

2022

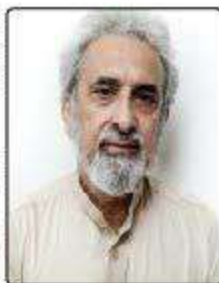
ANNUAL REPORT

CHAIRMAN's MESSAGE

Dr. Asif Ali Imam

"Access to Quality Basic Healthcare to All" is not just a slogan but a fundamental basic human right globally. But, just access to healthcare is not enough. A pleasant patient experience, provider responsiveness, and quality of care with positive health outcomes are a must.

SINA Health, Education and Welfare Trust was established to develop, implement and scale this patient-centered healthcare ecosystem for the population of low and middle-income countries. The first prototype community clinic was established in Karachi in 1998 to study and develop solutions for the healthcare issues of the underprivileged in a lower and middle-income community. The intent of the initiative was not to make a traditional clinic where patients are seen and receive medicines but to develop a training-based system operated on documented standard operating procedures. Patient care standardized algorithms were developed and digitized on an electronic medical records system. The use of technology was necessary to standardize the quality of care as per the latest treatment guidelines, skills training, and monitoring and evaluation tools.



24 years later, a significant number of the objectives have been achieved but a lot more needs to be done. In order to scale the community-based healthcare ecosystem, it is necessary to develop a replicable, standardized, documented, end-to-end healthcare system that can be adopted as a standard system for private and government primary healthcare facilities, leading to a national benchmark. Alhamdulillah, SINA is progressing on its vision of facilitating access to basic healthcare for all. The SINA Clinics' model has been recognized internationally as a prototype model of a community-based basic healthcare for the low and middle-income population. The ultimate aim is to develop a technology-enabled, skills-based, and monitoring and evaluation driven system which others can replicate for the maximum population impact.

SINA's JOURNEY



CEO's MESSAGE

Ambareen Kazim Thompson

SINA Healthcare, Education and Welfare trust was founded in 1998 under the stewardship of Dr. Asif Imam. Although an immunologist by specialization, Dr. Imam saw the acute need for family medicine at all levels of society, but most importantly for those who could not afford private healthcare. To this end, he started the first SINA clinic at Baldia Town. The network grew across the city, servicing 40% of citizens in Karachi who live in the slums and generally fall below the poverty-line. Today, alhamdulillah SINA provides quality healthcare to almost one million patients across its 35 clinics. By providing front-line health management within the communities, SINA is reducing the burden on the scarce tertiary hospitals of Karachi while improving health outcomes. SINA is one of the very few organizations working at the grassroot level which provides not just diagnosis but diagnostics and take-home medicines. It prides itself in the quality of services it provides, through the highly trained doctors and paramedical staff at its 6-8 room clinics, the state-of-the-art diagnostic equipment in its in-house laboratory, top-quality medicines of more than 250 formulations in its pharmacies, and above all, its use of technology in improving quality and extending resources for the largest impact.



Innovation, patient care, and quality outcomes remain a priority at SINA. To this end, we strive to constantly improve our service levels. From time management and patient care to dealing with post-monsoon outbreaks of typhoid, gastroenteric issues, dengue, cholera, and malaria to advice on healthy pregnancies and birth spacing. SINA provides holistic treatment to its patients and has therefore introduced mental health and well-being as a part of its services. SINA is currently training its 92 primary healthcare doctors in a comprehensive patient mental health evaluation and mental well-being awareness program as psychological and physiological conditions are often closely linked. Post-COVID, mental health challenges have risen and SINA is fully cognizant of the need to bridge this gap. In addition to updating the skills of our doctors, we are working to create a support system in the form of community mental health workers who continue to support vulnerable community members, while understanding their local culture, language and dynamics. This program also empowers local women and provides employment opportunities for women from the slum areas.

