



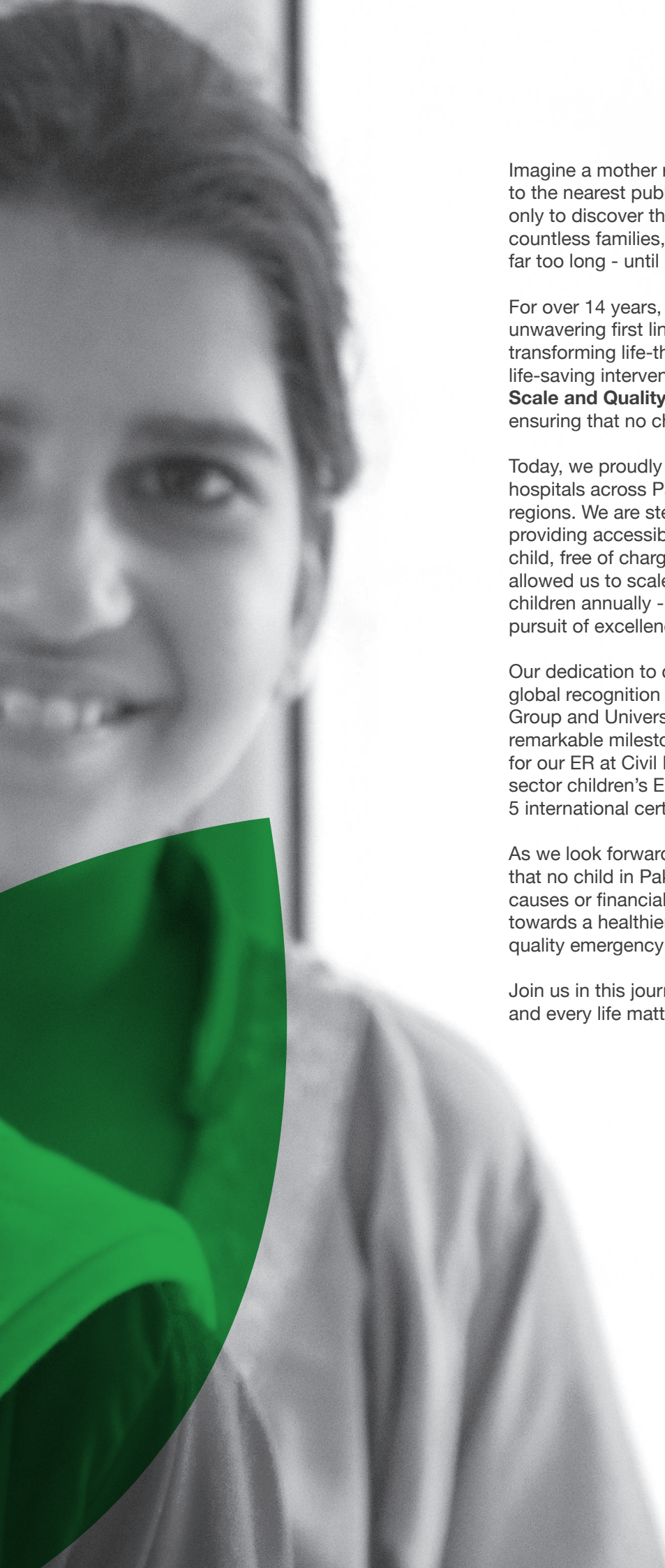
ANNUAL
REPORT
2024

Impact with Scale



CHILDLIFE
FOUNDATION





Imagine a mother racing against time, carrying her ailing child to the nearest public hospital in a remote part of Pakistan, only to discover that no emergency care is available. For countless families, this heartbreaking reality has persisted for far too long - until now.

For over 14 years, ChildLife Foundation has been the unwavering first line of defense for children, dedicated to transforming life-threatening situations through essential, life-saving interventions. Our commitment to **Impact with Scale and Quality** remains at the core of everything we do, ensuring that no child is left behind.

Today, we proudly extend our reach to over 300 public hospitals across Pakistan, focusing on the most underserved regions. We are steadily moving towards our vision of providing accessible, high-quality emergency care to every child, free of charge and available 24/7. This expansion has allowed us to scale our impact significantly, treating 2 million children annually - an achievement that reflects our relentless pursuit of excellence.

Our dedication to continuous improvement has garnered global recognition this year from the PALISI Global Health Group and University of California Pediatric Investigators. In a remarkable milestone, we also achieved SafeCare certification for our ER at Civil Hospital, Karachi, becoming the first public sector children's ER in Pakistan to attain this prestigious Level 5 international certification.

As we look forward, we stand united in our mission: to ensure that no child in Pakistan loses their life due to preventable causes or financial hardships. Together, we are making strides towards a healthier future, where every child has access to the quality emergency care they deserve.

Join us in this journey of impact, where scale meets quality, and every life matters.

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Legal Status and Objective

ChildLife Foundation (the Trust) is a non-profit, non-political body of philanthropists and professionals which came into existence with effect from October 27, 2010, under a registered trust deed. The principal office of the Trust is situated at LG-49, Lower Ground, LuckyOne Mall, Block 21, F. B. Area, Rashid Minhas Road, Karachi. It is managed by the board of trustees.

The principal objectives of the Trust are:

- To promote the cause of medical care and manage emergency care units for children and setting up, establishing, managing, operating, obtaining registrations and recognitions and funding for medical, educational, and social welfare institutions.
- To accept donations, grant contributions and subsidies from philanthropists, local and offshore donors, bodies and organizations.
- To acquire, take over or receive by way of donations, develop plots, amenity sites, and immovable properties of all kinds out of funds of the Trust; and

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

The trust is currently managing Children's Emergency Rooms of 13 government teaching hospitals in Sindh (9), Balochistan (1), Punjab (2) and Islamabad (1), treating 2 million children free of cost every year. The trust has also established 300 Telemedicine Satellite Centres, set up at District and Taluka Hospitals in the province of Sindh, Balochistan, Punjab and Azad Jammu and Kashmir, and 1 Urgent Care Center at District Hospital in Sindh as of June 30, 2024.



An illustration of a cross-section of the earth. The top layer is dark brown soil with several small, rounded stones scattered across the surface. Below the surface, the soil is a lighter brown color with wavy, horizontal layers. On the right side, a tree trunk is visible, extending from the top edge down into the soil. The roots of the tree are shown as a network of light brown, branching lines extending horizontally and vertically into the soil layers.

Our Vision

Child-Safe Pakistan

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

Our Mission

Saving the
Future of Pakistan

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

The background of the page is a dark brown, textured surface representing soil. At the top, there are four brown, oval-shaped stones. On the left side, there are several light brown, branching roots extending downwards. The text is centered on the page in a light green color.

Our Values

- Teamwork
- Compliance
- Humility
- Competence
- Compassion

Road Map

Working towards a child safe Pakistan

- Children's Emergency Rooms
All public teaching hospitals
- Telemedicine Satellite Centers
All public secondary care hospitals
- Preventive Health Program
All under 5 population

Quality Policy

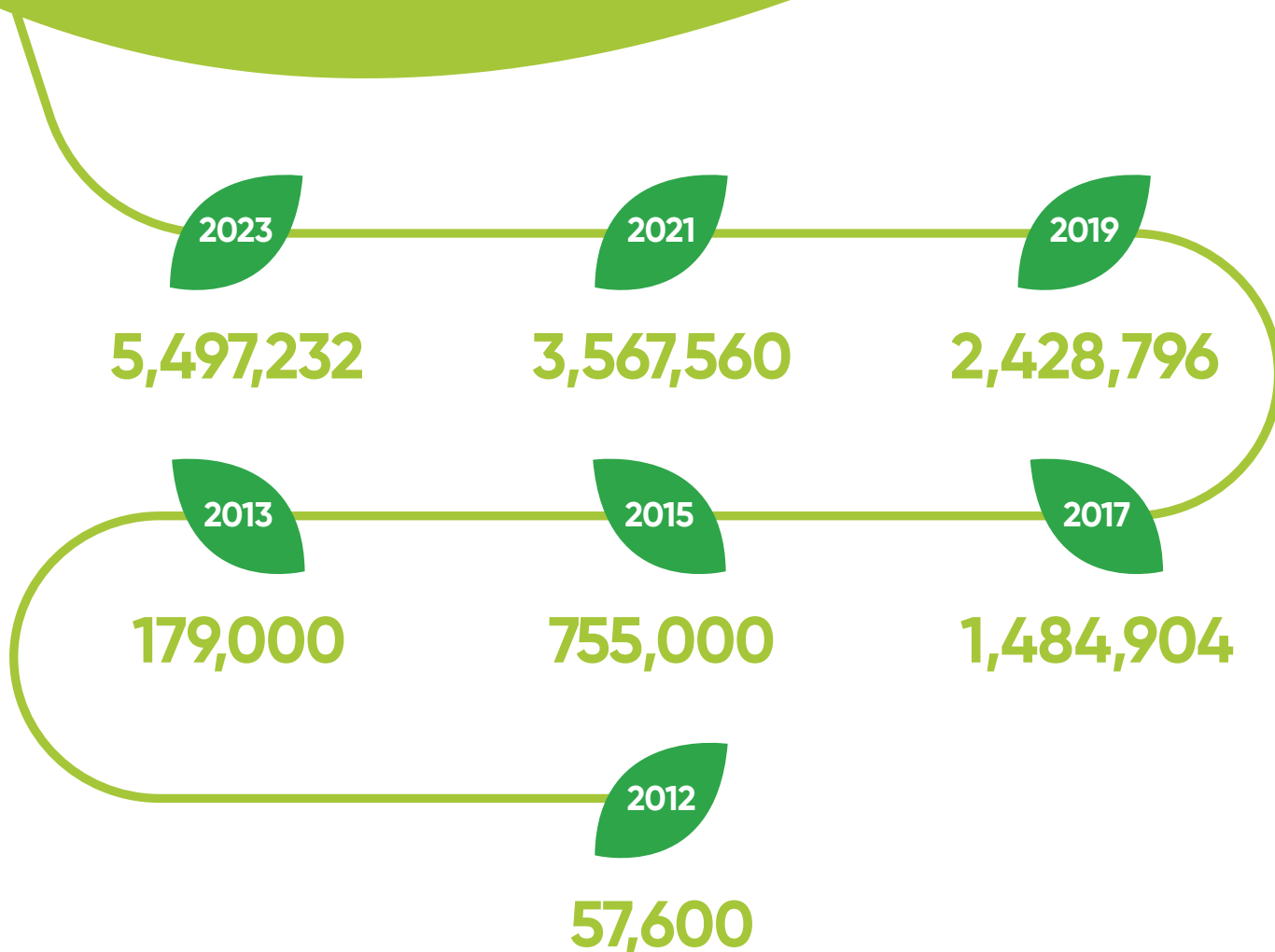
Best Possible Care
Every Patient, Every Time

Impact Numbers

6.7 Million

Children Treated in Emergency Rooms

(Cumulative numbers from 2011-June 2024)



13

Emergency Rooms

In Sindh, Balochistan, Punjab and Islamabad

300

Telemedicine Satellite Centers

In Sindh, Balochistan, Punjab and AJK

1

Urgent Care Center

In Sindh

73%

Patient Satisfaction Rate

As per Patient Satisfaction Survey

692,153

Telemedicine Consultations

In Sindh, Balochistan, Punjab and AJK

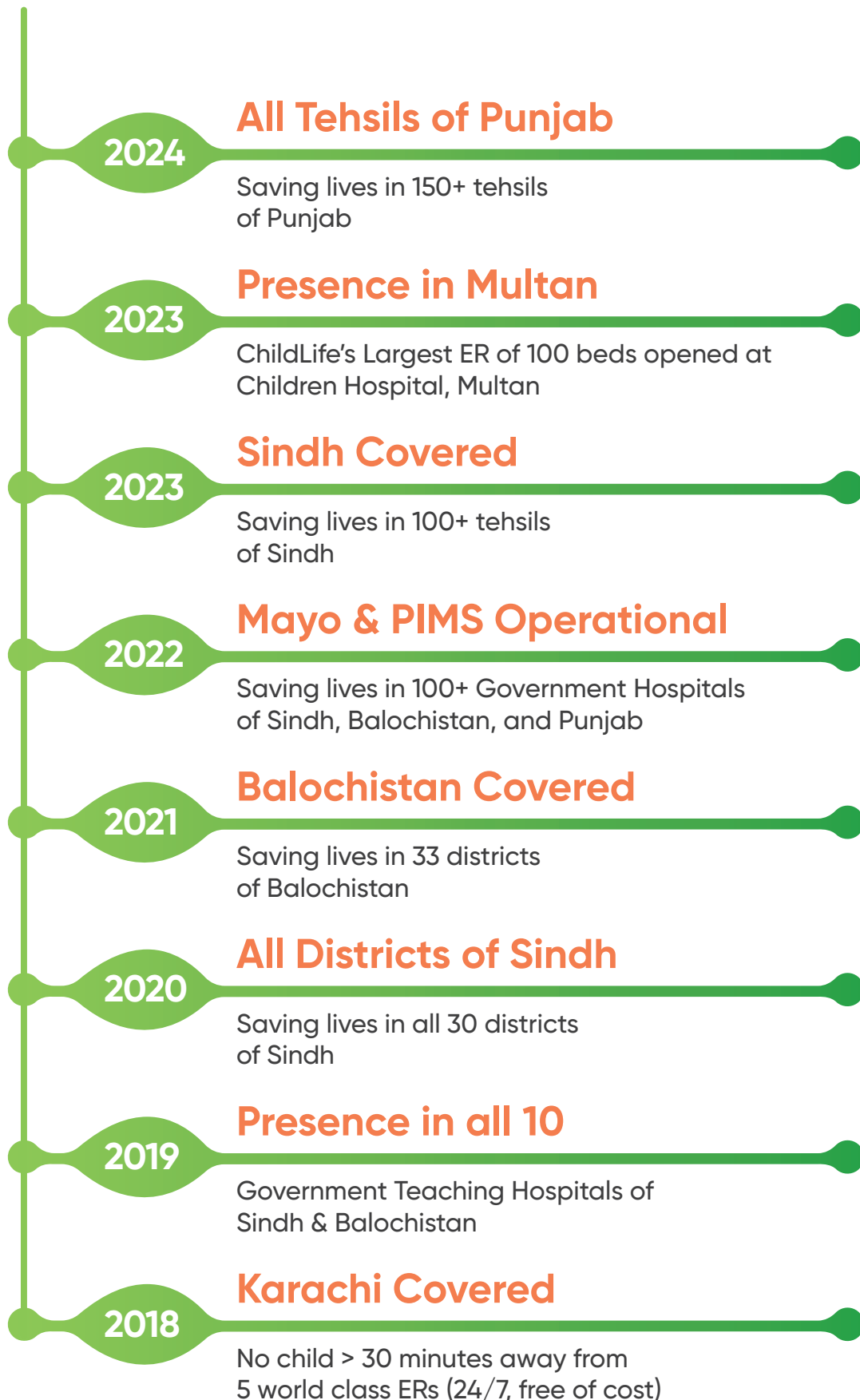


Saving Children in

300+

Hospitals across
Pakistan

Milestones

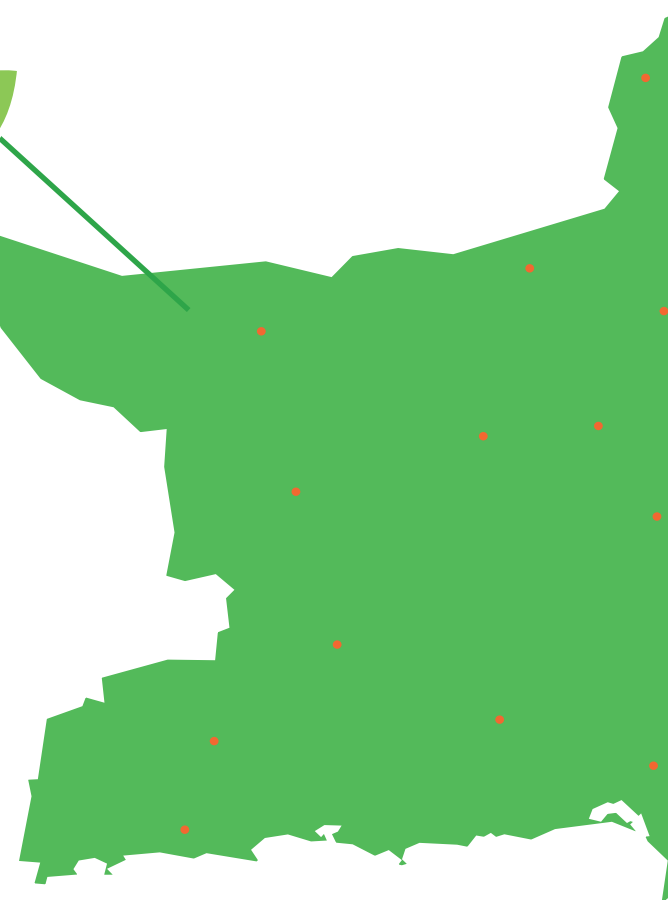


ChildLife Foundation has expanded its operations across Pakistan and is managing **13 children's Emergency Rooms, 300+ Telemedicine Satellite Centers and 1 Urgent Care Center**, in partnership with the government.

Free Treatment of 2 Million Children in 2024

Balochistan

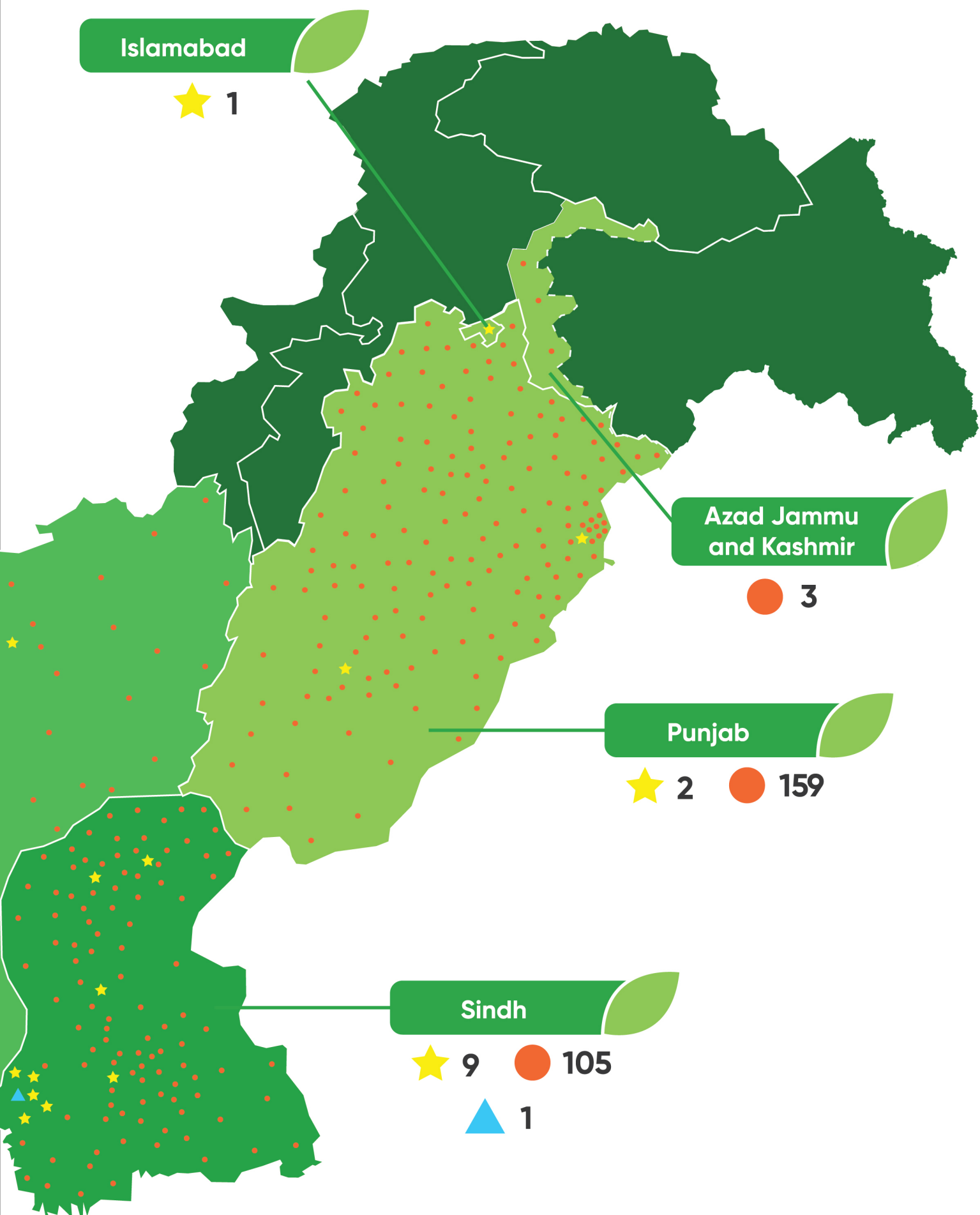
★ 1 ● 32



★
Emergency
Rooms

●
Telemedicine
Satellite Centers

▲
Urgent Care
Center



Islamabad

★ 1

Azad Jammu and Kashmir

● 3

Punjab

★ 2 ● 159

Sindh

★ 9 ● 105

▲ 1



The Largest ER of ChildLife

Transforming Children's Emergency Care in Multan

In September 2023, ChildLife Foundation partnered with Punjab Government to modernize the children's Emergency Room (ER) of The Children's Hospital, Multan.



20,000 Sq. Ft.



100 Beds



90,000+ Children
Treated till June 2024



South Punjab, with a population of 40+ million is one of the least developed regions of Pakistan with a high child mortality rate. These deaths are preventable and can be reduced by 50% if children's emergency services are improved. Multan is the largest city in South Punjab and is the referral site for the poorest and sickest children.

The existing public sector hospitals of Multan are overwhelming. Recognizing The Children's Hospital Multan's role as healthcare hub for the region of south Punjab, ChildLife has transformed the hospital's children's ER to a 100-bed facility, spanning across 20,000 sq. ft. It stands as ChildLife's largest ER to date, dedicated to serving the most vulnerable children of south Punjab, with a capacity to treat more than 150,000 children annually.

This newly upgraded ER started in December 2023 and serves as a lifeline for the sickest children of southern Punjab. The modernized ER is equipped with WHO-recommended triage facility, life-saving equipment such as cardiac monitors, infusion pumps, phototherapy lights, a 24/7 pharmacy offering free medicines, and 100+ trained staff dedicated to delivering quality emergency care to children, free and 24/7.

The ER also offers comprehensive diagnostic and radiology services to help make effective treatment decisions through accurate and timely diagnoses, which is critical to saving lives.

Impact on Reducing Under-5 Mortality

Since the ER's transformation in December 2023, in less than 7 months more than 90,000 children have received emergency care, including thousands of critical cases referred from nearby rural and urban areas. For these sick children, every second counts, and the ER's expanded capacity with life-saving equipment and trained staff ensure that every child is provided with the quality emergency care they need without any delay.



Diagnostic Lab Tests



Radiology (Digital X-ray and Computed Radiography)



BLUS (Bed-side lung ultrasound)



Mubashir



Triumph Over Adversity

When Nadia entered the ER, Mubashir was barely conscious. Overwhelmed with fear, she kept thinking in her mind “What will happen to my son?”

Nadia’s heart ached as her two-year-old son Mubashir struggled to breathe with his fever worsening with each passing day. After seven days of treatment at a nearby clinic, Nadia was forced to look for alternatives as her son’s condition got critical, ultimately rushing him to the children Emergency Room (ER) at Children’s Hospital, Multan, managed by ChildLife Foundation. When Nadia entered the ER, Mubashir was barely conscious. Overwhelmed with fear, she kept thinking in her mind “What will happen to my son?”.

Sensing his severe condition, the triage nurse immediately categorized Mubashir as P1 patient (priority 1) and rushed him to the Resuscitation Room. In Mubashir’s situation, every second mattered, and the staff sprang into action. Mubashir was having difficulty breathing and had a severe cough. With suspected severe pneumonia, the doctors administered IV medications, fluids and oxygen. For the final diagnosis of his illness, the staff conducted blood test and radiology tests which revealed that Mubashir was suffering from Bronchopneumonia.

After four hours of intense care and oxygen support, Mubashir’s fever began to drop, and his breathing eased. Though relieved by his recovery, Nadia could not stop worrying about the treatment costs. Her husband, a store worker, had to support their six children on his modest income. However, the ER team assured her that in ChildLife-managed ERs, the entire treatment is completely free of cost.

With tears of gratitude, Nadia thanked the ER team by saying “Mubashir is safe and recovering because of your dedication and compassionate care.”

For families like Nadia’s, ChildLife Foundation’s commitment to quality emergency care is a beacon of hope in their darkest hours.



2030 & Beyond



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

40+

Emergency Rooms (ER)

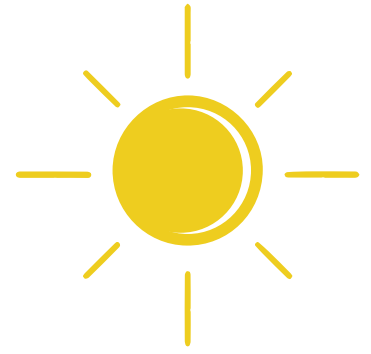


400+

Telemedicine Satellite Centers (TSCs)



Goals



Short-Term

Establish **Telemedicine Satellite Centers** in all Districts of Khyber Pakhtunkhwa

Modernize **Children's Emergency Room** in Khyber Pakhtunkhwa



Medium-Term

Upgrade **5 Children's Emergency Rooms** in Punjab

Upgrade **2nd Children's Emergency Room** in Balochistan

Establish **3 Urgent Care Centers**



Long-Term

Implement our healthcare model in more than **500+ government hospitals** of Pakistan

Contribute to the realization of **United Nation's Sustainable Development Goal 3.2** by serving as Pakistan's leading provider of pediatric emergency healthcare.



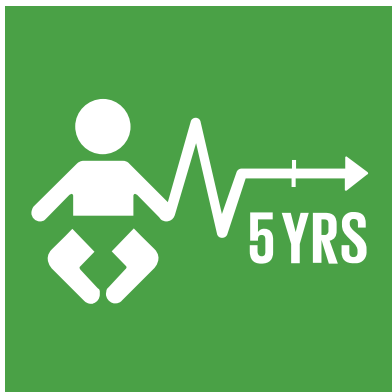
Source: Our projections and targets are based on on-ground information, market assessments, risk evaluations, and managerial and board discussions.

Sustainable Development Goals



TARGET

3.2



END ALL PREVENTABLE DEATHS UNDER 5 YEARS OF AGE



SUSTAINABLE DEVELOPMENT GOALS

ChildLife Foundation is dedicated to making a lasting impact on the lives of children by aligning with the United Nation's Sustainable Development Goals (UN SDGs). Our primary focus is on SDG 3.2, which seeks to eliminate preventable deaths among infants and children under the age of 5 by the year 2030.

Our goal for 2030 is ambitious but achievable—to eradicate preventable deaths and reduce child mortality rates in Pakistan by enhancing the public emergency care system for children and expanding the reach of impactful interventions nationwide. We are committed to working towards a future where every child in Pakistan has access to quality emergency care. Aligned with SDG 3.2, our aim is to reduce neonatal mortality to 12 per 1,000 live births and under-5 mortality to 25 per 1,000 live births.

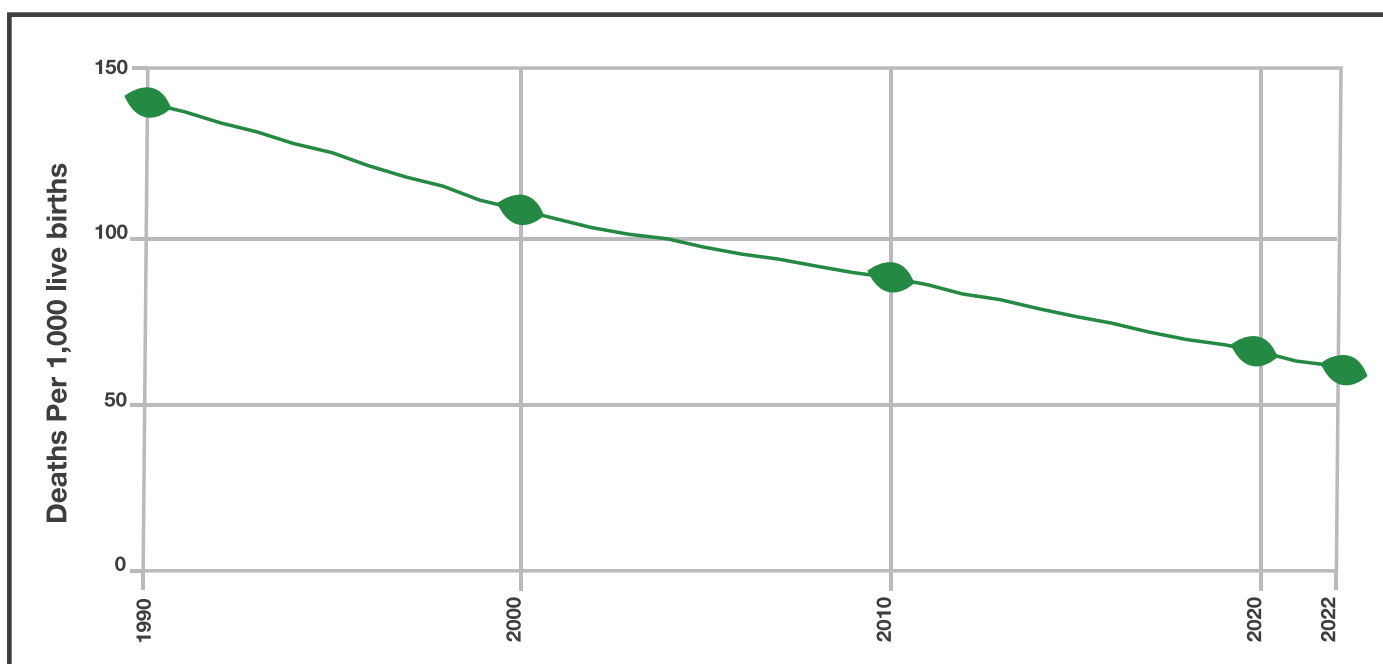
Reducing Child Mortality across Pakistan

Neonatal Mortality

Indicator	1990	2000	2010	2020	2021	2022
Mortality Rate Neonatal (per 1,000 live births)	64	56.8	49.8	40.4	39.7	38.7

Under 5 Mortality

Indicator	1990	2000	2010	2020	2021	2022
Mortality Rate Under 5 (per 1,000 live births)	139.7	107.8	87.1	65.2	63	61



Source: <https://data.unicef.org/country/pak/>

Accolades





Best Corporate Report Award 2023 (1st Position) by ICAP and ICMAP in the NPO Category

ChildLife Foundation has secured first position for the Best Corporate Report (BCR) Award 2023, in the Non-Profit Organization (NPO) category, for the **third consecutive year**. The award is jointly presented by the Institute of Chartered Accountants of Pakistan (ICAP) and the Institute of Cost and Management Accountants of Pakistan (ICMAP).

This award underscores the foundation's commitment to transparency, excellence in corporate governance, and adherence to the best international practices in financial reporting.

ChildLife's Emergency Room Achieves SafeCare Certification

ChildLife's children Emergency Room at Dr. Ruth Pfau Civil Hospital, Karachi is the first public sector hospital's ER to be awarded the international SafeCare certification, achieving Level 5 status, reflecting the highest quality standards as per SafeCare's rigorous evaluation criteria.

SafeCare, an initiative by PharmAccess (Netherlands), Joint Commission International (JCI), and COHSASA, is a methodology with internationally accredited standards designed to enhance healthcare quality.

We remain steadfast in our commitment to maintaining these world-class standards, ensuring the best emergency care for every child, every time.



K-Electric KHI AWARD 2024



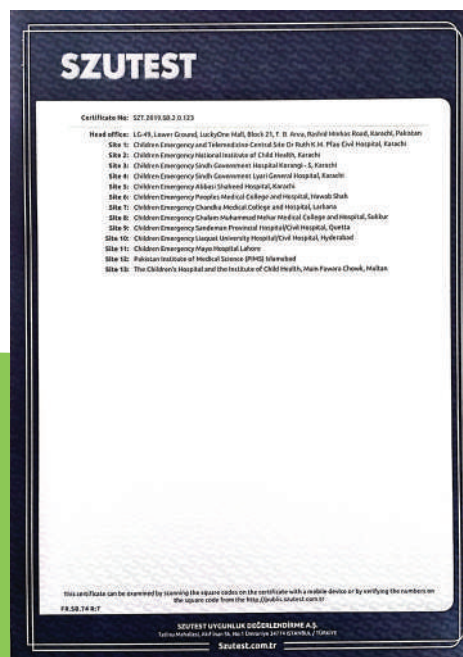
ChildLife has won the prestigious “KHI AWARDS” by K-Electric in the category of Public Health (Secondary/Tertiary) for the 3rd time in a row. This year, ChildLife has received the award for introducing X-Ray and Computed Radiography (CR) in its children's Emergency Rooms (ER) across Pakistan which helps the doctors in timely diagnoses and treatment.

We feel honoured to have been recognized for our work towards reducing child mortality by making quality emergency care accessible to children across Pakistan, 24/7 and free of cost.

ISO 9001:2015 Certified Organization

Our ISO 9001:2015 certification underscores our commitment to delivering Emergency Services consistently while ensuring high patient satisfaction.

This certification signifies our capacity to provide services that consistently meet patient and regulatory standards, reflecting our dedication to ongoing system improvement and the enhancement of customer satisfaction.



PCP Certified Organization

ChildLife Foundation is certified by the Pakistan Center For Philanthropy (PCP). This certificate is a testament to our credibility and trustworthiness, reaffirms the excellence we consistently demonstrate in our work and meeting all regulatory standards and requirements. Being a part of the PCP network allows us to contribute to the strengthening of non-profits and foundations, fostering the development and enrichment of local communities, a cause we take pride in supporting.



Candid's Platinum Seal of Transparency Award

ChildLife Foundation has received the prestigious "Platinum Seal of Transparency" from Candid (previously known as Guidestar), a prominent information service organization renowned for its non-profit reporting. This recognition represents the highest level of transparency attainable for an NPO, affirming our commitment to openness through the sharing of our five-year strategic goals, metrics, updated financial reports, and detailed work information.

