



**5 YEARS
OF
SAVING
LIVES**
ANNUAL REPORT 2016



CHILDLIFE
FOUNDATION



5 YEARS OF SAVING LIVES

ANNUAL REPORT 2016

EMERGENCY CARE



3 ERS | 1 MILLION PATIENTS

PRIMARY CARE



17 CLINICS | 2 MILLION PATIENTS

PREVENTIVE CARE



45,000 PEOPLE



“Saving one life is as if you have saved all of humanity”

Quran 5:32

5 YEARS OF SAVING LIVES

A country which has the third highest infant mortality rate in the world, with pneumonia alone killing nearly 92,000 children every single year, healthcare in Pakistan is nothing short of a challenge. The absence of a proper framework that guarantees the provision of quality medical care to patients often leads to them being treated by quacks or other unqualified personnel residing in the area. Good medical facilities with competent staff are few, distant and financially, if not geographically, inaccessible. In the midst of such circumstances, ChildLife Foundation has been providing quality healthcare to low-income families since the last five years.

Some of the ventures that ChildLife Foundation has been involved during this course are:

- **Three state-of-the-art model Pediatric Emergency Rooms at the Civil Hospital (CHK), National Institute of Child Health (NICH), and Sindh Government Hospital - Korangi 5 (operations for which have started as of June 29, 2016),**
- **17 Primary Care Clinics in the city's slums,**
- **Preventive Health Programs for 45,000 individuals in one of the biggest slum of Karachi.**

Through these endeavors over the past 5 years, ChildLife Foundation is now able to treat over one million patients annually. At each of the hospitals mentioned above, the number of patients has doubled, taking the total patients visiting the ERs to 1,230 per day. Through strict quality controls, and the implementation of protocols, the survival rate of critically ill children, **which stood at a dismal rate of 15% before**, has now risen to nearly 90%. In addition to this, the average length of stay for the patients has been reduced to under 5 hours with 93% of the patients discharged from the ER.

ChildLife Foundation's staff has been providing high standard medical care to patients, thanks to the commitment of its many donors, partners, and other affiliates. It is currently providing critical care to nearly half a million children. Stanford Emergency Medicine International (SEMI) played a pivotal role in developing protocols which are implemented, and hence improve the quality of services offered to patients at the Emergency Rooms.

Primary care is being offered to approximately 500,000 people through 17 clinics set up in slums across the city in partnership with SINA Trust. These clinics serve patients of all ages, providing them with essential healthcare within walking distance of their homes.

ChildLife's Preventive Health Program is still in its early stages, with a pilot program currently in operation at one site and offering treatment to nearly 45,000 people. This venture was made possible through the organization's partnership with BRAC Pakistan, a subsidiary of BRAC – the world's largest NGO which has branches in 11 countries that enable it to reach out to nearly 131 million people. This Program is based out of a unit adjacent to the ChildLife SINA Primary Care Clinic in Shirin Jinnah Colony, and hopes to provide quality healthcare to 6000 households. The Program will be replicated and run parallel to every Primary Care Clinic. **We will soon be reaching out to 1,000,000 people in each of the three programs, every year.**

* Pakistan Pediatric Association

SOME OF THE VENTURES THAT CHIDLIFE FOUNDATION HAS BEEN INVOLVED DURING THIS COURSE ARE:

- › THREE STATE-OF-THE-ART MODEL PEDIATRIC EMERGENCY ROOMS AT THE CIVIL HOSPITAL (CHK), NATIONAL INSTITUTE OF CHILD HEALTH (NICH), AND SINDH GOVERNMENT HOSPITAL - KORANGI 5 (OPERATIONS FOR WHICH HAVE STARTED AS OF JUNE 29, 2016),
- › 17 PRIMARY CARE CLINICS IN THE CITY'S SLUMS,
- › PREVENTIVE HEALTH PROGRAMS FOR 45,000 INDIVIDUALS IN ONE OF THE BIGGEST SLUM OF KARACHI.

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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HOW YOU
CAN HELP?







OUR PEOPLE



*TRUSTEES



Iqbal Adamjee

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



Zohair Zakaria

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



Dr Naseeruddin Mahmood

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



Sohail Tabba

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



Ashraf Amdani

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



Osman Rashid

Mr. Rashid is a trustee of ChildLife based out of California, USA. He has a bachelor's degree in electrical engineering from the University of Minnesota. He is the co-founder and CEO of two very successful educational startups, Chegg and Know, Inc. Chegg has been publicly trading shares on the NYSE since 2013. He is also the founder and CEO of Galxyz, Inc., an educational game inculcating a love for science in children. In 2009 he received the Ernst and Young Entrepreneur of the Year award. He has also been recognized as the Forbes Impact 15 for 2012. Through his companies he is very involved with other philanthropic work such as planting trees and helping classrooms attain school supplies.



Arif Doni

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

* In Order of Joining

MANAGEMENT



DR. AHSON RABBANI
Chief Executive Officer.



AAMIR JESSANI
Chief Financial Officer



DR. IRFAN HABIB
Head of Clinical Affairs



DR. SHAHID RAZA
General Manager – Operations



TABISH SHAHZAD
Head of Communications



MOHSIN ALI
Head of Internal Audit



DR. HUBA ATIQ
Consultant Clinical Affairs



SYED ALI HUSSAIN
Head of IT



FAHAD SHAKIL KHAN
Senior Manager Monitoring
Learning & Evaluation



M. ZAHIRUDDIN
Administrator CHK



ASAD AGHA
Administrator SGHK-5



ATIF SHAH
Administrator NICH

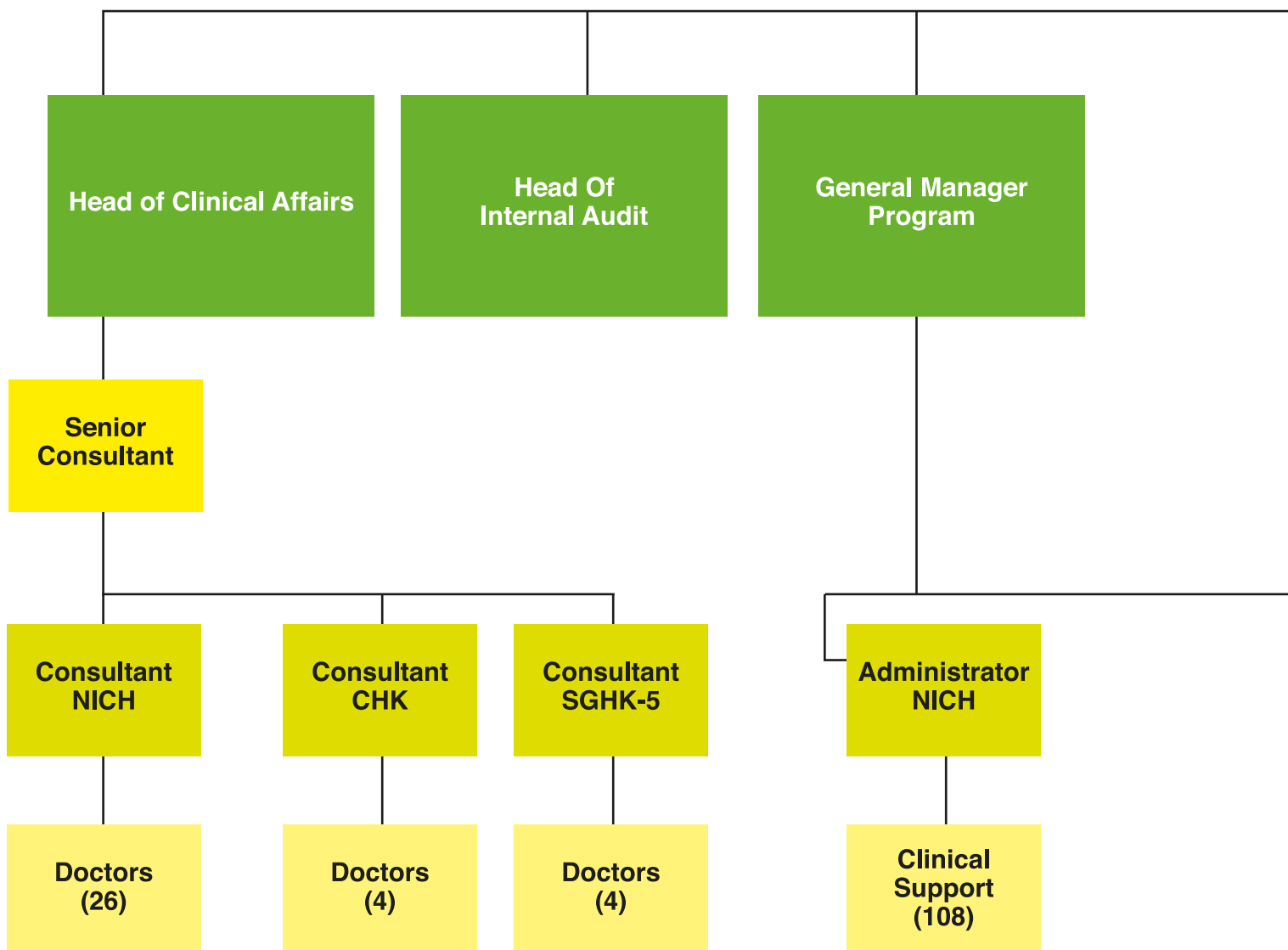


RAHIM DHANANI
Manager Human Resources



HASNAIN AKBER
Assistant Manager Communications

ORGANOGRAM



CHIEF EXECUTIVE OFFICER



**Senior Manager
Monitoring
Learning & Evaluation**

**Head Of
Communications**

**Manager
Human Resources**

Chief Financial Officer

**Assistant
Manager
Communications**

**Head of
Information
Technology**

**Manager
Finance**

**Administrators
CHK**

**Administrators
SGHK-5**

**Clinical
Support
(60)**

**Clinical
Support
(45)**

**IT Support
(6)**

**Finance
Support
(3)**

MESSAGE FROM THE CHAIRMAN

Onwards and Upwards with Our Goals

IQBAL ADAMJEE

Chairman ChildLife Foundation

As we complete the first five years of the ChildLife Foundation, I am extremely happy to re-connect with you at this milestone for the organization; a time when it has grown in size and matured in terms of delivery capabilities and footprint.

At this momentous occasion I would like to thank The Three Pillars of our success: our Donors, our Partners and our Staff, that provides the heart and soul of ChildLife and proved to be the main reason for growth in these most challenging years, despite the gloom and doom of the broader economy.




When we started off, we did not begin with any grand ambitions. It began as the answer to a simple question – who will help the children of Pakistan who are fighting for their lives? To provide quality care to the children in Pakistan who are at an imminent risk of life is our ultimate vision for the future and we have remained steadfast in our commitment.

Though Pakistan has come a long way in terms of healthcare, there are still various areas in which it lacks either the resources or the will to provide for its people. We have taken this opportunity to strengthen our work and optimize our resources with the use of technology. Technology has enabled a range of fields to develop at geometric speeds, thereby allowing us to reap its benefits.

With regard to this, I can safely say that in the past five years, we at ChildLife Foundation have made massive leaps by constantly improving procedures and the processes related to the treatment and management of patients. **I want to reassure our stakeholders that your support has motivated us to improve and expand our work.**

As the ChildLife Foundation successfully completes its Strategic Plan for the period 2011-16, it has to embark upon a new strategy. Building on the strengths, the aim of the next plan should be to overcome the weaknesses, deficiencies and gaps. We have accomplished a great deal and I'm very pleased with our progress on several fronts: acquisition of ER at the Sindh Government Hospital at Korangi No. 5 and its operational efficiency tops the list, the expansion of the ER facility at the National Institute of Child Health, ever-improving partnership with the ER at Civil Hospital, the alliance with SINA Trust, the liaison with BRAC are a few that have been pivotal in this journey.



AT THIS MOMENTOUS OCCASION I WOULD LIKE TO THANK THE THREE PILLARS OF OUR SUCCESS: OUR DONORS, OUR PARTNERS AND OUR STAFF, THAT PROVIDES THE HEART AND SOUL OF CHIDLIFE AND PROVED TO BE THE MAIN REASON FOR GROWTH IN THESE MOST CHALLENGING YEARS, DESPITE THE GLOOM AND DOOM OF THE BROADER ECONOMY.

Our team, has a sound strategy for growth and an ever-improving patient experience. The strategy is working and we are growing stronger and better with each step.

Before closing, I would once like to thank our allies and our dedicated management team for working tirelessly to ensure ChildLife Foundation's sustained success.

I look forward to continuing this journey together in 2017.

I WANT TO REASSURE OUR STAKEHOLDERS THAT YOUR SUPPORT HAS MOTIVATED US TO IMPROVE AND EXPAND OUR WORK.

