated area with low income households, it had the Shahi Enterprises and Timepress Factory at its heart. Both these companies have donated generously towards the construction of the clinic. Its operation is supported by the Pakistani diaspora in Austin, Texas, and in recognition of their contribution, the clinic is known as the Austin Center. The first clinic made operational under the ChildLife-SINA partnership in 2012, the Austin Center provides free-of-cost healthcare to this community.

In 2015, 25,000 patients suffering from a variety of problems which stem from the unsanitary environment and the lack of preventive practices, were treated at this clinic.

One of them is Samavia, a 9-month-old girl who came with a respiratory complaint. Her mother was worried because she couldn't sleep at night and would feel breathless. Samavia's three older siblings often end up with nasal congestion, congested chest and ear infection. The doctor diagnosed the baby with chest congestion, nebulized her at the clinic and gave her medicines. Samavia's father is a chowkidaar at a house and his small wage does not enable his family to get proper nutrition to keep healthy. Her mother has been coming to this clinic for a year now and is happy with the medical treatment and the friendly staff. Before the Austin Center opened up, she had to pay for transport to a far-off clinic and then pay a fee of Rs.100 at the clinic too. Then she had the additional burden of buying expensive medicines from the chemist.

11-year-old Shahzad's case was similar. He came to the clinic with a raging fever and severe throat infection, caused by the changing weather and the unhygienic conditions in which he lives. His mother had brought his four siblings along with her since they too were sick. Shahzad's father works in a mosque and his earnings are too meager to fulfill the nutritional requirements of all his children. At least this centre ensures that when they fall sick, children like Shahzad have access to a qualified doctor and safe medicines.

South Florida Center – Machar Colony

Machar Colony, the location of the fishing industry, is a wasteland spanning five square kilometers and housing more than 700,000 people. An open industrial sewage drain cuts right through it, with no separation from or protective measures for the community around it. It was in this area that ChildLife Foundation extended support for a clinic in 2013. Named the South Florida Center in honour of the gracious donations by the Pakistani expatriates living in Florida, the clinic treated 33,600 patients in 2016. The children of Machar Colony are primarily engaged in the shrimp-shelling business and often develop skin and eye infections because of their work.

SINA's greatest asset is its quality management system which has adapted international healthcare protocols for application in low-income settings.

Hajiani Amina Hashim Center - Ittehad Colony Clinic

This ChildLife-SINA clinic in Ittehad colony has been sponsored by the Dada family who own Karachi Grains Private Limited. The clinic was completed in 2010 and treated 29,600 patients in 2015. From June 2016, the Hasham family of Mehran Sugar Mills will sponsor the Hajiani Amina Hashim Center in Ittehad Colony.

Amna is a 35-year-old resident of Jaran Para and has 4 children. Her husband transports raw material using a donkey cart, for which he pays a monthly rent. Amna and her children get ill quite often due to their poor living conditions. The only medical clinic in their area is government run, with poor treatment. Amna walks for an hour to reach the clinic in Ittehad colony because her family does not have enough money to spare for healthcare. The care she receives here is not only free of cost but also effective. Her whole family has been visiting the clinic for a year now and she is very happy with the quality of care provided. Without this clinic her family would not have access to primary healthcare.

Medicines Sans Frontiers (MSF)

Medicines Sans Frontiers (MSF) is an international NGO and a Nobel Peace Prize laureate which operates in over 70 countries and has 30,000 medical professionals volunteering their time to provide healthcare in developing or war-torn countries. MSF established a clinic in Machar colony in 2012 and has operated it on their model since then, providing basic emergency healthcare, referrals, labor and delivery services, and consultation on mental health. This clinic treated 52,100 patients in 2015.

A ChildLife-SINA Clinic is designed to be a tranquil space which promises relief for every patient entering it. The layout is organized, with clearly numbered boards taking the patient through the check-up process.

Qamar & Ibrahim Rashid Center- Mewashah

Mewashah is famous for its historic graveyard but the living inure themselves against their poverty and misery with the use of narcotics. Dirt and garbage cover this area and dust from the marble industry settles over everything, causing chronic health issues in the children of this community. Tehreek-e-Falah, a non-porfit organization, established a clinic in this area in 2003, the operation of which they handed over to ChildLife Foundation and SINA Trust, in 2013. This center treated 35,000 patients in 2015.

Nabila, a 9-year-old girl, was brought to the clinic with a high fever and a cough. The eldest of four siblings, she had been complaining of a sore throat for the past two days. Her mother observes strict purdah which makes it difficult for her to commute to hospitals and clinics outside the area. Finally, she had managed to bring Nabila to this ChildLife-SINA clinic. The doctor's interrogation revealed that Nabila regularly ate *churan*, a sour powder, which is easily available for Rs.2. The doctor counselled Nabila from eating *churan* as she was underweight and susceptible to various diseases. She also advised her mother to give Nabila milk and other nutritious foods to improve her health. Nabila's mother responded by telling the doctor that her husband had been unemployed for the past 8 months and they had to resort to borrowing simply to fulfill their basic necessities. Since taking over the management of the clinic, ChildLife has treated over 14,750 needy children.

The operating expenditure of this clinic has been graciously borne by Osman Rashid, an entrepreneur of Silicon Valley, California, and a trustee of ChildLife Foundation. To honor his efforts, the clinic has been named the Qamar and Ibrahim Rashid Center after his parents. An additional facility at this clinic is that the Layton Rehmatulla Benevolent Trust (LRBT) provides free eye checkups here.

Little Abid was brought to this clinic with a complaint of flu and fever. The youngest of three children and the apple of his family's eye, he was diagnosed with viral infection and given appropriate medicines free of cost. The doctor asked his mother to bring him to the clinic for a follow-up visit after three days. His sisters Zulekha and Rabia had visited the clinic last week with the same complaint and were feeling much better now. In 2015, 29,500 children have been treated at this facility entirely free of cost. In any given month, this clinic sees over 1,100 children suffering from illnesses stemming from a lack of hygiene, nutrition, and preventive care.