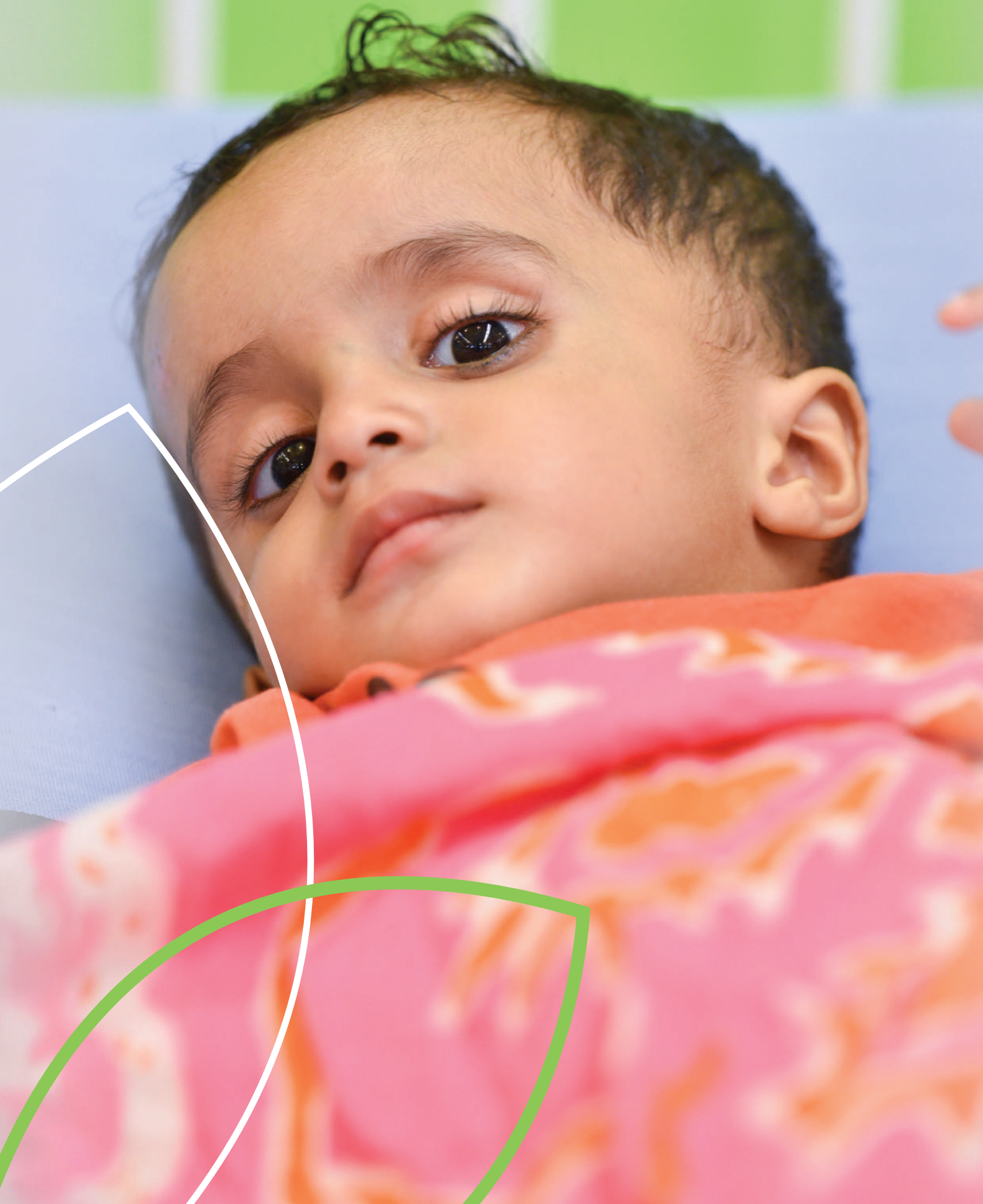
www.guidestar.org/profile/81-3687828

Charity Navigator's Four Star Rating

ChildLife Foundation maintains its four star rating awarded by Charity Navigator, a non-profit organization that evaluates and rates charities in the United States. The four star rating by Charity Navigator represent ChildLife's commitment to transparency and adherence to international best practices in financial reporting and corporate governance and providing donors with essential information to make informed giving decisions.



Collaborations



Collaborations have played a crucial role in the success of our emergency healthcare model. We deeply appreciate all the organizations that have joined forces with us and offered their support to our mission.

- Aga Khan University
- Allegheny Health Network, USA
- Ares Management, USA
- Brother's Brother Foundation, USA
- Emirates Society of Emergency Medicine (ESEM)
- Helping Hand
- Indus Hospital
- International Development & Relief Foundation, IDRF Canada
- Istituto Giannini Gaslini, Italy
- Johns Hopkins University, USA
- Miami Herald
- National Institute of Cardiovascular Disease (NICVD)
- Pakistan Pediatric Association (PPA)
- Pakistan Society of Emergency Medicine (PSEM)
- People's Primary Healthcare Initiative, PPHI Sindh
- Rotary Club Karachi - New Central
- Rotary Club of Solon, Ohio, USA
- Rotary International
- SINA Trust
- Sindh Integrated Emergency Healthcare Services, SIEHS
- Sindh Institute of Urology & Transplantation (SIUT)
- SOC Films
- Stanford University, USA
- UNICEF Pakistan
- University of Maryland, USA
- Weill Cornell Medicine, USA

Chairman's Review



Children are among the most vulnerable populations when it comes to health, as they are particularly susceptible to infectious diseases, malnutrition, and inadequate healthcare, which can have lifelong consequences. ChildLife Foundation has remained steadfast in its mission to protect their well-being. Over the years, we have expanded our reach from urban to rural areas, ensuring that every child, regardless of their circumstances, has access to the quality emergency care they need. This commitment has been a lifeline for countless children in Pakistan.



The fiscal year started amid economic uncertainty and a period of political transition, creating hardships for many citizens and making healthcare services increasingly difficult to afford. Several sectors faced economic setbacks, and non-profit organizations, including ours, encountered significant obstacles. Despite these challenges, we remained steadfast in our mission, adapting our strategies to ensure that we could continue to support families in need and deliver essential healthcare services effectively in these shifting market conditions.

Overcoming these challenges, we expanded our footprint to 300+ public hospitals across Pakistan, and this enhanced reach has enabled us to treat 7.5 million children to date. Our primary focus lies on the expansion, enhancement, and consolidation of the foundation.

We are honored that our life-saving work has received international recognition. A study by University of California Pediatric Investigators and PALISI Global Health reported a 1.2% mortality rate for critically ill children in two of ChildLife's busiest ERs. Additionally, our ER at Civil Hospital Karachi achieved SafeCare's highest Level 5 certification, highlighting our commitment to quality and excellence in emergency care.

ChildLife's impact is fueled by strong collaboration with the government and vital philanthropic support. Together, these partnerships create a healthcare model that benefits both the nation and its people. Additionally, we are grateful for the global Pakistani diaspora's commitment to saving children from preventable deaths, ensuring a healthier future for all.

Key Quantitative Information

In the fiscal year 2023-24, ChildLife's consolidated collection was 3.5 billion. These funds are utilized towards the expansion and operations of our Emergency Rooms (ER) and Telemedicine Satellite Centers (TSCs), the procurement of medicines, disposables, medical equipment, advancing our human resources including capacity building, and administrative expenses.

ChildLife has achieved a patient satisfaction rating of 73% for its emergency rooms, which is higher than the global benchmark of 64%. These ratings are key performance indicators of quality measured through surveys and patient feedback forms.

The Board's Operation

ChildLife Foundation's Board of Directors currently comprises of ten dynamic individuals from diverse backgrounds being clinical, business, and financial experts. They oversee and guide management strategically to strike a delicate balance between rapid expansion and the need for prudence, especially considering economic instability.



They provide oversight and strategic guidance to management, both in their capacities and in Board Committees with defined governance mandates. They also provide advice in their respective areas of expertise to ensure the smooth continuity of operations and navigate future challenges proactively.

The Board's Review of the Business Continuity Plan

The board holds great importance in providing clear and transparent information to its stakeholders regarding the business continuity plan. They annually review the strategic plan and annual budget allocation to maintain uninterrupted services through a comprehensive business continuity plan.

The Board annually conducts four Business Continuity Plan meetings to review a strategic plan and annual budget considering various aspects including global and local economic conditions as well as potential challenges that strengthen our ability to serve our stakeholders with resilience and efficiency.

Furthermore, these meetings are conducted by our resolute and experienced board of trustees. Their collective knowledge and insights enable us to continuously improve our business continuity plan and address any emerging risks proactively.

Assessing Risks and Ensuring Risk Tolerance

ChildLife Foundation maintains robust governance and risk management practices. The Board annually reviews policies and conducts thorough risk assessments through Audit and Risk committees. Regular internal and external audits ensure the effectiveness of internal controls, with the implementation of recommended improvements. Employee engagement and patient surveys identify areas for growth, addressed through rolling improvement plans. Amidst economic volatility and inflation, the Board remains vigilant, mitigating potential risks through comprehensive business continuity planning, morbidity meetings, incident reports, and real-time feedback mechanisms, ensuring preparedness for future challenges.

Our Hub-and-Spoke model, crucial for telemedicine and effective healthcare delivery, heavily depends on our IT infrastructure, which is susceptible to both natural disasters and implementation risks. As part of our management oversight, we conduct routine risk assessments and disaster recovery tests to ascertain our resilience. Considering these efforts, the board has diligently evaluated potential risks from various angles, devised contingency plans based on what-if scenarios, and taken decisive measures to fortify ChildLife Foundation's tenacity during challenging periods.

Advancements Made in the Past Year

Despite the challenges posed by the rising inflation and economic instability, ChildLife increased its ERs from 12 to 13, with the addition of the children's ER at The Children's Hospital, Multan. The 13th and our largest ER started operations in December 2023 and has treated over 90,000 children to date. We also introduced the first Urgent Care Centre at Sindh Government Hospital – New Karachi, to ensure timely treatment for the sickest children.

Further, we expanded our cost-effective Telemedicine Satellite Centers (TSCs) model to 159 secondary care public hospitals of Punjab and 3 in AJK. This model supports ChildLife's mission and significantly contributes to sustainable development aligning with global initiatives to reduce carbon footprint by reducing the number of referrals to urban centers for emergency care. ChildLife's desire to globally share expertise has come to fruition this year, with the pilot launch of the international Telemedicine (TM) partnership, establishing a connection with the Coast General hospital in Mombasa, Kenya.

ChildLife promotes collaboration by facilitating 24/7 sub-specialty consultations for Pediatric Cardiology through a three-way video and audio connection, and patient referral mechanism if required with NICVD. This successful model is now being expanded to include Pediatric Nephrology in partnership with SIUT, and there are plans to replicate it for other pediatric specialties such as oncology, intensive care, neurology, gastroenterology, and more, aiming to enhance the quality of care at their geographically dispersed centers. The insights gained from sharing experiences with these organizations will contribute to the ongoing innovation.

Furthermore, we are committed to advancing research. 42 research papers by our team were accepted by Emirates Society of Emergency Medicine (ESEM).



Strategizing for Success

As we look into the future, ChildLife Foundation is set to embark on a phase of transformative growth. Currently impacting over 300 hospitals, we are set to extend our reach to 100 more secondary care hospitals across Pakistan by the end of next fiscal year.

With each step, we come closer to making our vision, child-safe Pakistan a reality. Our unwavering commitment will drive us forward in 2025 and beyond, as we continue to elevate the quality of emergency care and support the next generation in reaching their full potential.



Mr. Iqbal Adamjee

Founding Trustee & Chairman
ChildLife Foundation



300+ Telemedicine
Satellite Centers in
Secondary care
Hospitals



42 research papers
accepted by ESEM



PKR 3.5 billion
Collection of
Donations and Zakat



1 Urgent Care
Center in Sindh
Govt. Hospital,
New Karachi

CEO's Report



ChildLife Foundation's mission is rooted in the belief that every child, regardless of their background or financial status, deserves access to quality healthcare. Established to bridge the gap in Pakistan's public health system for children, ChildLife Foundation strives to ensure that emergency healthcare services are available to every child—24/7 and completely free of charge. By enhancing pediatric care and strengthening emergency services in public sector hospitals, ChildLife is working to create a healthcare system where every child's health and well-being are prioritized.



Achieving a System Level Change, Enabling Quality Emergency Care for Every Child

Over the years, ChildLife Foundation has made a profound impact by establishing world-class children's Emergency Rooms (ERs) in 13 public tertiary care hospitals and setting up over 300 Telemedicine Satellite Centers (TSCs) in district and tehsil hospitals across Pakistan. These initiatives have significantly improved access to life-saving emergency care for children, especially in underserved areas, ensuring that timely, high-quality healthcare is available to thousands of children, regardless of their location or socio-economic status.

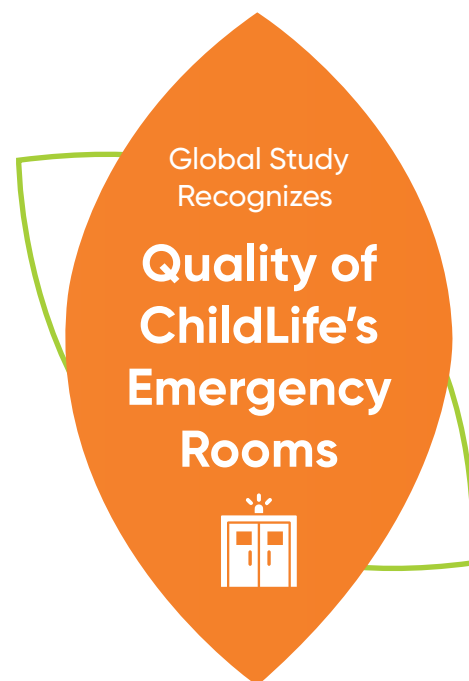
Reducing preventable child mortality is at the heart of ChildLife Foundation's mission. In pursuit of systemic change, we have expanded our telemedicine network to secondary care hospitals across Pakistan. This innovative approach has proven highly effective, providing on-ground doctors in remote areas with expert emergency care consultations. As a result, the need for patient referrals to urban centers has decreased, ensuring that more children receive timely, life-saving care close to home.

Recognition of Quality by PALISI and SafeCare Certification; Setting New Benchmarks in Pediatric Emergency Care

ChildLife Foundation's efforts to improve emergency care quality for children have garnered global recognition. A study conducted by US-based PALISI Global Health and the University of California evaluated the pediatric ERs at Civil Hospital, Karachi, and Sheikh Zayed Children Hospital, Larkana, both managed by ChildLife. The study highlighted that the quality of care in these ChildLife-managed ERs aligns with the best private hospitals in Pakistan, with a mortality rate of 1.2% among critically ill children*.

Further, reinforcing our commitment to quality emergency care, we achieved SafeCare's highest Level 5 certification for our ER at Civil Hospital, Karachi, after undergoing a thorough assessment against its rigorous criteria. SafeCare, an initiative by PharmAccess (Netherlands), Joint Commission International (JCI), and COHSASA, is a methodology with internationally accredited standards designed to enhance healthcare quality. The children's emergency room at Civil Hospital, Karachi is the 1st public sector hospital in Pakistan to have achieved this certification**.

These remarkable achievements are strengthening our mission to enable quality emergency care accessible for every child across Pakistan.



*https://papers.ssrn.com/sol3/papers.cfm?abstract_id=4827458

**<https://bit.ly/4fioBL1>

Continuous Improvement to Provide Best Possible Care

At ChildLife Foundation, we are dedicated to continuously enhancing the care we provide to children. This year, we have taken a significant step forward by introducing radiology services, including digital X-rays and computed radiography, in all our Emergency Rooms and the Urgent Care Center. These advanced technologies will allow us to offer faster, more accurate diagnoses, ensuring that every child receives the best possible care when they need it most. Furthermore, we have expanded our diagnostic laboratory test facilities to 8 emergency rooms. These initiatives help us ensure accurate diagnoses and provide the right treatment to children in ERs without any delay. Another impact this initiative has is that it gives peace of mind to the parents during times of distress, who previously had to run from pillar to post to have the tests conducted from outside.

ChildLife places utmost importance on the continuous capacity building of its clinical workforce to create an empowered, competent, and confident team of future pediatricians. Rigorous training programs on pediatric emergencies are conducted on a year-round basis including courses related to pediatric and neonatal emergency life support, airway management, and helping babies breathe among others. All major courses and training offered at ChildLife are certified by Dow University of Health Sciences and have also gained global recognition for their systematic approach to evaluating, managing, and resuscitating critically ill pediatric patients.

To improve the care provided to children across public hospitals, ChildLife also engages the government doctors deployed across public secondary care hospitals through workshops and webinars, ensuring that they are well-versed with the latest practices and evolving needs of pediatric emergency care.

Current Performance and Future Projections

In the fiscal year 2023-24, our organization achieved remarkable growth driven by our team's unwavering dedication and commitment, expanding our presence to over 300 public hospitals across Pakistan.

This year we established our 13th and the largest ER in Children Hospital, Multan. Spanning across 20,000 square feet, the modernized ER consists of 100 beds and will treat over 150,000 children every year. To ease the burden of ERs, we established our first Urgent Care Center (UCC) at Sindh Government Hospital, New Karachi. This 10-bed facility operates 24/7, providing vital emergency care closer to home for children in need. By treating critical patients here, the UCC eases pressure on ERs, ensuring critically ill children get faster, focused care. This model is an essential step toward better patient flow and wider community reach, enabling us to treat 2 million children annually.

Further, we expanded our telemedicine network in all tehsils of Punjab [159] and have entered Azad Jammu and Kashmir by establishing 3 Telemedicine Satellite Centers in Bagh, Muzaffarabad, and Kotli.

As we look ahead to next year, we aim to build on this momentum and cover all of Pakistan by expanding our TSCs to all 400+ public secondary care hospitals.

Resource Mobilization Strategy and Financial Capital Structure

ChildLife operates in a public-private partnership model, effectively utilizing government resources and networks without displacing them. This approach ensures sustainability of resources and allows for an unparalleled level of operational reach. While support from government, domestic, and international partners continues, the unprecedented inflation and economic turmoil in the country have significantly impacted our purchasing ability for lifesaving equipment and medicines. This year, we continued to witness an increase in patient numbers, crediting to our expansion to more hospitals. Despite the external challenges, our commitment to the highest standards of care and our pursuit of excellence remains steadfast.



Managing Risks and Threats

Extensive discussions and deliberations within the Board have been devoted to assessing the economic, political, and law and order conditions of the country. Comprehensive contingency plans and "what-if" scenarios have been thoroughly examined to ensure the organization's financial stability.

Diligent efforts have been made to maintain the team's motivation and enthusiasm at optimal levels. Furthermore, substantial attention has been directed towards succession planning to mitigate potential gaps in the event of personnel departures.



Dr. Ahson Rabbani

Chief Executive Officer
ChildLife Foundation



Treating 2 Million
Children Annually



1st public sector
Children Emergency
room achieves
SafeCare Certification



Saving Children in
300+ Hospitals across
Pakistan



4,000+ Medical
Professionals
Trained

Video Messaging Explaining ChildLife Foundation Progress

For further details on the organization's overview, performance, strategy and outlook, watch CEO ChildLife Foundation, Dr. Ahson Rabbani's video message on our website: www.childlifefoundation.org/ceo-message/





Our Services

Global Study Highlights High Quality of Care in Pediatric Emergency Rooms

A groundbreaking study* conducted in 19 countries by the University of California Pediatric Investigators and PALISI Global Health (Pediatric Acute Lung Injury & Sepsis Investigators) have spotlighted the remarkable quality of pediatric Emergency Rooms (ERs) operated by ChildLife Foundation in public hospitals. The findings highlight ChildLife's pivotal role in reducing child mortality in resource-limited settings.



The one-year study (2021-2022) evaluated pediatric ERs managed by ChildLife Foundation, including Civil Hospital Karachi and Sheikh Zayed Children Hospital, Larkana. It revealed mortality rate of 1.2% for critically ill children in these facilities, a figure comparable to top private hospitals in Pakistan.

This research underscores the urgent need for high-quality critical care services in underserved areas. It identified success factors such as skilled healthcare professionals, adequate medical supplies, well-equipped facilities, efficient systems, and cross-sector collaboration. ChildLife Foundation embodies these principles, modernizing healthcare infrastructure, training staff, and optimizing resource allocation to significantly improve outcomes.

In the past 14 years, ChildLife Foundation has transformed pediatric emergency care nationwide, treating over 7.5 million children across 13 modernized tertiary care ERs and 300+ Telemedicine Satellite Centres. Its innovative telemedicine network extends critical care to children in remote areas, ensuring life-saving services are accessible within 30 minutes of any location.

The PALISI study emphasizes that enabling quality critical care in resource-constrained settings can transform global child health. ChildLife Foundation's commitment to this vision is not just about numbers—it's about saving lives, offering hope, and building healthier futures.

As ChildLife continues its mission, the recognition by PALISI strengthens its resolve to expand this life-saving model across Pakistan, ensuring that no child suffers or dies due to lack of accessible healthcare. The Foundation's work is a testament to the transformative power of innovation, collaboration, and an unwavering dedication to children's well-being.

*Paper link: https://papers.ssrn.com/sol3/papers.cfm?abstract_id=4827458



ChildLife's Emergency Room Achieves SafeCare Certification



Dr. Ruth Pfau Civil Hospital, Karachi has become the first public sector hospital in Pakistan to be awarded the international SafeCare certification for its children's Emergency Room, managed by ChildLife Foundation, achieving Level 5 status which is the highest quality standard awarded based on SafeCare's rigorous evaluation criteria.

Achieving SafeCare's highest level reflects that the Children's ER meets the most rigorous standards in quality and safety, as set by PharmAccess (Netherlands), Joint Commission International (JCI), and COHSASA. This milestone not only represents a significant accomplishment for ChildLife but also serves as a beacon of hope for millions of children across Pakistan.

By achieving this level, we affirm our dedication to making quality emergency care accessible to every child — a basic right that should never depend on a family's financial means. SafeCare certification strengthens ChildLife's mission to reduce child mortality by ensuring that children in crisis receive prompt, effective, and compassionate care.

Every life saved is a testament to the transformative impact of quality healthcare, and this certification reflects the countless hours of dedication that make these outcomes possible.



1st

Public Sector Children's Emergency Room at Civil Hospital Karachi secures **SafeCare's Level 5 Certification.**



Saving Lives through Quality Emergency Care

*<https://bit.ly/4fioBL1>

Diagnostic Lab Services in ChildLife Emergency Rooms

At ChildLife Foundation, we understand that an emergency room visit with a sick child is one of the most terrifying experiences a parent can face. To ease this journey, ChildLife Foundation has introduced diagnostic lab services at no cost within its children's ERs across Pakistan. This vital initiative ensures that children receive accurate, immediate diagnoses and life-saving treatment when needed, without delay.

The following essential diagnostic tests are available at no cost:



Complete Blood Count (CBC)



Arterial Blood Gas (ABG)



Venous Blood Gas (VBG)



Serum Bilirubin



Serum Calcium



Serum Creatinine



Serum Electrolytes

Through this initiative, parents no longer have to rush between labs and the ER, worrying about the expenses while fearing for their child's life. They can stay by their child's side, reassured that every necessary test — whether to check oxygen levels, identify infections, or assess kidney function — is done immediately, right within the ER.

Each test, from blood gases to complete blood counts, is available at no cost, sparing families from financial strain when their only focus should be their child's well-being. This initiative comforts families in distress and provides peace of mind that their child is receiving the most immediate, accurate care within the ER.



Radiology Services

Digital X-ray & Computed Radiography

Bringing Life-Saving Radiology Services to Children in Urgent Need




To ensure that children receive the care they urgently need, we have introduced radiology services, including digital X-rays and computed radiography, now available free of cost within ChildLife-managed Children's Emergency Rooms across Pakistan.

Now, children can receive immediate digital X-rays right in the ER, with results available in seconds, allowing the medical team to make urgent and precise decisions. This process eliminates delays, empowering teams to intervene faster and more effectively in moments of crisis.

Every child who enters our ER deserves the best chance to heal, and this initiative is one step closer to making it a reality. By providing X-rays within the ER, we're not just diagnosing injuries and conditions more rapidly; we're helping families hold onto hope and easing the financial burden of out-of-pocket healthcare expenditures. This life-saving service promises children the timely, essential care they deserve.

Rapid Diagnostics
Instant
Digital X-rays
in ERs; Eliminate Delays,
Ensuring Precise Decisions



Free Radiology Services
Ease families' financial burden



Expansion of ChildLife Foundation's Reach

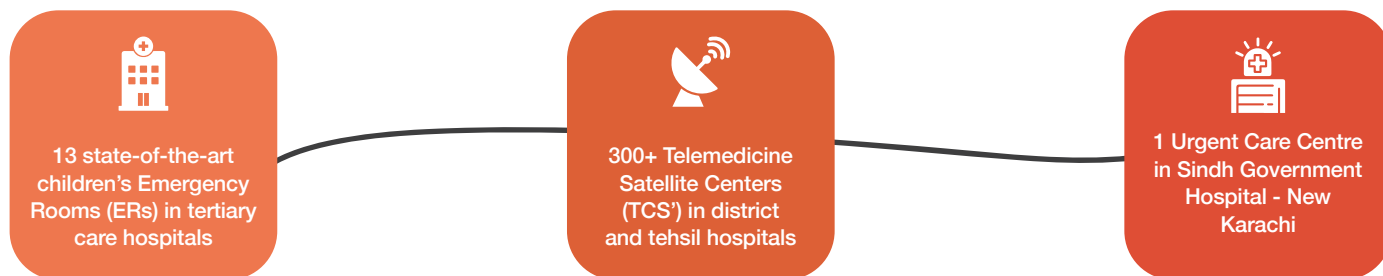
Impact on Mortality, Accessibility, and Financial Relief

In 2010, Pakistan experienced an unprecedented disaster when super floods submerged more than 20% of the country, impacting over 20 million people. The crisis exposed significant gaps in the public health sector, particularly in children's emergency rooms (ERs), which were overwhelmed by resource shortages. Children were forced to lie on the floor due to a lack of beds, medicines were scarce, and doctors struggled to provide life-saving care with limited resources.

During this crisis, CNN's chief medical correspondent, Dr. Sanjay Gupta, traveled to Pakistan to document the dire situation. Reporting from Karachi's Civil Hospital, he witnessed the immense strain on its Pediatric Emergency Room (ER). His coverage highlighted the grim reality: an outdated facility, overcrowded and under-resourced, struggling to save lives. This powerful exposé resonated deeply, inspiring a group of compassionate Pakistani philanthropists to take action.

By 2011, their efforts culminated in the transformation of the Pediatric ER at Dr. Ruth Pfau Civil Hospital, Karachi. The 26-bed facility was renovated with the latest life-saving equipment, a well-stocked pharmacy, and a triage system designed to prioritize critical cases. This renovation marked the birth of the ChildLife Foundation, an organization committed to saving lives through innovation and expansion.

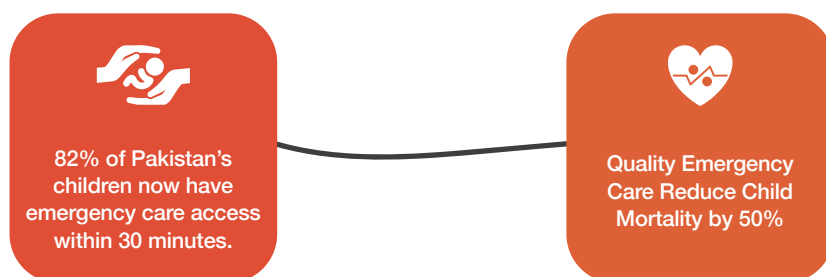
Since initiating operations in 2011, ChildLife Foundation has strategically expanded its presence across Pakistan, achieving a reach that now spans over 300 hospitals. This includes:



Through this network, we have treated over 7.5 million children to date, improving emergency care and reducing child mortality significantly. By equipping secondary care hospitals with telemedicine, ChildLife ensures expert pediatric consultation is available within reach, reducing the need for referrals to urban centers and minimizing delays in life-saving treatments.

Through ChildLife's efforts, 82% of Pakistan's children now have access to quality emergency care within a 30-minute radius.

ChildLife's journey continues, but our mission remains unchanged. We envision a Pakistan where no child dies due to a lack of timely medical intervention. With every ER we build, and every telemedicine center we inaugurate, we are moving closer to this goal, creating a legacy of hope, resilience, and change for generations to come.



ChildLife's Children's Emergency Room: An Inside Look

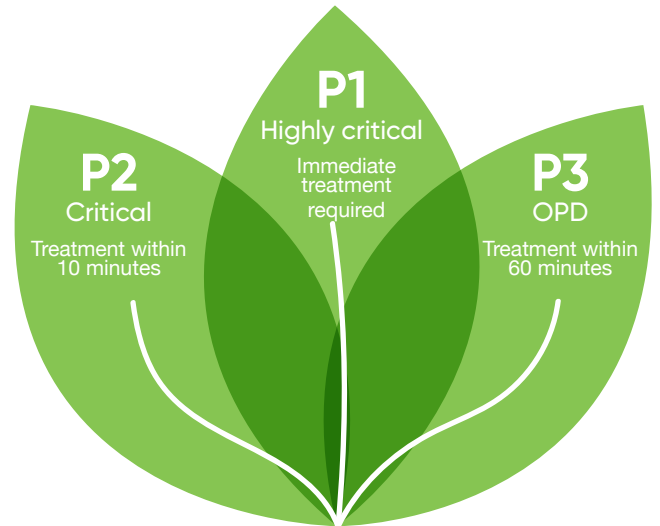
Triage Block

ChildLife-managed Emergency Rooms (ER) adhere to the WHO-recommended Emergency Triage Assessment & Treatment (ETAT) guidelines, ensuring that children with critical conditions receive medical treatment without delay.

All patients are issued an electronic ticket through the Electronic Queue Management System (EQMS) upon entering the ER. They are then directed to the triage station based on their ticket number, where they are categorized into one of the following three categories:

P1 patients are directly rushed to the Resuscitation Room by the OPD Coordinator, bypassing triage. Their vitals are also monitored in the Resus Room.

For patients categorized as P2 and P3, their registration and vital sign assessments are conducted at the triage station. Subsequently, a new token is issued based on the severity of their condition.



Resuscitation Block

The Resuscitation Block is a state-of-the-art area for highly critical Priority 1 (P1) patients.

P1 patients are the most critically ill children and receive treatment in the Resus Room, where every moment is of utmost importance. Any delay or lack of appropriate treatment could lead to irreversible consequences and may result in the heartbreaking loss of a young life.

Process Flow:



Through the provision of timely, quality treatment, ChildLife-managed ERs have seen a quadrupled survival rate due to modernization and advanced life-saving equipment, including defibrillators, phototherapy lights, infusion pumps, cardiac monitors, infant warmers, CPAP machines, and Bed-Side Lung Ultrasound (BLUS).

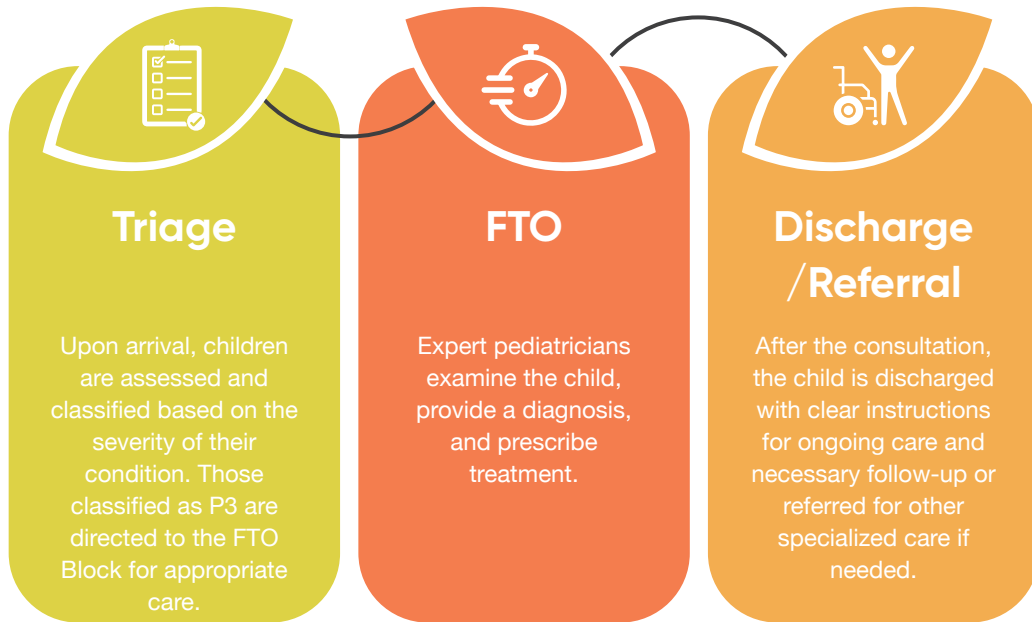


Fast Track OPD (FTO Block)

The Fast Track Observation (FTO) Block is designed for children classified under Priority-3 (P3), focusing on cases that are less critical and typically do not require hospital admission.

As one of the busiest areas in the Emergency Room (ER), the FTO Block ensures that children with manageable conditions receive quick and efficient consultation and care.

Process Flow:



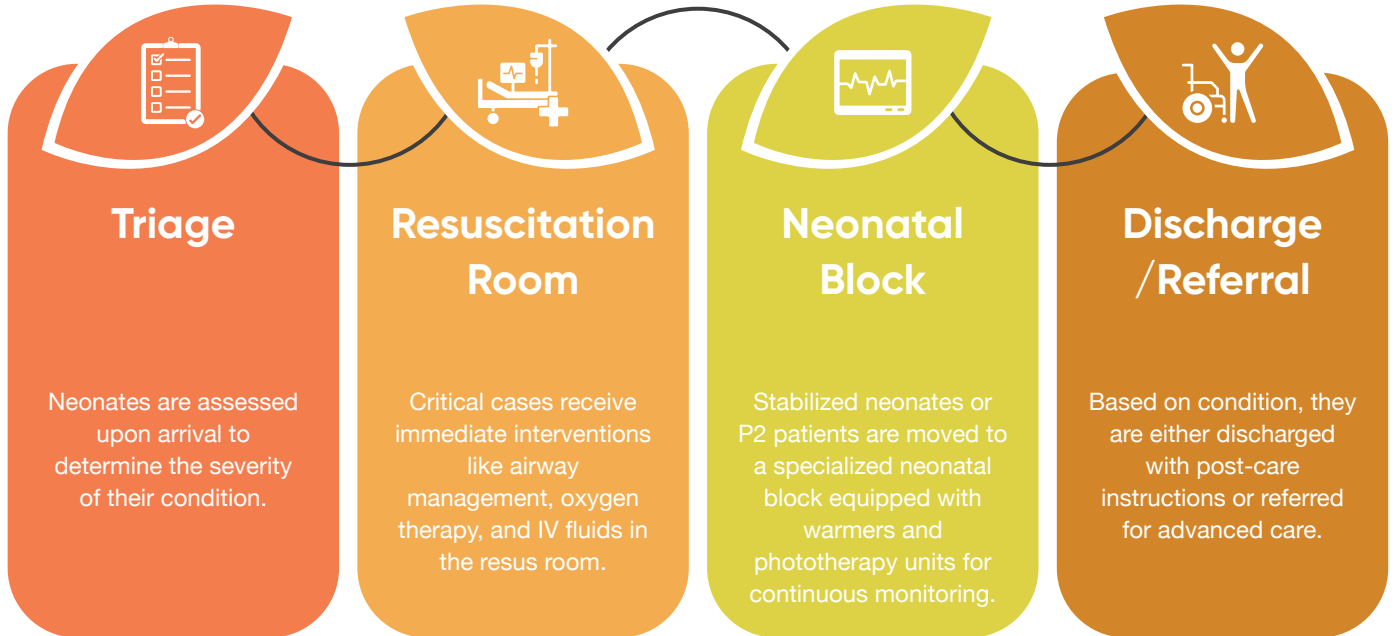
Ignoring P3 cases could lead to deterioration into P1 conditions. Immediate care in the FTO is vital to prevent escalation.



Neonatal Block

Globally, 10–20% of neonates require special care, with 2–5% needing critical interventions in their first 28 days. In Pakistan, the neonatal mortality rate stands at 38.7 per 1,000 live births (UNICEF, 2022), highlighting the urgent need for improved neonatal care. ChildLife Foundation has addressed this by establishing dedicated neonatal observation areas in its Emergency Rooms (ERs).

Process Flow:



P2 (Critical) neonates are closely monitored in the neonatal block, ensuring timely interventions. For **P1** neonates, every moment is critical in the resuscitation phase, while P2 requires fast and effective stabilization to prevent deterioration.

Modernized neonatal blocks improve monitoring, reduce infection risks, and ensure timely interventions. By optimizing care within the "golden hour," ChildLife significantly reduces neonatal mortality while empowering parents with essential support for their newborn's health.