CEO'S REPORT

ChildLife Foundation was established with an urge to save lives at a time when our country was faced with a severe dearth of healthcare facilities. There was lack of medication and trained staff and more importantly zero willingness to change. * The state of healthcare in Pakistan is an open secret; ranked 122 out of 190 countries, Pakistan's healthcare system can be described as average at best with its medical facilities severely lacking in terms of quality and ease of access. This holds especially true for children suffering from various diseases and who are in need of proper medical help.



2016 has been a pivotal year for ChildLife Foundation from many aspects: Primarily, because we completed five successful years of our operations. Besides, we not only strengthened our relationships with our allies, but also engaged our workforce to move the Foundation forward on various fronts while consistently maintaining its focus on providing Emergency Medical Care to the children in need.

Much of what we do revolves around emergency pediatric care; therefore, some of the first steps that we took over the five year period were to completely take over and revolutionize the children's emergency rooms at the Civil Hospital Karachi (CHK) and National Institute of Children's Health (NICH). Both emergency rooms have been equipped with the latest infrastructure and maintain a high standard of cleanliness and hygiene. In addition, every emergency room is supervised by a team of highly trained medical personnel who work around the clock and who are able to deal with a variety of emergencies.

We at ChildLife Foundation are constantly thinking up of new ways to provide state-of-the-art medical care to children; whether it involves the introduction of a new process that streamlines existing medical procedures or enhanced training of doctors and other medical staff that will strengthen their capabilities, ultimately resulting in the satisfaction of their patients. Most notable among these advances were: the inception of a paperless facility at the recently acquired ER at Sind Government Hospital Karangi-5, the delivery of essential changes in technology architecture across the entire setup with the use of Telemedicine, the trainings and certifications for the staff and their continual professional development.

Much of what we do here at ChildLife Foundation is governed by the three 'Cs' which we consider the pillars of emergency medicine. These are competence, compliance and compassion.

Competence (Ilm), a term that speaks for itself, this implies that we ought to ensure that individuals with the required knowledge and skillset are in place. This is to enable patients suffering from various ailments to connect with the medical personnel that are most suited for the job, also the management is determined to see steady improvement at all levels in the organization; as a result Pediatric Emergency Medicine Certification and Pediatric Emergency Medicine Nursing Certification are two such certifications that are currently underway in collaboration with the prestigious DUHS.

Compliance (Amal), more often than not, as is the case with Pakistan, despite the availability of high quality medical staff, a lack of proper check and balance leads to glaring inefficiencies which in turn add to the sufferings of the patient. Working with the Quality Dashboard, the Queuing System and having registered pharmacists are some of the adoptions that ensure the staff is following the protocols that are in the best interest of all.

Compassion (Ishq): This refers to the concept of introducing empathy and kindness into the profession, factors that are just as important as the treatment itself. Therefore, we consider the doctor to be not just a practitioner of medicine but also a caregiver and, in some instances, a messiah who heals sufferers from their pain and gives them a new lease on life. Soft Skill Training and Patient Satisfaction Survey are a step in this direction. We deem this final C to be the most important as it guarantees the establishment of a bond of trust between the patient and the medical professional.

As an outcome we have been able to treat more than 1 million children till June 2016 – Alhamdulillah! This achievement did not come easy but with a lot of challenges which include working with the government to make things happen. Many a times we had to deal with double the capacity of patient inflow due to the city being shut down for one reason or another,

but we never did and will never say no to any child coming to us, in need of medical support. Also, when we needed additional funding to continue our operations to save lives our donors and supporters were always there for us through thick and thin. And last but not the least, this all became possible due to the prayers of the 1-million mothers whose children were saved at our Emergency Rooms.

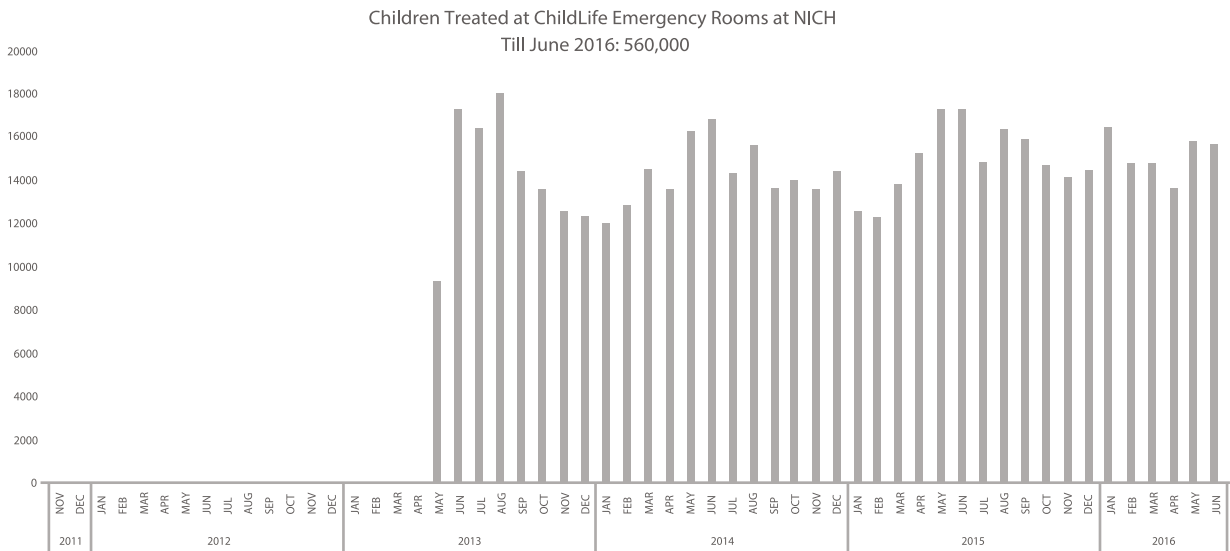
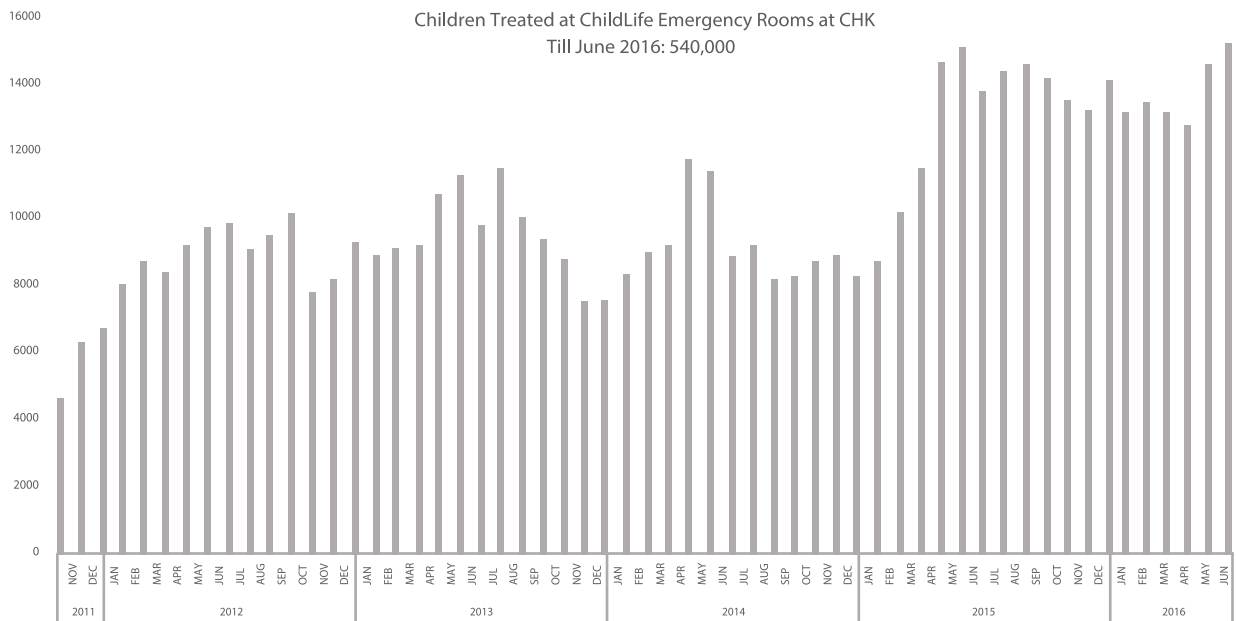
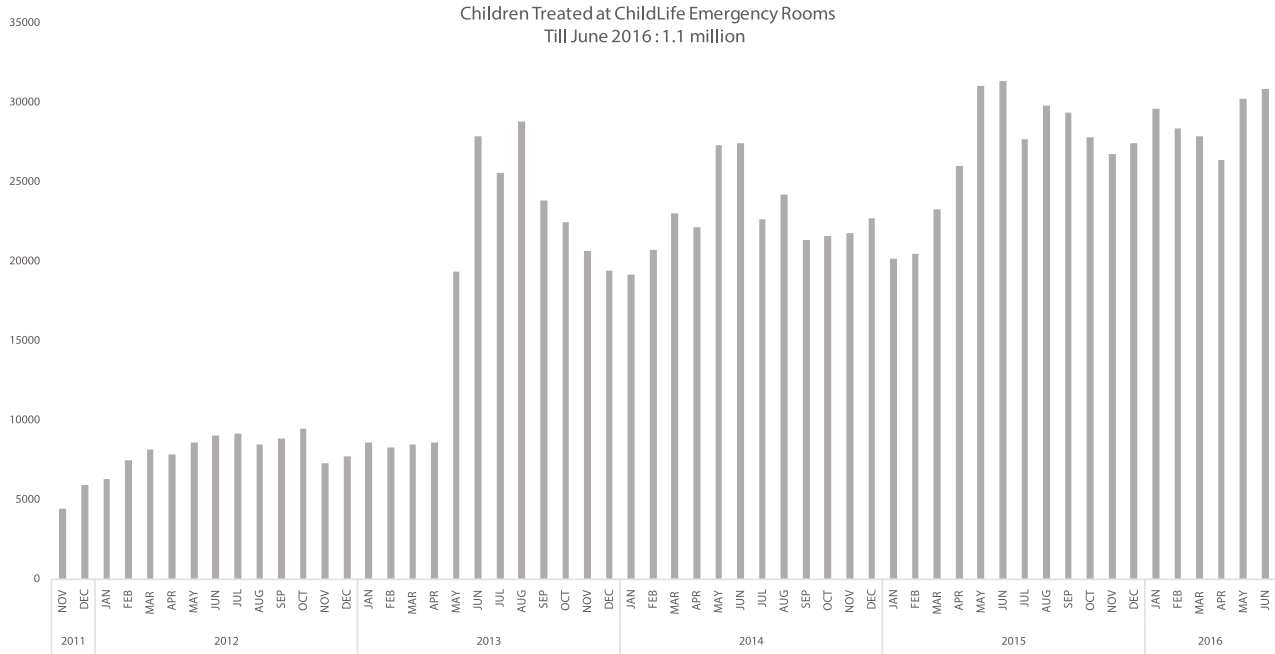
Our dream is that no sick child in Karachi is more than 30 minutes away from an Emergency Room providing international quality care with trained and passionate staff and free of cost medicine.

We are eternally grateful to our donors and associates for their never ending support and to our employees for their willingness and ability to adapt in times of continuous change.