Patel Clinic – Paposh

Located in the middle-income neighbourhod of North Nazimabad, Patel Clinic serves the low income communities of Kati Pahari, Orangi Town and Banaras who cannot afford the private hospitals in this area. The Pakistani diaspora in Fresno, Atlanta, and Pittsburgh, US, donate generously towards the operation of this clinic which is functioning in a space donated by Dr. Alibhai D. Patel, after whom it is named. Aga Khan University Hospital has an agreement to send its students and residents to this clinic to volunteer their services.

A number of our patients are repeat visitors who come to the clinics because of the quality of care they receive.

Momin Adamjee Center – Shirin Jinnah Colony

TThe Momin Adamjee Center is in the heart of the Shirin Jinnah Colony, home to nearly 400,000 people. The locality is dotted with quacks charging a hefty fee for subpar treatment, and selling counterfeit medicines. The people here are plagued by gastrointestinal diseases and dehydration because potable water is unavailable. Although the Ziauddin Hospital is close by, the massive demand for health services here outstrips its capacity. This clinic began operations in April 2014, donated by our trustee Iqbal Adamjee and named after his mother.

On a sunny winter morning, the clinic is bustling with patients: a little boy who burned himself by spilling his father's hot dinner over himself; an infant girl who swallowed her siblings' Ludo counter and is the very picture of misery as she waits for an ultrasound; and countless others.

39,750 patients in 2015 have been treated at the Momin Adamjee Center completely free. This clinic is also the center of the pilot project of our Preventive Programme, which will reach out to 45,000 individuals to give door to door education on hygiene, sanitation, vaccinations, as well as medical services and referrals.

In the doctor's room sits Dr. Fareeda, a friendly, doctor who has been working here since 2013. "Working here is very satisfying, because you're making a practical difference in people's lives," she says.

Dr. Fareeda loves the patient focus of this organisation, reflected in all its protocols, trainings and methods. The medicines stocked in the pharmacy change according to season, so that patients never have to buy substandard ones from outside. And if there is ever a case which is beyond the scope of the doctor, the referral clinic guides the patient to the right doctor in Civil Hospital or Jinnah Hospital, so that they don't have to run from pillar to post. Although she has previously worked in the Navy, her experience here has been transformative: every day she hears stories which make her realize how very fortunate she is while at the same time making her grateful for this opportunity to help others. To Dr. Fareeda, the people who come to her are more than just patients: "I care for them, listen to them, and even counsel them."

Dr. Fareeda has an edge. Having done her MBBS from Khyber Medical College, she is a fluent Pashto speaker, the dominant ethnicity in this area, and able to gain her patients' trust. A large proportion of the male population in Shirin Jinnah colony is addicted and the burden of caring for their families falls on the women. "I try to motivate them," she says. "I tell them, you came to me for help because I got an education. If you make your children study you will go to your own doctors and teachers who speak Pashto and understand your problems."

The staff meticulously maintains patient files containing their complete medical history. This process is now being digitized.

Hajra and Ahmed Umer Center – Jumma Goth

The Hajra and Ahmed Umer Center is located in Jumma Goth, in the heart of Korangi, inside a decommissioned Tuberculosis Isolation Center. A section of the large facility has been renovated to establish a standard ChildLife-SINA Clinic. Artistic Fabric Mills (Pvt) Ltd and Artistic Garment Industries extended its support in the construction and operation of this clinic and, since January 24, 2015, 37,378 patients have been treated here, half of whom were children.

The population of Jumma Goth is over half a million and consists of a wide variety of religions and ethnicities.

Ali Hasan's family originally came from Bangladesh. The 7-year-old boy was brought to the clinic suffering from severe throat infection and high fever. His mother was happy with the treatment at this clinic and was glad to have it in her community. Ali is the eldest of her three children and since her husband is a daily wage-earner, there are days when they have barely enough to eat, let alone save for medical expenses. But as long as this clinic is in her community, she can be at peace knowing that at least her children will get quality healthcare free of cost.

Since slums typically don't receive electricity from the national grid, each clinic has its own generator.

Habiba, a three-year-old girl, had not slept for the past 24 hours when she was brought to the clinic. She was coughing chronically and complaining of an earache. The doctor diagnosed her with severe congestion and ear infection, and gave her antibiotics and other medicines for treatment. Her mother was satisfied with the care and even more thankful not to be charged anything since her husband, who used to work in the fisheries, is jobless these days.

Raghib Foundation's Shahnaz Memorial Center – Saindad Goth

The Shahnaz Memorial Center in Saindad Goth is a lifeline, not just for the people in the community – consisting of about 10,000 households – but also for the adjoining areas of Ayub Goth, Ibrahim Goth and Lassi Goth, home to daily wage earners and small business owners who cannot afford private healthcare. The clinic was formally inaugurated on May 13th 2015, supported by generous donations from Mr. Raghib Hussain, a California-based entrepreneur. The clinic has been named after his mother to honor his involvement. 20,370 patients were treated at this clinic in 2015.

Hanif Adamjee Center – Yusuf Arfani Goth

The Hanif Adamjee Center in Yousuf Arfani Goth, which opened its doors in September 2015, is the latest addition to ChildLife-SINA's network.

Yousuf Arfani Goth has a population of approximately 315,000, comprising several ethnicities of which the Sindhi group forms the majority. As a community far from the city center, in Bin Qasim Town, off the National Highway, this area has no medical facilities to speak of. The project to open up this clinic drew overwhelming support from the people in this area. The clinic will serve not just Yousuf Arfani Goth, but the adjoining areas of Abdullah Goth and Shafi Goth. The land was donated by the family of Yousuf Arfani, a prominent figure in the local community.

An average of 1200 children are brought to this clinic every month, where they are provided high quality consultation and treatment free of cost. 8,000 patients were treated at this clinic in 2015.

Our doctors undergo a process called Continuous Medical Education in which there is a mandatory training workshop at the end of every month.