Pediatric Block

The Pediatric Observation Block is dedicated to children aged 1 month to 14 years who require continued emergency care after stabilization. This specialized area ensures close monitoring of young patients recovering from illnesses such as respiratory distress, dehydration, or febrile conditions, preventing potential deterioration.



Age Group

Children between 1 month and 14 years



Condition

Stable patients classified under P1 or P2, requiring observation to ensure recovery and avoid escalation

The Pediatric Block plays a crucial role in bridging the gap between critical care and full recovery. Stable patients, if not closely monitored, may deteriorate into P1 (critical) conditions, requiring urgent resuscitation. By providing extended care and focused observation, the block ensures timely intervention, reduces the risk of complications, and improves overall health outcomes for children. With specialized care tailored to pediatric needs, the Pediatric Block is an integral part of ChildLife's mission to ensure every child receives timely, effective care to recover fully and thrive.

Pharmacy Block

At ChildLife Foundation, the pharmacy is a cornerstone of our Emergency Rooms, ensuring patient safety and optimal care. Our licensed pharmacists meticulously manage medication dispensing to guarantee accurate dosages, particularly for high-alert medications. To maintain medicine quality, we adhere to stringent protocols. Medicines are prepared in a sterile environment using laminar flow hoods, and UV lights are employed to eliminate potential contaminants.

Retrospective reviews are conducted daily, with random samples scrutinized to ensure compliance with strict standards and foster continuous learning. Beyond dispensing, our pharmacists proactively address adverse drug reactions, mitigate risks, and maintain up-to-45-day medicine stock to ensure uninterrupted care.

Metrics for Excellence

In addition to our protocols and procedures, we also track Key Performance Indicators (KPIs) to monitor our pharmacy's performance. These include:



Prescription Errors

Rechecking prescriptions as per diagnosis and patient's body weight.



Per-patient Consumption

Ensuring proper dosage is given based on the diagnosis of each patient.



By integrating precision, safety, and continuous improvement, our pharmacy upholds the highest standards of care for children in need.

Emergency Rooms



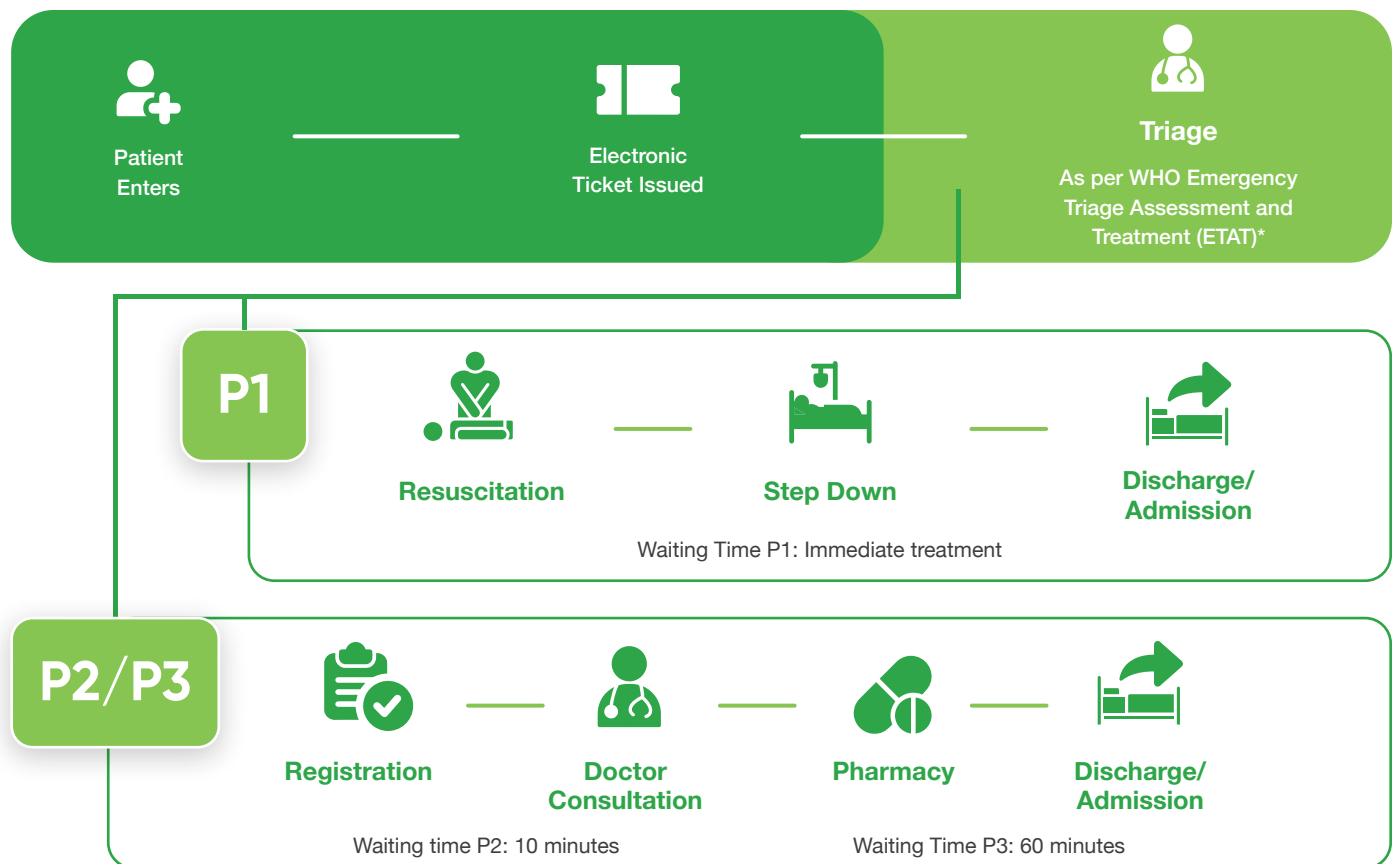
For the past 14 years, ChildLife Foundation's Emergency Rooms (ERs) have served as a lifeline for millions of children across Pakistan. Mothers, overwhelmed with despair and concerned for their child's health, find hope and relief in these facilities.

Children in Pakistan face a significant risk of preventable deaths due to the lack of quality emergency care in public hospitals. ChildLife Foundation has dedicated itself to transforming pediatric emergency rooms in public tertiary hospitals nationwide. By modernizing these ERs with World Health Organization-approved standards and protocols, the Foundation ensures that every child receives the best possible care, regardless of their background or financial circumstances.

Currently, ChildLife Foundation operates and manages 13 state-of-the-art Emergency Rooms in tertiary care hospitals across Pakistan. With plans to expand this model to 40 public hospitals, the Foundation is working to ensure that every child in the country has access to quality emergency care within 30 minutes.



The ER Process Flow



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

Our Emergency Rooms

Geographical Locations

Each number tells a story of resilience and hope. Our journey continues to reshape the emergency care access for every child across Pakistan.

We started offering free children's emergency care from

2011

Dr. Ruth Pfau Civil Hospital, Karachi

Mission Rd, New Labour Colony, Nanakwara, Karachi

Children Treated

1,196,235



2013

National Institute of Child Health (NICH), Karachi

Rafiqi S.J Shaheed Road, Karachi Cantonment, Karachi

Children Treated

1,656,430



2016

Sindh Government Hospital Korangi-5, Karachi

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

Children Treated

632,647



2018

Lyari General Hospital, Karachi

Rangiwara Road, Lyari, Karachi

Children Treated

246,283



Cumulative numbers of children treated in ERs till June 2024.

2018

Abbasi Shaheed Hospital, Karachi

Tabish Dehlavi Road,
Block 3, Nazimabad,
Karachi

Children Treated

455,832



2018

Peoples Medical College Hospital, Nawabshah

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

Children Treated

375,664



2018

Chandka Medical College Hospital, Larkana

Children Hospital, Opp.
Shaikh Zaid Hospital,
Larkana

Children Treated

700,075



2020

Ghulam Muhammad Mahar Medical College Hospital, Sukkur

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

Children Treated

163,133



2020

Sandeman Provincial Hospital, Quetta

Jinnah Road, Quetta City, Quetta

Children Treated

335,154



2020

Liaquat University of Medical and Health Sciences, Hyderabad

Liaquat University Hospital, Hyderabad

Children Treated

335,064



2022

Mayo Hospital, Lahore

Anarkali Bazar Road, Lahore

Children Treated

316,066



2022

Pakistan Institute of Medical Sciences (PIMS), Islamabad

Ibn-e-Sina Rd, G-8/3, Islamabad

Children Treated

237,649



2024

Upto June 2024,
ChildLife has treated
more than

6.7

Million children at 13
locations



2023

Children Hospital,
Multan

Fawara Chock, Ab'dali
Road, Multan

Children Treated

91,950



Dr. Ruth Pfau Civil Hospital

Mission Rd, New Labour Colony, Nanakwara, Karachi

Emergency Rooms (ERs) in public tertiary hospitals are often the first point of care for underprivileged children in critical conditions. Unfortunately, these ERs face significant challenges, including insufficient resources, outdated infrastructure, and limited access to quality care. ChildLife Foundation has taken on the mission to transform these ERs, upgrading them to international standards with state-of-the-art equipment and highly trained staff. By providing free, high-quality emergency care 24/7, the Foundation bridges gaps in public healthcare equity, offering vulnerable children a fighting chance and giving their families renewed hope for a healthier future.



Patient Satisfaction Survey

A Quality Improvement Initiative

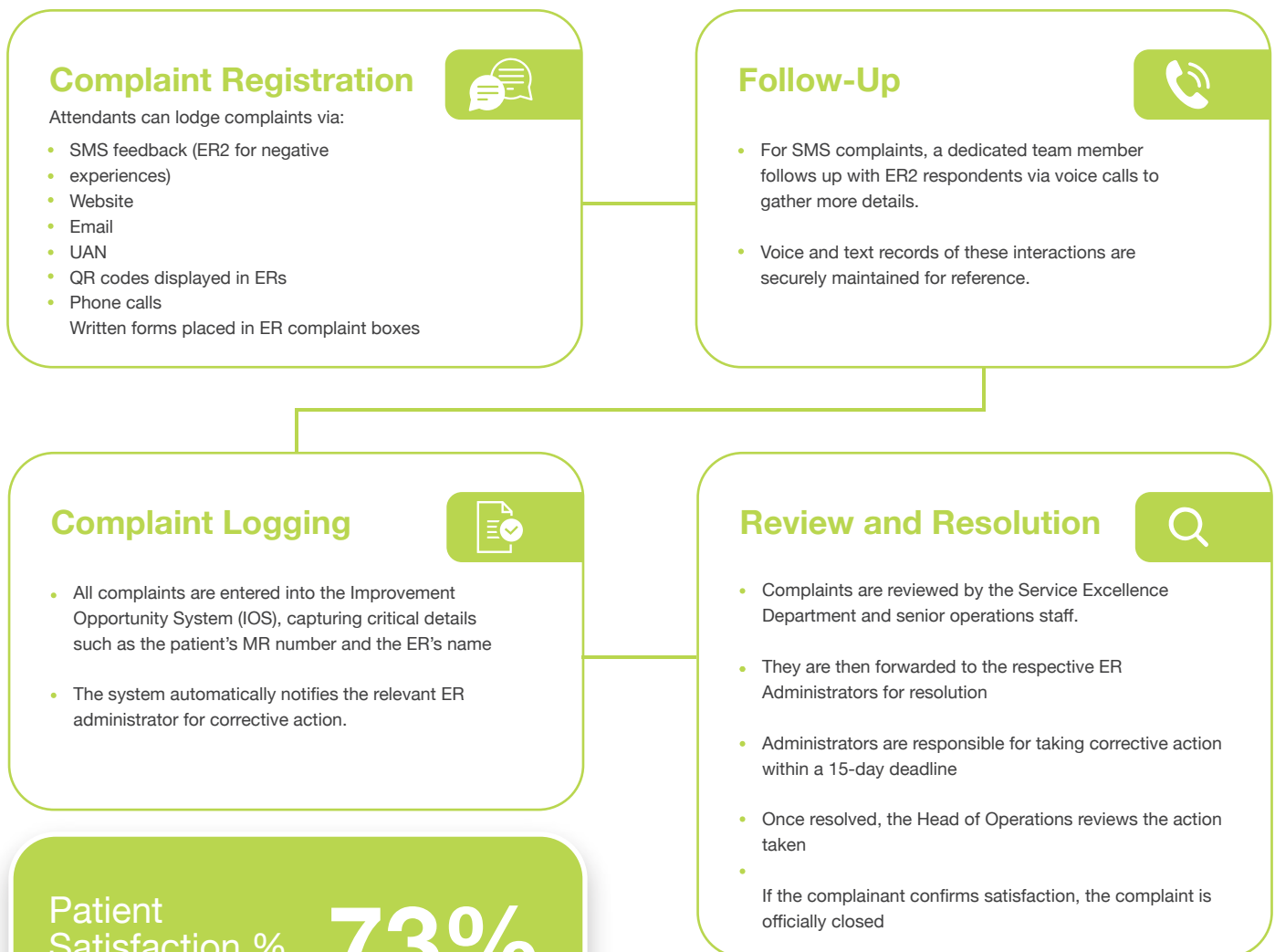
ChildLife Foundation leverages a robust Short Code Messaging (SMS) Service to enhance communication and gather valuable feedback from patients' families.

All patients visiting the Children's Emergency Rooms (ERs) in their respective cities are registered in ChildLife's advanced Electronic Medical Record (EMR) system. Upon discharge, an automated SMS is sent to the patient's attendant in their local language, using the mobile number provided during registration.

This system allows attendants to provide feedback by simply replying with ER1 (positive) or ER2 (negative). To ensure accessibility, ChildLife offers multiple feedback channels, including its website, email, UAN, QR codes displayed in the ERs, and written feedback forms available in complaint boxes.

ChildLife's robust redressal mechanism ensures transparency and timely action for all complaints lodged by attendants or patients.

Stepwise Complaint Redressal Mechanism



Telemedicine Satellite Centers

7th Chandika Medical College Hospital - Larkana

2018



6th Peoples Medical College Hospital - Nowshera

2018



5th ... Hospital

2018

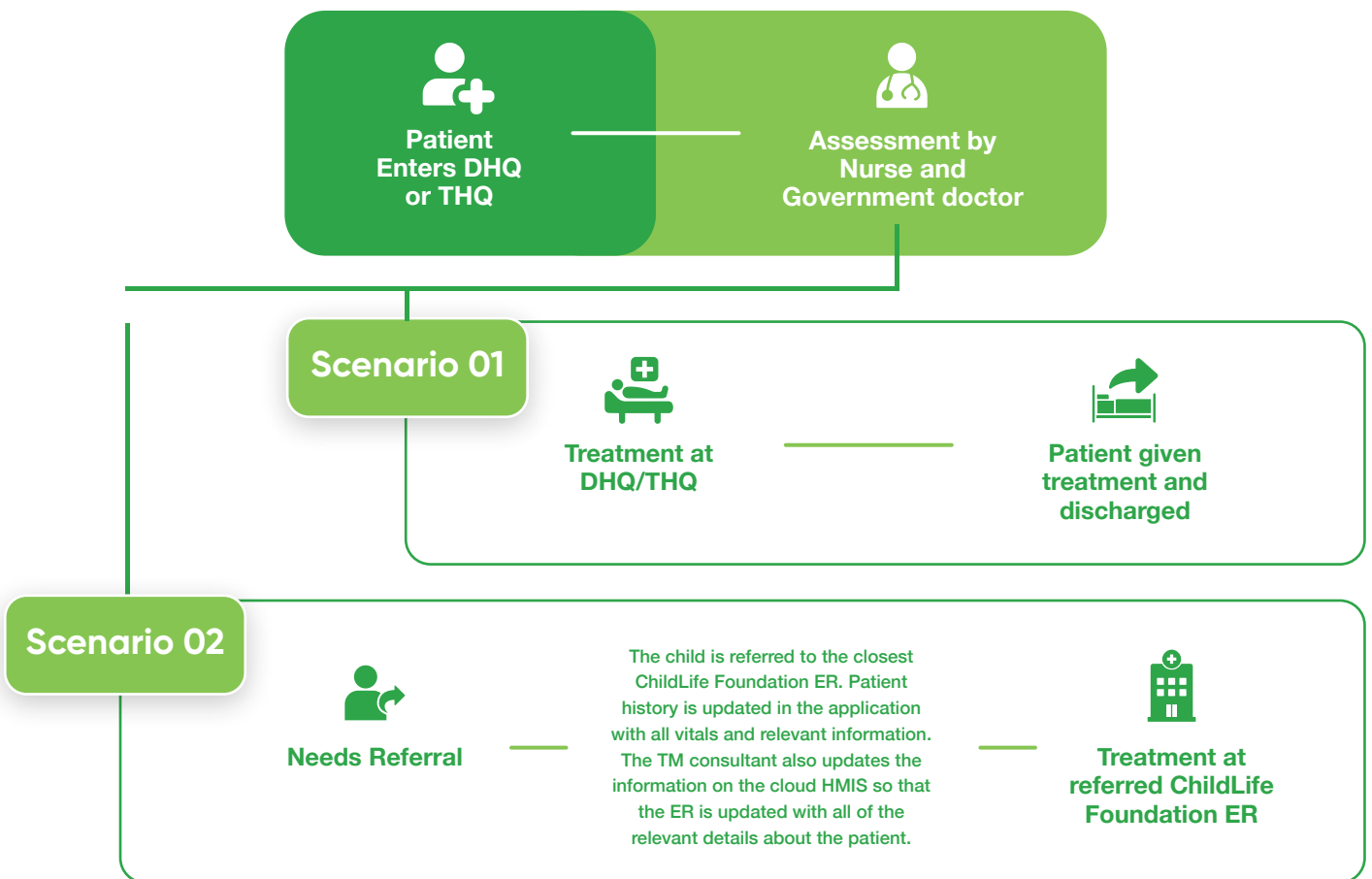


Rural Pakistan, home to two-thirds of the population, faces a critical shortage of senior doctors and specialized healthcare professionals. Limited access to emergency care often leads to delayed treatment, forcing children in critical conditions to travel long distances to urban centers. This arduous journey frequently worsens their health and imposes excessive travel costs, driving many families into debt.

To address the challenges of healthcare access in underserved areas, ChildLife Foundation has developed an advanced telemedicine hub-and-spoke network. This innovative model leverages a physician-to-physician emergency care consultation system to mitigate the shortage of trained healthcare professionals in rural regions. At the core of the network are ChildLife’s Telemedicine Control Rooms, where expert doctors remotely monitor patients at public secondary care hospitals. High-definition cameras installed at each site enable real-time monitoring, while on-ground registered nurses act as reliable points of contact for telemedicine operations. The on-ground nurses and doctors collaborate with ChildLife physicians via IP phones, ensuring immediate access to expert guidance. Each site manages a minimum of 10 critical cases daily, delivering timely and effective care to those in need.

This continuous collaboration not only improves patient outcomes but also strengthens the capacity of on-ground healthcare staff, empowering them to make informed, timely decisions for critically ill patients. It also contributes to long-term health improvements within their communities.

ChildLife’s Telemedicine Satellite Centers connect over 300 hospitals to three state-of-the-art control rooms in Karachi, Lahore, and Islamabad. With a team of 55+ specialists, this network ensures life-saving care reaches critically ill children, bridging the gap in rural healthcare like never before.



Telemedicine Control Room, Karachi



Telemedicine Control Room, Lahore

Benefits of Telemedicine

Overcome logistical barriers

Telemedicine sites reduce the need for long-distance travel to seek treatment.

Capacity enhancement of local doctors

Local doctors can access knowledge through the counsel of professionals in urban areas.

In-time delivery of critical healthcare

The well-spread TSC network delivers healthcare close to patients' homes.

Minimal healthcare expenditure

Free-of-cost treatment and medicines allow families to minimize healthcare expenditure.

Quick set-up

It takes less than a week for a TSC to be set up, which is much less than it takes to build and operate a clinic or hospital.

Fatal errors are reduced

With local doctors being supported in their diagnosis and treatments by senior doctors; there is less chance of error that can cost children their lives.

Improved diagnostic accuracy through second opinion

Telemedicine ensures timely expert suggestion, a recent study has indicated 46% of consultations result in a "good catch," enabling accurate diagnoses and better outcomes for critically ill patients.



Telemedicine Control Room, Islamabad

ChildLife Foundation's TSCs As of June 30, 2024

105 Telemedicine Sites in Sindh

<p>Bakrani, Arija (THQ) Bhiria (RHC) Bulri S. Karim (THQ) Chachro (THQ) Chambar (RHC) Dadu (DHQ) Daharki (THQ) Dahli (THQ) Daur (RHC) Digri (THQ) Diplo (THQ) Dokri (THQ) Faiz Ganj (RHC) Gambat (THQ) Garhi Khairo (RHC) Garhi Yasin (RHC) Ghorabari (RHC) Ghotki (THQ) Hala (THQ) Islamkot (RHC) Jacobabad (DHQ) Jam Nawaz Ali (RHC) Jati (THQ) Jhando Mari (BHU) Jhuddo (RHC) Johi (THQ) Kaloi (BHU)</p>	<p>Kandhkot (THQ) Kandioro (THQ) Kashmore (THQ) Keti Bandar (RHC) Khairpur (DHQ) Khairpur N. Shah (THQ) Khangarh (RHC) Khanpur (RHC) Kharo Chan (THQ) Khipro (THQ) Kingri (RHC) Kohsar (THQ) Kot Diji (RHC) Kot Ghulam M. (THQ) Kotri (THQ) Kunri (THQ) Lakhi (RHC) Latifabad (THQ) Liaquat University of Medical & Health Sciences Manjhand (THQ) Matari (DHQ) Matli (THQ) Mehtar (THQ) Mehrabbpur (RHC) Mirokhan (THQ) Mirpur Bathoro (THQ)</p>	<p>Mirpur Mathelo (DHQ) Mirpur Sakro (THQ) Mirpurkhas (DHQ) Mithi (DHQ) Moro (THQ) Nagarparkar (THQ) Nara (RHC) Nasarpur (THQ) Nasirabad (BHU) Nasirabad (RHC) Naushahro Feroze (DHQ) Nindo (RHC) Pano Aqil (THQ) Patoyoon (BHU) Phullahdyoon Sindhri (RHC) Pithoro (THQ) Qambar (DHQ) Qasimabad (THQ) Qazi Ahmed, Daulatpur (RHC) Qubo Saeed Khan (RHC) Rato Dero (THQ) Rohri (THQ) Saeedabad (THQ) Sakrand (THQ) Salehpat (BHU) Samaro (THQ) Sanghar (DHQ)</p>	<p>Sehwan (THQ) Sh. Fazal Rahu (THQ) Shah Bunder (RHC) Shahdadkot (THQ) Shahdadpur (THQ) Shikarpur (DHQ) Shujabad (RHC) Sijawal Junejo (RHC) Sinjhoru (THQ) Sobho Dero (RHC) Sujawal (DHQ) Talhar (RHC) Tando Adam (THQ) Tando Allahyar (DHQ) Tando Bago (THQ) Tando G. Hyder (THQ) Tando M. Khan (DHQ) Tangwani (RHC) Thano Bula Khan (THQ) Thari Mirwah (RHC) Thatta (DHQ) Thul (RHC) Ubauro (THQ) Umerkot (DHQ) Warah (THQ)</p>
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159 Telemedicine Sites in Punjab

18-Hazari (THQ) 46/SB (THQ) Ahmadpur Sharqia (THQ) Ahmadpur Sial (THQ) Ali Pur (THQ) Arifwala (THQ) Bahawalnagar (DHQ) Bhagtanwala (THQ) Bhakkar (DHQ) Bhalwal (THQ) Bhawana (THQ) Bhera (THQ) Burewala (THQ) Chak 90/SB (THQ) Chak Jhumra (THQ) Chakwal (DHQ) Chichawatni (THQ) Chiniot (DHQ) Chishtian (THQ) Choa Saidan Shah (THQ) Choubara (THQ) Chowk Azam (THQ) Chowk Sarwar Shaheed (THQ) Chunian (THQ) Darya Khan (THQ) Daska (THQ) Depal Pur (THQ) Dinga (THQ) Duniapur (THQ) Esa Khel (THQ) Fateh Jang (THQ) Fatehpur, Karor Lal-E-Son (THQ) Ferozewala (THQ) Fort Abbas (THQ) Gaziabad (THQ) Gojra (THQ) Government City Hospital, Talagang (THQ) Gujar Khan (THQ)	Hafizabad (DHQ) Haroonabad (THQ) Hasilpur (THQ) Hassanabdal (THQ) Haveli Lakha (THQ) Hazro (THQ) Isfandyar Bukhari (DHQ) Jahanian (THQ) Jalalpur Pirwala (THQ) Jampur (THQ) Jand (THQ) Jaranwala (THQ) Jatoi (THQ) Jhang (DHQ) Jhang City (THQ) Jhelum (DHQ) Kabirwala (THQ) Kahnanu (THQ) Kahrar Pacca (THQ) Kahuta (THQ) Kala Bagh, Esa Khel (THQ) Kallar Kahar (THQ) Kallar Sayedan (THQ) Kallur Kot (THQ) Kamalia (THQ) Kamoke (THQ) Karor Lal-E-Son (THQ) Kasur (DHQ) Khairpur Tamewali (THQ) Khanewal (DHQ) Khanpur (THQ) Kharian (THQ) Khurrianwala (THQ) Khushab (DHQ) Khushab (THQ) Kot Adu (THQ) Kot Chutta (THQ) Kot Momin (THQ) Kot Radha Kishan (THQ) Kot Sultan (THQ) Kotli Loharan (THQ)	Kotli Sattian (THQ) Kunjah (THQ) Lal Quarter Samanabad (THQ) Lala Musa (THQ) Lalian (THQ) Layyah (DHQ) Liaquatpur (THQ) Lidhar Badian (THQ) Lodhran (DHQ) Lodhran (THQ) Mailsi (THQ) Malikwal (THQ) Mandi Bahauddin (DHQ) Mankera (THQ) Mian Channu (THQ) Mian Meer Hospital (THQ) Mianwali (DHQ) Mianwali Qureshian (THQ) Minchanabad (THQ) Mother and Child Hospital (DHQ) Mumtazabad (THQ) Muridke (THQ) Murree (THQ) Muzaffargarh (DHQ) Nankana Sahib (DHQ) Narowal (DHQ) Naushera (THQ) New Karole (THQ) Noorpur Thal (THQ) Nowshera Virkan (THQ) Nusrat Fateh Ali Khan Hospital (THQ) Okara (DHQ) Pakpattan (DHQ) Pasrur (THQ) Pattoki (THQ) Phalia (THQ) Pind Dadan Khan (DHQ) Pindi Bhattian (THQ)	Pindi Gheb (THQ) Piplan (THQ) Pirmahal (THQ) Quaidabad (THQ) Raiwind (THQ) Rajanpur (DHQ) Renala Khurd (THQ) Rojhan (THQ) Roshan Bheela (THQ) Sabzazar (THQ) Sadiqabad (THQ) Safdarabad (THQ) Sahiwal (THQ) Samanabad (THQ) Sambrial (THQ) Samundri (THQ) Sangla Hill (THQ) Sarai Alamgir (THQ) Shah Kot (THQ) Shahdara Town (THQ) Shaipur (THQ) Shakargarh (THQ) Sharaqpur (THQ) Sheikhupura (DHQ) Shorkot (THQ) Shuja Abad (THQ) Sillanwali (THQ) Sodiwal (THQ) Sohawa (DHQ) South City, Multan (DHQ) South City, Okara (DHQ) Talagang (THQ) Tandlianwala (THQ) Taunsa Sharif (THQ) Taxila (THQ) Thal (THQ) Toba Tek Singh (DHQ) Vehari (DHQ) Wah (THQ) Wazirabad (THQ) Yazman (THQ) Zafarwal (THQ)
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32 Telemedicine Sites in Balochistan

Awaran Barkhan Chagai Dera Allahyar Dera Bugti Duki Gwadar Harnai	HUB Jhal Magsi Kachhi Kalat Kech Kharan Khuzdar Killa Abdullah	Killa Saifullah Kohlu Loralai Mastung Musakhel Naseerabad Nushki Panjgur	Pishin Sherani Sibi Sohbatpur Surab Washuk Zhub Ziarat
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3 Telemedicine Sites in AJK

Bagh (DHQ)
Kotli (DHQ)
Muzaffarabad (DHQ)



Telemedicine Satellite Center at Public Secondary Care Hospital

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



Telemedicine Control Room

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



ChildLife Foundation's 1st Urgent Care Centre at Sindh Government Hospital, New Karachi

In December 2023, ChildLife Foundation inaugurated its first Urgent Care Centre (UCC) at Sindh Government Hospital, New Karachi.



Diagnostic Lab Tests



Radiology (Digital X-ray and Computed Radiography)

ChildLife opted this hospital for its strategic value, addressing the critical need for quality emergency care in New Karachi's densely populated urban area. With many families depending on public hospitals, the UCC ensures that expert, life-saving treatment is accessible to all, 24/7 and free of cost to the sickest and poorest children.

Designed to ease the pressure from overwhelmed emergency rooms, the UCC consists of 10 beds and treats critical patients (P1 and P2) and stands as a first-of-its-kind model in a public secondary care hospital.

UCC offers round-the-clock emergency care, staffed by 50+ trained healthcare professionals equipped with advanced life-saving tools and a capacity to treat up to 20,000 children in a year. The facility follows WHO's recommended triage system to ensure that children with the most critical illness are quickly assessed and treated. A fully stocked pharmacy dispenses life-saving medicines free of charge, providing immediate relief to families who otherwise struggle to afford such essential care.

The UCC provides comprehensive diagnostic lab services and radiology services to ensure prompt identification of illnesses. These initiatives enable accurate, timely diagnoses, essential for making effective treatment decisions and saving lives.

ChildLife's UCC model aligns seamlessly with the broader mission to transform emergency care for children in Pakistan. It not only alleviates the burden from larger ERs but also fosters trust of the community in the public sector.



Ayat



Life-Saving Care at ChildLife's Urgent Care Centre

Bringing Ayat here was the hardest decision as I was unsure of the treatment quality and urgency, but witnessing such high quality of care at a public hospital is a blessing for families like ours.

In a desperate race against time, Shagufta rushed her ailing daughter Ayat to ChildLife's Urgent Care Centre (UCC) in Sindh Government Hospital, New Karachi. For over a week, Ayat had suffered from high fever and severe respiratory distress. As a working mother supporting her family alongside her husband, Shagufta faced the heartbreaking fear of her child's suffering and the daunting costs of private care. On her sister's advice, she turned to the UCC, hoping for accessible, quality treatment.

When Shagufta arrived at the triage counter at the ChildLife's Urgent Care Center, Ayat's condition was critical. The medical team rushed her straight into the resuscitation room, bypassing paperwork to focus solely on saving her life. Ayat received oxygen support and vital antibiotics, under the vigilant care of the UCC's skilled medical team. For accurate diagnosis, blood tests and x-rays were conducted. The tests diagnosed her with pneumonia with typhoid fever. After 6 to 8 hours of intense care, Ayat's fever began to drop, and she started to stabilize.

Seeing Ayat's recovery, Shagufta felt an immense sense of relief and gratitude. "Bringing Ayat here was the hardest decision as I was unsure of the treatment quality and urgency, but witnessing such high quality of care at a public hospital is a blessing for families like ours," she expressed while wiping tears from her eyes. The care provided at UCC brought Shagufta peace and reassurance knowing that ChildLife's dedicated team was there for her child in her greatest moment of need.

ChildLife's UCC in New Karachi not only saves lives but also offers families the hope and support they need, while removing the burden of healthcare expenses.



SINA Trust



Advancing Primary Healthcare Together

Since the inception of our partnership in 2012, ChildLife Foundation has consistently supported SINA Trust in providing medical care to children through primary healthcare clinics.

These clinics play a pivotal role in delivering not only quality treatment but also invaluable preventative guidance to economically disadvantaged communities—all at no cost to the recipients. By addressing health concerns at the community level, they help reduce the burden on tertiary healthcare facilities and deescalate issues before they require emergency care.

Technological Advancements for Efficiency

To extend quality primary healthcare to underserved areas, SINA's mobile clinics bring essential medical services to regions without access. All SINA clinics are digitized, with dedicated staff utilizing tools such as tablets and cloud-based technology to streamline and enhance healthcare delivery.

Integrated Healthcare Facilities

SINA-ChildLife Clinics provide a comprehensive healthcare experience. They feature in-house pharmacies, advanced diagnostic laboratories offering a wide range of tests, referral services, and personalized family healthcare counseling. This integrated approach ensures patients receive holistic care under one roof.

Impactful Outreach and Accessibility

Mobile clinics serve as a lifeline for underserved communities, directly delivering essential healthcare services where they are needed most. Through this collaboration, SINA Trust and ChildLife Foundation continue to pioneer sustainable healthcare solutions, ensuring that no child or family is left behind in our shared mission of building a healthier and more resilient Pakistan.







Expert Insights

Transforming Healthcare Through
Innovation and Leadership



Dr. Adnan T. Bhutta, M.D.

Professor of Clinical Pediatrics
Division Chief, Pediatric Critical
Care Medicine
Indiana University, School of
Medicine

Using Technology to Save Young Lives: The Power of Telemedicine

An estimated 400,000 children in Pakistan die before reaching their fifth birthday. Many of these deaths result from common childhood illnesses and occur within the first two days of a child arriving at the hospital. Death rates in hospitals in Low- and Middle-Income countries (LMICs) are higher because they do not have strong emergency and critical care services. Setting up these services can be expensive, which makes it hard for governments to provide and sustain them.

An innovative solution to improve emergency and critical care services without expensive infrastructure investments is with telemedicine. This means doctors can see and talk to providers and help patients using digital audio and video technology, even if they themselves are physically far away. Telemedicine has the potential to make it easier and cheaper to help sick kids in remote areas and support the local doctors and nurses by helping them make better decisions in real-time.

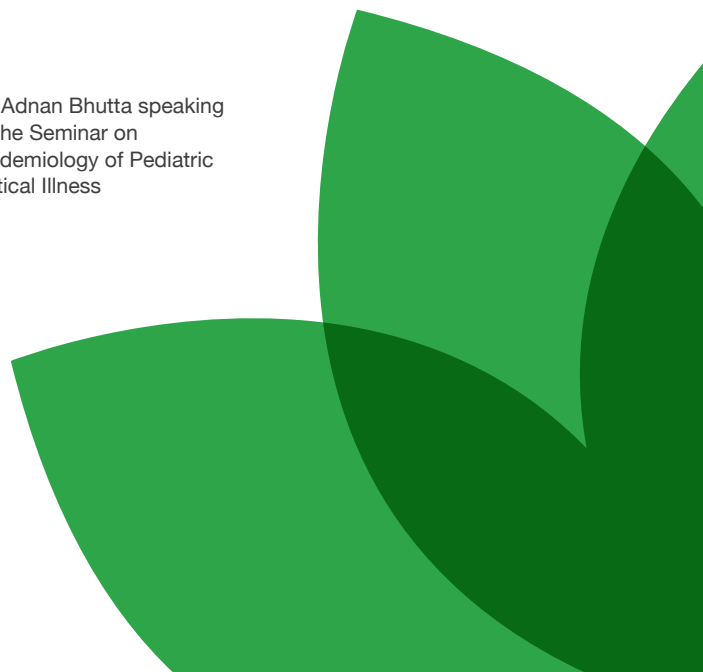
One notable example of the utilization of telemedicine comes from the ChildLife Foundation in Pakistan. The ChildLife Foundation focuses on improving pediatric emergency care across the country. The organization has partnered with the provincial governments to create a telemedicine network spanning 300+ district hospitals in the country. In this network, trained nurses work alongside telemedicine physicians, who consult on up to 10 patients per 12-hour shift at each hospital. In just two months in early 2024, these telemedicine consultations helped treat over 26,000 children, and nearly half of these cases involved changes to their medical management. When compared to children who did not have their management changed, those who received telemedicine-guided adjustments were more likely to need hospital admission or transfer to more specialized care.