Source:
[*https://en.wikipedia.org/wiki/Health_in_Pakistan](https://en.wikipedia.org/wiki/Health_in_Pakistan)

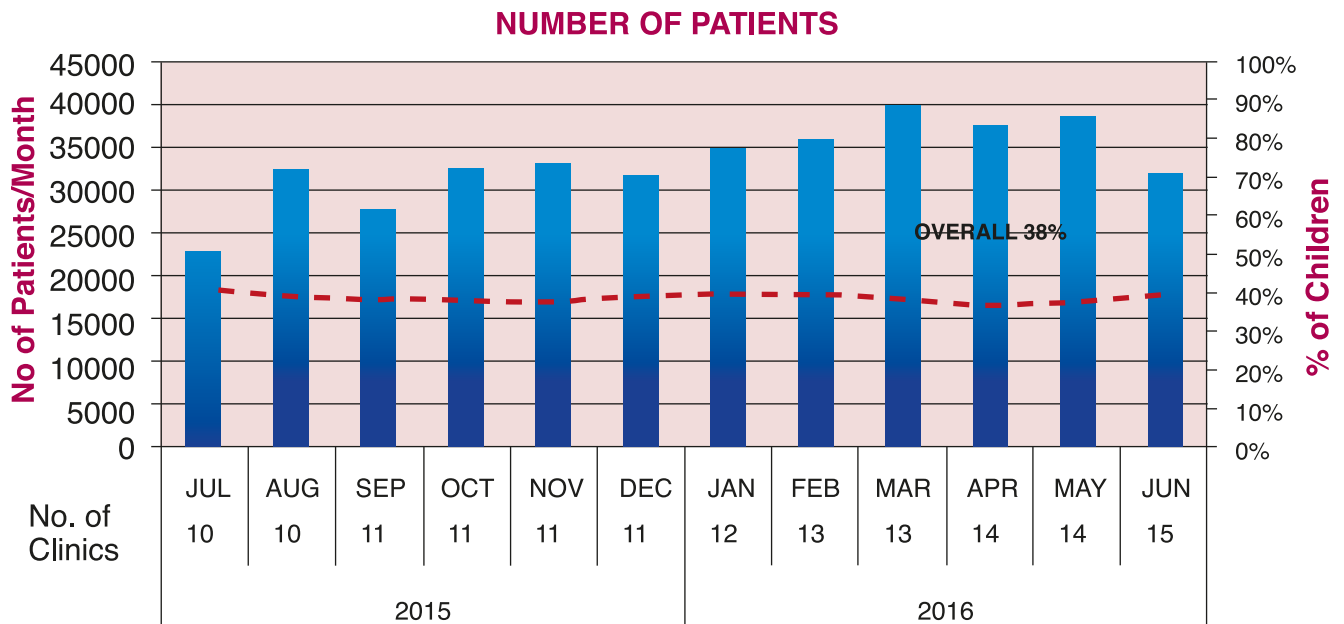


CHILD LIFE'S STATISTICS



CHILDLIFE SINA CLINICS

■ TOTAL PATIENTS - - - % CHILDREN



PATIENT SATISFACTION INDEX

CATEGORY (N=525)	% SATISFIED
WAIT TIME	75%
DOCTOR	73%
NURSE	77%
MANAGEMENT	74%
GUARDS	75%
CLEANLINESS	84%
PHARMACY	69%
OVERALL	74%
RECOMMEND	72%
TOTAL*	75%

* Total is weighed average of wait time, doctor, nurse, management, guards, cleanliness, pharmacy

ORGANIZATION HISTORY



2010

ChildLife Foundation was formed

2011

ChildLife Foundation partners with the Government of Sindh and takes over Civil hospital's Pediatric Emergency.

2011-2012

57,600 children treated at ChildLife's Civil Hospital, Karachi

2015

ChildLife initiates its pilot Preventive Health Program in Shirin Jinnah Colony touching 45,000 people.

2013-2014

400,000 children are treated within the ChildLife network.

2014-2015

650,000 patients treated within the ChildLife Network





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

2012

150,000 children treated through the expanding ChildLife network.

2012-2013

In a continued partnership with the government, ChildLife replicates its ER model at the National Institute of Child Health, making it the largest children's ER in Pakistan.

2013

1 million
children treated in ER

2015-2016

3rd new Pediatric Emergency Room added to the network in Sindh government Hospital – Korangi 5.

2016







PROGRAMS





AT LEAST 50 CHILDREN
ARE SAVED EVERY DAY IN
THE RESUSCITATION ROOM
DUE TO CHIDLIFE



EMERGENCY CARE PROGRAM

Asma was brought to the ChildLife Emergency Room at NICH when she was twenty-one days old. **She was accompanied by her mother and father who had been advised by the doctors in their hometown, Turbat to take her to the *bara sarkare* hospital in Karachi.**

Baby Asma was Rubina's second child, born after a son who at almost three years of age was unable to walk, for reasons that stand unidentified to the parents. The family faced a severe dearth of resources; however, seeing their newborn in distress they took a loan from relatives to pay the road fare to reach Karachi. It took them twelve hours by road with an ill baby to reach Hub on the outskirts of Karachi, where a distant relative was based and he brought them to NICH ChildLife Emergency Room. Being in critical condition Asma was immediately taken in. She was suffering from temperature, low blood sugar, fast heart rate and vomiting. She was initially diagnosed with a condition called Neonatal Sepsis, which was later substantiated by lab tests.

Neonatal sepsis is a leading cause of infant death. The more quickly an infant gets treatment, the better is the outcome, which was a far cry in this case. The condition could have been averted had certain basic preventive measures been taken such as providing a clean place for birth, delivering the baby within 12 to 24 hours of when the membranes break and preventing and treating infections in mothers.

Asma stayed at the ChildLife's Emergency Room for over a week and was treated for her condition with antibiotics that improved her condition considerably. Had her parents not taken the initiative at the right time and brought her to the ER, her condition could have resulted in another disability in the family.





CIVIL HOSPITAL - KARACHI

Approximately 1 child under 5 years old dies in Pakistan every minute due to preventable and treatable causes. This condition was even worse five years back and led to the partnership between ChildLife Foundation and the Civil Hospital-Karachi.

As an outcome of this public-private alliance with the Government of Sindh the Foundation not only revamped the Emergency Ward at the CHK but also provided the state-of-the-art infrastructure, healthcare equipment, medicines and trained medical staff.

Being the first project of the ChildLife Foundation, the ER facility has now completed five successful years of operations and being our first initiative it still is very close to our heart. In this span of time a total of 540,000 patients have been treated absolutely free of cost by this unit and with improving operational efficiency and trained workforce the mortality rate has gone down considerably. Our accomplishments are attributable to the support of our donors, especially the DMC class of 89-II and also our staff for their dedication and ability to adapt in times of continuous change.

NATIONAL INSTITUTE OF CHILD HEALTH

National Institute of Child Health (NICH) at Karachi is a premier tertiary child care facility which caters to a large number of pediatric patients. The out-patient department (OPD) of NICH is frequented by approximately 1,500 patients daily and 29,000 patients are admitted annually.

Being the largest facility of the province, patient influx at NICH also includes those referred from throughout the province of Sindh and even Baluchistan. In May 2013 ChildLife Foundation collaborated with NICH. This alliance led to the adoption of the biggest pediatric emergency room in Pakistan.

After taking over the Emergency Room, the premises underwent complete renovation and structural change. Trained and qualified staff was taken in to cope with the ever growing needs of the ER. The unit has a lab and pharmacy, with a Registered Pharmacist onsite to provide immediate and quality treatment for patients. All ERs are also supported by a qualified pediatrician through telemedicine.

APPROXIMATELY 1 CHILD UNDER 5 YEARS OLD DIES IN PAKISTAN EVERY MINUTE DUE TO PREVENTABLE AND TREATABLE CAUSES.



BEING THE LARGEST FACILITY OF THE PROVINCE, PATIENT INFLUX AT NICH ALSO INCLUDES THOSE REFERRED FROM THROUGHOUT THE PROVINCE OF SINDH AND EVEN BALUCHISTAN.



ChildLife NICH ER is a unique model of public-private partnership that has been providing round the clock, quality medical care to those in need. Based on its successful, quality operations additional space has been now been allotted for the expansion of this unit. This is expected to better accommodate the ever increasing number of patients availing this facility and will be a major leap towards achieving its vision of providing quality care.

THE SINDH GOVERNMENT HOSPITAL AT KORANGI-5, CATERING TO NOT JUST THE RESIDENTS OF KORANGI BUT ALSO LANDHI AND MALIR, IS FACED WITH A SEVERE DEARTH OF RESOURCE, DESPITE THE NUMBER OF PATIENTS CONTINUING TO GROW WITH EACH PASSING DAY.



SINDH GOVERNMENT HOSPITAL KORANGI - 5

The Korangi Town project was initiated in 1958 for the rehabilitation of squatters and ended up being one of the largest industrial areas in Pakistan. Ever since its inception this public sector project continues to densify resulting in inadequate water supply, sanitation and hygiene conditions that in turn face a serious threat to well-being of children.

The Sindh Government Hospital at Korangi-5, catering to not just the residents of Korangi but also Landhi and Malir, is faced with a severe dearth of resource, despite the number of patients continuing to grow with each passing day.

ChildLife Foundation as a part of its expansion plan set up the third Emergency Room at the Sindh Government Hospital Korangi- 5 on June 29, 2016. Setting up this ER unit would not have been possible without the unwavering support of our four key donors Mr. Sajjad Ebrahim, Mr. Ashraf Amdani, Mr. Aftab Siddiqui and Mr. Arif Doni, each of whom has pledged support for one of the four blocks of the facility.

The Emergency Room at Sindh Government Hospital Korangi- 5 is a paperless setup-the first of its kind in a public-private partnership. In order to maintain the quality of care measurable protocols are set and then constantly monitored.

The site also makes optimal utilization of resources through Telemedicine, where a doctor sitting at a centralized location provides support to the staff on site. With the best available facilities this Emergency Room is expected to treat approximately 150,000 children absolutely free of cost each year.

INITIATIVES AT THE EMERGENCY ROOM

PEMC – PEDIATRIC EMERGENCY MEDICINE CERTIFICATE – A FIRST OF ITS KIND PROGRAM IN PAKISTAN

At ChildLife Foundation we have thoroughly analyzed the effectiveness of pediatric emergency care services in Pakistan. An understanding of the system's resources, challenges, successes, and failures led us to initiate the PEMC.

The Pediatric Emergency Medicine Certificate is a comprehensive education program for Medical Practitioners for the care of sick and injured children, addressing a full spectrum of emergency illnesses, injuries and scenarios that they could possibly encounter.



The course is designed for doctors and medical providers with mid-levels of training. PEMC is an in-house course where by these doctors are given extensive training for 6 months to make their practices uniform. This program is certified by the prestigious Dow University of Health Sciences (DUHS).

The first PEMC program commenced in August 2016, training to twelve healthcare practitioners whereas the second batch is expected to begin from February 2017, during this period the first batch will undergo extensive on ground training.

THE PEDIATRIC EMERGENCY MEDICINE CERTIFICATE IS A COMPREHENSIVE EDUCATION PROGRAM FOR MEDICAL PRACTITIONERS FOR THE CARE OF SICK AND INJURED CHILDREN, ADDRESSING A FULL SPECTRUM OF EMERGENCY ILLNESSES, INJURIES AND SCENARIOS THAT THEY COULD POSSIBLY ENCOUNTER.

The leading batch has the unique opportunity to be trained at a pediatric facility that sees the highest level of acuity while under the guidance and mentorship of the most highly trained pediatric faculty. The International mentors for the course are Dr. Nadeem Qureshi – Associate Professor of Pediatric Emergency Medicine at St. Louis University USA and Dr. Susan from Canada while locally the course is assisted by Dr. Fehmina Arif, Head of Pediatric Department at Civil Hospital Karachi and Dr. Khadija Nuzhat, AKUH. Under their supervision the young professionals are challenged to achieve their full potential in an academically stimulating environment. With this the PEMC strives to training physicians to be future leaders in the field of pediatric emergency medicine.



TELE MEDICINE – SAVING AT LEAST ONE LIFE EVERY HOUR

Telemedicine is increasingly becoming an important aspect in providing better health facilities at the ChildLife Emergency Rooms (ERs). This technology is effectively incorporated at all ERs through the use of high resolution cameras installed in the Emergency Rooms for the delivery of health-care services as it is not always possible or cost effective to have the medical expertise available when and where it is needed. The use of telemedicine thereby allows for maximum utilization of limited resources to meet the growing needs of a good pediatric care system.

At present, there are six telemedicine sites at National Institute of Child Health, Civil Hospital, Karachi, and Sindh Government Hospital - Korangi 5, that are benefiting from this technology by providing better healthcare facilities to the people of the underprivileged areas.

The adoption of Telemedicine at the ERs is in line with the acceptance of World Health Organization (WHO) for the delivery of health care services, in the interests of advancing the health of individuals and their communities. The purpose of adopting this technology is to provide assistance in decision making to the staff on ground. Apart from providing support, the goal is also to provide quality care through virtual rounds by the specialist of the resuscitation rooms to monitor individual patients and provide expert opinion for their treatment either through their own observation or upon request by the on ground staff.

So far the outcome of telemedicine at the ERs has been very encouraging. It has provided the much needed development of healthcare staff besides benefit to the many critical children each day. With the evolution of telemedicine, an even larger impact can be created if these cameras can be installed in remote sites where qualified and skilled medical staff is scarce. Although challenges such as user acceptance are faced where doctors are hesitant with the idea of being monitored and receive constant advice, efforts are underway to overcome them. **This technique is proving to be a game changer in saving lives and with added resources can be expanded to rural areas where finding a qualified doctor is a huge challenge.**

INFECTION PREVENTION – TACKLING THE BIGGEST KILLER IN EMERGENCY ROOMS

The WHO stressed upon the fact that infection prevention and control is required to prevent the transmission of communicable diseases in all health care settings. This demands a basic understanding of the epidemiology of diseases; risk factors that increase patient susceptibility to infection; and the practices, procedures and treatments that may result in infections.