Riaz Ahmed Kamlani
Chief Executive Officer SINA Trust

The health sector works in a pyramid in which tertiary care hospitals, providing the full roster of services come at the top. Under these come hospitals which focus on two to three areas, such as maternity homes. The next tier comprises primary care clinics with family doctors, and the very base of the pyramid consists of preventive care services delivered door-to-door through health workers.

ChildLife's mandate has been to provide services encompassing the entire pyramid for underprivileged children, instead of focusing on just one horizontal tier, which is why it formed a partnership with SINA in the area of primary care. SINA's mission is to make preventive and primary healthcare available in the hearts of Pakistan's urban slums. With ChildLife, the organization has launched 11 clinics which are running in Karachi, plus 5 in various stages of construction. When slum dwellers set off for a hospital, not only do they miss out on earning their wage that day, but also typically spend 2 to 3 days' worth of earnings on transportation to a hospital. Our aim, therefore, is to ensure that every slum has a medical facility that residents can access on foot. We are guided by the philosophy that no patient should be turned away just because they cannot bear the cost of treatment. They should pay what they can; and if they can't pay anything at all, the services should come free of cost.

The pattern as well as the partnership has paid off: between 2012-13 over 112,000 patients were treated at the ChildLife-SINA clinics, 2013-14 saw 235,000 patients being taken care of and during the year 2015 the number of beneficiaries were around 350,000. What is important to us is that, over the years, the communities' trust has developed in SINA and ChildLife. This not only makes our job easier and more effective, it also brings forth people who want to be a part of us, as volunteers and contributors.

70% of all diseases could be treated at the community level through basic curative services

PREVENTIVE CARE

The Need for a Preventive Health Program

The need for a preventive health programme became apparent from the condition of patients who thronged to ChildLife-SINA clinics in the slums of Karachi. Many of them suffered from ailments that could have been easily avoided by practices as simple as hand-washing. Minor illnesses like acidity or a superficial burn did not warrant a clinic visit; what was needed was awareness of treatments like antacids and ointments, or contraceptive measures such as condoms and emergency contraceptive pills.

A 2003 study in The Lancet showed that two-thirds of all child deaths could be prevented by low cost interventions such as breastfeeding, taking zinc and vitamin A or oral rehydration therapy. Other studies show that up to 70% of all diseases could be treated at the community level through basic curative services. With such measures, Pakistan's abysmal infant mortality rate of 78 per 1000 live births and a recently-calculated maternal mortality rate of 276 per 100,000 live births – higher than neighboring South Asian countries – could be significantly reduced.

The current health scenario, in particular for children and pregnant women, is unremittingly bleak. In Shirin Jinnah colony, the site of our pilot preventive care programme, the entrenched customs and taboos of a paternalistic society often hold back

Two-thirds of all child deaths could be prevented by low cost interventions such as breastfeeding, taking zinc and vitamin A or oral rehydration therapy.

One Community Health Promoter (CHP) looks after 150 households, visiting each household at least once every month.

pregnant women from visiting a doctor, even in critical circumstances. Going to a doctor for a medical check up is considered shameful, even when the consequences of such negligence are fatal. In a similar vein, households hold onto the belief that immunizing their children will make them infertile and so routinely turn back government vaccination teams. Overriding these attitudes is an uphill task for health workers.

BRAC and ChildLife

The largest non-governmental development organization in the world, BRAC was established in Bangladesh in 1972. Today, with over 100,000 people working for it, BRAC has a presence not only in all 64 districts of Bangladesh, but 14 other countries as well.

ChildLife joined hands with BRAC to launch a preventive health program with the goal of educating the poor about preventive practices, empowering the community and, ultimately, reducing the influx of patients to its clinics. The program focuses on:

- Prevention and care of infectious diseases
- Nutrition
- Hygiene and sanitation
- Birth spacing
- Control and prevention of pneumonia, TB, malaria and HIV
- Maternal, neonatal and child health

ChildLife's clinic in Shirin Jinnah Colony is at the center of this pilot preventive program, under which one Community Health Promoter (CHP) looks after 150 households, visiting each household at least once every month. For every 10 CHPs on the ground, there is one Community Health Worker, who monitors the CHPs, accompanies patients to referral centers and provides antenatal care. In Shirin Jinnah colony, BRAC and ChildLife have 40 CHPs reaching out to 45,000 people. The aim is to replicate the Shirin Jinnah model in all the slum areas of Karachi to tackle issues like malnutrition, sanitation and hygiene, maternal care, and childhood diseases.

The largest non-governmental development organization in the world, BRAC was established in Bangladesh in 1972.

DONORS AND SUPPORTERS

DONORS AND PHILANTHROPY

Our work would not have been possible without the financial support of our donors. The task we have undertaken is beyond the capacity of a single person and the Pakistani community has stepped up to the challenge by generously supporting our cause. Over 80% of our funding comes from Karachi-based industrialists, entrepreneurs, corporations, families, and banks, all of whom are affected by the scope of our operations. The remaining contributions come from Pakistanis across the globe, many of whom reside in the US but are enthusiastic about helping Pakistan become safer for children.

Our partners

Over **80%** of our funding comes from Karachi-based industrialists, entrepreneurs, corporations, families, and banks.

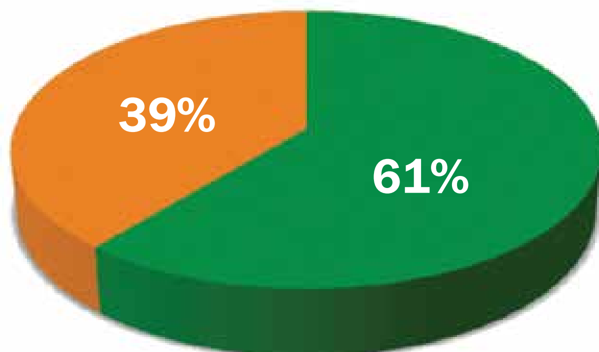
Several individuals in the expatriate community work to raise awareness of ChildLife Foundation's efforts.The DOW Medical College Class of 89-II funded the establishment and operation of the triage unit at Civil Hospital.