SINA has also created a platform of partnerships that has expanded SINA's portfolio from primary healthcare to mental health programs, hepatitis screening, reproductive health management, and health advocacy. SINA is also one of the premier community health service providers that is fully protocol based and has a complete Electronic Medical Record system that ensures complete patient history management, record, and database which ensures the best outcomes. Data is used for patient care management as well as the study of disease trends, research, and soon for publications. Using data and sharing findings (while maintaining the highest protocols for patient confidentiality and anonymity) help policymakers and health officials in the decision making and planning.

SINA is an organization on the growth path with new initiatives to take our work to a greater number of communities. Mindful of climate change and energy challenges, SINA has promoted solar power in all our clinics, and the design of the clinics ensures maximum natural light and ventilation. Innovations to combat climate change and create meaningful socio-economic impact are also being explored and incorporated. All the work SINA does is not possible without the people that work at SINA, nor is it possible without the generous support of its donors who with their magnanimity and philanthropy enable us to provide healthcare and improved outcomes for the poorest and most marginalized citizens of Pakistan.

1. Cardinal events of Medical Quality Assurance Team (MQA) at a glance.

by Dr. Wajiha Omar

Medical Team at SINA has been consistent in assuring quality care to all patients. To ensure this momentum, the MQA has made substantial protocols and SOPs to equip doctors with readiness to practice evidence-based medicine according to international guidelines.



We have updated the SOPs for auditing this year to further ensure the credibility of our doctors; ensuring there are no unprecedented situations where patient care is compromised. The year 2022 embarked with its own challenges, one of which was dreadful flooding that brought a massive turmoil to our people and economy. One-third of the country had been under water affecting more than 33 million people. Our healthcare staff and doctors stepped forward with great zeal and enthusiasm to treat these flood victims who were mostly affected with water-borne diseases. The travel to these areas to reach out to the flood victims was an even bigger challenge but our dedicated team of professionals, despite the unfavorable circumstances, successfully conducted flood relief camps at three locations in Balochistan, in the month of October 2022, where they catered to around 5000 patients. This was a fulfilling feeling to be able to serve our people in desperate need of help.



The MQA has always been an advocate of capacity building and continuing medical education (CME). In 2022, we hosted a total of 2 CMEs. The most recent one in the last quarter was a grand CME where there were parallel trainings of paramedics, clinic supervisors, phlebotomist, receptionist, dispensers and doctors. This was the year where the medical team did not just focus on training medical doctors but also conducted trainings for the clinic technicians and supervisors to build a stronger primary healthcare team that is empowered with skills to manage patients with competency. There was comprehensive practical training on vital signs; the correct method and techniques, common errors/mistakes were also discussed. Furthermore, the staff was trained on the use of personal protective equipment to encourage infection control and they were also provided training on the importance of communication skills.

There is a growing need for integrating mental health services in primary care as most patients with mental health illness which also exhibits physical symptoms of restlessness, insomnia, anxiety or depression. A WHO-AIMS report on the mental health system in Pakistan concluded that only 0.28 psychologists are available for every 100,000 people in the country. To bridge this gap of need for trained mental health counselors, this year we extended our program to 10 clinics, and our trained mental health counselors successfully screened xxx patients. SINA Along with the Public health department arranged a training on basic psychiatry course of six-month duration, which was conducted by Synapse Pakistan for our doctors to reflect upon the significance of mental health and its impact on overall well-being. SINA's team of 60 doctors is trained in early diagnosis and support of patients with mental health.

With the support of Greenstar, we have screened 1500 patients and at present 10 of them are under successful treatment. THF Foundation has collaborated with us in training our staff for Rapid diagnostic testing (RDT) to detect Anti HCV positive cases, these are then further referred for Viral load testing and treatment. In 2022 1600 patients were screened and around 35 patients completed the course of treatment. This was a much needed step as most people who harbor this infection were unaware and become threat for their closed ones. With effective Hepatitis and TB screen we are picking up these cases and screening their families too so that whoever is eligible gets the treatment and the probability of spread of infection declines.