A concept often overlooked especially in public settings has been particularly laid emphasis on by the ChildLife Foundation. At ChildLife Emergency Rooms (ERs), infection prevention practices are carried at two levels: Firstly, the health care providers are required to prevent themselves for which hand hygiene has been given special consideration. All health care providers are required to perform hand hygiene frequently, including before and after all patient contact, contact with potentially infectious material, and before putting on and upon removal of PPE(Personal Protective Equipment), including gloves. To aid the regularity of practice, hand sanitizers are placed in every corner for doctors and other staff to sanitize on regular intervals. Wearing procedure masks are also stressed upon to prevent the staff from catching any infectious disease otherwise.

Secondly prevention of patients is also laid particular emphasis on so to avoid them for catching further diseases and infections at the hospital. Care is taken of hygiene of patients as well as their surroundings in terms of cleanliness of the hospital and equipment used.

Aggravating living condition and unhygienic environment in the slum areas of Karachi has led to a huge number of children suffering from certain kind of disease hence resulting in large influx of patients at these clinics. It is therefore important to minimize the length of stay for each patient thus to cater a greater number. Infection preventing and control is therefore very important to avoid any further damage.

PAPERLESS IPD – AUTOMATING TO SAVE LIVES

The latest ChildLife Emergency Room at the Sindh Government Hospital Korangi – 5 is the first paperless Fast Track facility of the ChildLife Foundation. Being paperless in the healthcare industry is proven phenomenal and is bound to contribute in improving the quality of service. **By having a paperless setup the Foundation has taken part in a wave of the future** Being Paperless enables exchange of records, security of reports and records, managing the prescription and timely reminders. This will benefit both patient and doctor, as more people will maintain medical compliance. Another very apparent benefit of this practice is its role in telemedicine since it enables the doctor off-ground to have all the information easily since all records are maintained on computer.



The execution of Paperless IPD at Sindh Government Hospital Korangi – 5 is in its trial phase and if it turns out to be a success, this practice will be replicated at the NICH and Civil Hospital ChildLife setups.

QUEUING SYSTEM – MANAGING PATIENT FLOW

At ChildLife ERs the queuing system helps to manage a seamless flow of patients from an initial entry point to check out. The system allows to facilitate process efficiency and improve overall operational excellence at healthcare facilities by enhancing the patient experience. The high influx of the patients at the ChildLife facilities led to the implementation of this system so as to create an orderly and smooth patient journey, lower patient anxiety, enhance service quality, reduce patient waiting times, increase service efficiency, and score high on patient satisfaction.

At ChildLife ERs, patients are divided into three broad categories namely

- **Fast Track Out Patients**
- **Observation**
- **Resuscitation Patients**

A trained nurse filters these patients based on their degree of sensitivity at the triage desk. The automated ticket counters installed at these clinics tend to sort the patients automatically preferring the resus patients over Fast Track and Observation. This has enabled minimizing the waiting time for patients by not having them wait in the queues and providing them with immediate and timely treatment.



With the efficient working of the Queuing System not only has the patient flow streamlined but also a considerable improvement has been noticed in the level of service of the health care facility.

TRAINING – OUR NO. 1 PRIORITY

Reports from the WHO reveal that each year, worldwide, there are nearly 5.4 million deaths among children below the age of five years, almost all of them in low- and middle-income countries. Between 70% and 90% of causes of these deaths are acute lower respiratory infections (mostly pneumonia), diarrhea, malaria, measles, HIV/AIDS, and neonatal conditions. Almost all of these deaths are avoidable using existing interventions, but in under-resourced settings there is a lack of adequately trained health-care personnel to implement the available interventions.

Aware of its importance, significant emphasis is placed on both on-services as well as class room based Trainings. **It is a consistent practice at ChildLife Foundation to make its staff undergo the Basic Life Support (BLS) training which is followed by a more advanced level training namely Pediatric Advanced Life Support (PALS) Training.** These trainings are in line with the American Heart Association and include basic and advanced courses in Neonatal and Pediatric Emergency Health Care as well as other courses dealing with care related to specific serious illnesses.

Also already initiated are the in-house programs for mid-level staff in affiliation with the Dow University of Health Sciences. PEMC (Pediatric Emergency Medicine Certificate) for doctors is a yearlong program involving 6-month of class room training followed by 6-months on job practice. Pediatric Emergency Medicine Nursing Certificate (PEMNC) is also scheduled to start in the coming year, which will be a certificate program for nursing staff. An objective set for the coming year is to ensure that the entire staff is competent in BLS, PALS, PEMC and PEMC-N. Another short course that has started is the Medical Officer Orientation Training Program to train the fresh graduates. Therefore, at every level ChildLife foundation has laid substantial emphasis on training of its entire staff.



PRESCRIPTION ERRORS: PHARMACISTS ON BOARD

Weekly Mortality Meetings have been a routine practice at all ER units of ChildLife Foundation. In these meetings the reasons for deaths occurred during the week are ascertained. The objective of these sessions is to figure out any shortcomings in the process that could be modified for the greater good of the public at large. One such identified reason was the dosage error which meant that the dose administered was inappropriately proportioned and not as per the baby's weight.



In order to overcome this issue Registered Pharmacist are now placed at all ChildLife's ER setups. This initiative is the first of its kind in a public sector environment in Pakistan. It serves as a counter check for all dosage that is being administered in the ERs. In case an error is detected by the Pharmacist they have the option to communicate directly with doctor or report to his immediate supervisor. In both the reporting scenarios soft skills play a major role. This practice has been highly effective and has reduced the number of prescription errors, by a considerable level. Moreover, this practice is particularly helpful in peak situations where the volume of patients coming in is very high and given the limited human resource, mistakes are sometimes inevitable. Therefore, the ability of pharmacists to check any errors has resulted in saving a number of lives.

IBRAHIM : A FIVE MONTH OLD BABY

Ibrahim was brought to the Childlife ER at Civil Hospital from Jubilee, a locality situated a few kilometers from the facility. The parents were in distress because the baby had a rasping and persistent dry cough, with brief pauses in breathing and vomited after every feed. A thorough examination revealed that he was suffering from bronchiolitis, a common viral infection that affects about a third of babies in their first year and babies are most likely to get it in the winter months.

Bronchiolitis is passed on by touching, spreads easily through homes. The virus can live on hands and surfaces for up to six hours, so practicing good hygiene could have helped prevent the baby from catching it.

Ibrahim was given immediate medical treatment and nebulized in the most hygienic way possible which improved his condition considerably. Baby Ibrahim was at a high risk of severe bronchiolitis, besides immediate treatment he was also given monthly antibody injections, which helped limit the severity of the condition. Also, the parents were briefed on the vaccinations that would help the baby's immune system fight off common diseases.





SABIHA'S 3 DAY OLD BABY.

Sabiha a resident of Lines Area, one of the oldest slums of Karachi in the vicinity of JPMC, brought her three day old baby, delivered at home to the ChildLife Emergency Room at NICH. The reasons identified for bringing her in were that she could not take down any milk. After a checkup it surfaced that the baby had swallowed some amniotic fluid and was immediately kept in an incubator and treated with antibiotics, as the baby stabilized he was discharged after four days. Throughout the stay the family incurred zero cost of treatment and stay at the facility. Not only were they happy about it, but also highly satisfied with the quality care the baby received.



PRIMARY CARE

Almost one million are added to Karachi's population every three years, most of them migrant workers from other parts of the country. Many of these people live in slums with little to no medical facilities, with private hospitals being prohibitively expensive and state hospitals severely under resourced and overstretched. More worryingly, WHO reports indicate that half of all medical practitioners in Pakistan do not hold genuine degrees. As a result low income people, who make up the bulk of the population, have no recourse to decent healthcare.

Under these dire conditions, charitable organizations such as ChildLife Foundation and SINA Trust strive to bring primary health care to people who otherwise would have no access to it. The first SINA clinic was established by Dr. Asif Imam in 1998 and was formally registered as a Trust under Pakistani law in 2007.

SINA's greatest strength is its quality management system which is based on international healthcare protocols especially devised for implementation in low income areas. All doctors at SINA clinics are trained within this system and plans are afoot to replicate this framework nationwide. SINA clinics provide both preventive as well as curative health care as this two-pronged approach is the most effective in stemming the spread of disease.

* Pakistan Bureau of Statistics



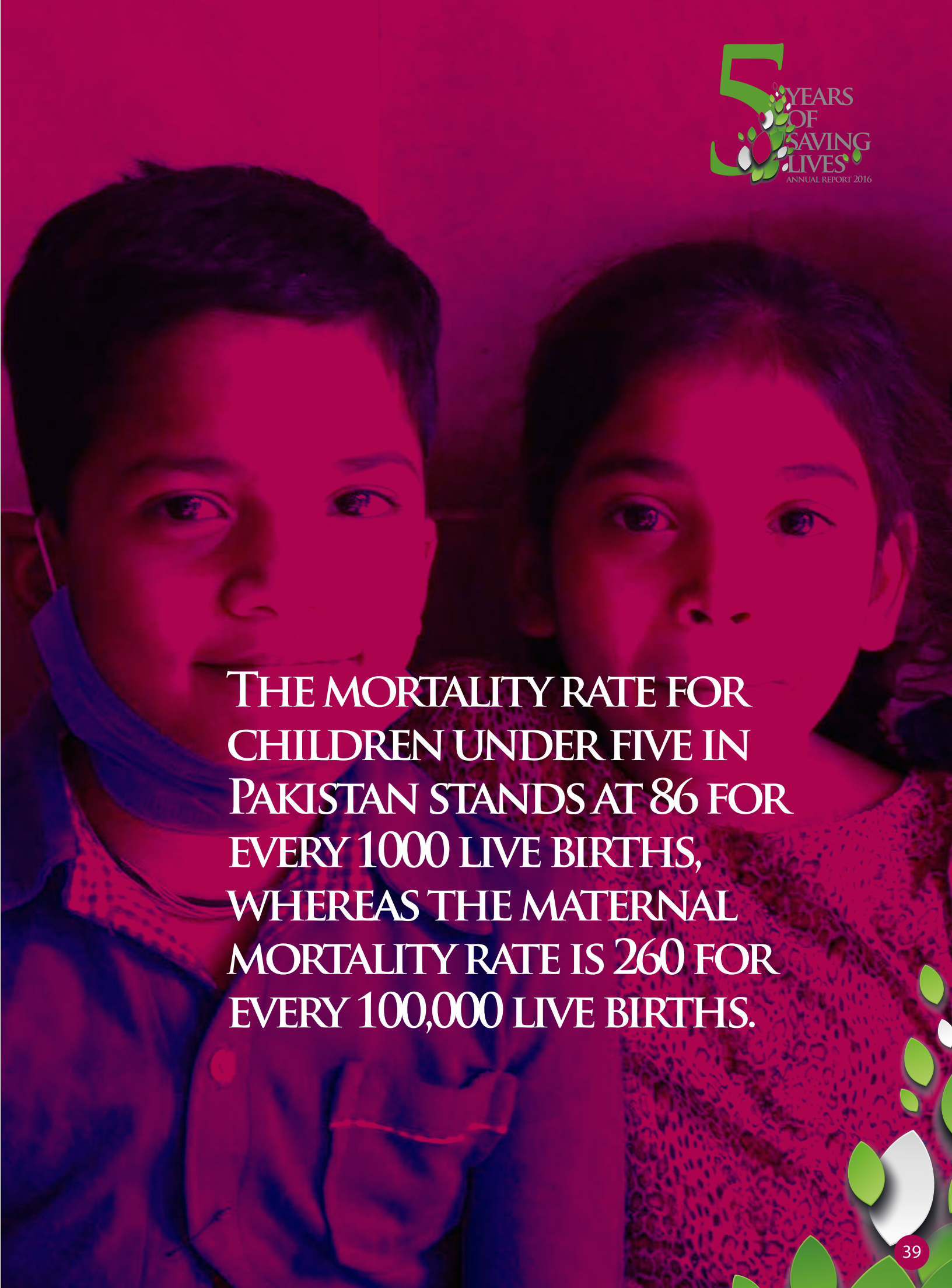
CLINICS
RUNNING



PATIENTS EVERY DAY/CLINIC
HALF OF WHOM ARE CHILDREN.



CLINICS UNDER
CONSTRUCTION



THE MORTALITY RATE FOR CHILDREN UNDER FIVE IN PAKISTAN STANDS AT 86 FOR EVERY 1000 LIVE BIRTHS, WHEREAS THE MATERNAL MORTALITY RATE IS 260 FOR EVERY 100,000 LIVE BIRTHS.