All donations from the US are directed through our partner, I-Care Fund America, granting them tax exemption coverage as an IRS 501 (c) 3 organization. We recognize our donors' contributions with signage at the primary care clinics that they have pledged to support.

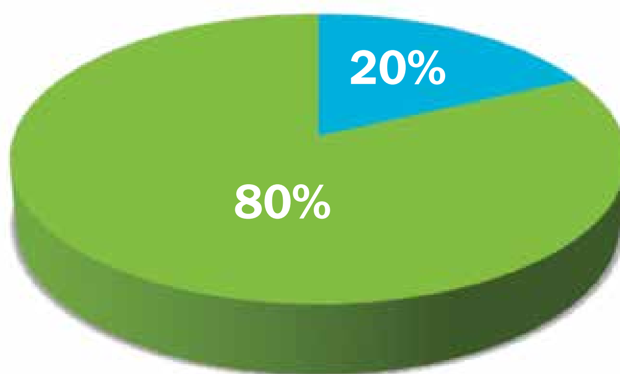
ChildLife Foundation Partners with Canadian Non-Profit

ChildLife Foundation is honored to join into partnership with International Development and Relief Foundation (IDRF) – a Canadian based non-profit organization dedicated to empowering destitute communities across the world. This is a tax exempt organization. Through this partnership, ChildLife aims to raise CAD 100,000 in Canada this year to fund our pharmacy located in the children's emergency room at Civil Hospital, Karachi with life-saving medicines and supplies. We look forward to support from the Pakistani diaspora located in Canada.

DONATION BREAKDOWN FOR 2014-15



Zakat 61%
Non-Zakat 39%



Pakistan 80%
Pakistani Diaspora 20%

The task we have undertaken is beyond the capacity of a single person and the Pakistani community has stepped up to the challenge by generously supporting our cause

HIGHLIGHTS

Participation in the Annual Emergency Medical Conference (AEMC) in Pakistan

ChildLife participated in the 4th Annual Emergency Medical Conference (AEMC) organised by the Aga Khan University, in collaboration with the National Institute of Health, Johns Hopkins University and the Fogarty JHU-Pak International Collaborative Trauma and Injury Research Training Program on 15th - 16th September 2015.

Notable speakers at the conference included Dr. Junaid Razzak, Director of telemedicine at Johns Hopkins University School of Medicine, Dr. Adnan Hyder, Director, International Injury Research Unit, Johns Hopkins Bloomberg School of Public Health and Dr. Marcus Ong, visiting clinician scientist, department of emergency medicine, General Hospital Singapore.

ChildLife presented three abstracts at the conference titled "Profile of Critically ill Patients in a Public Sector Pediatric Emergency Centre", "Overcrowding" and "Accidental Poisoning in Children." Dr. Naseeruddin Mahmood, trustee of the ChildLife Foundation, conducted a presentation on "The innovations in delivering emergency care in the public sector". A stall was set up to introduce ChildLife Foundation and participants were invited to register if they wished to volunteer at the ChildLife emergency rooms at NICH and Civil Hospital.

Civil Hospital, Karachi Presents ChildLife with Award of Recognition

On Pakistan Day 2015, ChildLife Foundation was honored to receive an award of recognition from the administration of Civil Hospital, Karachi. Dr. Saeed Quraishy, Medical Superintendent of CHK congratulated the ChildLife team for their dedication in improving the emergency room and saving thousands of lives.

The children's ER at CHK was ChildLife's first project and has been successfully operating through a public-private partnership since November 2011. On average, ChildLife Foundation treats 8,800 patients a month at this facility and has dramatically increased not only the patient to staff ratio but also the skillset and efficiency of the staff, thereby saving countless lives.

If Karachi has
5 such ERs,
people would
be able to take
their children to
an emergency
room within
30 minutes.
In many cases,
this time is the
difference
between life
and death

Rotary Club donates to save lives

The Rotary Club of Karachi Sunset Millennium donated crucial life-saving equipment to ChildLife Foundation for use at the NICH Pediatric Emergency Room on the 15th of October 2015. Four cardiac monitors, one defibrillator, and one crash cart were delivered by the President of the Club Nezihe Hussain and Mr Jahangir Mughal.

Engro Award

Engro awarded its prestigious I Am The Change award in the Health category to ChildLife Foundation this year. Engro launched the I Am The Change campaign in 2012 to amplify the focus on promising NGOs in the fields of education, health, and livelihood in order to improve the lives of Pakistan's poorest. ChildLife was selected out of almost one hundred other contestants that are striving to help destitute communities across Pakistan.

Pakistan State Oil donates to make Pakistan a healthier place to live

Saving thousands of lives would not have been possible without the support of generous corporate donors such as Pakistan State Oil which donated Rs. 1.5 million to ChildLife as part of their CSR. We hope the organization continues its involvement in philanthropic work and reaps the social returns of a healthier society.

ChildLife Foundation Partners with Canadian Non-Profit

The International Development and Relief Foundation (IDRF), a Canadian-based non-profit organization dedicated to empowering destitute communities across the world, joined hands with ChildLife to raise CAD 100,000. The money will be used to fund the pharmacy in the children's ER at the Civil Hospital, Karachi, keeping it stocked with life-saving medicines and supplies. We look forward to support from the Pakistani diaspora located in Canada.

ESEM

In the second edition of the Emirates Society of Emergency Medicine Scientific Conference (ESEM 2015) held in December in Abu Dhabi, ChildLife Foundation presented the following abstracts:

- Measuring Quality in the Pediatric Emergency Room of a Pakistani Government Hospital – *Dr. Ahson Rabbani*
- Frequency of Diseases in the Resuscitation Area of NICH Emergency Department – *Dr.Hafsah Yousuf*
- Overcrowding and Possible Solutions in a Large Volume Pediatric Emergency Department – *Dr Irfan Habib*

The conference provided a comprehensive overview of the latest developments in Emergency Medicine, primarily in the areas of Pre-hospital care, Trauma, Toxicology, Disaster Medicine, Pediatric EM, Emergency Nursing, Research updates and many more

FINANCIALS

CHILDLIFE FOUNDATION

Financial Statements

For the year ended June 30, 2015

Deloitte.