I am a great admirer of the ground-breaking, yet essential work being done by the ChildLife Foundation team in this area. My team plans to collaborate with ChildLife Foundation and Brother's Brother Foundation (A Pittsburgh, PA based Non-Governmental Organization) on a study to further examine the impact of telemedicine. We plan to study whether using telemedicine in emergency rooms can lower death rates among children. We will compare children who get telemedicine consultations with those who receive regular care. We will track deaths that happen within 48 hours, 14 days, and 30 days after a hospital visit. We will also see if telemedicine changes hospital admissions, resuscitations (bringing a patient back from a life-threatening situation), and how long kids stay in the hospital. For this purpose, we have also submitted a grant to the U.S. Agency for International Development (USAID).

If successful, this trial could demonstrate how telemedicine significantly improves pediatric emergency and critical care in remote and resource-limited locations. The results could justify rapid expansion of telemedicine services across Pakistan and other LMIC's, offering life-saving care to more children at a lower cost. We hope to be able to provide policymakers with a compelling case for investing in telemedicine as a tool to reduce child mortality and improve healthcare access in underserved communities.



Dr. Adnan Bhutta speaking at the Seminar on Epidemiology of Pediatric Critical Illness





Mr. Amir R. Paracha
Chairman, Executive Director
& Chief Executive Officer
Unilever Pakistan

Transforming Children's Healthcare in Pakistan

ChildLife: A Model of Effective Management and Innovation Powered by Technology

Innovative thinking, combined with a steadfast desire for change, has the potential to drive significant transformation, often without the need for enormous financial investments. Over the years, we have seen examples of organizations that have adapted and thrived through creative solutions. Companies like Airbnb and Uber revolutionized their industries by leveraging technology and reimagining traditional business models and shifting to a sharing economy model. They demonstrated that success does not always hinge on vast resources; rather, it often comes from a willingness to rethink existing paradigms and address unmet needs.

In my view, ChildLife Foundation is one of the very few organizations in Pakistan that has exemplified the same spirit of innovation and utilized existing resources and infrastructure to bring transformative change. Focused on addressing critical healthcare challenges, particularly the alarming child mortality rates in the country, the foundation has demonstrated that effective management and creative solutions can lead to profound improvements.

The Problem of Child Mortality in Pakistan

Pakistan, as a developing nation, grapples with significant challenges in delivering quality healthcare. Public healthcare facilities are often overcrowded and understaffed, making it difficult for patients to receive timely and effective treatment.

This issue is exacerbated in rural areas, where access to healthcare is severely limited. Families in these regions often struggle to consult qualified doctors or receive proper medical treatment, leaving them vulnerable to preventable health issues. The result is a staggering child mortality rate; approximately 400,000 children under five die each year in Pakistan. What bewilders me is the fact that around 80% of these deaths are preventable with the right care and treatment.

At first glance, addressing this crisis might appear to require substantial financial investment to develop the necessary infrastructure, such as establishing dedicated children's Emergency Rooms (ERs) in urban cities and then reaching rural communities as well. The challenges of implementation can seem too overwhelming, leading most of us to believe that it is next to impossible to solve this problem with limited resources. However, I am inspired by the ChildLife Foundation's approach to tackling this daunting issue with innovative strategies and effective management. It has no wonder yielded impressive results and helped solve this problem quicker than anyone could have imagined.

The way I observed the foundation combat this issue by taking over operations of Children's Emergency Rooms (ERs) within public hospitals instead of building them from scratch and providing essential services free of charge to all citizens, was truly commendable.

In my opinion, this resource sharing model has enabled the foundation to quickly expand its presence in 313 government hospitals, making healthcare accessible to around 80% of the population within a mere 30-minute radius. Remarkably, it is on track to treat 2 million children annually, around the clock and at no cost. This initiative has led to a fourfold increase in survival rates for critical cases which is a testament to the effectiveness of their management strategies.

A Case Study in Innovation and Management

One of the aspects of ChildLife Foundation that is most fascinating to me is their transformative telemedicine model. In a country where quality healthcare is often elusive, particularly in rural areas, this innovative approach enables healthcare professionals on the ground to consult with specialists in real time. I saw a room equipped with cameras in ERs, through which nurses and doctors situated in central control rooms across major cities like Karachi, Lahore, and Islamabad can connect instantly with patients in remote areas. This integration of technology not only enhances patient care but also exemplifies how we can leverage resources effectively to cater to challenging environments.

One key takeaway for me was also the attribution of ChildLife Foundation's success to its performance management model. By implementing SMART KPIs for doctors and nurses, linking a portion of their compensation to patient satisfaction surveys, the Foundation has cultivated a culture of accountability and excellence. This smart approach has resulted in notably high satisfaction rates among patients and their families, further solidifying the foundation's reputation for quality care.

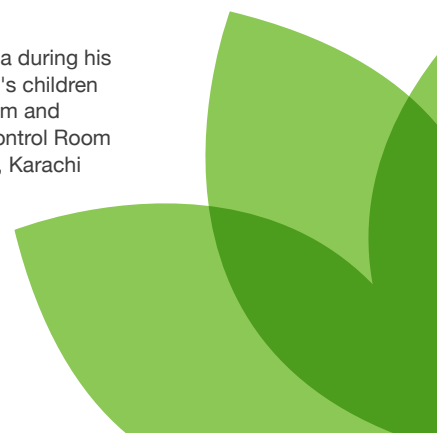
A Testament to Leadership and Vision

The ChildLife Foundation serves as a powerful reminder of what can be achieved through strong management and innovative thinking. It highlights the potential for systemic change within our healthcare system, driven by individuals and organizations dedicated to making a difference. I am profoundly grateful for champions of innovation like Dr. Rabbani and his team, who refuse to abide by traditional outdated methods of doing things or give in to challenges that seem insurmountable and are committed to improving the nation against all odds.

While these achievements are commendable and serve as a beacon of hope for healthcare in Pakistan, they also exemplify how targeted interventions can make a significant difference in addressing any critical issue. This model serves as a powerful case study for organizations even beyond the healthcare sector, illustrating that the principles of good management and creative problem-solving are universally applicable. I personally have drawn a lot of lessons and insights from ChildLife Foundation's success story which will help me cultivate a culture of innovation, efficient resource allocation, and build effective management strategies to thrive in a challenging business landscape like ours. I wish Dr. Ahson Rabbani and the team all the success, may you continue to be the beacon of hope for this country.



Mr. Amir Paracha during his visit to ChildLife's children Emergency Room and Telemedicine Control Room at Civil Hospital, Karachi







**Donor
Highlights**

Celebrating Saving Children across Pakistan with Patrons



Ismail Industries Ltd.



National Foods Ltd.



Rotary Club of Solon, Ohio and Rotary Club of Karachi New Central



Awareness session by Rotary Club of Karachi New Central



PTCL



Mr. Sohail Tabba, Mr. Ashraf Amdani, and Mr. Arif Doni

Celebrating Saving Children across Pakistan with Patrons



Brigadier M. Asim Ashraf & KATI Members



KATI Members



KATI Gold Medal Ceremony for CSR Work



K-Electric KHI Awards



Pak-Arab Refinery Limited



Asia Petroleum Ltd.

Patrons Visit ChildLife Foundation



HBL - Mr. Sultan Ali Allana (Chairman HBL)



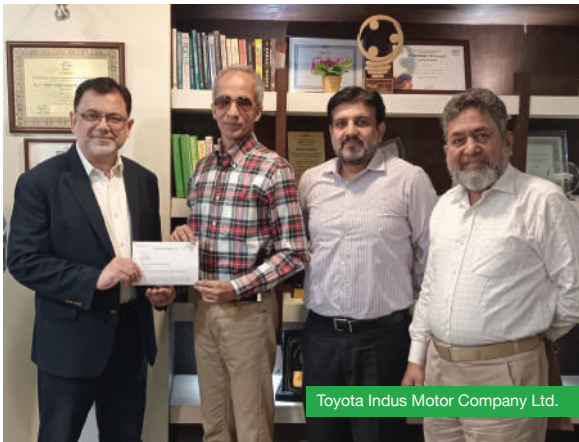
HBL Foundation



Mr. Sajjad Ebrahim & Ms. Zehra Ebrahim



Mr. Sajjad Ebrahim & Ms. Zehra Ebrahim



Toyota Indus Motor Company Ltd.



Toyota Indus Motor Company Ltd.



Toyota Indus Motor Company Ltd.



Habib Metropolitan Bank Ltd.



United Towel (Pvt.) Ltd.

Patrons Visit ChildLife Foundation



Pakistan Refinery Limited



Pakistan Refinery Limited



Rotary Club of Solon, Ohio and Rotary Club of Karachi New Central



Rehmat Foundation



Mr. Jamshed Ali



Hamdard Laboratories



Mr. Abbas Sayeed & Ms. Nusser Sayeed



Elahi Group of Companies

Patrons Visit ChildLife Foundation



Unilever Pakistan Ltd. - Mr. Amir Paracha



Unilever Pakistan Ltd. - Mr. Amir Paracha



TZP Trust - Ms. Fadia Kashif



Mr. Murtaza Habib, Mr. Murtaza Ghokal & Ms. Malaika Shah



Naveena Group



Karachi International Container Terminal Ltd.



EFU Life Insurance



Maple Pharmaceuticals Pvt. Ltd. - Mr. Mohsin Feroz

Toy Distribution Activity



National Foods Ltd.



Automobile Corporation of Pakistan (Autocom)



PharmEvo Pvt. Ltd.



Pakistan Cables Ltd.



K-Electric Ltd.



MSC Shipping



Gadoon Textile Mills Ltd.



Engro Energy Ltd.



Tapal Tea Pvt. Ltd.



AGP Pharma



Reckitt Benckiser

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 Hanif Adamjee Charitable Trust
 Haseen Habib Foundation Trust
 Hayder Ali Communications
 HBL Foundation
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 Jaffer Agro Services (Pvt) Ltd
 Jaffer Brothers (Pvt) Ltd.
 Jan Mohammed Dawood Trust
 JS Investments Ltd.
 Kaizen Paint (Pvt) Limited
 K-Electric Ltd.
 KGS Lifeline
 Khaadi Pakistan SMC (Pvt) Ltd.
 Kundi Logistics (Pvt) Ltd.
 Kundi Services (Pvt) Ltd.
 LMK Resources Pakistan (Pvt) Ltd.
 Lucky Core Foundation
 Lucky Knits (Pvt) Ltd.
 Lucky Paragon Ready Mix Ltd.
 Lucky Textile Mills Limited
 M. Bashir Kasmani (Pvt) Ltd.
 M. Munir M. Ahmed Khanani Securities (Pvt) Ltd.
 M.I. Industries
 MACPAC Films Ltd.
 Macter International
 Makda Enterprises
 MANA (Memon Association of North America)
 Meezan Bank Ltd.
 Mohammad Shafi Trust
 Momin Adamjee Welfare Trust
 Morinaga Milk Industry Co. Ltd.
 Muhammad Saleem Kasmani Securities (Pvt) Ltd.
 Muhammad Shafi Trust
 Multinet Pakistan (Pvt) Ltd.
 Murree Brewery Co. Ltd.
 Najmi Bilgrami
 National Foods Ltd.
 NBP Fund Management Ltd.
 Noor UI Hermain International
 Novatex Limited
 Nuricon Union (Pvt) Ltd.
 Nutrico Pakistan (Pvt) Ltd.
 Pacific Pharmaceutical Ltd.
 Pak Datacom Limited
 Pak Kuwait Textiles Limited
 Pak Oman Asset Management Company Ltd.
 Pak Styrene Trading Company
 Pak-Arab Pipeline Company Limited (PAPCO)
 Pak-Arab Refinery Ltd. (PARCO)
 Pakistan Cables Ltd.
 Pakistan Refinery Limited
 Pakistan Science and Engineering Foundation
 Pakistan State Oil Company Ltd. (PSO CSR Trust)
 Paragon Constructors (Pvt) Ltd.
 Pfizer Pakistan Ltd.
 Pharmagen Limited
 PharmEvo (Pvt) Ltd.
 Platinum Pharmaceuticals (Pvt.) Ltd.
 Poly Tech International
 Premium Knits
 Pride Manufacturing
 Progressive Traders (Pvt) Ltd.
 Rahimtoola Group of Companies
 Regmat Textile Industries (Pvt) Ltd
 Rehmat Foundation
 Reliance Insurance Co. Ltd.
 Riaz Textile Mills (Pvt) Ltd.
 Sajjadiyya Trust
 SAN Traders
 Sapphire Retail Ltd.
 Sapphire Textile Mills Ltd.
 Sattar Electronics
 Scada Industries Pvt. Ltd
 Seagold (Pvt) Ltd.
 Searle Company Ltd.
 SEF Foundation
 Selling Business System
 Shafi Apparels
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 Soorty Enterprises (Pvt) Ltd.
 SPRET Trading LLC
 SSG Charitable Trust
 Standard Chartered Bank (Pakistan) Ltd.
 Sukkur Beverages (Pvt) Ltd.
 Systems Limited
 Tapal Tea (Pvt) Ltd.
 Tauheed Trust
 Taxila Cotton Mills Limited
 Thal Ltd.
 The Indus Academy
 The Learning Centre
 The Rabia Azim Trust
 The Searle Company Ltd.
 The Shaikh Hebatbhoj
 Toyota Indus Motor Company Ltd.
 TPL Corp. Limited
 TPL Insurance Ltd.
 TPL Properties Limited
 TPL Trakker (Pvt) Ltd.
 Trendz International
 UBL Ameen Islamic Banking
 Unibrand (Pvt) Ltd.
 UniPak
 United Towel Exporters (Pvt) Ltd.
 Universal Shipping (Pvt) Ltd.
 UTI Industries (Pvt) Ltd.
 Wavetec (Pvt) Ltd.
 West Bury (Pvt) Ltd.
 Yawasi Commodities

*In alphabetical order

**List updated till June 30, 2024

Event Highlights



Human Resource

Long Service & GEM Awards 2023

Recognizing the contribution of our team members who have worked with the ChildLife Foundation for 3, 5 and 10 years. GEM Awards were given to team members with outstanding performances.



Capacity Building

Enhancing the soft skills of our team through regular trainings including managing violence, emotional intelligence, effective communication, self-care, ethics and compliance, and leadership development.



Birthday Celebrations

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



Book Bites

An initiative designed to foster a culture of learning and sharing among employees by encouraging them to share summaries of the books they have read recently.



Teamwork Awards & Lunch with CEO

To reinforce our company values and praise the employees who abide by it, the HR department arranges teamwork awards along with the lunch with CEO on a quarterly basis.



Basic Life Support Skills

Empowering our team with life-saving skills, the HR team organizes BLS Training followed by a visit to the Emergency Room for existing and new members of the team.



HumKalam

Continuing our commitment to growth and development, the HR has been facilitating “HUMKALAM/ ہم کلام,” a monthly series of 90-minute knowledge-sharing sessions for our employees.



Recruitment Drives

ChildLife Foundation participated in Career Fairs of renowned universities including Iqra University, Habib University, IBA and SHEC Career Connect 2024.



Sports Gala

This year Sports Gala held at Quetta, Islamabad and Lahore, featuring engaging competition, collaboration, and reinforced our commitment to employee well-being and cultivation of positive workplace culture.



Mango Mania

Our Mango Mania event was a sweet success, filled with joy, laughter, and delicious mangoes.



Media

Journalists Visit ChildLife ERs in PIMS, Islamabad and Mayo Hospital, Lahore

A team of journalists visited ChildLife Foundation's children ERs in PIMS, Islamabad and Mayo Hospital, Lahore. They applauded ChildLife for establishing international grade ER model in Islamabad and Lahore, offering free, quality emergency care to children throughout the region.



Volunteer Program

ChildLife Foundation was thrilled to host young enthusiasts from Pakistan and abroad to its 5-day volunteer program in the Children's Emergency Rooms at Civil Hospital, Karachi, and PIMS, Islamabad. During the program, they learned Basic Life Support skills, documented patient stories, and collaborated with clinical staff across various ER and Telemedicine sections.



Amal Mansoor (Atlanta)
Linta Khan (Karachi)
Ahab Imran (Karachi)
Arfa Kamran (Karachi)



Faizaan Dossani (Austin)



Sara Hassan (Bay Area)



Zoya Sheikh & Zaha Sheikh (Austin)



Saifra Kashif (Bay Area)

Global Initiatives



ChildLife Orlando Fundraiser - September 2023

ChildLife Foundation would like to extend its thanks to Orlando for their support and participation in the ChildLife Fundraising Event and making it a success every year.



ChildLife New York Fundraiser - September 2023

ChildLife Foundation held its fundraising dinner in New York in September 2023, which has been a major supporter of ChildLife's cause throughout the past years. With the help of our supporters and hosts, ChildLife has been able to make these events a success.

ChildLife Yardley Fundraiser - September 2023

We are grateful to Dr. Faiz Sajjad for taking out time and organizing a gathering every year for ChildLife Foundation's fundraising event.



ChildLife Lexington Fundraiser - September 2023

ChildLife Foundation would like to extend its heartfelt thanks to Dr. Aftab Chishti for organizing the fundraising event at Lexington in September 2023.



ChildLife Cincinnati Fundraiser - September 2023

We greatly appreciate Mr. Shahzad Saeed, MD and Mr. Ali Usmani, MD and all the supporters of ChildLife in Cincinnati for their tireless efforts for organizing the fundraising events and helping safeguard Pakistan's future.

ChildLife Baltimore Fundraiser - September 2023

In September 2023, supporters of ChildLife Foundation in Baltimore gathered for a fundraising event. We extend our heartfelt thanks to the hosts, Dr. Abdul Waheed, Dr. Malik Rehman, and Dr. Anwar Mumtaz, as well as all the supporters for their dedication to the mission of saving the lives of Pakistan's children.



ChildLife Austin Fundraiser - September 2023

We are deeply grateful for the unwavering dedication of the Austin community in their efforts to save little lives. A special thank you goes to the longtime supporters from ChildLife Austin chapter, Mr. Omer Dossani and Ms. Kirin Dossani, for their exceptional work in organizing a remarkable fundraiser. Their commitment and hard work not only made the event a success but also highlighted the community's passion for making a difference in the lives of children in need.

ChildLife Dallas Fundraiser - September 2023

ChildLife Dallas fundraiser was a remarkable event dedicated to supporting the mission of saving the lives of children in Pakistan. We are especially grateful to Mr. Fahad Ahmed for his leadership and commitment, as well as to all the supporters in Dallas who have worked tirelessly to ensure a brighter future for the children in need.



ChildLife St. Louis Fundraiser - September 2023

ChildLife Foundation expresses its sincere gratitude to the St. Louis community for their unwavering support and active participation in the ChildLife fundraising event held in September 2023. Their efforts play a vital role in making a positive impact on the lives of countless children in Pakistan.



ChildLife Michigan Fundraiser - September 2023

ChildLife Michigan fundraiser was a resounding success, thanks to the relentless efforts of Dr. Usman Master, Mr. Khalid Mirza, Ms. Iman Rathur, Mr. Farrukh Moghul, Ms. Uzma Mirza, Dr. Nusrat Javeed, Mr. Zaher Sherwani and the entire Michigan team. Their efforts played a crucial role in organizing this impactful event and raising awareness about ChildLife's mission.



ChildLife Seattle Fundraiser - September 2023

With the continuous efforts of Mr. Aftab Farooqi and the whole Seattle team, ChildLife Foundation held another successful event in Seattle in September 2023. We are truly grateful for the unwavering support for the cause throughout these past years.



ESEM Best EM Research Award WINNER

Child Life Foundation. Pakistan

ChildLife's Impact

- ChildLife is providing emergency care in 200+ government hospitals in Pakistan.
- Includes 750 ER beds in 13 Pediatric EDs in tertiary care hospitals and 24/7 Telemedicine support in 200 secondary care hospitals.
- Through capacity building of govt doctors directly impacted treatment of 10 million children annually.
- Recently gone international and now existing in 100+ govt hospitals in 10 countries.
- Over 1.7 million children treated annually.
- Total impact to date 7.5 million children in Pakistan and 1.7 million internationally ill children.

ESEM Contribution

- Child Life Foundation has been participating since first edition of ESEM 2014.
- Every year the research/ abstracts submission has been the highest for the conference.
- The members of the organization has contributed on the educational activities in multiple levels.

Saving Children in 200+ Hospitals across Pakistan

1.7 Million Children Treated Annually

7.5 Million Children Treated to Date

ChildLife Wins Best EM Researcher Award 2023 by ESEM - Abu Dhabi

Awarded by the Emirates Society of Emergency Medicine (ESEM) at their annual conference held in Abu Dhabi in December 2023, the award reflects ChildLife's commitment of making impactful contributions towards Emergency Medicine Research since its first edition back in 2014.



ChildLife Recognition at COP28 UAE

We are humbled to share that ChildLife was one of the top three finalists for Zayed Sustainability Prize 2023 in the Health category, with two other organizations from France and Indonesia. The work of all finalist organizations was recognized at the 28th Conference of the Parties to the UN Framework Convention on Climate Change in UAE, where ChildLife was the one holding Pakistan's Green flag.

Visit by Mr. Altaf Godil - September 2023

In September 2023, Mr. Altaf Godil from LA paid a visit to ChildLife's children Emergency Room and Telemedicine Control Room at Civil Hospital, Karachi. During his visit, he appraised the quality of emergency care services that ChildLife is offering to the underprivileged children of Pakistan.



Visit by Mr. Tariq Jaffer – November 2023

In November 2023, Mr. Tariq Jaffer visited Civil Hospital, Karachi and toured ChildLife's state-of-the-art Children's Emergency Room and Telemedicine Control Room. He was impressed by the high-quality emergency care services ChildLife is providing to children across Pakistan.

Visit by Dr. Faiqa Noor - December 2023

In December 2023, Dr. Faiqa Noor from Virginia visited our emergency room at NICH in Karachi and were impressed by the world-class standard of emergency care being provided to children.





Visit by Mr. Naemuddin and Ms. Grace - December 2023

Mr. Naemuddin and Ms. Grace from Florida paid a visit to our ER at NICH, Karachi in December 2023 and was amazed by the world-class standard of emergency care being provided to the children, 24/7 and free of cost.

Visit by Mr. Zahid Rana - December 2023

In December 2023, Mr. Zahid Rana from Chicago visited the ChildLife's ER at Mayo Hospital, Lahore. As a long-time supporter of the ChildLife Foundation, Mr. Rana's contributions have made a significant impact in providing lifesaving treatment to children in need. His ongoing commitment underscores the critical role that dedicated individuals play in enhancing the quality of care available to vulnerable children.



Visit by Mr. Saleem Khanani - December 2023

In December 2023, Mr. Saleem Khanani from Orlando visited Civil Hospital Karachi, where he toured its children's ER and Telemedicine Control Room managed by ChildLife Foundation. Mr. Saleem's philanthropic contributions have been invaluable, that have helped ChildLife to thrive in its mission to make Pakistan child-safe.

Visit by Mr. Altaf Sattar - December 2023

In December 2023, Mr. Altaf Sattar from South Florida toured ChildLife's children Emergency Room at Civil Hospital, Karachi. Mr. Altaf was delighted to witness ChildLife's dedication to providing high-quality emergency care services to children in need.



Visit by Dr. Bina Kamdar - January 2024

In January 2024, Dr. Bina Kamdar from LA visited the ChildLife's children Emergency Room at Civil Hospital in Karachi and was genuinely impressed by ChildLife's life-saving work for the children of Pakistan.



Visit by Mr. Munir Rizvi - January 2024

Mr. Munir Rizvi from Seattle visited ChildLife's children ER and Telemedicine Control Room at Civil Hospital, Karachi in January 2024. During his tour, Mr. Munir applauded the life-saving work that ChildLife is doing by providing quality emergency care to children, free and 24/7.

Visit by Mr. Shakil Ghaya - January 2024

Mr. Shakil Ghaya from Atlanta along with his wife visited ChildLife's ER at Civil Hospital, Karachi in January 2024. He has been a supporter of ChildLife for quite a long time and his support has helped ChildLife greatly in providing life-saving treatment to children.



Visit by Mr. Ashraf Amdani - January 2024

Mr. Ashraf Amdani all the way from Florida along with his family visited our ER at Civil Hospital, Karachi in January 2024. Mr. Amdani has been one of our trustees from the beginning and he himself shared the story about ChildLife to his family, and it was an eye opener for his kids to see the cause their family have been supporting from decades.

ChildLife Sacramento Fundraiser - February 2024

With the help of Dr. Mutahir Khan & Dr. Rana Mahfooz, ChildLife Sacramento Chapter managed to gather a huge crowd at the fundraising event held in February 2024 and helped raise awareness about cause of saving the children of Pakistan.



ChildLife Houston Fundraiser - February 2024

The community of Houston has been a regular supporter of ChildLife Foundation. With the continuous support of Mr. Mahmood Khichi & Mr. Amin Naviwala, Houston was able to raise substantial funds to save children's lives in Pakistan, proving their enthusiasm yet again.

ChildLife Los Angeles Fundraiser - February 2024

The Pakistani diaspora in Los Angeles have long been fervently committed to the ChildLife's cause of preserving children's lives in Pakistan. We are grateful to our hosts Mr. Altaf and Ms. Nasreen Godil, Drs. Ashraf and Bina Kamdar and Mr. Amin Naviwala for their untiring support throughout these years and for helping organize fundraisers to spread awareness about ChildLife's cause.



ChildLife Cleveland Fundraiser - February 2024

ChildLife Foundation extends its heartfelt thanks to the Cleveland community for their incredible engagement and enthusiasm. Their active participation plays a crucial role in the success of our fundraising events, enabling us to sustain our mission of saving the lives of Pakistan's sickest children.

ChildLife Atlanta Fundraiser - February 2024

ChildLife Atlanta Fundraiser turned out to be an exceptional event. We extend our gratitude to Mr. Mohammed Farooq Panwala, Mr. Shakil Ghaya, Dr. Tooba Mansoor and Mr. Amin Naviwala for their leadership and commitment, as well as to all the supporters in Atlanta who have worked diligently to create a brighter future for children in need.



ChildLife Fort Lauderdale Fundraiser - February 2024

We appreciate Mr. Ashraf Amdani, Mr. Mohammed Amdani, Ms. Zahra Amdani, Mr. Arshad Amdani, Mr. Yasir Billo, Mr. Amin Naviwala, Mr. Khalid Mirza, Mr. Imran Bashir & Mr. Salem Suriya for always being passionate and committed to the cause of saving children's lives in Pakistan and making the fundraiser a huge success.

Visit by Dr. Musarrat Malik - February 2024

Dr. Musarrat Malik from Sacramento tour our children's ER and Telemedicine Control Room in Civil Hospital Karachi in February 2024. Dr. Musarrat praised ChildLife for providing quality emergency care to children.



Visit by Ms. Uzma Mirza - November 2023 & February 2024

Ms. Uzma Mirza from Michigan paid a visit to ChildLife ER at Civil Hospital, Karachi in November 2023. She was truly impressed by ChildLife's life-saving work for children of Pakistan. In February 2024, she also visited ChildLife's ER at Children Hospital, Multan.

Visit by Dr. Rana Mahfooz - March 2024

Dr. Rana Mahfooz from Sacramento made a visit to our Telemedicine Control Room in Lahore and also visited our ER at Mayo Hospital, Lahore in March 2024. Dr. Rana has played a huge role in enabling ChildLife provide quality emergency care to children throughout the past years.



Visit by Mr. Tahir Rashid - April 2024

In April 2024, Mr. Tahir Rashid from Sacramento visited ChildLife ER at Civil Hospital, Karachi. As one of our longstanding major supporters, Mr. Tahir's commitment has been instrumental in helping us provide emergency care to children in need.

Visit by Mr. Faizan Bakali - April 2024

Mr. Faizan Bakali from LA visited Civil Hospital, Karachi in April 2024 and toured our children's ER and Telemedicine Control Room. His visit left him profoundly impressed by the quality emergency care services provided to children by ChildLife.



Visit by Mr. Omer Dossani – May 2024

Mr. Omer Dossani along with his family visited ChildLife's head office in May 2024. During his visit, he met with the ChildLife's team and applauded their dedication and efforts towards providing quality emergency care to children across Pakistan.

Visit by Mr. Saleem Ahmed - June 2024

Mr. Saleem Ahmed from Cleveland visited Civil Hospital, Karachi and toured our children's Emergency Room in June 2024. We are eager to continue this valuable relationship with Mr. Saleem, working together to save more lives of vulnerable children across Pakistan.



Visit by Mr. Anees Bakali - June 2024

In June 2024, Mr. Anees Bakali from LA visited the ChildLife Emergency Room and Telemedicine Control Room at Civil Hospital, Karachi. As a long-time major supporter, his commitment has been crucial in providing essential care to children in need across Pakistan. During his visit, he shared his enthusiasm for our work and its positive impact on the community.



LSA & PE AWARDS

UTURE OF PAKISTAN



CHILD LIFE FOUNDATION

HAPPY INDEPENDENCE DAY

CHILD LIFE FOUNDATION

LONG

SAVING CHILDREN IN

30





Our Team

Trustees



Mr. Iqbal Adamjee | Chairman

Mr. Adamjee is the founding trustee and chairman of ChildLife Foundation. He completed his education at Millfield School, UK, and Stanford University, USA. Currently, he is the director of Mainetti Pakistan (Pvt) Ltd, National Investment Trust Ltd (NITL), trustee of The Water Foundation and Trust for Malnutrition and Stunted Growth. He is actively involved with other renowned charitable organizations including Adamjee Eye Hospital. He is also a trustee at the Adamjee Foundation.



Mr. Muhammad Sohail Tabba | Vice Chairman

Mr. Tabba heads a conglomerate of businesses and export houses under the YBG brand name. He is the CEO of Gadoon Textile Mills Limited, Lucky Knits Private Limited, and the Director of Yunus Textile Mills Limited, Lucky Cement Limited, Kia Motors, and the Aziz Tabba Foundation -managing the Tabba Heart and Kidney Institutes. He has been serving as the Chairperson of LCI Limited since 2014 and is also the Chairperson of NutriCo Morinaga (Private) Limited. He is the visionary behind Lucky One Mall.

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



Dr. Naseeruddin Mahmood

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



Mr. Ashraf Amdani

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



Mr. Arif Doni

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



Mr. Osman Rashid

Mr. Rashid is a trustee of ChildLife Foundation based out of California, USA. He is a successful serial entrepreneur and has started many companies including Chegg, Kno, Inc. SOAR STEM Schools. Chegg has been publicly trading shares on the NYSE since 2013. Currently, Mr. Rashid is managing two companies. He is the CEO of Convo Corp, an enterprise software company that focuses on In-Context collaboration that replaces email as the conversation tool at work. His most recent venture is SOAR STEM Schools, of which he is the Co-Founder and Chairman. SOAR STEM schools are dedicated to providing quality education at an affordable fee in Pakistan.

In 2009, he received the Ernst and Young Entrepreneur of the Year award. He has also been recognized as the Forbes Impact 15 for 2012. Through his companies, he is actively involved in other philanthropic work such as planting trees and helping classrooms attain school supplies.



Dr. Maliha Ahmed Kamal

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



Mr. Abid Ganatra

Mr. Muhammad Abid Ganatra is a corporate executive and held diversified senior management roles in Lucky Cement and Lucky Core Industries. Mr. Ganatra has more than 30 years of diversified expertise and experience in leading and managing business conglomerates with emphasis on corporate and business strategy, business development and its sustainable growth, business transformation and innovation, financial management, operational management, capital restructuring, Joint Ventures, corporate mergers and acquisitions, post merger integrations and new ventures outside the country.

Mr. Ganatra is a fellow member of the Institute of Chartered Accountants and the Institute of Cost and Management Accountants of Pakistan. He holds a Masters' degree in Economics and a Bachelors in Law and is a Certified Director from the Institute of Corporate Governance of Pakistan.



Dr. Fehmina Arif

Dr. Arif is a pediatrician associated with the Civil Hospital, Karachi. She completed her MBBS from Dow Medical College Karachi in 1985; DCH in 1996 from the University of Karachi and FCPS in Pediatrics from College of Physicians & Surgeons Pakistan. She has many publications to her credit. Many of her research papers have been published in medical journals of repute in Pakistan as well as presented in national and international symposiums and conferences. At present, she is working as an Associate Professor at the Department of Pediatrics, and in Civil Hospital, Karachi.



Dr. Fatima Mir

Dr. Mir is a pediatrician at Aga Khan University Hospital (AKUH). She received her medical degree (MBBS) from Khyber Medical College, Peshawar, in 1997; FCPS in Pediatrics in 2006 and Fellowship in Pediatric Infectious Diseases from AKU. She has been associated with AKUH since 2002.

Management Team



Dr. Ahson Rabbani | Chief Executive Officer

Dr. Rabbani holds a doctorate in Social Marketing from the University of Phoenix and has more than ten years of management experience in notable multinational companies like General Electric and Mobil. For the last 21 years, he has worked in leadership positions at various non-profit organizations including The Citizens Foundation, I-Care Foundation and Greenstar. Currently, he is the CEO of ChildLife Foundation, Pakistan's leading non-profit organization in pediatric healthcare which saves the lives of more than 2 million children every year. Dr. Rabbani is passionate about working for sustainable social change to build an equitable world.



Dr. Irfan Habib | Medical Director

Dr. Irfan Habib has an experience of over a decade in pediatric emergency care. He has been with ChildLife Foundation since 2012. Dr. Habib holds a fellowship in Pediatrics from the College of Physicians & Surgeons and has previously worked as a Lecturer at Pediatric Emergency of Aga Khan University Hospital, Karachi. He leads the clinical team across ChildLife Emergency Rooms and Telemedicine centers, emphasizing collaboration, compassion, and quality of care.

Dr. Habib is involved in innovative practices such as automation in healthcare, telemedicine, and non-invasive ventilation techniques. His research work has been published in various journals, including Lancet, BMJ, and American Journal of Emergency Medicine. In the past year, he was one of the principal investigators for a global study involving 19 countries to estimate the prevalence of pediatric acute critical illness. Dr. Habib also contributed to defining acute critical illness in children, which was published in the Lancet. Additionally, he has been involved in quality initiatives such as SafeCare Certification and has developed a system for clinical audits across organizations. Dr. Habib has also served as the Finance Secretary for the Pakistan Society of Emergency Medicine.



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

Mr. Farooq has more than 20 years of experience in the areas of accounting, financial management, risk management, policy reforms, regulatory compliance, and business turnarounds. He joined ChildLife Foundation in 2021. Before joining ChildLife, he served in senior roles in the Finance and Corporate Affairs functions in companies of Pakistan, the Kingdom of Saudi Arabia, and the Sultanate of Oman. He is a Certified Director (SECP), a Fellow member of the Institute of Chartered Accountants of Pakistan (ICAP), and Fellow member of the Association of Chartered Certified Accountants (UK).

Mr. Farooq holds a master's degree in finance from the University of Karachi and has also attended executive management programs at prestigious institutions. At the ChildLife Foundation, he plays a pivotal role in managing finance and corporate affairs, focusing on driving organizational stability and growth. His background includes senior leadership positions, where his contributions helped shape policy reforms and improve financial operations across different sectors.