A case in point is 1.5 year old baby Ayesha, who was suffering from Diarrhea and Vomiting, that are common in children in Pakistan. This is primarily because of exposure to contaminated food and water. Ayesha was brought to The Momin Adamjee Centre in the Shireen Jinnah Colony on the third day of her illness and was severely dehydrated. Her mother works as a domestic help from morning to late in the evening and the father was worker on daily wages so there were very often days that he would not bring home a single rupee. Baby Ayesha was looked after by her eldest sister who was herself 8-yrs of age. The caretaker sister had told the mother earlier about Ayesha's illness but the working mother kept on brushing it aside due to her own work burden and lack of resources, but by the third day the baby was severely dehydrated and almost lifeless so the mother had no other option but to rush her to the clinic where she was treated for her condition absolutely free of cost.



The mortality rate for children under five in Pakistan stands at 86 for every 1000 live births, whereas the maternal mortality rate is 260 for every 100,000 live births.

Many of the poor localities where the clinics operate do not receive electricity from the national power grid; hence clinics then run their own generators. Additionally security cameras are installed on site and are constantly monitored.

Licensed and qualified doctors undergo further training in a process called Continuing Medical Education, which is mandatory and takes place at the end of each month. The performance of other staff is monitored via regular audits to ensure procedures are being followed.

All clinic pharmacies are stocked with quality medicines so that patients do not have to buy medicines of dubious quality from elsewhere. Moreover, patients are not prescribed lab tests to be done somewhere else, as all samples are collected at the clinic and tests are carried out by the facilities, many of whom are even equipped with ultrasound machines. In the event of patients requiring more specialized care beyond what the clinics provide, patients are facilitated by being directed to other welfare health care institutions.

For desperately poor communities like this one, ChildLife-SINA Clinic is a godsend. And during the course of the current year ChildLife expects to reach 500,000 patients in Karachi, many of them from the most bottom rung of the socioeconomic ladder.

The layouts of all the ChildLife-SINA clinics are designed for the ease of the patient, guiding them through every step. The first stop is the registration desk where the patient is assigned a color-coded file: blue for children, and yellow and pink for men and women respectively. Many of the patients are repeat visitors and their files containing their complete medical history are maintained meticulously. A green card is issued at the registration desk before the patient goes to the Temperature Pulse Respiration (TPR) station where their vital signs are checked and monitored.

Next, tokens are issued to patients so that they may see the doctor when it is their turn to. Financial assistance is provided to poor patients via zakat and welfare funds.



SHINE HUMANITY CENTRE

Located in Baldia Town, this clinic is the site of the very first project SINA undertook back in 1998. SHINE Humanity, a registered non-profit organization in the United States, is the major sponsor for the clinic. At the Centre, each family that visits is provided with monthly rations that include staple diet products like rice, daal, tea, oil, flour etc. In the financial year 2015-16, 37,006 patients were treated, 14,283 of whom were children.



AUSTIN CENTRE

The first clinic made operational under the ChildLife-SINA partnership in 2012, the Austin Centre provides free-of-cost healthcare to this community and has so far treated 22,579 patients in the financial year 2015-16, of whom 7,837 were children. Each doctor at the clinic is trained to abide by an algorithm that will help them reach their diagnosis and there are set protocols for each disease they encounter. The doctors are regularly audited on their compliance of these protocols and algorithms and are given incentives for good performance.

Old Sabzi Mandi, a densely populated area filled with low income households, has Shahi Enterprises and Timepress Factory at its very core. Both these companies have donated generously towards the construction of the clinic the workers of these factories benefit immensely from this clinic. Its operation is fully supported by the Pakistani diaspora in Austin, Texas. In recognition of their efforts, the clinic is known as the Austin Centre.



MEDICINES SANS FRONTIERS CENTRE (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 quality healthcare in developing or war torn countries. MSF established a clinic in Machar colony in 2012 and has operated it on the basis of their own model ever since, providing basic emergency healthcare, referrals, labor and delivery services as well as consultations on mental health. The clinic has treated 49,079 patients in the financial year 2015-16 of whom 9769 were children.

QAMAR & IBRAHIM RASHID CENTRE

Mewashah is famous for its historic graveyard. Dirt and garbage cover every inch of the area while dust from the marble industry settles over everything, causing chronic health issues amongst children of the community. Tehreek-e-Falah, a non-profit organization, established a clinic within this area in 2003, the operation of which they handed over to ChildLife – SINA Trust in 2013. The operating expenditure of this clinic has been graciously borne by Osman Rashid, an entrepreneur of Silicon Valley, California and a trustee of the ChildLife Foundation. An additional facility at this clinic is the provision of free eye checkups on behalf of the Layton Rehmatulla Benevolent Trust (LRBT). The Center treated 32,393 patients in the financial year 2015-16 and 13,889 of these patients were children.



SOUTH FLORIDA CENTRE

Machar Colony, the location of the fishing industry, is a vast 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 Centre in honor of the gracious donations made by Pakistani expatriates living in Florida, the clinic has seen over 34,242 patients in the financial year 2015-16, 16,759 of whom were children. At the clinics, the patients are categorized into zakat-eligible and non-zakat eligible after a comprehensive survey. The zakat-eligible patients are charged a nominal Rs.30 per visit, while the non-zakat-eligible patients are charged Rs.50 per visit, while children are treated completely free of cost.



HAJIANI AMINA HASHAM CENTRE

Hajiani Amina Hasham Centre, sponsored by the Hashim Family of Mehran Sugar Mills, is located in Ittehad Colony was inaugurated in June 2016. The original clinic in Ittehad colony has been sponsored by the Dada Family, who own Karachi Grains Private Limited which has been replaced with a newer larger facility sponsored by the Hasham Family. In the financial year 2015-16, the clinic treated 28,315 patients of whom 9798 were children.



PATEL CENTRE

Located in the middle-income neighborhood of North Nazimabad, Patel Centre serves the low income communities of Kati Pahari, Orangi Town and Banaras who cannot afford the treatment offered to them by private hospitals in the area. The Pakistani diaspora in Pittsburgh, USA, donate generously towards the operation of this clinic which is functioning in a space donated by Dr. Alibhai D. Patel, after whom it has been named. Aga Khan University Hospital currently has an agreement with ChildLife-SINA to send its students and residents to the clinic so that they can volunteer their services. The clinic treated 27,348 patients in the financial year 2015-16, and 10,968 of them were children.



MOMIN ADAMJEE CENTRE

The Momin Adamjee Centre 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 the sale of counterfeit medicines. The people here are afflicted with gastrointestinal diseases and dehydration because of the unavailability of potable water. Although the Ziauddin Hospital is close by, the massive demand for health services here outstrips its capacity. This clinic began operations in April 2014 and was donated by our trustee Iqbal Adamjee and his brothers, who then named it after their mother. Each clinic has an ultrasound facility which is provided to patients at a nominal cost. The Momin Adamjee Center treated 39,577 in the financial year 2015-16 of whom 16,673 were children.



HAJRA AND AHMED UMER CENTRE

The Hajra and Ahmed Umer Centre is located in Jumma Goth, also known as the heart of Korangi, inside a decommissioned Tuberculosis Isolation Center. A section of the large facility has been repurposed to establish a standard ChildLife-Sina Clinic. Artistic Fabric Mills (Pvt) Ltd and Artistic Garment Industries have extended its support for the construction and operation of this. The workers at the clinics are given recognition and non-monetary incentives in order to inculcate prestige and improve quality of services to the patients. The Hajra and Ahmed Umer Center treated 41,236 patients in the financial year 2015 -16 and 14,445 of them were children.



RAGHIB FOUNDATION'S SHAHNAZ MEMORIAL CENTRE

The Raghieb Foundation's Shahnaz Memorial Centre in Saindad Goth is a lifeline, not just for the people in the community – which includes nearly 10,000 households – but also for the adjoining areas of Ayub Goth, Ibrahim Goth and Lassi Goth, where daily wage earners and small business owners who cannot afford private healthcare reside. The clinic was formally inaugurated on May 13th 2015 and has been supported by generous donations from Mr. Raghieb Hussain, a California-based entrepreneur. The clinic has been named after his mother to honor his involvement. The Shahnaz Memorial Center treated 32,106 patients in the financial year 2015 -16 of whom 15,537 were children.



HANIF ADAMJEE CENTRE

The Hanif Adamjee Centre, in Yousuf Arfani Goth, was inaugurated in September 2015. Yousuf Arfani Goth has a population of approximately 315,000, and comprises of 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 virtually no medical facilities to speak of. The initiative to open up the clinic drew overwhelming support from the people living in the area. The clinic will serve not just Yousuf Arfani Goth, but also 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. The Clinic has so far treated 23,352 patients in the financial year 2015-16 including 9,829 children.



SHAHJEHAN SIDDIQUI CENTRE

Inaugurated in January 2016, this clinic is located in Zareena Colony, North Karachi. It is sponsored and supported by Aftab Siddiqui, owner of Paragon Constructors and is dedicated to the memory of his mother. It is the first in-house clinic that has been designed and constructed by the team at SINA Trust. Each Primary Care Clinic has a fully stocked pharmacy where all medicine needed for treatment are made available to patients free of cost. In the first six months of its operation until June 2016, the center treated 12,380 patients of whom 4,653 were children.



QURESHI MEMON CENTRE

This clinic began operations in April 2016 and is located in Yousuf Goth, near 4K chowrangi, New Karachi. Sponsored by a family of two doctors, Dr. Altaf Memon, who is based in Saudia Arabia, and Dr Nadeem Qureshi, who resides in St. Louis, Missouri. Within just two months of its operation during the financial year of 2015-16, the clinic treated 5,341 patients including 2,083 children. Samples for laboratory tests are taken at each clinic and then sent to a central lab for testing.

MUSA SOORTY CENTRE

This clinic was inaugurated in February of 2016 in Moach Goth, off Hub Chowki Road near SUPARCO. Sponsored by the Soorty family, the clinic has been named after Musa Soorty, grand father of Shahid Soorty who is the CEO of the Soorty Group. In five months, the number of patients treated were 13,396 including 6,065 children. On the last Tuesday of every month, doctors from all clinics gather for a Continuous Medical Education session. Each session is devoted to a different topic in medicine so that each participant gets the chance to develop valuable skills as well as awareness of protocols based on the various trends of different diseases.





ANITA AZIZ RAKLA CENTRE

The Anita Aziz Rakla Centre is located in Yousuf Sahab Goth near Gulshan-e-Maymar. It is sponsored by Mr Aziz Rakla who is a devoted philanthropist based in Canada and is involved in various humanitarian projects. The average flow of patients is around 2000 every month, half of which are children. Each SINA Clinic undertakes preventive measures to reduce the incidence of disease. Consultations with at risk patients as well as the immunization of children are all offered at a nominal cost at the clinic. The Expanded Program for Immunization (EPI) of the World Health Organization (WHO) also visits the clinics on fixed days so that children from the community can be vaccinated.

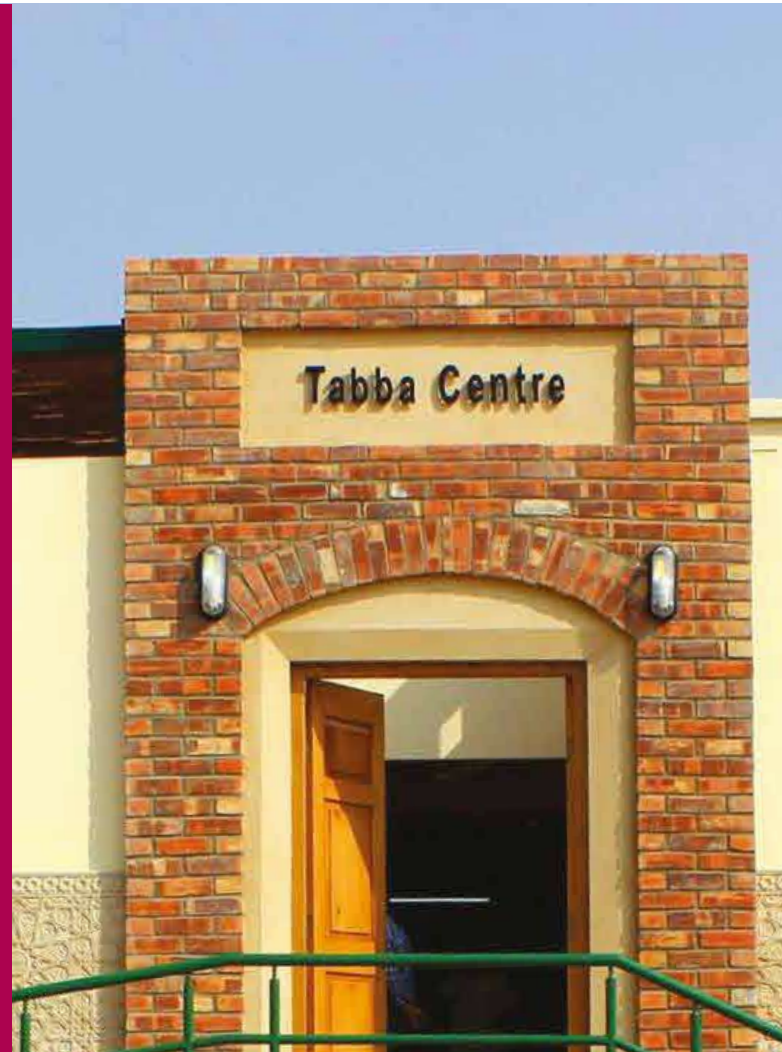
IIL CENTRE

The IIL Centre is located in Majeed Colony off the National Highway and is sponsored by Mr Riyaz Chinoy, owner of International Industries Limited. Each SINA Clinic provides treatment to nearly 30,000 patients annually. A nominal cost is charged from adults while children are treated completely free of cost. Each patient is registered at the clinic and a complete history of their health is maintained in files for ease of diagnosis. Average flow of patients in this clinic is around 2,500 per month out of which around 1,000 are children.