Deloitte Yousuf Adil
Chartered Accountants
Cavish Court, A-35, Block 7 & 8
KCHSU, Shahrah-e-Faisal
Karachi-75350
Pakistan

Tel: +92 (0) 21 3454 6494-7
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www.deloitte.com

AUDITORS' REPORT TO THE TRUSTEES

We have audited the accompanying financial statements of Childlife Foundation (the Trust), which comprise of the balance sheet as at June 30, 2015, and the income and expenditure account, cash flow statement and statement of changes in fund balances for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with the approved auditing standards as applicable in Pakistan. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements 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 entity's internal control. An audit also includes evaluating appropriateness of accounting policies used and the reasonableness of accounting estimates made by the Trustees, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements present fairly, in all material respects, (or give a true and fair view of) the balance sheet of the Trust as at June 30, 2015, and of its income and expenditure account, cash flow statement and statement of changes in fund for the year then ended in accordance with the approved accounting standards as applicable in Pakistan.

Chartered Accountants

Engagement Partner:
Mushtaq Ali Hirani

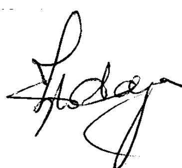
Dated: December 21, 2015
Place: Karachi

Member of
Deloitte Touche Tohmatsu Limited

CHILDLIFE FOUNDATION
BALANCE SHEET
AS AT JUNE 30, 2015

	Note	2015 Rupees	2014 Rupees
ASSETS			
NON-CURRENT ASSETS			
Property and equipment	5	15,544,039	15,178,656
CURRENT ASSETS			
Inventory	6	3,711,883	2,833,485
Other receivables		226,066	1,705,315
Advances, deposits and prepayments	7	2,055,239	1,012,166
Investments	8	106,000,000	35,187,578
Cash and bank balances	9	66,933,982	22,298,163
		178,927,170	63,036,707
TOTAL ASSETS		194,471,209	78,215,363
FUNDS AND LIABILITIES			
FUNDS			
Inception contribution		10,000	10,000
Zakat fund	10	46,457,296	32,885
Endowment fund	11	106,786,055	36,892,893
General fund		10,771,977	15,923,162
		164,025,328	52,858,940
LIABILITIES			
NON-CURRENT LIABILITIES			
Deferred income related to property and equipment	12	9,430,435	12,812,246
CURRENT LIABILITIES			
Creditors, accrued and other liabilities	13	21,015,446	12,544,177
TOTAL LIABILITIES		30,445,881	25,356,423
TOTAL FUNDS AND LIABILITIES		194,471,209	78,215,363

The annexed notes 1 to 20 form an integral part of these financial statements.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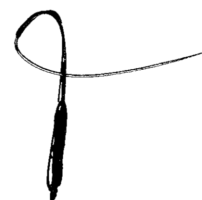
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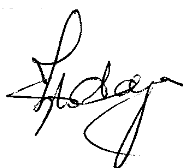
CHILDLIFE FOUNDATION
INCOME AND EXPENDITURE ACCOUNT
FOR THE YEAR ENDED JUNE 30, 2015

	Note	2015 Rupees	2014 Rupees
INCOME	14	68,294,715	49,063,068
EXPENDITURE			
Project renovation		13,721,681	23,032,760
Salaries and benefits		73,549,822	43,879,134
Medicines consumed		65,916,314	49,721,779
Patient consultation	15	20,650,216	15,871,531
Legal and professional		135,476	-
Auditors remuneration		236,000	216,000
Supplies and consumables		4,077,611	3,551,450
Utilities		1,453,804	1,451,431
Repairs and maintenance		3,303,495	1,482,196
Resource mobilization and communication	16	4,402,772	2,572,192
Depreciation		5,320,009	4,235,415
Preventive health care		2,501,480	-
Others	17	2,012,434	2,155,915
Total expenditure		197,281,114	148,169,803
Less: Charged to Zakat Fund			
Operating expenses		(113,541,608)	(84,714,384)
Operating expenses clinics	15.2	(14,381,364)	-
Project renovation		(1,845,802)	(13,604,566)
		67,512,339	49,850,853
Surplus /(deficit) for the year transferred to general fund		782,376	(787,785)

The annexed notes 1 to 20 form an integral part of these financial statements.



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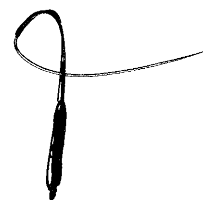
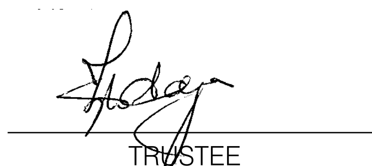