In our attempt to create better health facilities, we have especially focused on children, as it is the health in these years that creates the foundation for lifelong health. According to the National Nutrition Survey (2018) of Pakistan, 40% of children under five years of age were found stunted, 17.7% were wasted and nearly one-third of children were reported underweight (28.9%). We have signed up with Trust for Malnutrition and Stunted Growth (TSMG) in November 2022 to battle this rise in malnutrition. We started this program in our 5 clinics and trained our doctors and staff to effectively screen children and enroll them in our program if they meet the criteria, currently over 300 children under this initiative are receiving packaged nutritious food sachets (RUTF) and are being monitored weekly. Improving nutrition and feeding practices is a big canvas and by we are trying to bring a behavioral change in communities by patient education and quality consultations.



By serving communities in urban slums, SINA understands the grave need for flourishing family medicine training in Pakistan as it is a gateway to open safe and quality care measures for our patients. SINA has collaborated with Indus College of Family medicine and Public health to provide clinical rotations to their GPs in our clinics with the intention to expose them with local community challenges. Medical team is committed to take the vision of SINA forward by building an accessible primary healthcare facility where treatment offered is aligned with latest global recommendations to facilitate the under privileged population of urban slums.

2. Clinical operations, a vital element of the operations of this expanding network. ***by Salma Raziq***

With almost 300 plus staff, 38 clinical sites to manage, ensuring stock, medicine and supplies management, the Clinic Ops time needs to be experienced, alert and responsive. The Clinic Ops team believes in continuous improvement and excellence. In 2022 clinic ops conducted 6 Meetings with 34 clinic Supervisors and 10 Training Sessions of 20 Clinical Staff and 16 Zakat Evaluators. One grand Continuing Medical Education (CME) was held in November 2022, which saw pre assessment, training and post assessment of all the clinical operations which includes clinical supervisors, clinic officers, medical receptionists and the paramedics.

The SINA family grew in 2022 with the addition of 5 new clinics and the management of clinics was disseminated to 3 cluster officers, each handling 10-13 cluster clinics. Clinics have expanded their service offering by introducing TB and hepatitis diagnosis. TB camps with the help of GreenStar at SINA clinics screened 1500 patients and those testing positive were given continued treatment. Given the large number of malnourished children enrolling at its clinics, SINA signed an MOU with TSMG to tackle chronic Malnutrition by means of RUF packs. More than 300 children were assessed and the 100 malnourished children began a RUF sachet program which has generated positive results. Hepatitis C screening has started at our Mehran, Bilal, Ittehad Korangi. In 6 months more than 1400 patients were screened and 35 positive patients are currently under treatment. 12 of our clinics also had pediatric camps in which a total of 3000 pediatric patients were treated.



Since 2022 saw devastating floods in Pakistan, SINA's clinic ops played a vital role in conducting health camps in some of the most remote areas of Baluchistan. These camps were held in Danda, Wayaro, Lakhra, Loe, and Dodar through which 5,861 patients were provided with health care relief and treatment. Each camp also had a mother and child component and the team included qualified midwives in addition to the doctors. 700 plus pregnant women were assisted during these camps. 2022 also saw the beginning of evening clinics at Tameer e Millat and at Bizerta Lines. On the request of Cantonment Board Karachi, SINA adopted the first of its two clinics at Bizerta lines which has been a huge success.

The most unique feature of SINA, is that it offers comprehensive mental health services at 11 of its clinics. It provides mental health counseling and support at the grass root levels, a program unique for underprivileged communities. Clinic operations supports not just the medical team but also the mental health program teams in their quest to provide quality counseling to patients.

3. Continuous pursuit of excellence to enhance services at SINA primary care clinics. by Dr. Ambreen Salman

Once a part of SINA, doctors are trained initially through a structured orientation training program and periodically onwards through Continuing Medical Education (CME) and Continuing professional development (CPD).