TABBA CENTRE

The Tabba Centre is located in Khair Mohammad Goth near Surjani Town. It has been sponsored by Mr Jawed Tabba of Lucky Textile Mills and is the latest ChildLife-SINA clinic to be inaugurated. A referral network has been established where patients who require more specialized care are tended to by experts absolutely free of cost. A referral coordinator accompanies and assists the patients from the beginning right until the end of their treatment in order to ensure that all requirements are completed. Expected flow of patients are around 1500 – 2000 half of which should be children.



SINA COO'S MESSAGE



Offering treatment to over 2000 patients daily and nearly half a million patients yearly via its clinics that are spread over two-thirds of all towns of Karachi, SINA is the largest privately-funded, not-for-profit primary healthcare system in the country. Every year, 2-3% of the entire city's population benefits from this system. A milestone in its own right, such an achievement could not have been achieved without the support of partners like the ChildLife Foundation. SINA and ChildLife have been shouldering responsibilities to continuously address various healthcare challenges, particularly those related to pediatric care. Every year, communicable diseases kill thousands of children who would otherwise have constituted the bright future of our country. Both organizations have been working together tirelessly to treat and protect these children so that they may lead a life of pure enjoyment and fulfillment.



PREVENTIVE HEALTH PROGRAM

The UNICEF Report ranks Pakistan as one of the highest in terms of neonatal and infant mortality in the region. Although neonatal and infant mortality rate has decreased considerably worldwide during the last couple of decades, the situation has not improved in Pakistan. Mortality rate among children under the age of five years has declined globally mainly due to interventions that led to the care of mothers and infants. The Preventive Health Program has been designed with the same intention.

The Preventive Health Program(PHP) focuses on keeping children healthy. It involves monitoring a child's growth and development on a regular and scheduled basis as well as supplying recommended vaccinations at the appropriate ages and improving maternal health. It aims to prevent disease from developing or to detect an illness or disease in the earliest stages. On the contrary if a child is unwell or diagnosed with a disease, the focus transferences to treating the condition and achieving as good as health as possible.

Established in 1972 and headquartered in Dhaka, BRAC is the world's largest Non-Governmental organization working for the empowerment of people living in poverty. Since BRAC's launch in Pakistan in 2007, it has successfully reached 2 million people through its programs in microfinance, health, education and integrated assistance for the ultra-poor. It provides essential healthcare services to the rural communities through community health promoters.



ChildLife Foundation in collaboration with BRAC has been working on the development of Preventive Health Program since 2015 and aims to educate people about preventive practices, educating and hence empowering the community. The program is focused on optimizing healthy development of both mother and child.

As a part of the program the health workers provide parents with information about their child's growth and development. Such visits also give parents an opportunity to ask questions and seek advice. The program focuses on:

- **Prevention and care of infectious diseases**
- **Control and prevention of Pneumonia, TB, Malaria and HIV**
- **Maternal, neo-natal and child health.**
- **Birth Spacing**
- **Hygiene and Sanitation**
- **Nutrition**

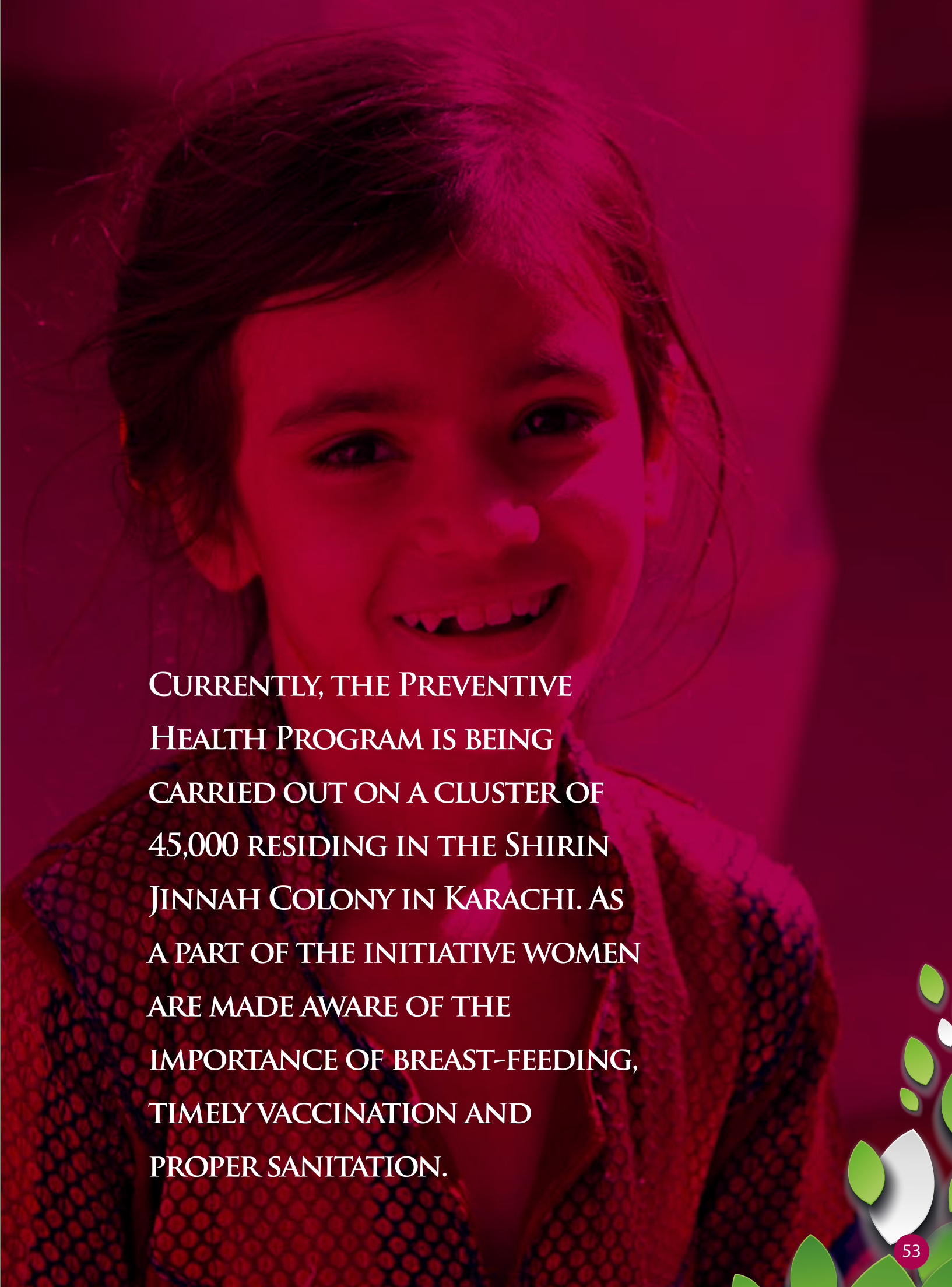


Currently, the Preventive Health Program is being carried out on a cluster of 45,000 residing in the Shirin Jinnah Colony in Karachi.

Awareness is spread through the pilot preventive program. This program operates through Community Health Providers visiting one household at least once every month and women in groups are educated by a Community Health Promoter (CHP). For every 10 CHPs, there is one Community Health Worker (CHW). In Shirin Jinnah colony alone, there are more than 40 CHPs reaching 45000+ people.

While preventive care costs much less than primary care treatments in terms of money, it is much more of a long-term investment in terms of time and effort. Education, time management and dedication are all critical to practicing effective preventive care and as a next step ChildLife plans to replicate the model in use at Shirin Jinnah in the other slum areas of Karachi as well.





CURRENTLY, THE PREVENTIVE HEALTH PROGRAM IS BEING CARRIED OUT ON A CLUSTER OF 45,000 RESIDING IN THE SHIRIN JINNAH COLONY IN KARACHI. AS A PART OF THE INITIATIVE WOMEN ARE MADE AWARE OF THE IMPORTANCE OF BREAST-FEEDING, TIMELY VACCINATION AND PROPER SANITATION.

5 YEARS
OF
SAVING
LIVES
ANNUAL REPORT 2016





HIGHLIGHTS & UPDATES

HIGHLIGHTS

CHIEF MINISTER SINDH VISITS CHILD LIFE FOUNDATION

Chief Minister Sindh Syed Murad Ali Shah visited ChildLife Foundation's Emergency Room (ER) at National Institute of Child Health (NICH). He was very impressed with the fully stocked pharmacy and the fact that all medicines dispensed from this pharmacy are free of cost. The CM expressed satisfaction on the protocols being followed at the ER and vouched full support for ChildLife's efforts to provide health care to children. He recognized the efforts of ChildLife Foundation and held in high regard the three Pediatric Emergency Rooms that provide free of cost life-saving treatment to not just the under-privileged children of Karachi but also those living in the rural areas of Sindh and Baluchistan

CELEBRATING 5 YEARS OF SAVING LIVES

On October 26, 2016 ChildLife Foundation completed 5-years of successful operations at Civil Hospital, Karachi. The ceremony was well attended by Chairman ChildLife Foundation, Mr. Iqbal Adamjee, former Medical Superintendents CHK Dr. Saeed Qureshi and Dr. Jamil Ahmed Siddiqui, and various dignitaries from the Civil Hospital Administration. To commemorate the occasion, token of appreciation was given to employees for their service, also merit awards were given to high performing individuals. In his speech Dr. Saeed Qureshi vouched for the work of ChildLife by describing the "abysmal" state of the Pediatric ER before October 2011, and the noticeable impact the ChildLife Management has had on the quality of care provided.

SHARMEEN OBAID CHINOY BECOMES PART OF OUR SUPPORTERS

ChildLife Foundation is privileged to have Sharmeen Obaid Chinoy, a double Oscar Nominee as it's patron. Sharmeen was deeply moved by the plight of ill children and the change brought about





by the efforts of ChildLife Foundation on the state of affairs in public sector hospitals. With this in view she vowed to support the cause within her existing capacity as a film maker and advocate for change and produced a documentary for the ChildLife Foundation absolutely free of cost

THE YEAR 2015-16 WITNESSED AN ENHANCED PUBLIC IMAGE OF THE CHILDLIFE FOUNDATION.

A number of leading dailies recognized the remarkable work done by the Foundation and the impact it is meant to create in the long run. The Express Tribune published a news story on December 18, 2015, covering the 360° change brought about at the NICH Emergency Room. In July Jang Newspaper, the oldest Urdu daily having the largest reach, gave prominent coverage to the ChildLife Foundation, followed by a news story in The News, the second largest English daily. In Electronic Media, Kamran Khan, the most viewed investigative journalist of Pakistan, now the President and Chief Editor of Dunya News did a segment in his show on the ChildLife Foundation. Simultaneously, Geo News also ran a story which included an interview with Dr. Naseeruddin Mahmood, a Trustee of ChildLife Foundation.

THANKS TO OUR DONORS – KORANGI 5 EMERGENCY ROOM EXPANDS

The 3rd Emergency Room of the ChildLife Foundation was launched on June 29, 2016 at Sindh Government Hospital Korangi No. 5. The building allotted to ChildLife ER unit is divided into four blocks which will be dedicated to Pediatric Non Critical Area, Neo Natal Non Critical Area, Resuscitation Area, and Triage and Fast Track OPD Area.



CHILDLIFE FOUNDATION IS PROUD OF THE FACT THAT CURRENTLY 100% OF THE FUNDS RAISED FOR ITS WORK ARE RAISED BY PAKISTANIS. WHILE 80% IS RAISED IN PAKISTAN, 20% OF OUR ANNUAL BUDGET IS RAISED BY THE PAKISTANI DIASPORA LIVING ABROAD PRINCIPALLY THOSE BASED IN THE UNITED STATES OF AMERICA.