TRUSTEE

CHILDLIFE FOUNDATION
CASH FLOW STATEMENT
FOR THE YEAR END JUNE 30, 2015

	2015 Rupees	2014 Rupees
CASH FLOWS FROM OPERATING ACTIVITIES		
Surplus /(Deficit) of income over expenses for the year	782,376	(787,785)
Adjustments for		
Amortization of deferred income related to property and equipment	(4,141,731)	(4,034,315)
Depreciation charge for the year	5,320,009	4,235,415
Loss on disposal of property and equipment	57,815	110,199
Property and equipment written off	-	100,854
	2,018,469	(375,632)
Working capital changes		
(Increase) / decrease in current assets		
Inventory	(878,398)	318,685
Other receivables	1,705,315	(964,861)
Advances, deposits and prepayments	(1,043,073)	(126,213)
Increase in current liabilities		
Creditors, accrued and other liabilities	8,471,269	1,282,248
Net cash generated from operating activities (A)	10,273,582	134,227
CASH FLOWS FROM INVESTING ACTIVITIES		
Purchase of property and equipment	(5,871,207)	(4,877,819)
Redemption of / (investment in) Islamic term deposits	(106,000,000)	20,000,000
Redemption of / (investment in) Pakistan Investment Bond	35,187,578	(35,134,200)
Proceeds from disposal of property and equipment	128,000	169,500
Net cash used in investing activities (B)	(76,555,629)	(19,842,519)
CASH FLOWS FROM FINANCING ACTIVITIES		
Receipt of Zakat	171,019,545	101,061,078
Utilization of Zakat fund	(129,768,775)	(98,318,950)
Receipts of Endowment	67,487,870	13,317,837
Realized gain from Islamic Investment	2,179,226	2,112,947
Net cash generated from financing activities (C)	110,917,866	18,172,912
Net increase in cash and bank balances (A+B+C)	44,635,819	(1,535,380)
Cash and cash equivalents at beginning of the year	22,298,163	23,833,543
Cash and cash equivalents at end of the year	66,933,982	22,298,163

The annexed notes 1 to 20 form an integral part of these financial statements.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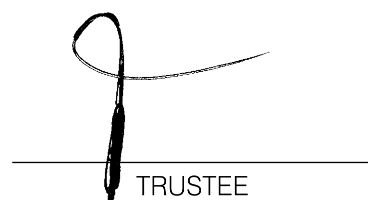
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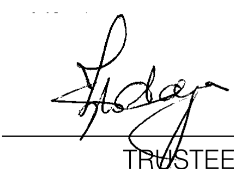
CHILDLIFE FOUNDATION

STATEMENT OF CHANGES IN FUND BALANCES

FOR THE YEAR END JUNE 30, 2015

	Note	Inception contribution	Zakat Fund	Endowment Fund	General Fund: Project renovation and capital expenditure	General Fund: Others	General Fund: Subtotal	Total
		Rupees						
Balance at July 1, 2013		10,000	1,195,648	20,672,751	4,913,994	11,513,366	16,427,360	38,305,759
Funds received during the year		-	101,061,078	13,317,837	-	-	-	114,378,915
Zakat utilized for operating expenses		-	(84,714,384)	-	-	-	-	(84,714,384)
Zakat utilized for project renovation		-	(8,690,572)	-	(4,913,994)	-	(4,913,994)	(13,604,566)
Funds transferred for investment		-	-	735,980	-	(735,980)	(735,980)	-
Zakat transferred to General Fund		-	(8,818,885)	-	8,818,885	-	8,818,885	-
Deficit for the year		-	-	-	-	(787,785)	(787,785)	(787,785)
Property and equipment purchased during the year		-	-	-	(2,885,324)	-	(2,885,324)	(2,885,324)
Unrealized gain on available-for-sale investment		-	-	53,378	-	-	-	53,378
Realized gain on Islamic investments		-	-	2,112,947	-	-	-	2,112,947
Balance at June 30, 2014		**10,000**	**32,885**	**36,892,893**	**5,933,561**	**9,989,601**	**15,923,162**	**52,858,940**
Funds received during the year		-	171,019,545	62,100,000				233,119,545
Zakat utilized for operating expenses		-	(107,608,047)		(5,933,561)		(5,933,561)	(113,541,608)
Zakat utilized for patients treated at clinics	15.2	-	(14,381,364)				-	(14,381,364)
Zakat utilized for project renovation		-	(1,845,802)				-	(1,845,802)
Zakat transferred to General Fund		-	(759,920)		759,920		759,920	-
Surplus for the year						782,376	782,376	782,376
Property and equipment purchased during the year		-			(759,920)		(759,920)	(759,920)
Available-for-sale investment								
‘Unrealized gain on								
- Islamic Term Deposit Receipt		-		226,066				226,066
‘Realized gain on								
- Pakistan Investment Bonds		-		5,387,870			-	5,387,870
- Islamic Term Deposit Receipt		-		1,364,689				1,364,689
- Others		-		814,537			-	814,537
Balance at June 30, 2015		**10,000**	**46,457,296**	**106,786,055**	**-**	**10,771,977**	**10,771,977**	**164,025,328**

The annexed notes 1 to 20 form an integral part of these financial statements.



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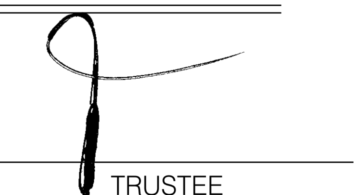


TRUSTEE

1. GENERAL INFORMATION

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

- to promote the cause of medical care and manage emergency care units for children and setting-up, establishing, managing, operating, obtaining registrations and recognitions and funding for medical, educational and social welfare institutions;

- to accept donations, grant contributions and subsidies from philanthropists, local and offshore donors, bodies and organizations;

- to acquire, take over or receive by way of donations, develop plots, amenity sites and immovable properties of all kinds out of funds of the Trust; and

- to provide medical and health care facilities for and medical treatment of the people by building, setting-up, establishing, managing, operating, funding, promoting, aiding and assisting hospitals, organising clinics, etc. and to generally do, effectuate, fulfill and undertake all other social welfare and charitable activities and to plan, implement and execute charitable and welfare projects of all kinds as may be permissible under the law.

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

- the Adamjee Foundation is responsible for providing and arranging funds for the complete rebuilding of the existing buildings of above mentioned units and to provide medical equipment, air conditioners etc.;

- the GoS through Health Department is responsible for providing adequate resources in the annual budget and depute, post and assign such qualified, technical, professional and surgical medical experts, paramedical staff and other experts of related disciplines and would also provide basic utilities; and

- the Trust is responsible for smooth management of the above mentioned units and of the facilities and to ensure that the same will function according to the standard operating procedures agreed with the administration of CHK.

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

- the NICH is responsible for providing adequate resources in the annual budget and depute, post and assign such qualified, technical, professional and surgical medical experts, paramedical staff and other experts of related disciplines and would also provide basic utilities; and

- the Trust is responsible for smooth management of the above mentioned unit and of the facilities and to ensure that the same will function according to the standard operating procedures agreed with the administration of NICH, further it is also responsible for providing and arranging funds for the complete renovation of the above mentioned unit and to provide medical equipment, air conditioners etc.