Mr. Syed Asad Agha | Director - Operations

Mr. Agha is a seasoned healthcare executive with over 20 years of experience in administration, operations, and project management across esteemed public and private healthcare institutions. He joined ChildLife Foundation in 2013 and has spearheaded the development and management of children's Emergency Rooms and Telemedicine Satellite Centers across Pakistan. He holds a master's degree in business administration, is a Certified Director (SECP), Certified Healthcare Quality Professional, and has a PGD in Healthcare Administration from Dow University of Health Sciences (DUHS), Karachi.



Mr. Hassan Bin Hassan | General Manager - Planning & Services

Mr. Hassan has been working in leadership positions in the non-profit sector for over a decade, both in Public Healthcare and Education for marginalized communities. Prior to this, he has extensive experience in Financial Institutions like Citibank NA and ABN AMRO Bank NV in realms like Transaction Processing, Systems Implementation, Marketing & Product Management. He also has multiple commitments in Academia & Academic Research at the Graduate School level. As a CSCP Certified Supply Chain Professional, he oversees extensive Procurement and Network Planning for the Foundation, as well as Grants, In-kind Donations, Global Partnerships and Projects.



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

Dr. Kazi is a medical graduate with a master's degree in Health System Planning from the IBA linkage program. He brings over 20 years of experience from The Aga Khan University Hospital (AKUH), where he held various leadership roles in clinical operations and quality management. During his final decade at AKUH, Dr. Kazi spearheaded the Department of Emergency Medicine, where he significantly enhanced patient flow by introducing modern triage systems and establishing a dedicated chest pain unit within the emergency department. He also led efforts in managing national and international quality audits, including JCI (Joint Commission International Accreditation) and CAP (College of American Pathologists) accreditation for clinical laboratories.

Dr. Kazi received specialized training in Emergency Management from the Johns Hopkins Emergency Medicine Department in Baltimore, USA. He also led the first international SafeCare Standard audit for the ChildLife Foundation at Dr. Ruth Pfau Civil Hospital, Karachi, achieving the highest certification level for the first public-private children's Emergency Department, in collaboration with PharmAccess (Netherlands), JCI (Joint Commission International) and COHSASA.



Mr. Syed Shakeel Ahmed | General Manager - Internal Audit

Mr. Shakeel has more than 19 years of work experience in areas of accounting, tax, financial & risk management, and regulatory compliance. He has worked in senior finance positions in companies within Pakistan and in UAE as well. He is an Associate Member of the Institute of Chartered Accountants of Pakistan (ICAP) and a Fellow Member of the Association of Chartered Certified Accountants (ACCA - UK).



Mr. Rahim Dharani | General Manager - HR

Mr. Rahim has held diverse managerial positions in multinational organizations and has over 16 years of core HR experience in leading health, academic, corporate & manufacturing/retail organizations. He previously worked with Aga Khan Health Services Pakistan, The Aga Khan University Hospital, and Bonanza/Satrangi in various roles before taking up the Head of Department role at ChildLife Foundation. He holds a Master of Science (MSc.) degree in Human Resources & Organization Psychology from IoBM.



Mr. Shahzad Zaki | General Manager - Communications

Mr. Zaki holds a master's degree in business administration from IBA, Karachi. He has diverse experience of more than 20 years in the fields of communications, resource mobilization, fundraising, marketing, and sales. He has worked in various banks and non-profit organizations. Before joining ChildLife Foundation, Mr. Zaki held leadership roles at the Family Educational Services Foundation, Karwan-e-Hayat - Institute for Mental Health Care, and Standard Chartered Bank.

Operations Team



Ms. Abida Hassan
GM Operations
(North & Strategy)



Mr. Syed Atif Ali
GM Operations
(Karachi & Balochistan)



Mr. Noman Bin Mushtaq
DGM Operations
(Central Sindh)



Mr. Abdullah Khan Asar
DGM Operations
(Northern Sindh)



Mr. Muhammad Wajahat
DGM Operations
(ASH & Special Projects)



Dr. Muhammad Siddiq
DGM Operations
(Service Excellence &
Facility Management)



Dr. Ashraf Shamshad
DGM Operations
(CHK & TM Control Room)



Mr. Muhammad Imran
Sr. Manager Telemedicine
(Balochistan)



Mr. Alfurqan Javed
Sr. Administrator
(PIMS Hospital)



Mr. Raza Khan
Sr. Administrator
(LGH)



Mr. Kamran Mehmood
Sr. Administrator
(Quetta)



Mr. Masoom Nakshbandi
Sr. Administrator
(Hyderabad)



Mr. Muhammad Saeed Khan
Sr. Administrator
(Mayo Hospital)



Mr. Hafeezullah Mangi
Administrator
(NICH)



Mr. Umar Salman
Administrator
(Sukkur)



Mr. Syed Nabil Raza Rizvi
Administrator
(Multan)



Mr. Arshad Jamil
Manager Telemedicine
(South Punjab)



Mr. Marhaba Khan
Manager Telemedicine
(North Punjab)



Mr. Israr Ahmed
Manager Operations



Mr. Jawwad Ali
Assistant Unit Manager
(UCC, New Karachi)

Clinical Team



Dr. Tayyaba Ali
General Manager
(Senior Consultant)



Dr. Naveen Fatima
Deputy General Manager
(Sr. Clinical Instructor)



Dr. Zareen Qasmi
Deputy General Manager
(Sr. Clinical Instructor)



Dr. Ghulam Farooq
Sr. Manager
(Clinical Instructor)



Dr. Wajahat Arain
Sr. Manager
(Clinical Instructor)



Dr. Muhammad Fareed
ER Consultant
(Sr. Clinical Instructor)



Dr. Pooja Devi
ER Consultant
(Sr. Clinical Instructor)



Dr. Nuzhat Asghar
Clinical Instructor



Dr. Hamza Patel
Clinical Instructor



Dr. Joham Anees
Clinical Instructor

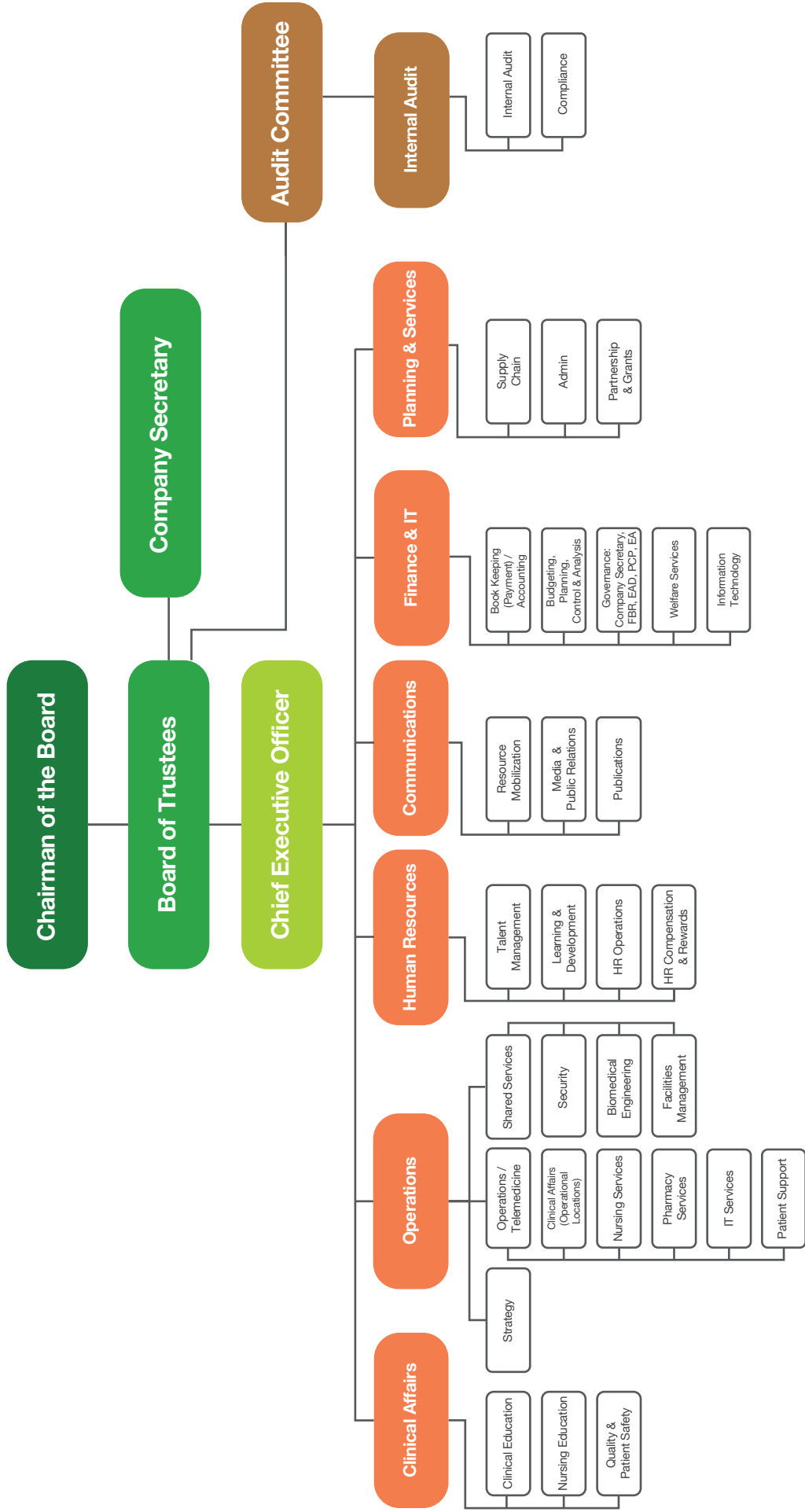


Dr. Sidra Idrees
Clinical Instructor



Mr. Ahmer Zameer
Clinical Nursing Instructor

Organogram



Shariah Advisor
AL-Hilal Shariah Advisory Services (Pvt.) Limited

External Auditors
A.F. Ferguson & Co.

Tax Advisors
KPMG





Governance

Code of Corporate Governance

Compliance with the Best Practices of the Code of Corporate Governance

ChildLife Foundation adheres to the best practices outlined in the Listed Companies (Code of Corporate Governance) Regulations, 2019, on a voluntary basis. This commitment reflects our dedication to transparency, accountability, and governance excellence.

Adoption of Best Governance Practices from the Code of Corporate Governance

ChildLife has gone beyond mandatory requirements by implementing the following best practices:

- **Diversity on the Board:** Three female trustees serve on the Board, promoting gender inclusivity.
- **Regular (Quarterly) Board Meetings:** The Board convenes quarterly meetings to ensure consistent oversight.
- **Chairman and CEO Roles:** The Chairman and CEO roles are separate, ensuring balanced leadership.
- **Timely Circulation of Materials:** All written notices, meeting agendas, and relevant documents are distributed at least seven days prior to Board meetings.
- **Audit Committee:** An active Audit Committee holds regular meetings for financial oversight.
- **Human Resource Committee:** A Human Resource Committee meets regularly to address organizational and personnel matters.
- **Internal Audit Reporting:** The head of internal audit functionally reports to the Audit Committee and administratively to the CEO, with performance appraisals conducted jointly by the Audit Committee Chairman and the CEO.
- **Maintenance and Circulation of Minutes:** In compliance with legal requirements, the minutes of all meetings are meticulously documented and maintained by the Company Secretary. To ensure prompt communication and transparency, the minutes of the Board of Trustees meetings are circulated to all trustees within 2 days of the meeting. This practice underscores our commitment to effective governance and timely dissemination of information.
- **Qualification and Experience of Key Personnel:** The qualifications and experience of the Chief Financial Officer (CFO) and Chief Internal Auditor (CIA) fully meet the requirements outlined in the Code of Corporate Governance. Both individuals possess the necessary professional credentials and extensive experience to uphold the organization's financial integrity and ensure effective internal controls. Their expertise aligns with the highest standards of governance and regulatory compliance.

Policies and Disclosures of Significant Matters of Corporate Governance

• **Remuneration to Members of the Board of Trustees**

All trustees serve voluntarily, and no remuneration is paid for their services.

• **Security Clearance of Foreign Trustees**

All trustees, including foreign trustees, undergo security clearance conducted by the Home Department and the Ministry of Interior as part of the registration process with regulatory authorities.

• **Diversity Policy**

- **Gender Diversity:** One-third of the Board comprises female trustees, aligned with the best practices of the Code of Corporate Governance and the guidelines of the Pakistan Centre for Philanthropy.
- **Measurable Objectives:** We are committed to fostering diversity and inclusivity and are continually evaluating progress against these goals.

- **Management of Conflicts of Interest**

The Board of Trustees and senior management are dedicated to upholding the highest ethical standards by proactively identifying and managing actual and perceived conflicts of interest.

- **Disclosure Requirements:** Trustees and senior management disclose any personal, professional, or monetary interests that could impact or appear to impact their decision-making.
- **Governance Practices:** We employ robust measures to monitor and mitigate conflicts, ensuring the integrity of our operations and fostering stakeholder trust.

- **Related Party Transactions**

Related parties include the employees' provident fund, trustees, associated undertakings with common trustees, and key management personnel.

- **Key Management Personnel:** This includes individuals with authority over planning, directing, and controlling the Trust's activities, such as the Chief Executive Officer, Director of Finance, Medical Director, Director of Operations, and Associate Director of Quality.
- **Disclosure Practices:** All related party transactions are transparently disclosed in Note 27 of the audited financial statements, in compliance with applicable standards.

Through these policies and practices, ChildLife Foundation underscores its unwavering commitment to governance excellence, ensuring accountability, inclusivity, and ethical stewardship in all aspects of its operations.

Stakeholder's Engagement



All our stakeholders have a significant impact within their respective spheres. ChildLife Foundation actively engages with each stakeholder, values their counsel, and takes decisive action based on their input while maintaining integrity at all times.

Stakeholders	Description	Expectation	Frequency
Legal Authorities	Compliance with all laws and regulations that are applicable. These include filing and submission of tax returns to the Federal Board of Revenue and reporting to the Economic Affairs Division. They are also engaged in detailing and summarization of funds against the grants that are allocated.	Compliance with all legal requirements and full disclosure. Ensuring transparent, and fair presentation of the financial condition of the company and ensuring that the utilization of donations and grants is appropriate.	As per statutory timelines
Donors	An entity – individual, partnership, company, or other welfare or regulatory institutions/agencies with operational or capital needs for sustainability.	Effective and timely communication of information regarding updates on future and ongoing projects. Appropriate receipts and utilization of funds.	Continuous
Banks / Investment Channels	Effectively utilize funds to generate profits and ensure the sustainability of operations. To have a diversified portfolio and risk mitigation strategy by working with the finest financial institutions in the country. Engagement and confidential involvement of these institutions as required.	Communicate the changes in organizational structure promptly. Updates on ongoing prospects and updates on the utilization of funds as and when appropriate.	Continuous
External Auditors	Reasonably assure fair and true presentation of the financial statements of the organization.	To present the data fairly and ensure adequate disclosure. Adherence to organizational policies and compliance to local and federal legal regulations. Updates of structural changes and major developments during the year as required.	Yearly

Stakeholders	Description	Expectation	Frequency
Patients	Ensure the best possible use of resources to provide quality and timely healthcare to the nation's children. Patients' voices are heard and their opinions are taken into account when formulating strategy.	Expedient care that is accurate and administered by qualified medical professional. Patients expect the organization to take care of them, listen to them, follow up, and advise them with precautionary measures for preventive care.	Continuous
Vendors	Vendors are supplier of goods and services providers who collaborate with the organization to manage working capital and operational needs. Vendors are vetted through market visits and making viable agreements. Continuous feedback on product quality and services is provided.	Strategic planning of the organization's needs based on detailed descriptions of requirements of quantities. This is achieved through regular meet-ups.	Continuous
Social / Print and Electronic Media	The organization collaborates professionally with all institutions involved in disseminating news and events, with particular importance given to healthcare services advancements. The communication team updates its website and social media pages to keep all stakeholders apprised of the latest happenings.	Communication of all pertinent information regarding happenings, events, and any organizational changes that occur.	Continuous
Pakistan Center of Philanthropy (PCP)	PCP is a designated Certification Agency by the Federal Board of Revenue (FBR), Government of Pakistan. PCP conducts performance evaluations of Non-Profit Organizations on behalf of FBR and certifies that NPOs meet the desired requirements of certification standards (notified by FBR) in the areas of internal governance, financial management, and program delivery.	PCP Certification is based on an examination of the NPO's functioning and performance during the last three years. Moreover, the evaluation process examines the operations of the organization in the light of objectives as stated in the governing document of the organization and certifies that the organization meets the requirements as per the set standards agreed with the FBR.	3 years

Board Committees

The Board Committees are responsible for overseeing and assessing the system of checks and balances in place at ChildLife Foundation. They monitor all measures to identify any discrepancies that might destabilize the Foundation's integrity and future.

Audit Committee

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

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

Two meetings of the committee were held during the year.

Members of the committee are:

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

Internal Audit Function

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

- Audit reports of all 14 Children Emergency Rooms managed by the Foundation have been generated by the Internal Audit Department.
- Furthermore, the internal audit for Head Office functions was also conducted in accordance with the internal audit plan approved by the Audit Committee. Certain follow-up audits were carried out as well.
- For improvement as well as for better control in Children's Emergency Rooms and Head Office, several training sessions and meetings were held with the staff throughout the year.
- The Head of Internal Audit has direct access to the Chairman of the Audit Committee for discussion on any serious matter and for guidance in performing the assigned tasks professionally and diligently.
- The Audit Committee was able to confirm that all expected key controls for operational compliance, financial reporting, and safeguarding the assets of the Foundation were in place through effective internal control risk management processes.
- The cooperation between the external and internal auditors has ensured the most appropriate financial reporting and compliance with laws and regulations producing effective reporting of results.

External Audit Function

- Statutory auditors of the Foundation, M/S A. F. Fergusons and Co. (a member firm of PwC) have completed their audit engagement of the "Foundation's Financial Statements" for the year ended June 30, 2024.
- The Audit Committee has reviewed and discussed the auditors' report.
- The Audit Firm has been given a satisfactory rating under the Quality Control Review Program of the ICAP and the Firm is fully compliant with the IFAC Guidelines on the Code of Ethics, as adopted by the ICAP.
- Both ChildLife Foundation and A. F. Fergusons and Co. have safeguards in place to avoid the possibility that the external auditors' objectivity and independence could be compromised.

Human Resource and Remuneration Committee

The HR & Remuneration Committee assists the Board in fulfilling its obligations relating to human resource matters and recommending Human Resource Policies to the Board. It has overall responsibility, including but not limited to the recommendation, selection, evaluation, compensation, and succession policy of CEO, Company Secretary, and Senior Management. It shall support strong organizational performance and people risk management. The terms of reference include:

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

One meeting of the committee was held during the year.

Members of the committee are:

Committee Members	Status
Mr. Arif Doni	Chairman of the Committee (Trustee)
Mr. Iqbal Adamjee	Trustee (Chairman of Board of Trustees)
Mr. Sohail Tabba	Trustee (Vice Chairman of Board of Trustees)
Dr. Naseeruddin Mahmood	Trustee

Executive Committee

The purpose of the Executive Committee is to oversee ChildLife's operations through:

- Developing and implementing business strategy, operational plans, policies, etc.
- Driving and monitoring operating and financial performance.
- Assessing and controlling risk.
- Prioritizing and allocating resources.
- To provide approvals as per the approved financial authority matrix.

Several meetings of the committee were held during the year.

Members of the Committee are:

Committee Members	Status
Mr. Iqbal Adamjee	Chairman of the Committee (Chairman of Board of Trustees)
Dr. Naseeruddin Mahmood	Trustee
Dr. Ahson Rabbani	CEO

Investment Committee

The purpose of the Investment Committee is to assess the Foundation's investment transactions and its management. Terms of the reference of the Investment Committee are as follows:

- Establish and periodically review the Foundation's investment policies and guidelines and the performance of such investments.
- To devise a portfolio, to maximize return on investment to keep the investment sufficiently liquid to meet all anticipated operating requirements.
- Effective management of interest rate risk.
- Authorize investments.

Members of the Committee are:

Committee Members	Status
Mr. Sohail Tabba	Chairman of the Committee (Vice Chairman of Board of Trustees)
Mr. Iqbal Adamjee	Trustee (Chairman of Board of Trustees)
Mr. Abid Ganatra	Trustee

Zakat Management Committee

The purpose of the Zakat Management Committee is to oversee the Foundation's zakat administration and its protocol. Some of the responsibilities of the Zakat Management Committee are as follows:

- To review the Foundation's zakat utilization policies and administration processes.
- To review the performance of the welfare department.
- To review the percentage allocation for operating expenses according to the interviews and forms of eligible patients.

One meeting of the committee was held during the year.

Members of the committee are:

Committee Members	Status
Mr. Zohair Zakaria	Chairman of the Committee
Ms. Nausheen Ahmad	Executive Volunteer – Legal
Mr. Muhammad Shahzad Farooq	Director Finance and IT / Company Secretary

Medical Committee

The purpose of the Medical Committee is to provide guidance on matters pertaining to medical services and medical research at the Foundation. The scope of the Medical Committee is as follows:

- To provide guidance about patient outcomes and best practices.
- To advise on medical collaborations with other relevant institutions and departments.
- To provide expert advice on clinical matters.
- To advise on medical protocols and clinical policies from government faculty and relevant stakeholders.
- To guide on the direction of research initiatives, grants and proposals.

Members of the committee are:

Committee Members	Status
Dr. Naseeruddin Mahmood	Chairman of the Committee (Trustee)
Prof. Dr. Fehmina Arif	Trustee
Dr. Fatima Mir	Trustee
Dr. Maliha Ahmad Kamal	Trustee
Dr. Irfan Habib	Medical Director

Innovation Committee

The purpose of the Innovation Committee is to identify and evaluate opportunities for innovation that align with the Foundation's strategic goals. The scope of the Innovation Committee is as follows:

- Overview of IT platforms.
- Support in implementing the latest information technology tools.
- Guidance on using AI in information systems.
- Coordination with different partners for in-kind donations of IT equipment.
- Support in in-kind donations for the latest medical equipment for children's emergencies.

Members of the committee are:

Committee Members	Status
Mr. Osman Rashid	Chairman of the Committee (Trustee)
Dr. Naseeruddin Mahmood	Trustee
Mr. Muhammad Shahzad Farooq	Director Finance and IT / Company Secretary

Purchase Committee

The objective is to review whether the purchases made by the Supply Chain Department (SCD) have been made in the best interest of the Foundation. While procuring goods, works, or services, the Purchase Committee and SCD shall ensure that:

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

Several meetings of the committee were held during the year.

Members of the committee are:

Committee Members	Status
Dr. Irfan Habib	Medical Director (Chairman of the Committee)
Mr. Syed Asad Agha	Director Operations
Mr. Muhammad Shahzad Farooq	Director Finance and IT / Company Secretary
Mr. Hassan Bin Hassan	General Manager – Planning & Services

Executive Volunteers

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

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

The Executive Volunteers are wholeheartedly engaged in spreading awareness about our work and are also involved in corporate social responsibility initiatives through advocacy.

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

Board Strategy



Board strategy to handle the consequences of major external factors and events on the operations of the ChildLife Foundation

The past year presented a range of external challenges that had significant implications on our nonprofit organization's operations. From economic volatility and evolving regulatory landscapes to global public health concerns, these events tested our resilience and adaptability. In response, the Board of Trustees implemented a comprehensive strategy to navigate these challenges while continuing to deliver on our mission.

1. Strategic Risk Assessment and Prioritization

The Board prioritized a proactive approach by conducting a detailed risk assessment to understand the potential impact of external events. This included:

- **Economic Factors:** Evaluating the effects of inflation, funding uncertainties, and donor behavior on our financial health.
- **Regulatory Changes:** Monitoring updates in laws and regulations to ensure compliance and alignment with operational priorities.
- **Environmental and Health Crises:** Developing contingency plans to address disruptions caused by natural disasters and public health emergencies.

Through this assessment, the Board identified critical areas requiring immediate attention and allocated resources accordingly.

2. Strengthening Financial Resilience

Recognizing the importance of financial sustainability in uncertain times, the Board adopted measures to diversify revenue streams and optimize expenditure. Key actions included:

- Expanding partnerships with corporate sponsors, philanthropic organizations, and government agencies.
- Launching innovative fundraising campaigns to engage a broader base of donors.
- Implementing cost-efficiency initiatives across programs to ensure the optimal use of funds.

Despite fluctuating economic conditions, these efforts ensured that our operations would continue with minimal disruption.

3. Enhancing Operational Agility

To adapt swiftly to changing circumstances, the Board worked closely with the executive team to enhance operational flexibility. This included:

- Leveraging technology for remote work and virtual program delivery i.e., Telemedicine Satellite Centers.
- Streamline decision-making processes to respond rapidly to emerging challenges.
- Upskilled staff and volunteers to ensure readiness for new delivery methods.

These initiatives allowed us to maintain continuity in services and effectively address the needs of our beneficiaries.

4. Building Stakeholders Confidence

Open and transparent communication was central to the Board's strategy. Regular updates were shared with stakeholders, including donors, beneficiaries, and partners, to foster trust and demonstrate our commitment to accountability. Engagements included:

- Quarterly board meetings on our progress and challenges.
- Collaborative forums to seek input from community leaders and partners.
- Detailed reporting on financial performance and program outcomes.

This strengthened our relationships and ensured continued support for our initiatives.

5. Focusing on Long-Term Sustainability

The Board remained committed to securing the organization's long-term sustainability by:

- Investing in capacity-building programs for staff and volunteers.
- Developing partnerships to co-create innovative solutions for community needs.
- Conducting scenario planning to prepare for potential future disruptions.

By prioritizing these initiatives, we have positioned the organization to thrive in an evolving landscape.

Conclusion

The Board's strategic approach to managing external challenges has reinforced our organization's resilience and adaptability. Despite the complexities of the past year, we have not only sustained our operations but also continued to make meaningful progress toward our mission. As we look ahead, the Board remains steadfast in its commitment to navigating uncertainties, focusing on innovation, collaboration, and impact.

Through these efforts, we reaffirm our dedication to empowering communities and creating lasting change.

Board strategy to use digitization/technology in the operations

In the rapidly evolving technological landscape, the Board of Trustees has recognized the transformative potential of digitization and technology in advancing the mission of ChildLife Foundation. This year, we prioritized strategic investments in digital tools and platforms to enhance operational efficiency, expand program reach, and deepen engagement with our stakeholders.

1. Digital Transformation Strategy

The Board developed a comprehensive digital transformation roadmap and established an Innovation Committee to ensure technology adoption aligns with our mission and goals. This strategy is focused on:

- **Modernizing Internal Systems:** Upgrading outdated IT infrastructure to improve efficiency and security.
- **Enabling Data-Driven Decision-Making:** Implementing tools for real-time data collection and analysis to guide program planning and resource allocation.
- **Fostering Digital Literacy:** Providing staff and volunteers with training to maximize the benefits of digital tools.

This approach has laid a solid foundation for a more agile and responsive organization.

2. Streamlining Operations with Technology

To enhance operational efficiency, the Board endorsed several initiatives:

- **Cloud-Based Collaboration Tools:** Implementing platforms to support seamless communication and coordination among staff, especially in remote and hybrid work environments.
- **Automated Administrative Processes:** Reducing manual workloads by automating functions like donor management, financial reporting, and compliance tracking.
- **Integrated Project Management Systems:** Adopting tools such as Power BI Dashboards to improve the planning, execution, and monitoring of programs.

These measures have significantly reduced operational overhead, allowing more resources to be directed toward our mission-critical activities.

3. Expanding Reach and Accessibility

Technology has enabled us to overcome geographical and logistical barriers, bringing our programs and services to more beneficiaries. Key initiatives included:

- **Virtual Service Delivery:** Launching online platforms for workshops, training sessions, and support programs, ensuring accessibility for all.
- **Mobile Applications:** Developing user-friendly apps to facilitate beneficiary interaction, provide resources, and track program outcomes.
- **Multilingual Digital Content:** Creating inclusive and culturally relevant digital materials to engage diverse communities.

These efforts have not only broadened our reach but also enhanced the quality and inclusivity of our services.

4. Strengthening Stakeholder Engagement

Digital technology has transformed the way we connect with donors, partners, and the communities we serve. Highlights include:

- **Enhanced Donor Engagement Platforms:** Introducing reporting on KPIs and parameters that provide real-time updates on the impact of donations.
- **Social Media Outreach:** Leveraging social media to share success stories, amplify advocacy campaigns, and attract new supporters.

This digital-first approach has deepened relationships and increased transparency, building trust and loyalty among our supporters.

5. Safeguarding Data and Privacy

As part of our digital strategy, the Board has prioritized robust data protection measures to ensure the security and privacy of sensitive information. Actions taken include:

- **Strengthening Cybersecurity Protocols:** Implementing advanced security measures and regular audits.
- **Compliance with Data Regulations:** Ensuring all digital activities adhere to legal and ethical standards.
- **Raising Awareness:** Training staff and volunteers on best practices for data security.

By safeguarding our digital operations, we protect the integrity and reputation of our organization.

6. Embracing Innovation for the Future

The Board is committed to staying ahead of technological trends to further our impact. Future plans include:

- Exploring artificial intelligence (AI) for program optimization and predictive analytics.
- Expanding partnerships with technology firms to co-create innovative solutions for community needs.

Conclusion

Our commitment to digitization and technology has revolutionized how we operate and serve our communities. By integrating innovative tools into our processes, we have enhanced efficiency, accessibility, and engagement while positioning the organization for long-term success.

As we continue this journey, the Board remains focused on leveraging technology to make meaningful impact, ensuring we stay at the forefront of delivering positive changes in an increasingly digital world.

Board Strategy to deal with AML and compliance status for guidelines issued by relevant Regulators

Ensuring compliance with anti-money laundering (AML) guidelines and other regulatory requirements remains a cornerstone of our governance strategy. The Board of Trustees is deeply committed to upholding the highest standards of integrity, transparency, and accountability in all our operations. Over the past year, we implemented a proactive and robust framework to strengthen AML measures and ensure alignment with guidelines issued by relevant regulatory bodies.

1. Strengthening Governance Frameworks

The Board has prioritized the development and oversight of policies to address AML and compliance obligations effectively. Key actions included:

- **Registration with Economic Affairs Division:** Regularly updating the Ministry of Interior via the Economic Affairs Division to reflect the latest regulatory requirements and best practices.
- **Enhanced Risk Assessment Protocols:** Conducting comprehensive risk assessments to identify vulnerabilities and address potential gaps in compliance.

These measures have ensured that AML considerations remain central to our governance processes.

2. Implementing Robust Monitoring Systems

The organization has adopted advanced tools and technologies to monitor and manage compliance risks efficiently. Key initiatives include:

- **Transaction Monitoring Systems:** Implementing automated systems to detect and flag suspicious financial activities promptly.
- **Data Analytics for Risk Profiling:** Leveraging data analytics to assess donors, partners, and beneficiary profiles for potential AML risks.
- **Enhanced Recordkeeping:** Maintaining detailed and secure records of transactions to facilitate audits and regulatory reviews.

These systems provide real-time insights, enabling swift action where needed.

3. Strengthening Partnerships and Collaboration

Collaboration with external stakeholders has been vital to our AML strategy. Actions taken include:

- **Engaging Regulatory Authorities:** Maintaining open communication with regulators to stay updated on changes in guidelines and requirements.
- **Third-Party Audits:** Engaging independent auditors to evaluate our AML policies and practices, ensuring impartial assessments.
- **Partner Screening:** Conducting thorough due diligence on donors, partners, and vendors to mitigate risks associated with third-party relationships.

These partnerships have bolstered our compliance framework and reinforced stakeholder confidence.

4. Preparing for Emerging Compliance Challenges

Looking ahead, the Board is preparing to address emerging challenges in the compliance landscape by:

- **Monitoring Evolving Regulations:** Staying informed about regulatory developments to remain proactive.
- **Building a Culture of Compliance:** Promoting an organizational culture that values ethical practices and compliance at all levels.

Conclusion

The Board's strategy to address AML and compliance ensures that our organization remains a trusted and responsible entity. By adhering to stringent regulatory standards and fostering a culture of compliance, we safeguard our operations and protect the interests of our stakeholders.

As we continue to navigate a complex regulatory environment, we remain steadfast in our commitment to transparency, accountability, and ethical excellence in all that we do.

Value Added Statement

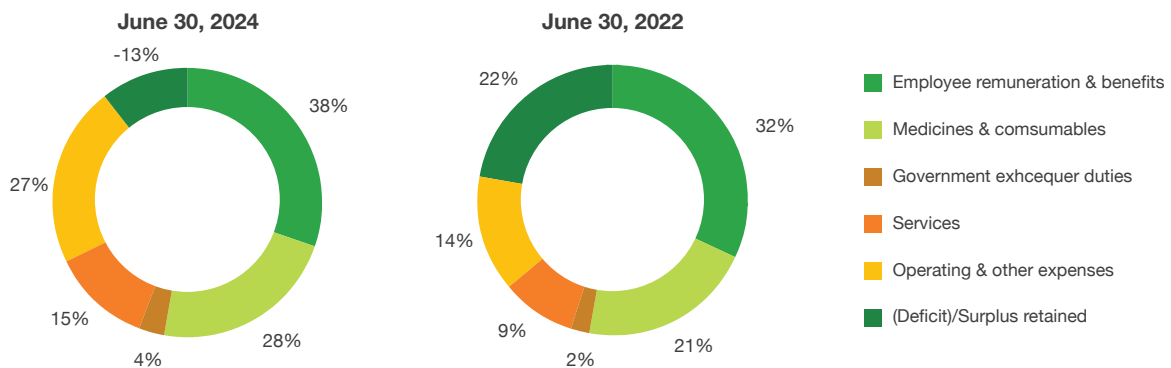
Value Addition and its Distribution

Rs. in 'million

Value added	FY 2023-24	%	FY 2022-23	%
Strategic funds utilized	2,270	65%	1,837	58%
Donation income	250	7%	316	10%
Zakat utilization	756	22%	489	15%
Other income	210	6%	529	17%
	3,486	100%	3,171	100%

Value allocated as follows:

Employee remuneration and benefits	1,327	38%	1,012	32%
Medicines and consumables	982	28%	672	21%
Government exchequer and duties	153	4%	64	2%
Services	527	15%	283	9%
Operating and other expenses	936	27%	438	14%
(Deficit)/Surplus retained	(438)	-13%	702	22%
	3,486	100%	3,171	100%



Value additions via Learning and Development

	FY 2023-24		FY 2022-23	
	No. of participants	No. of trainings	No. of participants	No. of trainings
Clinical trainings	2,274	252	1,860	198
Non-Clinical trainings	1,050	17	455	12
	3,324	269	2,315	210

Clinical trainings include Pediatric Emergency Life Support, Neonatal Emergency Life Support, Pediatric Airway Management, Basic Life Support, etc.

Non-Clinical trainings include Management, Communication, Power BI, Healthcare Ethics, etc.

Value additions via children treatment at Emergency Rooms (ERs) and Telemedicine Satellite Centres (TSCs)

Patients treated at ERs

Particulars	2023-24	2022-23
P1	143,903	120,930
P2	603,831	553,745
P3	514,355	467,342
Total	1,262,089	1,142,017

Patients treated at TSCs

Particulars	2023-24	2022-23
P1	62,389	14,383
P2	261,637	48,869
P3	44,860	146,023
Total	368,886	209,275

Patients treated at ERs and TSCs

Particulars	2023-24	2022-23
P1	206,292	135,313
P2	865,468	602,614
P3	559,215	613,365
Total	1,630,975	1,351,292

P1: Emergency cases - Need Immediate emergency treatment

P2: Priority cases - Need assessment and rapid attention

P3: Non-urgent cases - Can wait their turn in the queue

Role of Chairman & CEO



Role of Chairman

The Chairman of the Board of Trustees oversees the organization's functions and ensures that all the processes are in line with the Foundation's overall vision. Furthermore, he also leads the Board and makes sure the trustees perform their duties conscientiously.