A BIG THANKS TO OUR SUPPORTERS ON OUR 5 YEARS CELEBRATIONS

ChildLife Foundation is proud of the fact that currently 100% of the funds raised for its work are raised by Pakistanis. While 80% is raised in Pakistan, 20% of our annual budget is raised by the Pakistani diaspora living abroad principally those based in the United States of America. We are grateful for our champions residing in South Florida, Austin, Connecticut, Pittsburgh San Ramon, Fresno, San Francisco Bay Area, New York City, New Jersey, St. Louis, and Maryland, who go out of their way to mobilize the Pakistani community living in these states, and conduct fundraising activities. Currently all donations are channeled through i-Care Fund America, a donor advised fund, which provides tax exemption status to donors giving to ChildLife Foundation. Four clinics in our network are sponsored by Pakistani-Americans, while the remaining funds are for Emergency Rooms and the Preventive Health Programs.

In April 2016, ChildLife Foundation, was invited to the annual convention of the Dow Graduates Association of North America (DOGANA) to present the work of ChildLife Foundation. The Dow Medical College Class of 89 (II) has been supporting the Triage Room of the Civil Hospital Karachi since 2013. At the event, ChildLife was also presented a token of appreciation on behalf of the class, for their work at the Civil Hospital Pediatric ER.

Additionally ChildLife Foundation also receives support from Canada where our Trustee Mr. Zohair Zakaria mobilizes support from the Pakistani community. Tax exemption status for donations for ChildLife is provided by International Development and Relief Fund.





بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

نحمده و نصلی علی رسولہ الکریم

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

Introduction:

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

Method of utilization charity and donations:

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

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

Shariah Ruling:

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

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

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www.childlifefoundation.org

www.facebook.com/childlifefoundation



CHILDLIFE FOUNDATION

FINANCIAL STATEMENT
FOR THE YEAR ENDED JUNE 30, 2016

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 30 June 2016, 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.

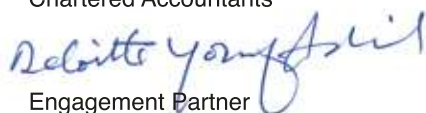
An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or 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 the appropriateness of accounting policies used and the reasonableness of accounting estimates made by 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 Trust as at 30 June, 2016, 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: September 30, 2016

Place: Karachi

Member of
Deloitte Touche Tohmatsu Limited

CHILDLIFE FOUNDATION
BALANCE SHEET
AS AT JUNE 30, 2016

	Note	2016 Rupees	2015 Rupees
ASSETS			
NON-CURRENT ASSETS			
Property and equipment	5	22,574,468	15,544,039
CURRENT ASSETS			
Inventory	6	5,873,342	3,711,883
Other receivables		1,121,779	226,066
Advances, deposits and prepayments	7	281,947	2,055,239
Investments	8	144,591,742	106,000,000
Cash and bank balances	9	77,347,022	66,933,982
		229,215,832	178,927,170
TOTAL ASSETS		251,790,300	194,471,209
FUNDS AND LIABILITIES			
FUNDS			
Inception contribution		10,000	10,000
Zakat fund	10	39,474,966	46,457,296
Endowment fund	11	160,096,285	106,786,055
General fund		24,093,513	10,771,977
		223,674,764	164,025,328
LIABILITIES			
NON-CURRENT LIABILITIES			
Deferred income related to property and equipment	12	7,842,153	9,430,435
CURRENT LIABILITIES			
Creditors, accrued and other liabilities	13	20,273,383	21,015,446
TOTAL LIABILITIES		28,115,536	30,445,881
TOTAL FUNDS AND LIABILITIES		251,790,300	194,471,209

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



TRUSTEE

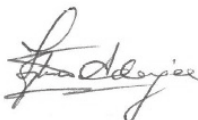


TRUSTEE

CHIDLIFE FOUNDATION
 INCOME AND EXPENDITURE ACCOUNT
 FOR THE YEAR ENDED JUNE 30, 2016

	Note	2016 Rupees	2015 Rupees
INCOME	14	122,165,665	68,294,715
EXPENDITURE			
Salaries and benefits		109,482,843	73,549,822
Medicines consumed		90,017,339	65,916,314
Patient consultation	15	36,431,439	20,650,216
Project renovation		24,396,593	13,721,681
Depreciation		6,917,233	5,320,009
Supplies and consumables		5,613,509	4,077,611
Repairs and maintenance		4,814,762	3,303,495
Resource mobilization and communication	16	3,814,800	4,402,772
Preventive health care		3,252,645	2,501,480
Utilities		1,705,667	1,453,804
Legal and professional		367,296	135,476
Auditors remuneration		264,000	236,000
Others	17	1,999,863	2,012,434
Total expenditure		289,077,989	197,281,114
Less: Utilized from Zakat Fund			
Operating expenses		(148,253,288)	(113,541,608)
Operating expenses clinics	15.2	(29,289,433)	(14,381,364)
Project renovation		(2,691,140)	(1,845,802)
		<u>(180,233,861)</u>	<u>(129,768,775)</u>
		108,844,128	67,512,339
Surplus for the year transferred to general fund	18	<u><u>13,321,537</u></u>	<u><u>782,376</u></u>

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



TRUSTEE



TRUSTEE

CHILDLIFE FOUNDATION
CASH FLOW STATEMENT
FOR THE YEAR ENDED JUNE 30, 2016



	2016 Rupees	2015 Rupees
CASH FLOWS FROM OPERATING ACTIVITIES		
Surplus of income over expenses for the year	13,321,537	782,376
Adjustments for		
Amortisation of deferred income	(4,019,988)	(4,141,731)
Depreciation charge for the year	6,917,233	5,320,009
Loss on disposal of property and equipment	1,937	57,815
	<u>16,220,719</u>	<u>2,018,469</u>
Working capital changes		
(Increase) / decrease in current assets		
Inventory	(2,161,459)	(878,398)
Other receivables	1,321,106	1,705,315
Advances, deposits and prepayments	1,773,292	(1,043,073)
Increase in current liabilities		
Creditors, accrued and other liabilities	<u>(742,063)</u>	<u>8,471,269</u>
Net cash generated from operating activities (A)	<u>16,411,595</u>	<u>10,273,582</u>
CASH FLOWS FROM INVESTING ACTIVITIES		
Purchase of property and equipment	(14,037,599)	(5,871,207)
Investment in Islamic term deposits	(5,000,000)	(106,000,000)
Investment in Islamic mutual funds	(33,591,742)	-
Redemption of investment in Pakistan Investment Bond	-	35,187,578
Proceeds from disposal of property and equipment	88,000	128,000
Net cash used in investing activities (B)	<u>(52,541,341)</u>	<u>(76,555,629)</u>
CASH FLOWS FROM FINANCING ACTIVITIES		
Zakat fund received	175,683,236	171,019,545
Utilization of Zakat fund	(180,233,861)	(129,768,775)
Endowment fund received	44,112,921	67,487,870
Realized gain from Islamic Investments	6,980,490	2,179,226
Net cash generated from financing activities (C)	<u>46,542,786</u>	<u>110,917,866</u>
Net increase in cash and bank balances (A+B+C)	10,413,040	44,635,819
Cash and cash equivalents at beginning of the year	66,933,982	22,298,163
Cash and cash equivalents at end of the year	<u>77,347,022</u>	<u>66,933,982</u>

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

TRUSTEE

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CHILDLIFE FOUNDATION
STATEMENT OF CHANGES IN FUND BALANCES
FOR THE YEAR ENDED JUNE 30, 2016

	General Fund						Total	
	Note	Inception contribution	Zakat Fund	Endowment Fund	Project renovation and capital expenditure	Others		Subtotal
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 claim for patients treated at SINA	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		-	-	226,066	-	-	-	226,066
- Islamic Term Deposit Receipt		-	-	-	-	-	-	-
'Realized gain on		-	-	5,387,870	-	-	-	5,387,870
- Pakistan Investment Bonds		-	-	1,364,689	-	-	-	1,364,689
- Islamic Term Deposit Receipt		-	-	814,537	-	-	-	814,537
- Others Islamic Investment		-	-	-	-	-	-	-
Balance at June 30, 2015		10,000	46,457,296	106,786,055	-	10,771,977	10,771,977	164,025,328
Funds received during the year		-	175,683,236	44,112,921	-	-	-	219,796,157
Zakat utilized for operating expenses		-	(148,253,288)	-	-	-	-	(148,253,288)
Zakat claim for patients treated at SINA	15.2	-	(29,289,433)	-	-	-	-	(29,289,433)
Zakat utilized for project renovation		-	(2,691,140)	-	-	-	-	(2,691,140)
Zakat transferred to General Fund		-	(2,431,706)	-	2,431,706	-	2,431,706	-
Surplus for the year		-	-	-	-	13,321,537	13,321,537	13,321,537
Property and equipment purchased during the year		-	-	-	-	-	-	-
Available-for-sale investment		-	-	-	(2,431,706)	-	(2,431,706)	(2,431,706)
'Unrealized gain on		-	-	-	-	-	-	-
- Islamic Term Deposit Receipt		-	-	309,530	-	-	-	309,530
- Islamic Mutual Funds Investment		-	-	1,907,289	-	-	-	1,907,289
'Realized gain on		-	-	-	-	-	-	-
- Islamic Mutual Funds Investment		-	-	1,684,453	-	-	-	1,684,453
- Islamic Term Deposit Receipt		-	-	4,234,626	-	-	-	4,234,626
- Others Islamic Investment		-	-	1,061,411	-	-	-	1,061,411
Balance at June 30, 2016		10,000	39,474,965	160,096,285	-	24,093,514	24,093,513	223,674,764

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



TRUSTEE



TRUSTEE

1. GENERAL INFORMATION

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

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

1.2 The Trust is currently managing the Children's Emergency Unit and Diarrhea Treatment Unit at Civil Hospital Karachi (CHK) under a 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 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 Trust is also managing the Children’s Emergency Unit in Korangi under a Memorandum of Understanding (MOU) signed between the Trust, Sindh Government Hospital Korangi 5 (SGHK), Government of Sindh (GoS) through the Secretary Health:
- the SGHK is responsible for providing adequate resources in the annual budget and depute, post and assign such qualified, technical, professional and surgical medical experts, paramedical staff and other experts of related disciplines and would also provide basic utilities; and
 - the Trust is responsible for smooth management of the above mentioned unit and of the facilities and to ensure that the same will function according to the standard operating procedures agreed with the administration of SGHK, further it is also responsible for providing and arranging funds for the renovation as deemed necessary of the above mentioned unit and to provide medical equipment, air conditioners etc.

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

2. STATEMENT OF COMPLIANCE

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

3. BASIS OF PREPARATION

These financial statements have been prepared under the historical cost convention except for certain 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 recognised on receipt basis.

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

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

4.4 Utilities and staff expenses for Children Emergency Units

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

4.5 Property and equipment

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

4.6 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. 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

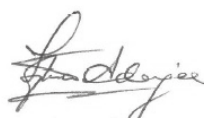
The fund has been created with the approval of the Trustees for the purpose to achieve sustainability. The fund will be invested in Islamic Investments.

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

During the year, the Trust has received approval of 45% for utilization of Zakat Fund from the Zakat Shariah Advisory Committee for SGHK for (1) purchases of fixed assets, and (2) project renovation expenses.



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5. PROPERTY AND EQUIPMENT

Particulars	Cost		Accumulated depreciation		Carrying Value at June 30, 2016	Rates	
	At July 1, 2015	At June 30, 2016	At July 01, 2015	Charge / (Disposal) for the year			At June 30, 2016
	Rupees.....						%
Furniture and fixtures	2,973,359	3,511,219	1,437,687	633,921	2,071,608	20	
Office equipment	8,022,730	10,972,565 (11,400)	2,731,150	1,819,029 (6,650)	6,429,036	20	
Computer equipment	4,435,260	7,982,654 (185,000)	2,238,407	2,147,947 (177,813)	8,024,373	33	
Medical equipment	8,820,600	2,555,850 (78,000)	4,171,241	1,858,236	5,268,973	20	
Motor vehicle	2,290,500	-	419,925	458,100	1,412,475	20	
June 30, 2016	26,542,449	14,037,599 (274,400)	10,998,410	6,917,233 (184,463)	22,574,468		
	Rupees.....						%
Particulars	Cost		Accumulated depreciation		Carrying Value at June 30, 2015	Rates	
	At July 1, 2014	At June 30, 2015	At July 1, 2014	Charge / (Disposal) for the year			At June 30, 2015
	Rupees.....						%
Furniture and fixtures	2,604,279	2,973,359	877,600	560,087	1,437,687	20	
Office equipment	6,582,206	8,022,730 (333,436)	1,431,137	1,447,634 (147,621)	5,291,580	20	
Computer equipment	3,250,093	1,185,167	1,085,846	1,152,561	2,196,853	33	
Medical equipment	8,568,100	252,500	2,431,439	1,739,802	4,171,241	20	
Motor vehicle	-	2,290,500	-	419,925	419,925	20	
June 30, 2015	21,004,678	5,871,207 (333,436)	5,826,022	5,320,009 (147,621)	15,544,039		

	Note	2016 Rupees	2015 Rupees
6. INVENTORY			
Medicines at CHK		1,106,470	1,164,416
Medicines at NICH		3,279,434	2,547,467
Medicines at K5		1,487,438	-
		<u>5,873,342</u>	<u>3,711,883</u>
7. ADVANCES, DEPOSITS AND PREPAYMENTS			
Advance to suppliers		122,807	1,904,684
Advance to staff		80,478	-
Deposits and prepayments		78,662	150,555
		<u>281,947</u>	<u>2,055,239</u>
8. INVESTMENTS			
Available for Sale			
Islamic Term Deposit Receipts	8.1	111,000,000	106,000,000
Mutual Funds	8.2	33,591,742	-
		<u>144,591,742</u>	<u>106,000,000</u>

8.1 This represents investments made on behalf of Endowment Fund (refer note-11). It carries profit rate of 4.71 % to 6.59% per annum and having maturity period of 1 month to 3 years. Currently, management does not have the intention to hold it till maturity.