- SINA Trust has been operating primary health care clinics in low-income and densely populated areas of Karachi for providing good quality and affordable healthcare for children. Childlife Foundation initiated a strategic partnership with SINA Trust in 2012. The Childlife Foundation is providing the children financial support for free treatment, lab testing, and medicines, as well as helping SINA Trust improving their clinics and expand their network of services in other areas.

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

2. STATEMENT OF COMPLIANCE

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

3. BASIS OF PREPARATION

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

4. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

4.1 Cash and cash equivalents

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

4.2 Taxation

The income of the Trust from donations, voluntary contributions, subscriptions, house property, investment in government securities and so much of the income chargeable under the head "income from business" as is expended in Pakistan for the purpose of carrying out welfare activities are exempt from tax under clause 58 (1) of Part I of the Second Schedule to the Income Tax Ordinance, 2001.

4.3 Income recognition

Donations contributions are recognized on receipt basis except the donations contributed by the founder trustees and SINA Trust which are recorded on accrual basis.

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

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

4.4 Utilities and staff expenses for Children Emergency Units

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

4.5 Property and equipment

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

4.6 Inventory

Inventory include medicines purchased by the Trust and received as donation from CHK and NICH. It is recorded at lower of cost and net realizable value. Cost is determined using first-in-first-out basis.

4.7 Creditors, accrued and other liabilities

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

4.8 Investments - Available for sale

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

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

4.9 Endowment fund

The fund has been created with the approval of the Trustees for the purpose to achieve sustainability. The fund will be invested in Islamic Investments.

4.10 Zakat fund

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

The utilization of Zakat funds for operating expenses except for depreciation were approved by the Zakat Shariah Advisory Committee in their meeting held on September 15, 2012. During the year, the committee recommended 67% of operating expenses except for depreciation as adjustable from the Zakat Fund. The Board of Trustees endorsed this decision in their meeting held on June 21, 2015.

5. PROPERTY AND EQUIPMENT

Particulars	Cost			Accumulated depreciation				
	At July 1, 2014	Additions/ (Deletion) during the year	At June 30, 2015	At July 1, 2014	Charge/ (Disposal) for the year	At June 30, 2015	Carrying Value at June 30, 2015	Rates
	....	....	....	Rupees	....	....		%
Furniture and fixtures	2,604,279	369,080	2,973,359	877,600	560,087	1,437,687	1,535,672	20
Office equipment	6,582,206	1,773,960 (333,436)	8,022,730	1,431,137	1,447,634 (147,621)	2,731,150	5,291,580	20
Computer equipment	3,250,093	1,185,167	4,435,260	1,085,846	1,152,561	2,238,407	2,196,853	33
Medical equipment	8,568,100	252,500	8,820,600	2,431,439	1,739,802	4,171,241	4,649,359	20
Motor vehicle	-	2,290,500	2,290,500	-	419,925	419,925	1,870,575	20
June 30, 2015	21,004,678	5,871,207 (333,436)	26,542,449	5,826,022	5,320,009 (147,621)	10,998,410	15,544,039	

Particulars	Cost			Accumulated depreciation				
	At July 1, 2013	Additions/ (Deletion) during the year	At June 30, 2014	At July 1, 2013	Charge/ (Disposal) for the year	At June 30, 2014	Carrying Value at June 30, 2014	Rates
	....	....	....	Rupees	....	....		%
Furniture and fixtures	2,236,905	367,374	2,604,279	385,426	492,174	877,600	1,726,679	20
Office equipment	5,140,199	1,710,907 (268,900)	6,582,206	287,202	1,241,995 (98,060)	1,431,137	5,151,069	20
Computer equipment	1,959,788	1,524,538 (101,783) (132,450)	3,250,093	270,647	862,719 (15,924) (31,596)	1,085,846	2,164,247	33
Medical equipment	7,339,100	1,275,000 (46,000)	8,568,100	815,912	1,638,527 (23,000)	2,431,439	6,136,661	20
June 30, 2014	16,675,992	4,877,819 (416,683) (132,450)	21,004,678	1,759,187	4,235,415 (136,984) (31,596)	5,826,022	15,178,656	

		Note	2015 Rupees	2014 Rupees
6.	**INVENTORY**			
	Medicines at CHK		1,164,416	475,003
	Medicines at NICH		2,547,467	2,358,482
			3,711,883	2,833,485
7.	**ADVANCES, DEPOSITS AND PREPAYMENTS**			
	Advance to suppliers		1,904,684	277,196
	Advance to staff		-	306,739
	Deposits and prepayments		150,555	428,231
			2,055,239	1,012,166
8.	**INVESTMENTS**			
	Available for Sale			
	Islamic Investments (TDR)	8.1	106,000,000	-
	Investment in Pakistan Investment Bonds	8.2	-	35,187,578
			106,000,000	35,187,578

8.1 This represents investments made on behalf of Endowment Fund (refer note-10). It provides realized gain of 5.90 % to 9.01% per annum and having maturity period of 1 month to 3 years.

8.2 This represents investments made on behalf of Endowment Fund (refer note-10). It carries profit rate of 11.25% to 11.50% per annum and had maturity period of 3 to 5 years.

		Note	2015 Rupees	2014 Rupees
9.	**CASH AND BANK BALANCES**			
	Cash in hand		14,926	12,875
	Cash at banks in current accounts - Zakat		55,822,639	32,885
	Cash at banks in saving accounts	9.1	11,096,417	22,252,403
			66,933,982	22,298,163

9.1 These carry return at the rates ranging from 4.5% to 5% percent (2014: 6%) per annum.

10. The Zakat fund includes the amount received due to the Holy month of Ramazan, which fell close to the year end. This shall be utilized for the operating expenses incurred during the next financial year and will be disbursed in the financial year 2015 - 2016.