The Chairman's responsibilities include:

- To act as the link between the organization's trustees and management
- To ensure that the trustees attend board meetings, take part in the discussions about the organization, and can share their perspectives transparently
- To ensure that the trustees remain informed about the processes of the organization so they can fully participate in making informed decisions
- To assist the board in carrying out its duties efficiently and per regulations
- To counsel the CEO on matters relevant to the organization's functioning

Role of CEO

The CEO is responsible for actively engaging with the day-to-day operations of the organization. He is required to lead and counsel the management, ensure regulatory compliance and carry forward the foundation's vision faithfully.

The CEO's responsibilities include:

- Develop high-quality business strategies and plans especially for raising funds and ensuring their alignment with short-term and long-term objectives
- Lead and motivate subordinates to advance employee engagement to develop a high-performing managerial team
- Oversee all operations and business activities to ensure they produce the desired results and are consistent with the overall strategy and mission
- Make high-quality investing decisions to advance the business and increase the funding
- Enforce adherence to legal guidelines and in-house policies to maintain the company's legality and business ethics
- Review financial and non-financial reports to devise solutions or improvements
- Build trust relations with key partners and stakeholders and act as a point of contact for important shareholders
- Analyze problematic situations and occurrences and provide solutions to ensure company survival and growth
- Maintain a deep knowledge of the markets and industry of the company
- Any other task assigned by the board of directors

Shariah Report



October 02, 2024



الحمد لله رب العالمين، والصلاة والسلام على سيد الانبياء والمرسلين، وعلى آله وصحبه اجمعين، وبعد

ANNUAL SHARIAH REVIEW REPORT

Emphasis Matter:

The purpose of this report is to provide an opinion on the Shariah Compliance on the collection and Utilization of the Zakat funds as per Shariah guidelines provided.

It is the core responsibility of the Non-Profit Organization to operate the collected Zakat funds and disburse the amount of money in such a manner that complies with the Shariah principles as laid out in the Shariah guidelines. In the capacity of the Shariah Advisor, our responsibility lies in providing Shariah guidelines and ensuring compliance by reviewing activities and operation of the organization.

We express our opinion based on the review of the information, provided by the organization, to an extent where compliance with the Shariah guidelines can be objectively verified keeping in view the above; we certify that:

In the capacity of Shariah Advisors, we reviewed the procedures adopted by **ChildLife Foundation (the Trust)** for the collection and utilization of Zakat for the year ended 30th June 2024. The balance of zakat for the year is as follow:

Opening Balance	PKR 22,292,000.00
Zakat Received (FY 23-24)	PKR 921,048,000.00
Zakat Disbursement (FY 23-24)	PKR (756,281,000.00)
Closing Balance	PKR 187,059,000.00



Al-Hilal Shariah Advisors (Pvt) Limited
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 Block-03 Clifton, Karachi
 Tel: +92-21-3525521-27, Web: www.ahilal.com



Based on our review and the information provided by the organization, we formulated our opinion that **ChildLife Foundation** is collecting and spending funds under the principals of Islam as defined in instructions of Shariah. We are of the view that whosoever will give Zakat to this institution, their Zakat will be paid as per Shariah's point of view. May Allah (SWT) bless us and forgive our mistakes and accept our sincere efforts in accomplishment of cherished tasks and keep us away from sinful acts.

For and on behalf of Shariah Supervisory Council of Al-Hilal Shariah Advisors (Pvt) Limited.

Mufti Irshad Ahmad Aijaz
 Member Shariah Council



Faraz Younus Chandukda, CFA
 Chief Executive

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Annual Evaluation of the Board and CEO's Performance

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

Board Structure

- Board and Committees composition and constitution
- Diversity
- Competencies of the members
- Board and Committee charters
- Frequency of meetings
- Board processes

Board's Role in Governance

- Business strategy governance
- Monitoring of policies, systems, and strategy implementation
- Supporting and advisory role
- Determine the values to be promoted throughout the organization

Dynamics and Functioning

- Annual Board Calendar
- Information availability
- Interactions and communication with CEO and senior executives
- Board agenda
- Cohesiveness and quality of participation in Board meetings
- Chairman's role

Financial Reporting Process, Internal Controls, Risk Management

- Integrity and robustness of financial and other controls
- Risk management
- Abusive related party transactions
- Whistle blower mechanism

Risks & Opportunities Analysis

As a non-profit organization providing health care services in emergency departments of Government Teaching Hospitals, ChildLife faces many risks and related opportunities. Assessing and managing risks is the best weapon that can be used to avert catastrophes. By evaluating the action plan for potential risks and developing strategies, we can improve the chances of success and betterment in delivery of services. These risks are reviewed through internal operational mechanisms

Risks	Description of the Risk & its Context	How we Address the Risk	Potential Opportunity	Stakeholders Impacted	Risk Level	Internal/ External Risk
Regulatory Compliance	The healthcare industry worldwide is subject to an increasing number of regulations. ChildLife Foundation is required to comply with applicable laws and regulations in Pakistan, specially related to non-profit organizations.	Proactively monitor and, where possible, provide input for any new proposed legislation: <ul style="list-style-type: none"> - Ensure compliance through our quality standards - Established a multidisciplinary team to engage extensively with the regulatory bodies and effectively communicate our position on the various issues. - Proper documentation of every financial transaction. 	Through transparent engagements we have the opportunity to enhance our relationship with a variety of stakeholders, including regulatory bodies	<ul style="list-style-type: none"> - Patients - Doctors - Government - Employees - Suppliers - Industry regulatory bodies - Donors/ Trustees 	High	Internal
Management Succession Planning	Due to the highly specialized nature of the healthcare industry, certain management employees and executives have a significant impact on the organization's performance as a result of their years of experience within the organization. Losing these key employees over a short time frame could hamper performance.	Executive succession planning in place: <ul style="list-style-type: none"> - Successors identified and monitored - Strong focus on bolstering the leadership team - Continuous training programs for professional development. - Market based remunerations. 	Through targeted succession planning we ensure business continuity and are able to attract talented leaders.	<ul style="list-style-type: none"> - Employees - Patients 	Medium	External
Hinderances in Operations	Operations within government hospital are dependent upon relations/ policies.	<ul style="list-style-type: none"> - Relation building with Govt officials. - Providing quality services and complying with terms of M.O.U. - Inducting good lawyers to defend the case, in case of dispute with government. - Entering into long term agreements with M.O.U.s with governments. 	Through an ongoing focus on quality and a clear communication strategy, we can enhance and protect our reputation	<ul style="list-style-type: none"> - Doctors - Government - Employees - Donors/ Trustees 	High	External

Risks	Description of the Risk & its Context	How we Address the Risk	Potential Opportunity	Stakeholders Impacted	Risk Level	Internal/ External Risk
Social Media Negative Propaganda	Electronic and print media publishing negative news about the organization.	<ul style="list-style-type: none"> - Listen and respond to attendants - Building and maintaining relationship with media (positive view about the organization). -PR and legal firm to respond to queries. -Training internal team (administrators/ doctors) about response. - Involving insurance company to indemnify the financial loss. - Introduction of ethics and compliance program. 	Through an ongoing focus on quality and a clear communication strategy, we can enhance and protect our reputation	<ul style="list-style-type: none"> - Doctors - Government - Employees - Donors/ Trustees 	High	External
IT Infrastructure & Disaster Recovery	We rely on our IT systems to deliver quality service to our patients in ER and Telemedicine sites (Hub and Spoke Network). There is a risk of failure to maintain reliable information systems for business operations as well as in the event of an IT disaster. Furthermore, there is an implementation risk regarding information management projects which are underway to improve the existing infrastructure and ensure better and wide integration, which raised the risk level from the prior year.	<ul style="list-style-type: none"> - Regular risk assessments performed, with disaster recovery tests performed regularly - Full disaster recovery capability maintained and aligned with business agreed tolerances - Rigorous project management methodology is followed with strong business sponsor leadership and oversight - Offline mode 	By investing in our IT infrastructure, we are able to offer better and more efficient service to our patients, lowering the cost of care while maintaining quality	<ul style="list-style-type: none"> - Patients - Doctors & Specialists - Government - Employees - Suppliers 	Medium High	Internal
Shortage of Paramedical Staff	There is a general shortage of paramedical staff in the healthcare markets, which may impact the organization's growth prospects.	<ul style="list-style-type: none"> Clear recruitment and retention strategy in place including: <ul style="list-style-type: none"> - Facilitation of continuous professional development training to paramedical staff - Ongoing engagement - Improved infrastructure and equipment at facilities 	Through our interventions, we can assist in alleviating critical skills shortages, while also positioning ChildLife as an organization that supports the doctors associated with it.	<ul style="list-style-type: none"> - Doctors & Specialists - Patients - Employees 	Medium High	External
Medical Malpractice, Legal Disputes & Other Reputational Risks	Adverse events in the performance of nursing services, doctor services and/or other healthcare professionals could affect patients. These events or legal disputes arising out of medical malpractice claims could affect the organization's reputation and relationships with key stakeholders. Furthermore, events outside of our control can adversely impact our brand. Careful selection and monitoring of members by Board of trustees is very important for organisation reputation.	<ul style="list-style-type: none"> Quality Assurance System is in place in ChildLife to ensure quality healthcare is provided. Appropriate compliance processes are in place in the operations: <ul style="list-style-type: none"> - Analysis of trends in clinical risks and clinical interventions are developed to mitigate the clinical risk going forward - Quality review meetings are held where new initiatives are discussed - SOPs and medical protocols compliance 	Through an ongoing focus on quality and a clear communication strategy, we can enhance and protect our reputation	<ul style="list-style-type: none"> - Doctors - Government - Employees - Donors/ Trustees 	High	Internal

Risks	Description of the Risk & its Context	How we Address the Risk	Potential Opportunity	Stakeholders Impacted	Risk Level	Internal/ External Risk
Political and Economic Instability	<p>Political instability in the country also led to a huge increase in economic uncertainty. Uncertainty at individual, organization, and government levels is negatively affecting the economy.</p> <p>Due to this instability, there is a risk that public-private partnership may get affected in the long term.</p>	<p>Apart from strengthening the relationship with provincial governments and improvement in the quality of services, we have emphasized on self sustainability to increase donor base in Pakistan and at international level as well.</p>	<p>Higher the self sustainability the lower the chances of dependence on grant-in aid.</p>	<ul style="list-style-type: none"> - Government - Employees - Donors/Trustees - Patients 	High	External
Shortage of Medicines and Disposables in Market due to Dollar Rate and Import LCs Stoppage	<p>Due to shrinkage of dollar reserves and restrictions on import LCs by SBP, there is a risk that medicines and disposables will be short from the market and purchase price may be increased.</p>	<ul style="list-style-type: none"> -By doing efficient stock planning -By effective negotiations -By doing procurement from original manufacturers on yearly contracts (through tenders) -To improve clinical practices -Maintain stock quantities according to the situation of market. 	<ul style="list-style-type: none"> -Sustaining the situation may help in saving more children lives in tough situations. -Buying from original manufacturer will increase clinical quality of service. 	<ul style="list-style-type: none"> -Patients -Government -Trustees 	High	External

Sustainability Analysis (PESTEL)

The healthcare industry is influenced by legislation, economic changes, and technological advancements. Whenever there are shifts in government policies, people often feel anxious. They wonder: What will happen to the healthcare sector? Will the services they rely on today become inaccessible in the near future?

Health remains a universal concern, regardless of age. People worry about issues such as exclusivity, emerging diseases, reduced treatment options, and limited access to care. This PEST analysis of the ChildLife Foundation sheds light on how the healthcare system operates and explores potential changes that could shape its future.

Political

- Government spending policies on health sector.
- Government regulations e.g., AML/CFT which increase focus of government on NPOs and their sources of funding.
- Growing political focus and pressures on health care.

Economical

- Devaluation of Pak Rupee may lead to increase in cost of treatment of patients.
- Interest rate risk could affect the return on investments.
- High inflation which could lead to reduction of local donations.

Social

- Changes in demographics.
- Improving educational level and awareness about personal health.
- Fears, beliefs, cultural norms, medical ethics.

Technological

- Technological evolution accelerating the obsolescence of equipment.
- Changes in treatment because of technological advancement.
- Using apps to connect doctors with patients right in their homes.
- New digital opportunities creating new “e-models.”

Environmental

- Increase in pollution having impact on health of individuals.
- Availability of clean drinking water and hygienic food.
- General cleanliness of environment and waste disposal arrangements.

Legal

- Promulgation of new laws and regulations affecting NPO sector.

Policies



Human Resource Policies

Code of Conduct

ChildLife Foundation upholds the highest ethical standards in all its business practices, guided by a comprehensive Code of Conduct that all employees must adhere to. According to this Code:

- We provide equal opportunities for professional development, encouraging our employees to grow, enhance their skills, and strengthen the overall capabilities of the Foundation.
- We ensure full financial integrity by thoroughly reviewing, approving, and following all financial and operational processes, thereby safeguarding the integrity of every transaction.
- We have zero tolerance for bribery or corruption, both internally and externally. If any employee is found involved in such activities, the Head of Internal Audit and Head of Human Resources will be notified to determine appropriate actions.
- We are committed to a work environment that is free from discrimination and harassment. Harassment is considered a serious breach of workplace ethics, and any violations are addressed through corrective or disciplinary measures as outlined in our organizational policy.
- We respect each employee's right to freedom of opinion, expression, and speech, as long as it does not interfere with their job responsibilities or conflict with our Code of Conduct.

Conflict of Interest

ChildLife Foundation is dedicated to maintaining transparency, integrity, and accountability in all its operations. We encourage our employees to engage with businesses, industry partners, public and private organizations, and government agencies in alignment with the Foundation's mission.

All employees are expected to adhere to the Foundation's Conflict of Interest policy. Any actual or potential conflicts of interest must be disclosed in writing to the employee's Line Manager or Head of Department. Newly hired employees are also required to disclose any actual or potential conflicts of interest prior to accepting their position.

Whistleblowing Policy

ChildLife Foundation is dedicated to upholding the highest standards of accountability and transparency. To support this, the Foundation has implemented a Whistleblowing Policy that provides a formal mechanism for employees to raise concerns and have them investigated responsibly and effectively, in line with the Foundation's standards, policies, and procedures. This policy applies to all employees, management, and the Board, as well as anyone associated with the Foundation, including contractors, suppliers, business partners, donors, grantees, and vendors.

All concerns must be reported to the internal Whistleblowing Committee, which records them in a Whistleblowing Log Sheet. The committee is tasked with conducting initial inquiries, followed by a thorough investigation and resolution of all reported cases, ideally within thirty (30) days of the concern being raised. To ensure confidentiality, only the Whistleblowing Committee is authorized to directly contact the individuals involved. Records of whistleblowing concerns, investigations, and resolutions are retained for a minimum of two years and are marked confidential, accessible only to the Whistleblowing Committee and the CEO.

Between July 2023 and June 2024, no whistleblowing cases were reported.

Diversity

ChildLife Foundation is committed to treating all associates with fairness, equality, and respect. We expect every employee to show respect toward one another, and we do not tolerate any form of harassment or discrimination. Our aim is to foster a work environment where individuals, regardless of their background, can fully contribute.

We value the diversity and individuality of our associates and are committed to a non-discriminatory workplace, where no one is treated unfairly based on personal characteristics such as nationality, gender, age, ethnicity, religion, sexual orientation, socio-economic background, education, or disability. We believe that a diverse workforce is essential to our success, and we are focused on attracting, developing, and retaining highly talented individuals with diverse experiences and perspectives.

Preparation of Succession Plan

Succession planning at ChildLife Foundation is crucial due to the specialized nature of the healthcare industry. Many management employees and executives play a vital role in the organization's success, owing to their extensive experience. The sudden loss of these key individuals could disrupt overall organizational performance.

To address this, ChildLife Foundation has implemented targeted succession planning to ensure business continuity and attract talented leaders. Our Executive Succession Planning process identifies and monitors potential successors. Additionally, we emphasize strengthening the leadership team and offer continuous training programs to support professional development.

Grievance Guidelines

ChildLife Foundation is dedicated to fostering an environment of open communication, where concerns from employees, stakeholders, and volunteers are handled efficiently and fairly. The following grievance mechanism is designed to ensure that all grievances are addressed promptly and transparently:

- Employees, stakeholders, or volunteers with concerns should first attempt to resolve the issue by discussing it directly with the relevant person, whether it be their immediate supervisor, Station Head, Head of Department, or point of contact at the Foundation.
- The individual receiving the grievance will investigate the matter and aim to provide a response within 15 working days, with a copy sent to the Human Resources Department (for employees) or the relevant coordinating body (for stakeholders and volunteers).
- If the issue is not resolved satisfactorily, the grievance may be escalated by formally involving the Human Resources Department. Stakeholders and volunteers can similarly contact the relevant coordinating department overseeing their engagement with the Foundation.
- The respective department will further investigate the grievance and provide a resolution within a reasonable timeframe
- For grievances involving the employee's direct reporting manager or in cases where the stakeholder or volunteer's concern involves key personnel, the issue should be escalated directly to the HR Department (for employees) or the respective department (for stakeholders and volunteers)
- If the grievance remains unresolved, employees, stakeholders, or volunteers may escalate the matter to the Head of Human Resources or the CEO. Their decision will be final and communicated within one week.

This comprehensive grievance mechanism ensures that concerns from all parties are addressed through a clear and structured process, promoting transparency, fairness, and timely resolutions at every level.

IT Governance Policy

• Policy for Safety Records

ChildLife has a strict data security policy to safeguard corporate data and patient information securely.

• ERP Backup

ChildLife Foundation maintains a robust backup process for its ERP system, hosted by a dedicated local cloud service provider. Key backup practices include:

1. Hosting and Uptime:

The local cloud service provides a 99.45% uptime guarantee, ensuring consistent system availability

2. Backup Frequency:

- 24-Hourly Backups: Performs full backups of ERP every 24 hours, storing copies securely in their cloud infrastructure.
- Monthly Backups: Provides a complete monthly backup of ERP.

3. Local Storage and Safekeeping:

- The Manager ERP downloads the monthly backup files and saves them to an external passport drive.
- For physical security, the passport drive is stored in a bank locker under the custody of the Director of Finance.

4. Testing and Verification:

- Monthly backups are routinely tested to ensure data integrity and reliability, safeguarding against potential data loss.

This process ensures that ChildLife Foundation's ERP data is protected through multiple layers of redundancy, secure storage, and regular testing for reliability and compliance.

• HMIS Backup

ChildLife Foundation's HMIS is hosted on **Microsoft Azure** with **Microsoft SQL Server on Azure** as the backend. The

following backup protocols are in place:

1. Azure Automated Backup:

- Daily incremental and periodic full backups are securely stored across Azure's geo-redundant data centers.
- Azure guarantees 99.95% uptime and disaster recovery readiness.

2. Monthly Database Backup:

- A full backup of the SQL Server database on Azure is taken monthly.
- This backup is transferred to external hard drives for secure offline storage and retained for compliance and disaster recovery purposes.
- The hard drives are stored in a bank locker for additional physical security.

3. Legacy HMIS Backups:

- Older HMIS data remains stored on local servers and external hard drives, securely maintained in a bank locker.

• Disaster Recovery Management

ChildLife Foundation has a reliable disaster recovery management strategy in place. The plan ensures rapid recovery of IT services during high-risk scenarios, including:

1. Azure Site Recovery for HMIS:

- Real-time failover capabilities and geo-redundant backups minimize downtime.

2. ERP Local Recovery:

ERP data restoration from local backups ensures business continuity.

3. High-Risk Areas Addressed:

- Server failures
- Minor and extensive fires in the IT Department
- Main database server failures or crashes
- Internet or hardware failures
- Communication and connectivity issues (WAN/LAN)

4. Responsibility and Action:

The on-duty IT engineer is tasked with taking immediate action in line with the Disaster Recovery ChildLife IT SOP. This annexure defines specific actions to be taken for each risk scenario to ensure minimal downtime.

• Risk Analysis and Contingency Plan

ChildLife Foundation recognizes the importance of a proactive approach to risk management for its IT systems.

1. Risk Assessment:

- The Disaster & Recovery Section of the ChildLife IT SOP identifies potential disaster scenarios and assigns probabilities to their occurrence.

2. Action Plan:

- This also provides step-by-step guidance for mitigating risks and responding to incidents to safeguard IT systems, applications, servers, and infrastructure.

• Data Security Policy

- **Access Control:** Role-based permissions restrict access to sensitive data.
- **Multi-Factor Authentication (MFA):** Enabled across systems for enhanced security.
- **Encryption:** Sensitive data is encrypted in transit and at rest.

• Internet Usage Policy

Employees must use internet resources strictly for work-related purposes. Prohibited activities include:

- Accessing unauthorized systems.
- Downloading or installing unapproved software.
- Sharing sensitive data via unsecured channels.

• Corporate Email Policy

- Corporate email accounts are used exclusively for official communications.
- Emails containing sensitive information must be encrypted or sent via secure channels.

• IT Room Access Policy

Access to IT infrastructure, including server racks, is restricted to authorized personnel. Activities in the IT room are monitored to prevent unauthorized actions.

• ERP and HMIS User Rights and Reviews

- **User Rights:** Access for ERP and HMIS is assigned based on roles and reviewed periodically.
- **Deactivation Protocol:** User accounts are deactivated upon resignation or termination, and data access is securely transferred as needed.

Our Contribution to the Society, Environment, and Economy

ChildLife Foundation is deeply committed to uplifting society, protecting the environment, and supporting the economy through its impactful initiatives.

Social Contribution

ChildLife is on a mission to eliminate preventable child deaths and make Pakistan child-safe. By offering round-the-clock emergency care, free-of-cost treatments, and raising awareness about healthy practices, we are fostering a healthier, happier, and more resilient society. Our partnerships with NGOs, corporations, and government entities amplify this impact, creating a sustainable healthcare ecosystem that ensures better access to quality care for underprivileged children.

Environmental Stewardship

ChildLife integrates environmental consciousness into its operations to ensure a sustainable future. Our Telemedicine Satellite Centers have transformed access to quality emergency care for over 300+ public hospitals nationwide, reducing the need for long-distance referrals and lowering carbon emissions. We actively address climate-related health challenges by participating in awareness seminars on climate risks and their impact on human capital. ChildLife's state-of-the-art ERs stand as a beacon of hope for underprivileged children affected by environmental and health crises, such as the catastrophic floods and COVID-19 pandemic in the past.

Economic Impact

ChildLife not only saves lives but also protects families from the devastating cycle of poverty. By offering free, quality emergency care to children in both rural and urban areas, we ease the financial burdens of treatment and transportation. This enables families to focus their resources on building a better future, creating ripple effects that strengthen the economic fabric of the nation.

Through these efforts, ChildLife continues to empower communities, safeguard the environment, and contribute to the well-being of countless families across Pakistan.

Key Performance Indicators (KPIs)



Clinical

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

Program Delivery

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

Finance

- Governance (Legal and tax laws compliance)
- Timely completion of External Audit
- Timely completion of Internal Audit
- Timely completion of Grant Audits
- Accuracy in stock counts and reconciliations
- Accuracy in fixed assets verification and reconciliation
- Timely payments to vendors (As per credit terms)
- GAP analysis and formulation of SOPs for effective internal controls
- Stable liquidity position and maximization of returns on investment

Fundraising

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

HR

- 50% Senior doctors in attendance at all times
- Full and final settlement in less than 30 days
- Salary on time before the first of each month
- Cover ChildLife – Ensure training coverage across ChildLife Foundation

IT

- Cloud monitoring for ERP and HMIS applications
- HMIS should not take more than 5 seconds to load a patient record
- Data back ups on mirror servers is being done with appropriate frequency
- Power Bi Dashboards are updated at their respective frequencies
- Back up computer systems are functional
- Internet is functional at all operational sites all the times

Marketing & Communication

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

Procurement

- Ensuring that purchase requests are entertained timely
- Procurement policies with respect to vendor files are adhered to
- For medicines at least 2 year expiry at the time of procurement

Warehouse

- Maintaining minimum stock levels
- Ensuring that no goods are expired
- Temperature is controlled
- Physical stock should match with system at all times

Environment, Social, and Governance (ESG) Health Care Delivery

Environmental, Social, and Governance (ESG) is a framework used to assess an organization's business practices and performance on various sustainability and ethical issues. It also provides a way to measure business risks and opportunities in those areas. We at ChildLife Foundation have always welcomed these “making the world a better place” initiatives as we think of it as our responsibility.

At ChildLife Foundation, we continually strive to excel in the healthcare industry. Simultaneously, we recognize the importance of learning from other organizations, both large and small, that are already engaged in causes like ours or express interest in similar pursuits. This commitment to learning from the broader healthcare community enhances our ability to contribute meaningfully to the field.

ESG metrics in healthcare encompass various aspects, including energy management, waste management, patient privacy, electronic health records, employee retention, and recruitment. In the present era, donors use ESG metrics to evaluate how much a foundation adheres to responsible and sustainable practices, gauging its likelihood of long-term success.



Areas of ESG – Health Care Delivery

A. Energy Management (Greenhouse gas emissions)

The scope of the greenhouse gas inventory is based on the Foundation’s activities that generate an environmental cost to society, including air travel. During this year, our carbon footprint registered a decrease of 13%, driven by the following consumption pattern:

Itemized Consumption – Comparative Statement		
Particulars	FY 2023-24	FY 2022-23
By Air Travel	1,110 hours	1,122 hours

B. Waste Management

Healthcare delivery companies generate a significant amount of regulated medical and pharmaceutical waste. Disposal costs for these types of waste are typically higher than those of conventional waste and can present a substantial cost for the company. Medical waste may include infectious, pathological, sharps, etc. whereas general waste may include plastic packages, tissue paper, tape, non-contaminated gauze, gloves, etc. ChildLife Foundation has implemented standard operating procedures for waste collection and waste segregation.

Waste Type	Type of Receptacle	Color	Characteristics	Destination
Infectious/ pathological waste	Container lined with plastic bag	Yellow	Strong and leak-proof	Incineration or secure landfill
Sharps	Sealed box or drum	Red	Purpose-designed penetration and leakage resistant	Incineration or secure landfill
General Waste	Container lined with plastic bag	Grey / Green / Black	Strong and tear-resistant	Landfill

C. Electronic Health Records

(Percentage of patient records that are maintained electronically and provide all required information to medical practitioners and management)

ChildLife Foundation established administrative, physical, and technical safeguards to protect the integrity, confidentiality, and availability of patient health information.

Particulars	FY 2023-24	FY 2022-23
Total patient volume (including ERs, UCC and TSCs)	1,630,975	1,351,292
Electronic health records maintained	1,630,975	1,351,292
Ratio of electronic health records maintenance	100%	100%

D. Quality of Care & Patient Satisfaction

The ability to deliver quality care and ensure patient satisfaction is an essential value driver for healthcare delivery companies.

Particulars	FY 2023-24	FY 2022-23
Patient satisfaction rate	73%	73%
Readmission ratio	1%	1%

E. Employee turnover

ChildLife Foundation grapples with the healthcare industry's high turnover due to ever increasing workforce demand especially for Physicians, competition within industry, and a high surge of opportunities abroad.

To counter, ChildLife Foundation has shaped comprehensive employee retention, training and engagement programs which includes market competitive salary and prospects (including sponsorships) for learning & development across the board.

ChildLife Foundation's strategic focus on creating an enabling environment and investing in employee development reflects its commitment to mitigate turnover challenges and sustain a highly skilled and motivated workforce.

F. Fraud & Unnecessary Procedures

Particulars	FY 2023-24	FY 2022-23
The total amount of monetary losses because of legal proceedings.	Nil	Nil

G. Number of Facilities and Beds (by type)

Particulars	FY 2023-24	FY 2022-23
Number of Facilities		
Emergency Rooms	13	12
Telemedicine Satellite Centers	299	190
Urgent Care Centers	1	-
Total	313	202
Number of Beds		
Civil Hospital, Karachi	24	24
National Institute of Child Health, Karachi	62	62
Sindh Govt. Hospital Korangi-5, Karachi	80	80
Lyari General Hospital, Karachi	50	50
Abbasi Shaheed Hospital, Karachi	55	55
Peoples Medical College Hospital, Nawabshah	62	55
Chandka Medical College Hospital, Larkana	70	70
Liaquat University Hospital, Hyderabad	50	55
Ghulam Muhammad Mahar Medical College Hospital, Sukkur	50	50
Sandeman Provincial Hospital, Quetta	46	46
Mayo Hospital, Lahore	40	40
Pakistan Institute of Medical Sciences (PIMS), Islamabad	30	30
Children Hospital and Institute of Child Health, Multan	100	-
Urgent Care Centre - Sindh Govt. Hospital (New Karachi), Karachi	10	-
Total	729	617

H. Category-wise Number of Patients

Particulars	FY 2023-24	FY 2022-23
Number of Patients (ERs)		
P1	143,903	120,930
P2	603,831	553,745
P3	514,355	467,342
Total	1,262,089	1,142,017
Number of Patients (TSCs)		
P1	62,389	14,383
P2	261,637	48,869
P3	44,860	146,023
Total	368,886	209,275

P1: Emergency cases – Need immediate emergency treatment.

P2: Priority cases – Need assessment and rapid attention.

P3: Non-urgent cases – Can wait their turn in the queue.

I. Access for Low-Income Patients

ChildLife Foundation: Transforming Healthcare in Rural Pakistan

The healthcare sector continues to face significant challenges in serving uninsured and low-income patients. ChildLife Foundation is bridging this gap through its innovative telemedicine network, expanding quality emergency services for children to rural areas.

Impact of Telemedicine Services

ChildLife Foundation's telemedicine initiative is alleviating poverty in rural Pakistan by:

- Providing expert emergency consultations to on-ground locally, eliminating the need for the costly ambulance services to travel to larger cities.
- Offering free consultations from FCPS doctors.

Particulars	FY 2023-24	FY 2022-23
Total volume of Patients (TSCs)	368,886	209,275
Public money savings in health expenditures due to avoidance of referrals	Rs. 4 Billion	Rs. 1 Billion
Public money savings via free consultations from FCPS consultants	Rs. 922 Million	Rs. 523 Million



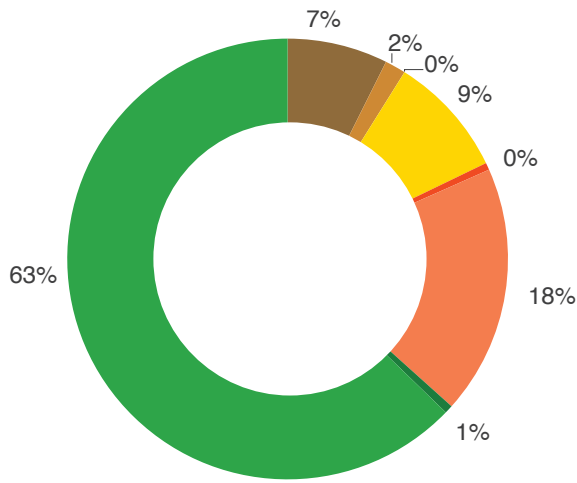


Financials

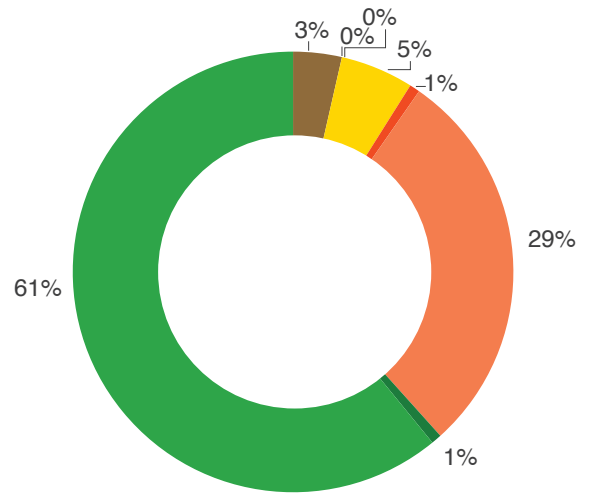
Financial Highlights

Graphical Presentation of Balance Sheet

Assets 2024

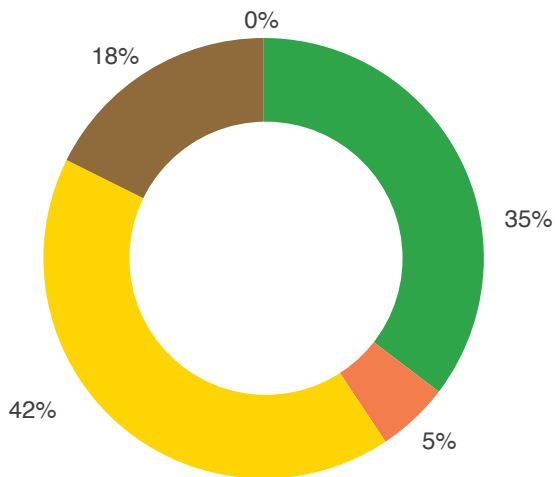


Assets 2023

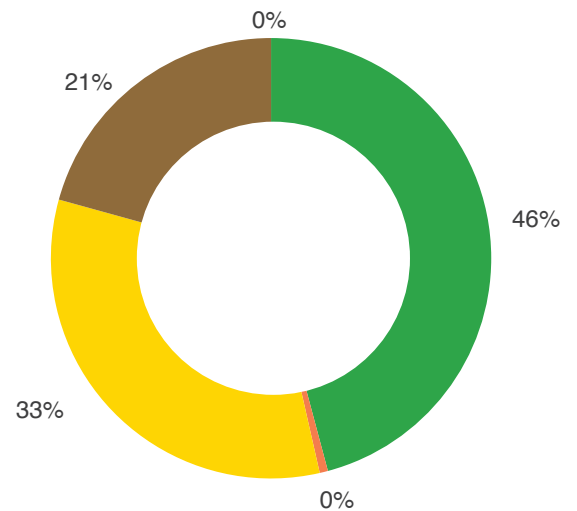


- Operating Fixed Assets
- Right-of-use Assets
- Intangible Assets
- Consumables
- Advances, Deposits and Prepayments
- Investments
- Other Receivables
- Cash and Bank Balances

Funds and Reserves 2024



Funds and Reserves 2023

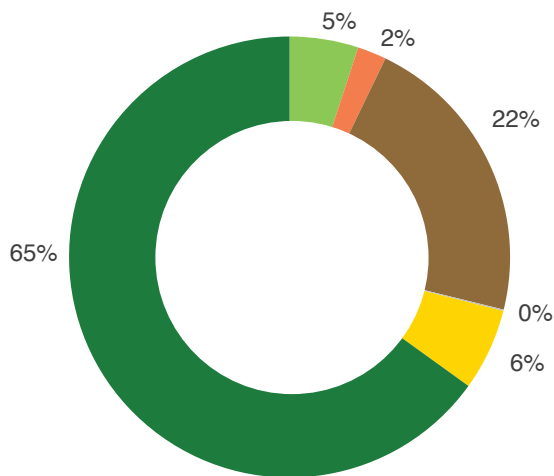


- Inception Contribution
- General Fund
- Zakat Fund
- Endowment Fund
- Strategic Fund