8.2 During the year, units of NAFA Islamic Allocation Fund and Meezan Financial Planning Fund has been purchased on behalf of Endowment Fund (refer note-11).

8.2.1 Details of investments in Mutual Funds are as follows:

	Nafa Islamic Allocation Fund	Meezan Financial Planning Fund	Total
Number of units	<u>980,251</u>	<u>307,629</u>	
Initial cost	<u>15,000,000</u>	<u>15,000,000</u>	<u>30,000,000</u>
Realized gain	<u>1,130,720</u>	<u>553,733</u>	<u>1,684,453</u>
Cost at June 30, 2016	<u>16,130,720</u>	<u>15,553,733</u>	<u>31,684,453</u>
Fair value at June 30, 2016	<u>16,416,598</u>	<u>17,175,144</u>	<u>33,591,742</u>
Unrealized gain	<u>285,878</u>	<u>1,621,411</u>	<u>1,907,289</u>

	Note	2016 Rupees	2015 Rupees
9. CASH AND BANK BALANCES			
Cash in hand		13,000	14,926
Cash at banks in Islamic current accounts - Zakat		52,447,497	55,822,639
Cash at banks in Islamic saving accounts	9.1	<u>24,886,525</u>	<u>11,096,417</u>
		<u>77,347,022</u>	<u>66,933,982</u>
9.1	These carry return at the rates ranging from 4.37% to 5.3% percent (2015: 5%) per annum.		
10.	The Zakat fund includes the amount received in the Holy month of Ramadan, which fell close to the year end. This shall be utilized for the operating expenses incurred during the next financial year.		
	Note	2016 Rupees	2015 Rupees
11.	The Endowment Fund was earmarked against following assets:		
Islamic Term Deposit Receipts		111,000,000	106,000,000
Islamic Mutual Funds Investments		33,591,742	-
Unrealised gain on Islamic investments		309,530	226,066
Cash at banks in Islamic saving accounts		<u>15,195,013</u>	<u>559,989</u>
		<u>160,096,285</u>	<u>106,786,055</u>
12. DEFERRED INCOME RELATED TO PROPERTY AND EQUIPMENT			
Opening balance		9,430,435	12,812,246
Assets purchased during the year		2,431,706	759,920
Amortisation for the year	14	<u>(-4,019,988)</u>	<u>(-4,141,731)</u>
Closing balance		<u>7,842,153</u>	<u>9,430,435</u>
13. CREDITORS, ACCRUED AND OTHER LIABILITIES			
Creditors		15,169,251	11,876,288
Accrued liabilities	13.1	5,098,389	8,947,398
Withholding tax		<u>5,743</u>	<u>191,760</u>
		<u>20,273,383</u>	<u>21,015,446</u>
13.1	This includes staff retirement benefits amounting to Rs. 1,160,004 (2015: Rs. 870,000)		
14. INCOME			
Donations			
Received in cash		99,089,360	45,242,668
Received in kind			
Medicines	14.1	18,743,247	18,910,316
Other		313,070	-
Amortisation of deferred income related to property and equipment	12	<u>4,019,988</u>	<u>4,141,731</u>
		<u>122,165,665</u>	<u>68,294,715</u>

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

	Note	2016 Rupees	2015 Rupees
15. PATIENT CONSULTATION			
SINA Trust	15.1 & 15.2	36,245,752	20,047,945
Memon Medical Institute Hospital		<u>185,687</u>	<u>602,271</u>
		<u><u>36,431,439</u></u>	<u><u>20,650,216</u></u>

15.1 This represents the charges paid by the Trust to one of its strategic partner SINA Trust for treatment of children @ Rs.330 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. 29,289,433 (2015: Rs. 14,381,364) claimed from Zakat Fund against Zakat eligible patients.

16. RESOURCE MOBILIZATION AND COMMUNICATION

This also includes travelling and transportation expenses incurred for fund raising activities by the management.

	2016 Rupees	2015 Rupees
17. OTHERS		
Loss on disposal of property and equipment	1,937	57,815
Miscellaneous	<u>1,997,926</u>	<u>1,954,619</u>
	<u><u>1,999,863</u></u>	<u><u>2,012,434</u></u>

18. The surplus for the year 2015-2016 has been utilized to purchase the fixed assets required for the smooth operations of the foundation.

19. TRANSACTIONS WITH RELATED PARTIES

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

Relationship with the Trust	Nature of transaction	2016 Rupees	2015 Rupees
SINA Trust (Dr. Naseeruddin Mahmood is a common Trustee)	Renovation of Clinic	11,535,000	10,500,000
	Patient consultation	36,245,752	20,047,945

20. DATE OF AUTHORISATION FOR ISSUE

These financial statements were authorised for issue by the Board of Trustees on 30 SEP 2016.

21. GENERAL

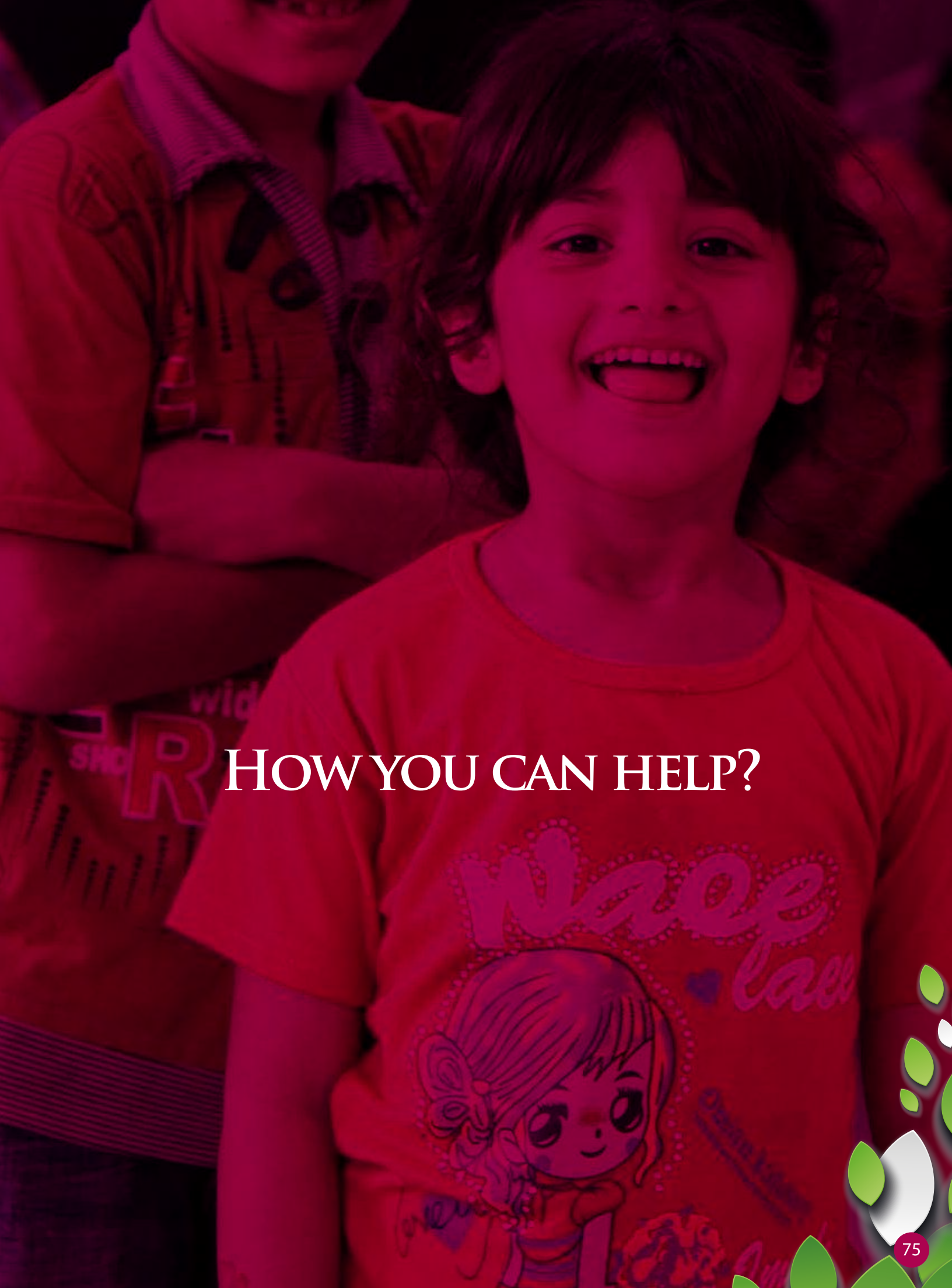
21.1 Figures have been rounded off to the nearest Rupee.



TRUSTEE



TRUSTEE



HOW YOU CAN HELP?

HOW YOU CAN HELP?

\$7

Rs. 700

Provides Life Saving
Treatment for a Child in
Emergency Room

\$10,000

Rs. 1,000,000

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

\$80,000

Rs. 8,000,000

Provides for establishment of a
clinic

\$108,000

Rs. 10,800,000

Provides for operations of a clinic
for a year treating 30,000 patients

DONATE IN PAKISTAN*

Through Checks

Mail Checks in the name of "ChildLife Foundation" to

7-A Tabba Street,
Mohammed Ali Society
Karachi, Pakistan.

THROUGH CREDIT CARD

Log on to; www.childlifefoundation.org

THROUGH BANK TRANSFER

Donation Account Details:

Bank Al Habib Limited

TITLE OF ACCOUNT: CHILDLIFE FOUNDATION

Account # 5006-0071-000045-01-6

Bank: Bank Al Habib Limited

Branch: Islamic banking Shaheed-e-Millat

IBAN# PK96BAHL5006007100004501

ZAKAT ACCOUNT 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

*DONATIONS MADE IN PAKISTAN ARE TAX
EXEMPT AND ZAKAT UTILIZATION IS AS PER
SHARIAH COMPLIANCE.

DONATE IN USA*

Through Checks
Mail Checks in the name of “ChildLife Foundation America” to

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

THROUGH CREDIT CARD
LOG ON TO:
WWW.CHILDLIFEFOUNDATION.ORG

THROUGH BANK TRANSFER

Account Name: ChildLife Foundation America Inc.
Account Number: 9004434821
Bank Name: City National Bank of Florida
Bank address: 13400 Biscayne Blvd., North
Miami, FL 33181
ABA/Routing Number: 066004367

*DONATIONS MADE IN USA ARE TAX EXEMPT
CHILDLIFE FOUNDATION AMERICA IS A
REGISTERED 501 C(3) ORGANIZATION. EIN NO.
: 81-3687828. ZAKAT UTILIZATION IS AS PER
SHARIAH COMPLIANCE.

DONATIONS IN CANADA*

Through Checks
Mail Checks in the name of “IDRF” with a note
“ChildLife Foundation” in the memo to

Zohair Zakaria
ChildLife Foundation
3269 Camberwell Drive
Mississauga ON L5M6T2

THROUGH CREDIT CARD
LOG ON TO: WWW.IDRF.COM AND SPECIFY
CHILDLIFE FOUNDATION IN THE
COMMENTS SECTION

*DONATIONS MADE IN CANADA ARE TAX
DEDUCTIBLE THROUGH OUR PARTNER
INTERNATIONAL RELIEF & DEVELOPMENT
FUND (IDRF), A CHARITABLE REGISTERED
FIRM # 132543005RR0001. ZAKAT UTILIZA-
TION IS AS PER SHARIAH COMPLIANCE.