		Note	2015 Rupees	2014 Rupees
11.	The assets were earmarked against following assets:			
	Islamic Investment in TDR		106,000,000	35,187,578
	Unrealized gain on Islamic investments		226,066	1,705,315
	Cash at banks in saving accounts		559,989	-
			106,786,055	36,892,893

	Note	2015 Rupees	2014 Rupees

12. DEFERRED INCOME RELATED TO PROPERTY AND EQUIPMENT

	Note	2015 Rupees	2014 Rupees
Opening balance		12,812,246	13,961,237
Assets purchased during the year		759,920	2,885,324
Amortization for the year	14	(4,141,731)	(4,034,315)
Closing balance		9,430,435	12,812,246

13. CREDITORS, ACCRUED AND OTHER LIABILITIES

	Note	2015 Rupees	2014 Rupees
Creditors		11,876,288	7,267,467
Retention		-	298,308
Accrued liabilities	13.1	8,947,398	4,797,147
Withholding tax		191,760	181,255
		21,015,446	12,544,177

13.1 This includes staff retirement benefits amounting to Rs. 870,000 (2014: Rs. 485,000)

14. INCOME

	Note	2015 Rupees	2014 Rupees
Donations			
Received in cash		45,242,668	26,875,132
Received in kind			
Medicines	14.1	18,910,316	18,153,621
Amortization of deferred income related to property and equipment	12	4,141,731	4,034,315
		68,294,715	49,063,068

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

15. PATIENT CONSULTATION

	Note	2015 Rupees	2014 Rupees
SINA Trust	15.1 & 15.2	20,047,945	15,871,531
Memon Medical Institute Hospital		602,271	-
		20,650,216	15,871,531

15.1 This represents the charges paid by the Trust to one of its strategic partners SINA Trust for treatment of children @ Rs. 250 plus actual lab charges per patient at the clinics being managed by SINA in the urban slums of Karachi. These expenses are reimbursed to SINA Trust after verification of supporting documents. These clinics have been established for providing quality primary health care services to the patients.

15.2 This includes Rs. 14,381,364 claimed from Zakat Fund against Zakat eligible patients.

16. RESOURCE MOBILIZATION AND COMMUNICATION

This represents traveling and transportation expenses incurred for fund raising activities. All expenses related to travel of the Trustees for fund raising activities have been paid by the Trustees through the Trust.

	2015 Rupees	2014 Rupees

17. OTHERS

	2015 Rupees	2014 Rupees
Loss on disposal of property and equipment	57,815	110,199
Property and equipment written off	-	100,854
Miscellaneous	1,954,619	1,944,862
	2,012,434	2,155,915

18. TRANSACTIONS WITH RELATED PARTIES

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

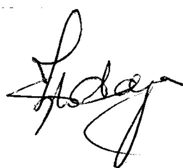
Relationship with the Trust	Nature of transaction	2015 Rupees	2014 Rupees
SINA Trust (Dr. Naseeruddin Mahmood is a common Trustee)	Renovation of Clinic	10,500,000	7,799,616
	Patient consultation	20,047,945	15,871,531

19. DATE OF AUTHORIZATION FOR ISSUE

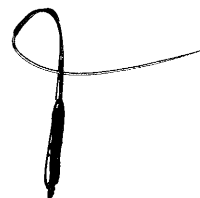
These financial statements were authorized for issue by the Board of Trustees on 21 DEC. 2015

20. GENERAL

20.1 Figures have been rounded off to the nearest Rupee.



TRUSTEE



TRUSTEE

بسم اللہ الرحمن الرحیم

نحمده و نصلی علیٰ رسوله 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 honestly and sincerity. Aamen

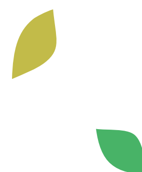
MUFTI ASIM ALI KHAN
Welfare Officer

MUFTI IBRAHIM ESSA
Shariah Advisor

MUFTI MUHAMMAD ZUBAIR
Welfare Officer

7A, Tabba Street, Muhammad Ali Housing Society, Karachi 73530, Pakistan
Phone : +9221-34397701-03, Fax : +9221-34382436
www.childlifefoundation.org
www.facebook.com/childlifefoundation

HOW YOU CAN HELP



Rs. 700

provides medical care for a child in an emergency room

Rs. 100,000

provides medical care for 150 children for a year in an emergency room

Rs. 1 million

sponsors one emergency room bed for one year

Rs. 8 million

to establish a clinic

Rs. 10.8 million

to operate a clinic for a year treating 30,000 patients, at Rs. 360/patient visit

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Donations in Pakistan

Please make checks in the name of "ChildLife Foundation" and mail to:

ChildLife Foundation
7-A Tabba Street, Mohammad Ali Society,
Karachi. 73530.

Donations in USA

Mail your checks in the name of "I-Care Fund America, Inc."* with a note ChildLife Foundation in the memo and mail to :

Salem Suriya
ChildLife Foundation Representative
15757 Pines Blvd, STE #38
Pembroke Pine, FL 33027.

Donors can donate online, using the I-Care website
http://www.i-care-america.org/

**Donations from US are tax deductible through our partners I-Care Fund America, a tax exempted (IRS 501 (C)(3)) organization.*

Donations in Canada

Please make checks out to 'IDRF'* and note 'ChildLife Foundation' in the memo.

Mail checks to our Canadian representative:

Zohair Zakaria
Trustee ChildLife Foundation,
3269 Camberwell Drive,
Mississauga ON L5M6T2.

Donors can donate online, using the IDRF website
Please specify ChildLife Foundation in the comments section.
www.idrf.com

**Donations from Canada are tax deductible through our partners International Relief and Development Fund (IDRF), a recognized Canadian charity with Charitable Registration # 132543005RR0001*

Online Donation through our website

http://www.childlifefoundation.org/donate-online/

For Online Donations from Pakistan and Abroad (excluding US A and Canada)
Please make online donations to the following accounts:
Donation account detail:

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

Zakat Account Detail:

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

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www.childlifefoundation.org

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