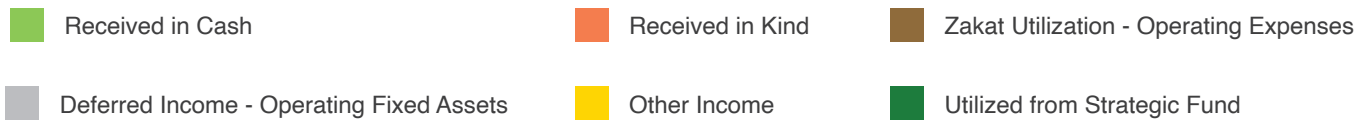
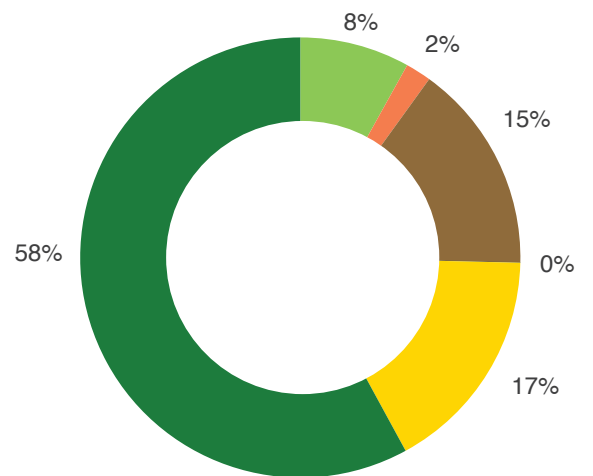
Financial Highlights

Graphical Presentation of Income and Expenditure Account

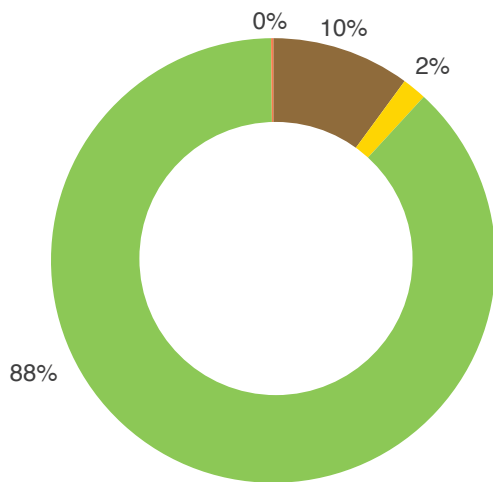
Income 2024



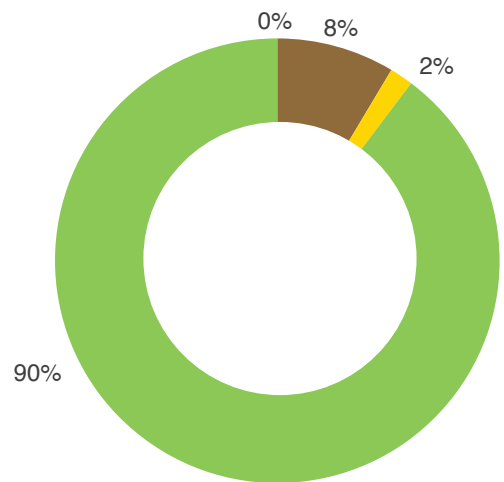
Income 2023



Expenses 2024



Expenses 2023



Receipts Pattern

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

Amount in PKR Million



Financial Highlights

Key Financial Indicators and Ratios

KEY FINANCIAL INDICATORS:	2023-24	2022-23	2021-22	2020-21	2019-20	2018-19
(Rupees in '000)						
Total Income	3,489,768	3,170,506	1,956,782	1,401,341	1,275,587	911,157
Total Expenses	3,928,060	2,468,038	1,713,250	1,237,652	1,046,248	775,405
Surplus/(deficit) for the year transferred to general fund	(438,292)	702,468	243,532	163,690	229,338	135,752
STATEMENT OF FINANCIAL POSITION						
Operating Fixed Assets	357,643	137,916	136,102	126,744	129,494	87,910
Operating Current Assets	3,660,272	3,731,999	2,377,124	1,585,076	1,260,194	1,116,366
Total Assets	4,017,915	3,869,915	2,513,226	1,711,820	1,389,688	1,204,276
Total Funds	3,524,484	3,674,387	2,407,476	1,642,991	1,319,243	1,147,952
Liabilities:						
Non-current Liabilities	78,776	1,969	-	-	33	1,306
Current Liabilities	414,655	193,559	105,750	68,829	70,412	55,019
Total Liabilities	493,431	195,528	105,750	68,829	70,445	56,324
Total Funds & Liabilities	4,017,915	3,869,915	2,513,226	1,711,820	1,389,688	1,204,276

KEY FINANCIAL RATIOS:	2023-24	2022-23	2021-22	2020-21	2019-20	2018-19
Profitability Ratios						
Cost/Income Ratio	112.6%	77.8%	87.6%	88.3%	82.0%	85.1%
Net Surplus / Income Ratio	-12.6%	22.2%	12.4%	11.7%	18.0%	14.9%
Liquidity Ratios						
Current Ratio	8.83	19.28	22.48	23.03	17.90	20.29
Quick / Acid Test Ratio	7.96	18.21	21.57	22.00	17.13	19.81
Cash to Current Liabilities	6.08	12.18	11.85	11.24	12.21	8.68
Turnover Ratios						
Inventory Turnover Ratio	3.18	3.95	4.13	4.28	5.00	5.50
No. of Days in Inventory	115	92	88	85	73	66
Activity Ratios						
Return on Assets	-11%	18%	10%	10%	17%	11%
Fixed Assets to Income Ratio	10%	4%	7%	9%	10%	10%
Total Assets to Income Ratio	115%	122%	128%	122%	109%	132%
Capital Structure						
Debt to Fund Ratio	0%	0%	0%	0%	0%	0%

Commentary on Financial Ratios

Profitability Ratios

ChildLife Foundation is a non-profit organization providing healthcare services through Children Emergency Rooms and Telemedicine Satellite Centers in Government Teaching Hospitals. Being a service-based and human capital-intensive organization, our main operational costs include:

- Human resources, including both employees and third-party services
- Medicines and consumables

Our focus is not to generate a surplus but to maintain rational spending across all areas. The cost-to-income ratio increased to 113% in FY 2023-24 from 77.8% in FY 2022-23, largely due to the non-release of grant-in-aid funds from provincial governments in line with budget allocations.

To counterbalance this, we focused on enhancing self-generated funds from donations and zakat contributions. Additionally, in FY 2023-24, we expanded our operations by opening a new emergency room at Children Hospital, Multan, and an Urgent Care Centre at Sindh Government Hospital, New Karachi, Sindh.

Liquidity Ratios

Liquidity represents the ease with which assets can be converted into cash without impacting their market value. ChildLife has performed well in terms of liquidity in recent years, with a strong emphasis on self-sustainability due to our commitment to sensitive pediatric emergency care. However, these ratios may be impacted if provincial governments delay or withhold grant-in-aid funds.

Inventory Turnover Ratio

The inventory turnover ratio measures the frequency with which an organization sells and replenishes its inventory. This ratio considers medicine consumption relative to the average inventory held during the period. Our policy is to maintain at least a three-month supply at each emergency room to ensure uninterrupted operations.

Activity Ratios

The asset turnover ratio measures the efficiency with which assets generate funds. For ChildLife, these ratios are relatively low, as our organization relies more on human capital than machinery. Additionally, as a pediatric emergency care provider, we do not require heavy-duty hospital equipment, which distinguishes us from tertiary care hospitals.

Capital Structure

Leverage ratios indicate the level of debt relative to other balance sheet, income, or cash flow accounts. ChildLife operates without financing facilities from banks, relying instead on government grants and donations. Consequently, our leverage is zero, aligning with our non-profit, low-risk financial model.

Summary of Cash Flow

Description	2023-24	2022-23	2021-22	2020-21	2019-20	2018-19
	(Rupees in '000)					
Cash and cash equivalents at beginning of the year	2,866,789	1,653,455	773,492	859,837	477,381	188,450
Net cash generated from operating activities	(531,386)	513,686	200,328	148,654	169,265	128,970
Net cash generated from / (used in) investing activities	180,002	132,580	158,681	(395,056)	271,237	(262,168)
Net cash generated from / (used in) financing activities	305,674	567,068	520,954	160,058	(58,047)	422,129
Net increase / (decrease) in cash and bank balances	(45,710)	1,213,334	879,963	(86,345)	382,456	288,931
Cash and cash equivalents at end of the year	2,821,079	2,866,789	1,653,455	773,492	859,837	477,381

Cashflow Statement of Zakat Funds (Direct Method)

Description	2023-24	2022-23	2021-22	2020-21	2019-20	2018-19
	(Rupees in '000)					
Opening balance	22,292	181,299	140,419	109,916	42,063	35,334
Received during the period	921,048	329,834	355,008	237,361	251,162	236,864
Utilization	(756,281)	(488,841)	(314,128)	(206,858)	(183,309)	(230,135)
Closing balance	187,059	22,292	181,299	140,419	109,916	42,063

ChildLife Foundation

Six Years' Vertical Analysis

	2023-24	2022-23	2021-22	2020-21	2019-20	2018-19
Income:						
Received in Cash	5.04%	8.07%	6.69%	6.90%	25.79%	1.95%
Received in Kind	2.12%	1.89%	1.70%	2.80%	1.76%	2.06%
Zakat Utilization - Operating Expenses	21.67%	15.42%	13.91%	12.10%	11.46%	20.09%
Zakat Utilization - Clinics	0.00%	0.00%	2.14%	2.67%	2.91%	5.17%
Deferred income - Operating Fixed Assets	0.10%	0.00%	0.00%	0.00%	0.10%	0.24%
Other income	6.01%	16.68%	6.86%	2.25%	4.75%	7.52%
Utilized from Strategic Fund	65.06%	57.94%	68.70%	73.28%	53.23%	62.97%
Total Income	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Expenses:						
Salaries and benefits	33.79%	40.99%	41.12%	45.40%	47.06%	48.33%
Third party contractual services	10.79%	10.41%	8.93%	9.18%	6.72%	9.34%
Lab services	3.67%	1.58%	0.00%	0.00%	0.00%	0.00%
Medicines consumed	22.97%	24.35%	20.15%	21.52%	19.19%	18.26%
Patient consultation	0.00%	0.00%	3.52%	3.88%	4.57%	7.72%
Project renovation	7.34%	2.00%	6.91%	5.52%	9.12%	1.09%
Depreciation on operating fixed assets	1.98%	2.51%	2.91%	3.52%	3.13%	3.60%
Depreciation on right-of-use assets	0.21%	0.00%	0.00%	0.00%	0.00%	0.00%
Amortisation of intangible assets	0.02%	0.04%	0.19%	0.26%	0.23%	0.02%
Supplies and consumables	3.69%	4.11%	2.90%	1.90%	3.15%	4.13%
Oxygen supplies	3.50%	2.80%	3.83%	2.01%	1.35%	1.05%
Repairs and maintenance	1.99%	1.62%	1.50%	1.23%	0.49%	1.08%
Travelling and related expenses	2.00%	2.04%	2.02%	1.36%	1.00%	0.69%
Utilities	2.93%	2.30%	1.43%	0.86%	0.68%	0.75%
Cartage	0.81%	0.90%	0.45%	0.25%	0.19%	0.18%
Insurance	0.45%	0.56%	0.64%	0.85%	0.82%	0.71%
Training and development	0.27%	0.48%	0.30%	0.14%	0.27%	0.28%
Information system maintenance	0.64%	0.72%	0.64%	0.61%	0.59%	0.37%
Legal and professional	0.33%	0.25%	0.34%	0.20%	0.09%	0.16%
Auditors' remuneration	0.02%	0.02%	0.02%	0.08%	0.04%	0.03%
Advertisement	1.57%	1.53%	1.77%	0.92%	0.65%	1.04%
Programmatic activities and preventive health care	0.21%	0.18%	0.15%	0.06%	0.04%	0.11%
Others	0.66%	0.61%	0.28%	0.25%	0.62%	1.06%
Finance cost	0.16%	0.00%	0.00%	0.00%	0.00%	0.00%
Total Expenses	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
FINANCIAL POSITION:						
Assets:						
Operating Fixed Assets	7.37%	3.54%	5.35%	7.09%	8.84%	6.77%
Right-of-use assets	1.53%	0.00%	0.00%	0.00%	0.00%	0.00%
Intangible assets	0.00%	0.02%	0.06%	0.31%	0.48%	0.53%
Consumables	8.94%	5.37%	3.84%	4.13%	3.88%	2.20%
Advances, deposits and prepayments	0.52%	0.75%	0.29%	0.46%	1.24%	0.58%
Investments	18.29%	28.65%	39.74%	42.42%	23.37%	49.91%
Other receivables	0.60%	0.76%	0.85%	0.40%	0.32%	0.37%
Cash and bank balances	62.75%	60.91%	49.87%	45.19%	61.87%	39.64%
Total Assets	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Funds:						
Inception contribution	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
General fund	35.36%	45.84%	40.79%	44.99%	43.73%	30.27%
Zakat fund	5.31%	0.61%	7.53%	8.55%	8.33%	3.66%
Endowment fund	41.70%	32.84%	20.99%	14.18%	17.56%	19.93%
Strategic fund	17.63%	20.71%	30.69%	32.28%	30.38%	46.14%
Total Funds	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Liabilities:						
Deferred income related to operating fixed assets	5.33%	1.28%	0.00%	0.00%	0.05%	2.32%
Lease liabilities	13.36%	0.00%	0.00%	0.00%	0.00%	0.00%
Creditors, accrued and other liabilities	81.31%	98.72%	100.00%	100.00%	99.95%	97.68%
Total Liabilities	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Total Funds & Liabilities	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%

ChildLife Foundation

Six Years' Horizontal Analysis

	% Variation					
	2023-24	2022-23	2021-22	2020-21	2019-20	2018-19
Income:						
Received in Cash	989%	1439%	736%	544%	1850%	100%
Received in Kind	394%	318%	177%	209%	120%	100%
Zakat Utilization - Operating Expenses	413%	267%	149%	93%	80%	100%
Zakat Utilization - Clinics	0%	0%	89%	79%	79%	100%
Deferred income - Operating Fixed Assets	161%	6%	0%	2%	59%	100%
Other income	306%	772%	196%	46%	89%	100%
Utilized from Strategic Fund	396%	320%	234%	179%	118%	100%
Total Income	383%	348%	215%	154%	140%	100%
Expenses:						
Salaries and benefits	354%	270%	188%	150%	131%	100%
Third party contractual services	585%	355%	211%	157%	97%	100%
Lab services*	370%	100%	0%	0%	0%	0%
Medicines consumed	637%	424%	244%	188%	142%	100%
Patient consultation	0%	0%	101%	80%	80%	100%
Project renovation	3404%	582%	1398%	806%	1126%	100%
Depreciation on operating fixed assets	280%	223%	179%	156%	117%	100%
Depreciation on right-of-use assets**	100%	0%	0%	0%	0%	0%
Amortisation of intangible assets	344%	482%	1822%	1791%	1319%	100%
Supplies and consumables	453%	317%	155%	74%	103%	100%
Oxygen supplies	1711%	859%	816%	309%	177%	100%
Repairs and maintenance	931%	474%	306%	181%	61%	100%
Travelling and related expenses	1462%	934%	644%	313%	194%	100%
Utilities	1971%	970%	419%	183%	121%	100%
Cartage	2242%	1569%	542%	217%	137%	100%
Insurance	321%	251%	198%	191%	156%	100%
Training and development	481%	545%	233%	77%	130%	100%
Information system maintenance	868%	615%	378%	262%	211%	100%
Legal and professional	1016%	478%	460%	194%	78%	100%
Auditors' remuneration	313%	226%	160%	388%	169%	100%
Advertisement	765%	469%	376%	142%	84%	100%
Programmatic activities and preventive health care	964%	512%	303%	88%	49%	100%
Others	322%	186%	59%	38%	80%	100%
Finance cost**	100%	0%	0%	0%	0%	0%
Total Expenses	507%	318%	221%	160%	135%	100%
Surplus/(deficit) for the year transferred to general fund	-323%	517%	179%	121%	169%	100%
FINANCIAL POSITION:						
	% Variation					
	2023-24	2022-23	2021-22	2020-21	2019-20	2018-19
Assets:						
Operating Fixed Assets	363%	168%	165%	149%	151%	100%
Right-of-use assets**	100%	0%	0%	0%	0%	0%
Intangible assets	2%	12%	25%	84%	105%	100%
Consumables	1354%	785%	364%	267%	203%	100%
Advances, deposits and prepayments	302%	421%	105%	114%	248%	100%
Investments	122%	184%	166%	121%	54%	100%
Other receivables	540%	651%	473%	151%	100%	100%
Cash and bank balances	528%	494%	263%	162%	180%	100%
Total Assets	334%	321%	209%	142%	115%	100%
Funds:						
Inception contribution	100%	100%	100%	100%	100%	100%
General fund	359%	485%	283%	213%	166%	100%
Zakat fund	445%	53%	431%	334%	261%	100%
Endowment fund	642%	527%	221%	102%	101%	100%
Strategic fund	117%	144%	140%	100%	76%	100%
Total Funds	307%	320%	210%	143%	115%	100%
Liabilities:						
Deferred income related to operating fixed assets	2014%	191%	0%	0%	2%	100%
Lease liabilities**	100%	0%	0%	0%	0%	0%
Creditors, accrued and other liabilities	729%	351%	192%	125%	128%	100%
Total Liabilities	876%	347%	188%	122%	125%	100%
Total Funds & Liabilities	334%	321%	209%	142%	115%	100%

* Base Year is taken as 2022-23

** Base Year is taken as 2023-24

INDEPENDENT AUDITOR'S REPORT TO THE TRUSTEES OF THE TRUST

Opinion

We have audited the financial statements of ChildLife Foundation (the Trust), which comprise the statement of financial position as at June 30, 2024, and the statement of income and expenditure and other comprehensive income, the statement of changes in fund balances and the statement of cash flows for the year then ended, and notes to the financial statements, including material accounting policy information.

In our opinion, the accompanying financial statements give a true and fair view of the financial position of the Trust as at June 30, 2024, and of its financial performance and its cash flows for the year then ended in accordance with approved accounting and reporting standards as applicable in Pakistan.

Basis for Opinion

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

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

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

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

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

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

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

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

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

Aff

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Tel: +92 (21) 32426682-6/32426711-5; Fax: +92(21) 32415007/32427938/32424740; <www.pwc.com/pk>

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Trust's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Trust's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Trust to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.



A. F. Ferguson & Co.
Chartered Accountants
Dated: November 29, 2024
Karachi
Audit Engagement Partner: Shahbaz Akbar
UDIN: AR2024100681wSuvCGop

Statement of Financial Position

As At June 30, 2024

	Note	2024	2023
		(Rupees in '000)	
ASSETS			
NON-CURRENT ASSETS			
Operating fixed assets	5	296,081	137,176
Right-of-use assets	6	61,451	-
Intangible assets	7	111	740
		357,643	137,916
CURRENT ASSETS			
Consumables	8	358,969	207,973
Advances, deposits and prepayments	9	20,921	29,202
Short-term investments	10	735,031	1,108,781
Other receivables	11	24,272	29,254
Cash and bank balances	12	2,521,079	2,356,789
		3,660,272	3,731,999
TOTAL ASSETS		4,017,915	3,869,915
FUNDS AND LIABILITIES			
FUNDS			
UN-RESTRICTED FUNDS			
Inception contribution		10	10
General fund		1,246,128	1,684,420
		1,246,138	1,684,430
RESTRICTED FUNDS			
Zakat fund	13	187,059	22,292
Endowment fund		1,469,671	1,206,839
Strategic fund	14	621,616	760,826
		2,278,346	1,989,957
TOTAL FUNDS		3,524,484	3,674,387
LIABILITIES			
NON-CURRENT LIABILITIES			
Deferred income related to operating fixed assets	15	21,033	1,969
Lease liabilities	16	57,743	-
		78,776	1,969
CURRENT LIABILITIES			
Current portion of deferred income related to operating fixed assets	15	5,258	525
Current portion of lease liabilities	16	8,160	-
Creditors, accrued and other liabilities	17	401,237	193,034
		414,655	193,559
TOTAL LIABILITIES		493,431	195,528
TOTAL FUNDS AND LIABILITIES		4,017,915	3,869,915
CONTINGENCIES AND COMMITMENTS			
	18		

The annexed notes 1 to 35 form an integral part of these financial statements.



Trustee



Trustee

Statement of Income and Expenditure and Other Comprehensive Income

For The Year Ended June 30, 2024

	Note	2024 ————— (Rupees in '000)	2023 —————
INCOME	20	3,489,768	3,170,506
EXPENDITURE			
Operating expenses	21	3,456,938	2,214,248
Administrative expenses	22	395,158	211,717
Marketing expenses	23	69,659	42,073
Finance cost	16	6,305	-
Total expenditure		3,928,060	2,468,038
(Deficit) / surplus for the year before taxation		(438,292)	702,468
Taxation	25	-	-
Net (deficit) / surplus for the year		(438,292)	702,468
Other comprehensive income for the year		-	-
Total comprehensive (loss) / income for the year		(438,292)	702,468

The annexed notes 1 to 35 form an integral part of these financial statements.


Trustee


Trustee

Statement of Changes in Fund Balances

For The Year Ended June 30, 2024

	Note	Un-Restricted funds		Restricted funds			Total
		Inception contribution	General fund	Zakat fund	Endowment fund	Strategic fund	
(Rupees in '000)							
Balance as at July 1, 2022		10	981,952	181,299	505,373	738,842	2,407,476
Funds received during the year		-	-	329,834	701,466	1,859,038	2,890,338
Zakat utilised for operating expenses	13	-	-	(488,841)	-	-	(488,841)
Surplus for the year		-	702,468	-	-	-	702,468
Funds utilised during the year	14	-	-	-	-	(1,837,054)	(1,837,054)
Balance as at June 30, 2023		10	1,684,420	22,292	1,206,839	760,826	3,674,387
Funds received during the year		-	-	921,048	262,832	2,131,210	3,315,090
Zakat utilised for operating expenses	13	-	-	(756,281)	-	-	(756,281)
Deficit for the year		-	(438,292)	-	-	-	(438,292)
Funds utilised during the year	14	-	-	-	-	(2,270,420)	(2,270,420)
Balance as at June 30, 2024		10	1,246,128	187,059	1,469,671	621,616	3,524,484

The annexed notes 1 to 35 form an integral part of these financial statements.


Trustee


Trustee

Statement of Cash Flows

For The Year Ended June 30, 2024

	Note	2024 <u>(Rupees in '000)</u>	2023 <u>(Rupees in '000)</u>
CASH FLOWS FROM OPERATING ACTIVITIES			
(Deficit) / surplus for the year		(438,292)	702,468
Adjustments for non-cash and other items:			
Amortisation of deferred income relating to operating fixed assets	20	(3,457)	(131)
Depreciation on operating fixed assets	5	77,940	62,108
Depreciation on right-of-use assets	6	8,116	-
Amortisation of intangible assets	7	629	881
Profit on investments and bank deposits	20.2	(253,201)	(197,628)
Loss on disposal of operating fixed assets	21.1 & 22.2	104	245
Finance cost	16	6,305	-
		(601,856)	567,943
(Increase) / decrease in current assets			
Consumables		(150,996)	(111,590)
Other receivables		4,982	(8,008)
Advances, deposits and prepayments		8,281	(21,943)
Increase in current liability			
Creditors, accrued and other liabilities		208,203	87,284
Net cash (utilised in) / generated from operating activities		(531,386)	513,686
CASH FLOWS FROM INVESTING ACTIVITIES			
Purchase of operating fixed assets	5	(237,728)	(65,300)
Term deposit receipts matured	10	263,750	-
Investment in Ijarah Sukuk	10	(100,000)	-
Realised gain on Islamic investments and bank deposits		253,201	197,628
Proceeds from disposal of operating fixed assets		779	252
Net cash generated from investing activities		180,002	132,580
CASH FLOWS FROM FINANCING ACTIVITIES			
Deferred income relating to operating fixed assets received	15	27,254	2,625
Zakat fund received	13	921,048	329,834
Strategic fund received	14	2,131,210	1,859,038
Endowment fund received		262,832	701,466
Utilisation of zakat fund	13	(756,281)	(488,841)
Utilisation of strategic fund	14	(2,270,420)	(1,837,054)
Donation in lieu of repayment of rent	16	(9,969)	-
Net cash generated from financing activities		305,674	567,068
Net (decrease) / increase in cash and cash equivalents		(45,710)	1,213,334
Cash and cash equivalents at beginning of the year		2,866,789	1,653,455
Cash and cash equivalents at end of the year	26	2,821,079	2,866,789

The annexed notes 1 to 35 form an integral part of these financial statements.


Trustee


Trustee

Notes to the Financial Statements

For The Year Ended June 30, 2024

1 LEGAL STATUS AND OBJECTIVES

1.1 ChildLife Foundation (the Trust) was established under a registered trust deed dated October 27, 2010. During the year, the principal office of the Trust was changed to LG-49, Lower Ground, Lucky One Mall, LA-2/B, F.B. Area, Rashid Minhas Road, Karachi. The principal objectives of the Trust are to:

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

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

Head Office:

LG-49, Lower Ground, Lucky One Mall, LA-2/B, F.B. Area, Rashid Minhas Road, Karachi, in the province of Sindh.

Children's Emergency Units:

- Civil Hospital, Karachi, Sindh (CHK)
- National Institute of Child Health, Karachi, Sindh (NICH)
- Sindh Government Hospital Korangi 5, Karachi, Sindh (SGHK)
- Abbasi Shaheed Hospital, Karachi, Sindh (ASH)
- Sindh Government Lyari General Hospital, Karachi, Sindh (LGH)
- Maternal and Child Health Institute, District Shaheed Benazirabad, Nawabshah, Sindh (NWB)
- Children Hospital, Larkana, Sindh (LKN)
- Ghulam Mohammad Maher Medical College Teaching Hospital, Sukkur, Sindh (GMMMC)
- Liaquat University of Medical and Health Sciences Teaching Hospital, Hyderabad, Sindh (LUMHS)
- Civil Hospital, Quetta, Balochistan (CHQ)
- Mayo Hospital, Lahore, Punjab (MHL)
- PIMS Hospital, Islamabad, Punjab (PIMS)
- Children Hospital, Multan, Punjab (MUX)

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

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

1.3 The Trust is also managing the Children's Emergency Unit in CHQ and Telemedicine Satellite Centers in the province of Balochistan under a revised MOU signed on March 3, 2021 between the Trust and Government of Balochistan (GoB) through the Secretary Health. Under the MOU:

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

1.4 The Trust is also managing the Children's Emergency Unit in MHL under a MOU signed on June 17, 2021 between the Trust and Mayo hospital, Lahore (MHL) through its Chairman, Board of Governors. Under the MOU:

- MHL is responsible for providing adequate resources in the annual budget and depute, post and assign such qualified, technical, professional and surgical / medical experts, paramedical staff and other experts of related disciplines, would also provide basic utilities without cost and the use of an appropriate stand-by generator and to ensure that the supply of medicines, equipment, supplies and other materials (including oxygen supply) is in accordance with best practices in respect of stock inventory; and
- the Trust is responsible for renovation and providing medical equipment, air conditioning and other essential equipment for the Children's Emergency Unit as and where necessary on its sole discretion. Further the Trust is responsible for efficiently managing the project and the facilities, developing proper inventory and data management systems, appointing qualified and professional experts and paramedic staff where required, arranging for the provisions of additional medicines and medical equipment where necessary, and may engage in technological advancements for compliance with medical protocols and improving the efficiency and quality of care.

1.5 The Trust is also managing the Children's Emergency Unit in PIMS under a MOU signed on January 28, 2022 between the Trust and Federal Medical Teaching Institute, PIMS, Islamabad through its Chairman, Board of Governors. Under the MOU:

- PIMS is responsible for providing adequate resources in the annual budget and depute, post and assign such qualified, technical, professional and surgical / medical experts, paramedical staff and other experts of related disciplines, would also provide basic utilities without cost and the use of an appropriate stand-by generator and to ensure that the supply of medicines, equipment, supplies and other materials (including oxygen supply) is in accordance with best practices in respect of stock inventory; and
- the Trust is responsible for renovation and providing medical equipment, air conditioning and other essential equipment for the Children's Emergency Unit as and where necessary on its sole discretion. Further the Trust is responsible for efficiently managing the project and the facilities, developing proper inventory and data management systems, appointing qualified and professional experts and paramedic staff where required, arranging for the provisions of additional medicines and medical equipment where necessary, and may engage in technological advancements for compliance with medical protocols and improving the efficiency and quality of care.

1.6 The Trust is also managing the Children's Emergency Unit in MUX under a MOU signed on September 11, 2023 between the Trust and Governor of the Punjab through Secretary, Specialized Healthcare and Medical Education Department, Government of Punjab (GoPb). Under the MOU:

- MUX 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, would also provide basic utilities without cost and the use of an appropriate stand-by generator and to ensure that the supply of medicines, equipment, supplies and other materials (including oxygen supply) is in accordance with best practices in respect of stock inventory; and
- the Trust is responsible for renovation and providing medical equipment, air conditioning and other essential equipment for the Children's Emergency Unit as and where necessary on its sole discretion. Further the Trust is responsible for efficiently managing the project and the facilities, developing proper inventory and data management systems, appointing qualified and professional experts and paramedic staff where required, arranging for the provisions of additional medicines and medical equipment where necessary, and may engage in technological advancements for compliance with medical protocols and improving the efficiency and quality of care.

1.7 The Trust is also managing Telemedicine Satellite Centers in the province of Punjab under letter no. SO(EP&C)3-20/2018 dated May 4, 2023 issued by the Primary & Secondary Healthcare Department, GoPb.

1.8 The Trust Act, 1882 has been repealed due to promulgation of Provincial Trust Acts [i.e. Sindh Trust Act, 2020, Punjab Trust Act, 2020, Balochistan Trust Act, 2020, KPK Trust Act, 2020 and Islamabad Capital Territory (ICT) Trust Act, 2020] as empowered under the Eighteenth Amendment to the Constitution of Pakistan. Various new requirements including registration under the Trust Acts have been introduced. The Trust was required to be registered under the "Sindh Trusts Act, 2020" (the Sindh Trust Act). Accordingly, on June 2, 2023 the Trust Deed of the trust had been registered under the Sindh Trust Act. Moreover, as the Trust is registered under the province of Sindh hence it is not required to be registered under other Provincial Trust Acts.

2 BASIS OF PREPARATION

2.1 Statement of compliance

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

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

In case the requirements differ, the Accounting Standard for NPOs has been followed.

2.2 Amendments to accounting and reporting standards which become effective during the current year and early adopted by the Trust:

There were certain amendments that became applicable for the Trust during the year but are not considered to be relevant or did not have any significant effect on the Trusts operations and have, therefore, not been disclosed in these financial statements except that during the year certain amendments to IAS I 'Presentation of Financial Statements have become applicable to the Trust which require entities to disclose their material accounting policy information rather than their significant accounting policies. These amendments to IAS have been introduced to help entities improve accounting policy disclosures so that they provide more useful information to investors and other primary users of the financial statements. These amendments have been incorporated in these financial statements with the primary impact that the material accounting policy information has been disclosed rather than the significant accounting policies.

During the year, the ICAP has issued accounting standard on 'Financial Statement Disclosure of Zakat received by an entity' and notified by SECP vide SRO 240(1)/2024 which shall be followed by companies that receive zakat, and are required to prepare their financial statements in conformity with the financial reporting standards as applicable in Pakistan. The new standard is effective for the Trust effective July 1, 2024. However, the Trust has early adopted it.

2.3 New standards and amendments to accounting and reporting standards that are not yet effective

2.3.1 There are certain new standards and amendments that will be applicable to the Trust for its annual periods beginning on or after July 1, 2024. The new standards include IFRS 18 Presentation and Disclosure in Financial Statements and IFRS 19 Subsidiaries without Public Accountability: Disclosures both with applicability date of January 1, 2027 as per IASB, IFRS 18 and 19 will become part of the Trust's financial reporting framework upon adoption by the Securities and Exchange Commission of Pakistan (SECP). Moreover, the overall amendments include those made to IFRS 7 and IFRS 9 which clarify the date of recognition and derecognition of a financial asset or financial liability and are applicable effective January 1, 2026.

The Trust's management at present is in the process of assessing the full impacts of these new standards and the amendments to IFRS 7 and IFRS 9 and is expecting to complete the assessment in due course.

3 BASIS OF MEASUREMENT

3.1 Accounting convention

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

3.2 Functional and presentation currency

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

3.3 Critical accounting estimates and judgments

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

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

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

- a) Useful lives, residual values and depreciation method of operating fixed assets (notes 4.1 and 5);
- b) Useful life, residual value and amortisation method of intangible assets (notes 4.3 and 7);
- c) Impairment of financial and non-financial assets (notes 4.4 and 4.5.1.2);
- d) Provisions (note 4.12);
- e) Investments in financial assets (notes 4.5 and 10); and
- f) Leases (notes 4.2 and 16).

4 MATERIAL ACCOUNTING POLICY INFORMATION

The material accounting policies applied in the preparation of these financial statements are set out below. These policies have been consistently applied to all the years presented, unless otherwise stated.

4.1 Operating fixed assets

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

Depreciation is charged to statement of income and expenditure using the straight line method at the rates specified in note 5 to the financial statements.

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

The residual values and useful lives of operating fixed assets are reviewed and adjusted, if appropriate, at each reporting date.

Assets are derecognised when disposed off or when no future economic benefits are expected from its use or disposal. Gains or losses on disposal of operating fixed assets, if any, are recognised in the statement of income and expenditure as and when incurred.

Repairs and maintenance costs are recognised in the statement of income and expenditure as and when incurred.

4.2 Right-of-use assets and lease liabilities

The right-of-use assets is initially measured based on the initial amount of the lease liability adjusted for any lease payments made at or before the commencement date, plus any initial direct costs incurred, any estimate of costs to dismantle and remove the underlying asset or to restore the underlying asset or the site on which it is located, less any lease incentive received. The right-of-use asset is depreciated using the straight line method over the lease term as this method most closely reflects the expected pattern of consumption of future economic benefits. The right-of-use asset is reduced by impairment losses, if any, and adjusted for certain remeasurements of the lease liability.

The lease liability is initially measured at the present value of the lease payments that are not paid at the commencement date, discounted using the interest rate implicit in the lease, or if that rate cannot be readily determined, the Trust's incremental borrowing rate. The extension and termination options are incorporated in the determination of the lease term only when the Trust is reasonably certain to exercise these options.

The lease liability is subsequently measured at amortised cost using the effective interest rate method. It is remeasured when there is a change in future lease payments arising from a change in fixed lease payments or an index or rate, change in the Trust's estimate of the amount expected to be payable under a residual value guarantee. The corresponding adjustment is made to the carrying amount of the right-of-use asset, or is recorded in statement of income and expenditure if the carrying amount of right of use of asset has been reduced to zero.

The Trust applies recognition exemption towards short-term leases (note 16.2).

4.3 Intangible assets

Intangible assets comprise of cost of computer software and is stated at cost less accumulated amortisation and accumulated impairment losses, if any. The cost of intangible assets is amortised over the estimated useful life stated in note 7 using the straight line method. Costs associated with maintaining the computer software are recognised as expense in the statement of income and expenditure as and when incurred. The useful life, residual value and amortisation method of intangible asset is reviewed and adjusted, if appropriate, at each reporting date.

4.4 Impairment of non-financial assets

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

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

4.5 Financial instruments

4.5.1 Financial assets

4.5.1.1 Classification and subsequent measurement

The Trust has applied IFRS 9 and classifies its financial assets in the following measurement categories:

- at amortised cost;
- at fair value through other comprehensive income (FVOCI); and
- at fair value through profit and loss (FVTPL).

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

(i) Debt instruments

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

Classification and subsequent measurement of debt instruments depend on:

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

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

a) At amortised cost

Assets that are held for collection of contractual cash flows where those cash flows represent solely payments of principal and interest (SPPI), and that are not designated at FVTPL, are measured at amortised cost. The carrying amount of these assets is adjusted by any expected credit loss allowance recognised and measured as described in note 4.5.1.2.

b) Fair value through other comprehensive income (FVOCI)

Financial assets that are held for collection of contractual cash flows and for selling the assets, where the assets' cash flows represent solely payments of principal and interest (SPPI), and that are not designated at FVTPL, are measured at fair value through other comprehensive income (FVOCI). Movements in the carrying amount are taken through other comprehensive income, except for the recognition of impairment gains or losses, recognised and measured as described in note 4.5.1.2, interest revenue and foreign exchange gains and losses on the instrument's amortised cost which are recognised in the statement of income and expenditure. When the financial asset is derecognised, the cumulative gain or loss previously recognised in other comprehensive income is reclassified from equity to the statement of income and expenditure.

c) Fair value through profit and loss (FVTPL)

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

4.5.1.2 Impairment

The Trust assesses on a forward looking basis the expected credit losses (ECL) associated with its debt instrument assets carried at amortised cost and FVOCI. The Trust recognises a loss allowance for such losses at each reporting date. The measurement of ECL reflects:

- an unbiased and probability-weighted amount that is determined by evaluating a range of possible outcomes;
- the time value of money; and
- reasonable and supportable information that is available without undue cost or effort at the reporting date about past events, current conditions and forecasts of future economic conditions

4.5.1.3 Derecognition

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

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

4.5.2 Financial liabilities

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

4.5.2.1 Derecognition of financial liabilities

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

4.6 Offsetting of financial assets and liabilities

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

4.7 Foreign currency transactions and translation

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

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

4.8 Retirement benefit obligation

4.8.1 Defined contribution plan

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

4.9 Consumables

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

4.10 Cash and cash equivalents

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

4.11 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.

4.12 Provisions

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

4.13 Advances, deposits and prepayments

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

4.14 Taxation

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

4.15 Income recognition

4.15.1 Donations

Donation contributions are recognised on receipt basis.

4.15.2 Donations in kind

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

4.15.3 Zakat received

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

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

4.16 Fund accounting

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

4.16.1 Un-restricted funds

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

4.16.1.1 General Fund

General fund is used to record all resource inflows and outflows that are not associated with specific funds.

4.16.1.2 Inception Fund

Inception fund represents the initial token amount received by the Trust at the time of formation of the Trust.

4.16.2 Restricted funds

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

4.16.2.1 Zakat fund

Zakat fund mainly includes the amount received in the Holy month of Ramadan. Funds received are utilised for the operating expenses of the Trust in accordance with approved SAC guidelines.

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

In a meeting held on June 6, 2015, the SAC recommended 67% of operating expenses except for depreciation as adjustable from Zakat fund. The SAC also approved the utilisation of Zakat fund for patient consultation as per actual number of Zakat eligible patients. This was endorsed by the Board of Trustees in their meeting held on June 21, 2015.

4.16.2.2 Endowment fund

Endowment fund has been created with the approval of the Trustees for the purpose of achieving sustainability. This fund is invested in Islamic investments. Realized gain on investments pertaining to the Endowment fund are appropriated to the Endowment fund through an appropriation of surplus. Investment income earned on Endowment fund is utilised for operating expenses of the Trust.

4.16.2.3 Strategic fund

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

4.17 Government Grant

Government grants are recognised at the fair value of consideration received. A grant that imposes specified future performance obligations is recognised in income when all those conditions are met. Government grants are recognized in the statement of income and expenditure on a systematic basis over the periods in which the entity recognises as expenses the related costs for which the grants are intended to compensate and are presented separately in "strategic fund utilised".

5 OPERATING FIXED ASSETS

	June 30, 2024					
	Furniture and fixtures	Office equipment	Computer equipment	Medical equipment	Motor vehicle	Total
	(Rupees in '000)					
At July 1, 2023						
Cost	24,507	127,640	70,841	134,423	4,053	361,464
Accumulated depreciation	(18,981)	(77,243)	(42,400)	(84,583)	(1,081)	(224,288)
Net book value	<u>5,526</u>	<u>50,397</u>	<u>28,441</u>	<u>49,840</u>	<u>2,972</u>	<u>137,176</u>
Additions during the year	10,723	60,195	28,735	138,075	-	237,728
Disposals						
Cost	(195)	(4,344)	(3,058)	(433)	-	(8,030)
Accumulated depreciation	186	3,642	2,935	384	-	7,147
	(9)	(702)	(123)	(49)	-	(883)
Depreciation charge for the year (note 5.2)	(3,431)	(23,885)	(18,187)	(31,626)	(811)	(77,940)
Closing net book value	<u>12,809</u>	<u>86,005</u>	<u>38,866</u>	<u>156,240</u>	<u>2,161</u>	<u>296,081</u>
At June 30, 2024						
Cost	35,035	183,491	96,518	272,065	4,053	591,162
Accumulated depreciation	(22,226)	(97,486)	(57,652)	(115,825)	(1,892)	(295,081)
Net book value	<u>12,809</u>	<u>86,005</u>	<u>38,866</u>	<u>156,240</u>	<u>2,161</u>	<u>296,081</u>
Depreciation rate per annum	20%	20%	33%	20%	20%	
	June 30, 2023					
	Furniture and fixtures	Office equipment	Computer equipment	Medical equipment	Motor vehicle	Total
	(Rupees in '000)					
At July 1, 2022						
Cost	24,424	109,339	52,185	111,155	4,053	301,156
Accumulated depreciation	(14,803)	(54,869)	(34,870)	(61,863)	(270)	(166,675)
Net book value	<u>9,621</u>	<u>54,470</u>	<u>17,315</u>	<u>49,292</u>	<u>3,783</u>	<u>134,481</u>
Transfer in / (transfer out)						
Cost	(247)	4,656	(5,091)	682	-	-
Accumulated depreciation	78	(3,190)	3,774	(662)	-	-
	(169)	1,466	(1,317)	20	-	-
Additions during the year	447	17,178	24,742	22,933	-	65,300
Disposals						
Cost	(117)	(3,533)	(995)	(347)	-	(4,992)
Accumulated depreciation	103	3,174	940	278	-	4,495
	(14)	(359)	(55)	(69)	-	(497)
Depreciation charge for the year (note 5.2)	(4,359)	(22,358)	(12,244)	(22,336)	(811)	(62,108)
Closing net book value	<u>5,526</u>	<u>50,397</u>	<u>28,441</u>	<u>49,840</u>	<u>2,972</u>	<u>137,176</u>
At June 30, 2023						
Cost	24,507	127,640	70,841	134,423	4,053	361,464
Accumulated depreciation	(18,981)	(77,243)	(42,400)	(84,583)	(1,081)	(224,288)
Net book value	<u>5,526</u>	<u>50,397</u>	<u>28,441</u>	<u>49,840</u>	<u>2,972</u>	<u>137,176</u>
Depreciation rate per annum	20%	20%	33%	20%	20%	

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

The purchase of the above assets is reflected in the statement of income and expenditure as part of 'Strategic fund utilised' and recognised as revenue when the Trust utilises them for the purpose of the funding, i.e. to operate the Emergency Care Units.

5.2 The depreciation charge for the year has been allocated as follows:

	Note	2024 (Rupees in '000)	2023
Operating expenses	21	73,744	58,450
Administrative expenses	22	4,196	3,658
		<u>77,940</u>	<u>62,108</u>

6 RIGHT-OF-USE ASSETS

Net carrying value

Balance as at July 1		-	-
Additions during the year		69,567	-
Depreciation charge for the year	22	(8,116)	-
Balance as at June 30		<u>61,451</u>	<u>-</u>

Gross carrying value

Cost		69,567	-
Accumulated depreciation		(8,116)	-
Net book value		<u>61,451</u>	<u>-</u>

Depreciation rate per annum 20%

6.1 This represents right-of-use assets recognised in respect of space provided for the Head Office of the Trust free-of-cost for a period of five years.

7 INTANGIBLE ASSET

Particulars	Cost				Accumulated amortization				Carrying value	Annual rate of amortization
	At July 1, 2023	Addition during the year	Disposal	At June 30, 2024	At July 1, 2023	Charge for the year	Accumulated amortization on Disposal	At June 30, 2024	At June 30, 2024	
	(Rupees in '000)									%
Computer software	9,877	-	-	9,877	9,137	629	-	9,766	111	33

Particulars	Cost				Accumulated amortization				Carrying value	Annual rate of amortization
	At July 1, 2022	Addition during the year	Disposal	At June 30, 2023	At July 1, 2022	Charge for the year	Accumulated amortization on Disposal	At June 30, 2023	At June 30, 2023	
	(Rupees in '000)									%
Computer software	9,877	-	-	9,877	8,256	881	-	9,137	740	33

	Note	2024 (Rupees in '000)	2023
7.1 The amortisation charge for the year has been allocated as follows:			
Operating expenses	21	580	813
Administrative expenses	22	49	68
		<u>629</u>	<u>881</u>

	Note	2024 (Rupees in '000)	2023
8 CONSUMABLES			
Balance as at July 1		207,973	96,383
Purchases during the year		1,076,904	709,459
Consumables received in kind	20.1	64,082	59,817
Consumed during the year		(989,990)	(657,686)
Balance as at June 30		<u>358,969</u>	<u>207,973</u>
9 ADVANCES, DEPOSITS AND PREPAYMENTS			
Advance to suppliers	9.1	12,586	21,762
Advance to staff		704	150
Security deposits	9.2	4,748	5,208
Prepayments	9.3	2,883	2,082
		<u>20,921</u>	<u>29,202</u>
9.1 This represents advance given for the following purposes:			
Advance against operating fixed assets		7,259	192
Advance against construction / renovation		-	20,183
Advance against maintenance expense - software		1,978	439
Promotional expenses		697	195
Others		2,652	753
		<u>12,586</u>	<u>21,762</u>
9.2 This represents security deposits given in relation to rental agreement for warehouse, water supply, oxygen and LPG cylinders.			
9.3 This represents prepayments made for the following purposes:	Note	2024 (Rupees in '000)	2023
Rent		1,543	1,996
Insurance		1,340	86
		<u>2,883</u>	<u>2,082</u>
10 SHORT-TERM INVESTMENTS			
At amortised cost			
Islamic term deposit receipts with banks (TDRs)	10.1 & 10.2	635,031	1,108,781
Ijarah Sukuks (Sukuks)	10.1 & 10.3	100,000	-
		<u>735,031</u>	<u>1,108,781</u>
10.1 This includes investments made from Endowment and other funds.			
10.2 These TDRs carry return at the rates ranging from 17.50% to 20.10% (2023: 15.0% to 20.30%) per annum and are due to mature between July 2024 to May 2025.			
10.3 These Sukuks carry yield at the rate of 21.85% per annum and are due to mature in October 2024.			
11 OTHER RECEIVABLES		2024 (Rupees in '000)	2023
Accrued interest on:			
- Bank deposits		2,937	5,054
- TDRs		12,971	22,069
- Sukuk		4,729	-
		<u>20,637</u>	<u>27,123</u>
Full and final settlement receivable - relating to employees		3,022	1,933
Others		613	198
		<u>24,272</u>	<u>29,254</u>

12 CASH AND BANK BALANCES	Note	2024 ———— (Rupees in '000) ————	2023 ———— (Rupees in '000) ————
<i>Local currency</i>			
Cash in hand		436	412
Cash at banks:			
Current accounts	12.1	199,132	205,018
Savings accounts	12.2	488,383	572,241
		687,515	777,259
<i>Foreign currency</i>			
Cash at banks in savings account	12.2	1,833,128	1,579,118
		2,521,079	2,356,789

12.1 These include Zakat current accounts amounting to Rs. 187.059 million (2023: Rs. 22.292 million).

12.2 These carry return at the rates ranging from 0.25% to 18.5% (2023: 0.25% to 17.5%) per annum.

13 ZAKAT FUND	Note	2024 ———— (Rupees in '000) ————	2023 ———— (Rupees in '000) ————
Zakat available for utilisation			
Balance as at July 1		22,292	181,299
Received during the year	13.1	921,048	329,834
		943,340	511,133
Zakat utilised during the year			
Zakat utilised for operating expenses	13.2	(756,281)	(488,841)
Zakat utilised for general and administrative expenses		-	-
Zakat utilised for CAPEX		-	-
Balance as at June 30		187,059	22,292
Closing balance of the zakat is represented by:			
Cash at bank balances related to zakat balances	12.1	187,059	22,292

13.1 This represents funds received from individuals and corporate donors during the year for running operations of Emergency Care Units in Pakistan.

13.2 This represents utilisation of funds in meeting operational expenses of Emergency Care Units in CHK, NICH, SGHK, ASH, NWB, LKN, LGH, GMMMC, LUMHS, CHQ, PIMS, MHL and MUX in accordance with SAC guidelines. During the year, 22.36% (2023: 22.68%) of operating expenses (excluding depreciation and amortisation) have been utilised from the Zakat fund.

	Note	2024 ———— (Rupees in '000) ————	2023 ———— (Rupees in '000) ————
14 STRATEGIC FUND			
Balance as at July 1		760,826	738,842
Received during the year	14.1	2,131,210	1,859,038
Utilised during the year	14.2	(2,270,420)	(1,837,054)
Balance as at June 30	14.3	<u>621,616</u>	<u>760,826</u>

14.1 This represents funds received during the year for construction and running operations of Emergency Care Units in Pakistan. These include funds received from GoS, GoB, GoPb, Bank Alfalah, Rehmat Foundation and HBL Foundation.

14.2 This represents utilisation of funds in meeting operational expenses of Emergency Care Units in CHK, NICH, SGHK, ASH, NWB, LKN, LGH, GMMMC, LUMHS, CHQ, PIMS, MHL and MUX.

14.3 The management intends to utilise these funds for meeting the expenditures of Emergency Care Units in Pakistan.

	Note	2024 ———— (Rupees in '000) ————	2023 ———— (Rupees in '000) ————
15 DEFERRED INCOME RELATED TO OPERATING FIXED ASSETS			
Balance as at July 1		2,494	-
Assets purchased during the year		27,254	2,625
Amortisation during the year	20	(3,457)	(131)
Balance as at June 30	15.1	<u>26,291</u>	<u>2,494</u>

15.1 This represents deferred income related to operating fixed assets to be recognised:

Within one year	5,258	525
After one year	21,033	1,969
	<u>26,291</u>	<u>2,494</u>

16 LEASE LIABILITIES

Balance as at July 1	-	-
Additions during the year	69,567	-
Accretion of interest	6,305	-
Donation in lieu of repayment of rent	(9,969)	-
Balance as at June 30	<u>65,903</u>	<u>-</u>

16.1 Lease liabilities included in statement of financial position as at June 30

Current	8,160	-
Non-current	57,743	-
	<u>65,903</u>	<u>-</u>

16.2 Lease payments on short-term leases amounting to Rs. 23.899 million (2023: Rs. 10.565 million) have been recognised as expense during the year.

17 CREDITORS, ACCRUED AND OTHER LIABILITIES	Note	2024 ———— (Rupees in '000) ————	2023 ———— (Rupees in '000) ————
Creditors	17.1	232,917	107,809
Accrued liabilities	17.2	138,514	75,953
Others	17.3	29,806	9,272
		<u>401,237</u>	<u>193,034</u>
17.1 Creditors			
Payables relating to medicines & medical supplies		75,122	20,739
General payables		123,326	59,952
Other payables		34,469	27,118
		<u>232,917</u>	<u>107,809</u>
17.2 Accrued liabilities			
Salary & benefits payable		1,172	521
Leave encashment payable		41,539	22,682
Full and final settlement payables - relating to employees		501	501
Provident fund payable		-	3
EOBI payable		2	-
Other accrued payables		33	289
Provision for audit expenses		800	596
Provision for monthly expenses		94,467	51,361
		<u>138,514</u>	<u>75,953</u>
17.3 Others			
Retention payable	17.3.1	15,502	1,401
Withholding tax payable		14,304	7,871
		<u>29,806</u>	<u>9,272</u>

17.3.1 Retention money is withheld at the rate of 5.00% (2023: 5.00%) on the amount of invoices paid to contractors.

18 CONTINGENCIES AND COMMITMENTS

18.1 Contingencies

18.1.1 On May 30, 2022, the Deputy Commissioner Inland Revenue (DCIR) issued a demand of Rs. 40.830 million pertaining to tax year 2019 that the Trust has not obtained approval from the Chief Commissioner in order to become eligible for tax credit as required under section 100C(2)(c) of the Income Tax Ordinance 2001. In calculating the tax demand DCIR made an addition on account of exchange gain amounting to Rs. 56.218 million despite the fact that said exchange gain has already been declared by the Trust as part of taxable income in the return of income. Being aggrieved by the decision, the Trust in consultation with its tax consultant filed an appeal before the Commissioner

(Appeals). Commissioner (Appeals) passed an order under section 129(1) of the Income Tax Ordinance, 2001, dated October 26, 2022, whereby it had confirmed the demand of Rs. 40.83 million, however, deleted the addition on account of exchange gain. The Trust has challenged the order passed by Commissioner (Appeals) before Appellate Tribunal Inland Revenue (ATIR) and simultaneously filed stay application. The Decision against the appeal is pending to date.

Further, the tax department has also filed a cross appeal before ATIR being aggrieved by the decision of Commissioner (Appeals) on account of exchange gain.

Based on the advice of its tax advisor, the Trust believes that the result of these cases would be decided in favor of the Trust. Therefore, no provision has been recognised in these financial statements.

18.1.2 On February 20, 2023, the Deputy Commissioner Inland Revenue (DCIR) issued a show cause notice under section 4C of the Income Tax Ordinance, 2001 for the tax year 2022. The notice was passed relating to super tax by raising demand of Rs. 4.978 million. The Trust has responded to the notice on the grounds that the Trust is a non-profit organisation under section 2(36)(c) of Income Tax Ordinance and is also subject to 100% tax credit under section 100 of the Ordinance.

Based on the advice of its tax advisor, the Trust believes that the result of these cases would be decided in favor of the Trust. Therefore, no provision has been recognised in these financial statements.

18.2 Commitments

The Trust's commitment in respect of fixed capital expenditure contracted but not incurred amounted in aggregate to Rs. Nil (2023: Rs. 114.79 million relating to Emergency Care Unit at PIMS Hospital)

19 MAJOR SOURCES OF CONTRIBUTIONS

Major contributories of the Trust during the year are as follows:

	2024	2023
	———— (Rupees in '000) ————	
Government of Sindh	1,600,000	1,600,000
ChildLife America	898,547	756,059
Government of Punjab	200,000	-
Government of Balochistan	190,000	190,000
HBL Foundation	120,000	17,500
Shahbaz Garments (Private) Limited	27,780	39,761
Artistic Fabric & Garment Industries (Private) Limited	24,000	26,000
Bank Al Habib Limited	20,000	15,000
Lucky Textile Mills Limited	20,000	20,000
Rehmat Foundation	17,108	-
Liaquat University Hospital Hyderabad	11,946	9,905
Pakistan Refinery Limited	10,000	-
Habib Metropolitan Bank Limited	9,000	-
Ismail Industries Limited	6,000	6,000
Dr.Ruth Pfau Civil Hospital	9,886	5,762
National Institute of Child Health (NICH)	9,749	8,667
PIMS Hospital Islamabad	7,783	10,582
Chandka Medical College Larkana	6,344	5,682
300 Mother & Child Hospital-Nawabshah	4,966	5,273
GMC Sukkur Hospital	2,214	2,383
Sindh Government Lyari General Hospital	1,160	1,020
Other individuals, corporates and non-profit organizations	358,552	453,102

	Note	2024 (Rupees in '000)	2023
20 INCOME			
Strategic fund utilised	14	2,270,420	1,837,054
Donations			
Received in cash / bank		175,861	255,977
Received in kind	20.1	74,051	59,817
Zakat utilised for operating expenses	13.2	756,281	488,841
Amortisation of deferred income related to operating fixed assets	15	3,457	131
Other income - net	20.2	209,698	528,686
		3,489,768	3,170,506

20.1 Received in kind

Medicines and consumables received in kind	20.1.1	64,082	59,817
Donation in lieu of repayment of rent	16	9,969	-
		74,051	59,817

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

	2024 (Rupees in '000)	2023
20.2 Other income - net		
Profit on bank deposits	98,468	58,111
Income from TDRs	141,653	139,517
Income from Sukuks	13,080	-
Exchange (loss) / gain	(44,212)	325,318
Others	709	5,740
	209,698	528,686

21 OPERATING EXPENSES	Note	2024	2023
		(Rupees in '000)	
Salaries and benefits	24	1,158,923	870,002
Third party contractual services		417,344	252,986
Lab services		144,199	38,977
Medicines consumed		902,161	601,034
Project renovation		161,028	27,061
Depreciation on operating fixed assets	5.2	73,744	58,450
Amortisation of intangible assets	7.1	580	813
Supplies and consumables		135,806	93,525
Oxygen supplies		137,528	69,058
Repairs and maintenance		66,265	37,195
Travelling and related expenses		73,372	48,861
Utilities		102,830	52,274
Cartage		31,815	22,268
Insurance		14,635	11,617
Training and development		7,901	3,665
Information system maintenance		393	16,449
Legal and professional		4,638	1,250
Others	21.1	23,776	8,763
		3,456,938	2,214,248

21.1 Others

Rent	21.1.1	22,359	6,939
Net loss on sale of operating fixed assets		86	95
Miscellaneous and other expenses		1,331	1,729
		23,776	8,763

21.1.1 This rent pertains to warehouse maintained in Karachi amounting to Rs. 8.82 million (2023: Rs. 4.37 million), telemedicine control rooms maintained in Lahore amounting to Rs. 6.42 million (2023: Rs. 2.57 million) and telemedicine control rooms maintained in Islamabad amounting to Rs. 7.12 million (2023: Rs. Nil).

	Note	2024 (Rupees in '000)	2023
22 ADMINISTRATIVE EXPENSES			
Salaries and benefits	24	168,552	141,616
Third party contractual services		6,320	3,978
Project renovation		127,266	22,250
Depreciation on operating fixed assets	5.2	4,196	3,658
Depreciation on right-of-use assets	6	8,116	-
Amortisation of intangible assets	7.1	49	68
Supplies and consumables		9,116	8,026
Repairs and maintenance		12,042	2,710
Travelling and related expenses		5,247	1,367
Utilities		12,426	4,448
Insurance		3,025	2,185
Training and development		2,660	8,291
Information system maintenance		24,760	1,371
Legal and professional		8,224	4,801
Auditors' remuneration	22.1	825	596
Others	22.2	2,334	6,352
		395,158	211,717
22.1 Auditors' remuneration			
Annual audit fee		644	500
Out of pocket expense		120	52
Sales tax		61	44
		825	596
22.2 Others			
Head office rent expense		1,540	3,626
Loss on sale of operating fixed assets		18	150
Miscellaneous		776	2,576
		2,334	6,352
23 MARKETING EXPENSES			
Programmatic activities and preventive health care		8,179	4,342
Advertisement	23.1	61,480	37,731
		69,659	42,073
23.1 Advertisement			

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

24 SALARIES AND BENEFITS

24.1 Salaries and benefits include Rs. 35.35 million (2023: Rs. 28.16 million) in respect of contribution to employees' provident fund.

25 TAXATION

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

As per section 100C of the Income Tax Ordinance, 2001, non profit organisations, trusts or welfare organisations as mentioned in sub section 2 of section 100C shall be allowed a tax credit equal to one hundred percent of the tax payable, including minimum and final tax payable under any of the provisions of the Income Tax Ordinance, 2001, subject to the following conditions, namely:

- (a) return has been filed;
- (b) tax required to be deducted or collected has been deducted or collected and paid;
- (c) withholding tax statements for the relevant tax year have been filed;
- (d) the administrative and management expenditure does not exceed 15% of the total receipts;
- (e) approval of Commissioner has been obtained as per requirement of clause (36) of section 2;
- (f) none of the assets of trusts or welfare institutions confers, or may confer, a private benefit to the donors or family, children or author of the trust or his descendants or the maker of the institution or to any other person and where such private benefit is conferred, the amount of such benefit shall be added to the income of the donor; and
- (g) a statement of voluntary contributions and donations received in the immediately preceding tax year has been filed in the prescribed form and manner.

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

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

	Note	2024 <u>(Rupees in '000)</u>	2023
26 CASH AND CASH EQUIVALENTS			
Cash and bank balances	12	2,521,079	2,356,789
TDRs having original maturity of three months	10	300,000	510,000
		<u>2,821,079</u>	<u>2,866,789</u>

27 TRANSACTIONS WITH RELATED PARTIES

The related parties of the Trust comprise of employees' provident fund, trustees of the Trust, associated undertakings with common trustees and key management personnel. Key management personnel are those persons having authority and responsibility for planning, directing and controlling the activities of the Trust. The Trust considers Chief Executive Officer, Director Finance, Medical Director, Director Operations and Associate Director Quality as its key management personnel. Transactions with related parties not shown elsewhere in financial statements are as follows:

Relationship with the Trust	Nature of Transaction	2024	2023
		(Rupees in '000)	
ChildLife America (Mr. Osman Rashid is a common Trustee)	Endowment funds received	262,832	701,466
	Zakat received	635,715	54,593
Lucky Textile Mills Limited (Mr. Sohail Tabba, the Trustee of ChildLife Foundation is Director of Lucky Textile Mills Limited)	Zakat received	20,000	20,000
Lucky Core Industries Limited (formerly ICI Pakistan Limited)	Purchases of medicines	2,319	8,032
(Mr. Sohail Tabba, the Trustee of ChildLife Foundation is Chairman of Lucky Core Industries Limited)	Donations received	7,500	31,500
Lucky Landmark (Private) Limited (Mr. Sohail Tabba, the Trustee of ChildLife Foundation is Chairman of Lucky Landmark (Private) Limited)	Payments made against maintenance, electricity and chilled water charges	14,134	-
Dr. Ahson Rabbani (Chief Executive Officer)	Donations received	1,703	1,550
Mr. Abid Ganatra (Trustee)	Zakat received	500	1,250
Mr. Sohail Tabba (Trustee)	Donations received	150	-

27.1 Remuneration of Chief Executive Officer and Executives

	2024		2023	
	Chief Executive Officer	Executives	Chief Executive Officer	Executives
	(Rupees in '000)			
Gross salary (net of deductions)	15,598	30,380	13,587	29,538
Allowances and reimbursements	268	3,642	402	3,338
Provident fund contribution	1,014	1,875	888	1,705
	16,880	35,897	14,877	34,581
Number of persons	1	4	1	5

	2024	2023
	Number	
28 NUMBER OF EMPLOYEES		
- At June 30	1172	1015
- Average during the year	1101	996

29 FINANCIAL INSTRUMENTS BY CATEGORIES		June 30, 2024		
	Note	At amortised cost	At fair value	Total
Financial assets		(Rupees in '000)		
Security deposits	9	4,748	-	4,748
Short-term investments	10	735,031	-	735,031
Other receivables	11	24,272	-	24,272
Cash and bank balances	12	2,521,079	-	2,521,079
		3,285,130	-	3,285,130

Financial liabilities		June 30, 2024		
	Note	At amortised cost	Total	
Financial liabilities		(Rupees in '000)		
Creditors, accrued and other liabilities	17	401,237	401,237	

Financial assets		June 30, 2023		
	Note	At amortised cost	At fair value	Total
Financial assets		(Rupees in '000)		
Security deposits	9	5,208	-	5,208
Short-term investments	10	1,108,781	-	1,108,781
Other receivables	11	29,254	-	29,254
Cash and bank balances	12	2,356,789	-	2,356,789
		3,500,032	-	3,500,032

Financial liabilities		June 30, 2023		
	Note	At amortised cost	Total	
Financial liabilities		(Rupees in '000)		
Creditors, accrued and other liabilities	17	193,034	193,034	

30 FINANCIAL RISK MANAGEMENT OBJECTIVES AND POLICIES

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

30.1 Credit risk

Credit risk is the risk that one party to a financial instrument will fail to discharge an obligation and cause the other party to incur a financial loss. Credit risk arises from the inability of the issuers of the instruments, relevant financial institution or counter parties, in case of placements or other arrangements, to fulfil their obligations.

Exposure to credit risk

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

	2024	2023
	(Rupees in '000)	
Security deposits	4,748	5,208
Other receivables	24,272	29,254
Short-term investments	735,031	1,108,781
Bank balances	2,521,079	2,356,789
	<u>3,285,130</u>	<u>3,500,032</u>

For security deposits, the management does not expect to incur material losses and considers that such amount is receivable upon termination of contract. For other receivables (includes accrued markup), bank balances and short-term investments, financial institutions with strong credit ratings are accepted. Credit risk on bank balances is limited as these are placed with banks having good credit ratings. The credit quality of banks as per credit rating agencies are as follows:

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

30.2 Liquidity risk

Liquidity risk is the risk that the Trust will not be able to meet its financial obligations as they fall due. To guard against the risk, the Trust has diversified funding sources and assets are managed with liquidity in mind, maintaining a healthy balance of cash and cash equivalents.

The following are the contractual maturities of financial liabilities:-

	2024		
	Contractual cash flows	Upto one year	More than one year
	(Rupees in '000)		
Non-derivative financial liabilities			
Creditors, accrued and other liabilities	401,237	401,237	-
	2023		
	Contractual cash flows	Upto one year	More than one year
	(Rupees in '000)		
Non-derivative financial liabilities			
Creditors, accrued and other liabilities	193,034	193,034	-

30.3 Market risk

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

Market risk comprises of three types of risks: currency risk, interest rate risk and other price risk.

30.3.1 Currency risk

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

As at the reporting date, the Trust is exposed to currency risk on its foreign currency bank account:

	2024	2023
	(Rupees in '000)	
Foreign currency bank account	1,833,128	1,579,118

The following exchange rates have been applied:

	Average rates		Reporting date rates	
	2024	2023	2024	2023
USD to PKR	283.24	248.00	278.34	285.99

As at the reporting date, if the Rupee is strengthened / weakened by 10% against the US dollar, with all other variables held constant, surplus for the year and total funds would have been lower/higher by Rs. 183.313 million (June 30, 2023: Rs. 157.912 million) mainly as a result of net foreign exchange loss / gain on translation of foreign currency bank account. This analysis assumes that all other variables, in particular interest rates, remain constant. The sensitivity analysis is performed on the same basis as for 2023.

30.3.2 Interest rate risk

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

Sensitivity analysis for variable rate instruments:

As at the reporting date, the Trust has the following variable interest bearing assets where interest rate risk may arise due to fluctuations in the rates:

Financial assets	2024	2023
	(Rupees in '000)	
Variable rate instruments		
Savings accounts	2,321,511	2,151,359

With all other variables held constant, in case of 100 basis points increase / decrease in applicable rates at the last repricing date, the surplus of income over expenditure and total funds would have been higher / lower by Rs. 23.215 million (2023: Rs. 21.514 million).

31 FUND MANAGEMENT

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

32 FAIR VALUE OF FINANCIAL INSTRUMENTS

Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Consequently, differences can arise between carrying values and the fair value estimates.

Underlying the definition of fair value is the presumption that the Trust is a going concern without any intention or requirement to curtail materially the scale of its operations or to undertake a transaction on adverse terms.

Financial assets which are tradable in an open market are revalued at the market prices prevailing on the statement of assets and liabilities date. The estimated fair value of all other financial assets and liabilities is considered not to be significantly different from the respective book values.

32.1 Fair value hierarchy

International Financial Reporting Standard 13, 'Fair Value Measurement' requires the Fund to classify assets using a fair value hierarchy that reflects the significance of the inputs used in making the measurements. The fair value hierarchy has the following levels:

Level 1: quoted prices (unadjusted) in active markets for identical assets or liabilities;

Level 2: inputs other than quoted prices included within level 1 that are observable for the asset or liability either directly (i.e. as prices) or indirectly (i.e. derived from prices); and

Level 3: inputs for the asset or liability that are not based on observable market data (i.e. unobservable inputs).

The Trust has not disclosed the fair value of its financial assets and financial liabilities as these are either short-term in nature or re-priced periodically. Therefore, their carrying amounts are reasonable approximation of fair value.

33 RECLASSIFICATION

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


34 GENERAL

34.1 Rounding off

Figures have been rounded off to the nearest thousand rupees unless otherwise specified.

35 DATE OF AUTHORISATION FOR ISSUE

These financial statements were authorised for issue by the Board of Trustees on November 8, 2024.



Trustee



Trustee

Ways to Donate



Ways to Donate

USD 7 (PKR 2,000)

Life Saving Treatment for 1 child in an Emergency Room

USD 10,000 (PKR 2,800,000)

Sponsor 1 ER bed (1,500 children) in an Emergency Room for one year

USD 150,000 (PKR 42,000,000)

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

USD 1,000 (PKR 280,000)

Treat 150 children in an Emergency Room

USD 50,000 (PKR 14,000,000)

Sponsor a Wing (5 beds) treating 7,500 children in an Emergency Room for one year

Donations in Pakistan

Through Checks

Mail Checks in the name of "ChildLife Foundation"
LG-49, Lower Ground, LuckyOne Mall,
Block 21, F. B. Area, Rashid Minhas Road,
Karachi, Pakistan

Through Credit Card

Log on to www.childlifefoundation.org

Through Bank Transfer

Donation Accounts

Bank Al Habib Limited
Title of Account: ChildLife Foundation
Account No: 5006-0071-000045-01-6
Bank: Bank Al Habib Limited
Branch: Islamic Banking Shaheed-e-Millat
IBAN No: PK96BAHL5006007100004501

Habib Bank Limited
Title of Account: ChildLife Foundation
Account No: 50227900258252
Bank: Habib Bank Limited
Branch: IBB Dehli Mercantile Society Branch
IBAN No: PK54HABB0050227900258252

Zakat Accounts

Bank Al Habib Limited
Title of Account: ChildLife Foundation (Zakat Funds)
Account No: 5006-0081-000046-01-9

Bank: Bank Al Habib Limited
Branch: Islamic Banking Shaheed-e-Millat
IBAN No: PK67BAHL5006008100004601

Habib Bank Limited
Title of Account: ChildLife Foundation
Account No: 50227900258455
Bank: Habib Bank Limited
Branch: IBB Dehli Mercantile Society Branch
IBAN No: PK05HABB0050227900258455

Meezan Bank Limited
Title of Account: Child Life Foundation – (Zakat Collection Account)
Account No: 0117-0106598319
Bank: Meezan Bank Limited
Branch: UP More Branch
IBAN No: PK67MEZN0001170106598319

USD Account

Bank Al Habib Limited
Title of Account: Childlife Foundation
Account No: 5006-0116-010009-01-7
Branch: Islamic Banking Shaheed-e-Millat
Swift Code: BAHLPKKA
IBAN No: PK92BAHL5006011601000901

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

Donations in USA

Through Checks

Mail Checks in the name of 'ChildLife Foundation America' to our US volunteer:
Salem Suriya
ChildLife Foundation Representative
15757 Pines Blvd, STE 038
Pembroke Pines, FL 33027

Through Credit Card

<http://bit.ly/CLFA21>

Through Bank Transfer

Please email childlife.america@gmail.com for bank details.

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Log on to <https://www.stockdonator.com> and enter the Stock Symbol and Quantity, and your personal and brokerage information.

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To donate via Zelle, please use clffusa@gmail.com

PayPal

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

Donations made in USA are tax exempt.
ChildLife Foundation America Inc. is a registered 501(c)3 organization. EIN: 81-3687828.
Zakat utilization is as per Shariah compliance.

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

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Zakat utilization is as per Shariah compliance.

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ذرا نم ہو تو یہ مٹی بڑی زرخیز ہے ساقی

علامہ اقبال



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