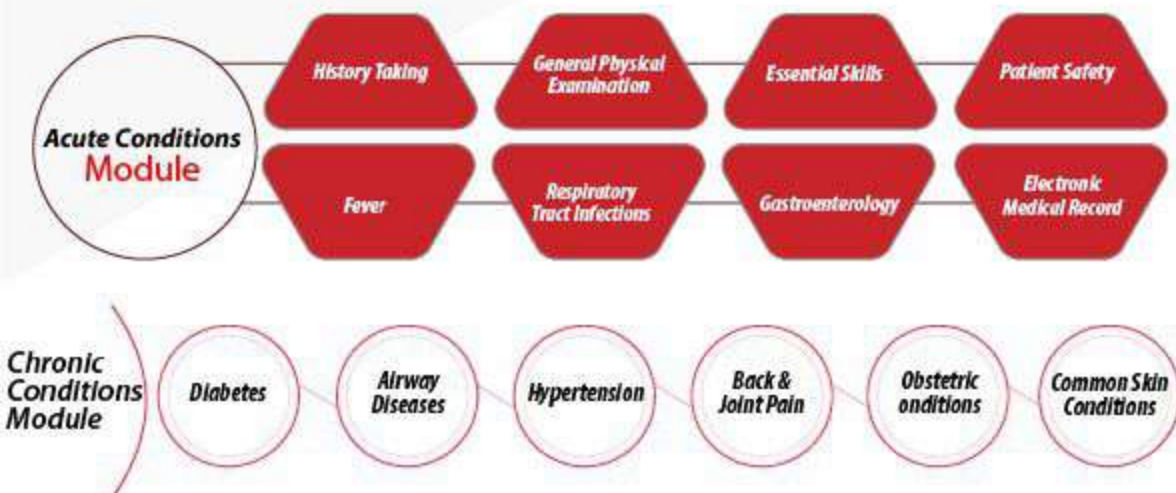
CME updates the field of knowledge and skills of medical practice; while CPD, a broader concept, refers to the continuing development of the multi-faceted competencies inherent in medical practice. CPD covers wider domains of professionalism needed for high quality professional performance. MQA department is focused on CPD activities that the doctors undertake, in order to maintain, update, develop and enhance their knowledge, skills, and attitudes in response to the needs of their patients. Engaging in CPD is a professional obligation but also a prerequisite for enhancing the quality of healthcare.

There are currently 37 SINA clinics with almost 100 doctors. To cater to their professional needs, SINA MQA department arranges educational activities that are learner centered and based on the principles of adult learning, on a regular basis. Following is a brief introduction of these activities:



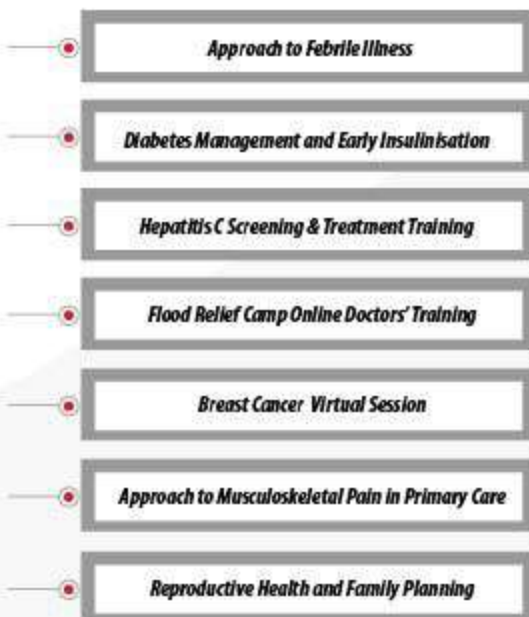
a. ORIENTATION TRAINING

Orientation training is divided into two modules based on common clinical scenarios presenting in primary care clinics i.e acute conditions module and chronic conditions module. Doctors are given clinical scenarios and made to fill protocol forms which includes history taking, focused examination, ordering relevant investigation (if needed), making a provisional diagnosis and a treatment plan.



b. CONTINUING MEDICAL EDUCATION SESSIONS (CMES)

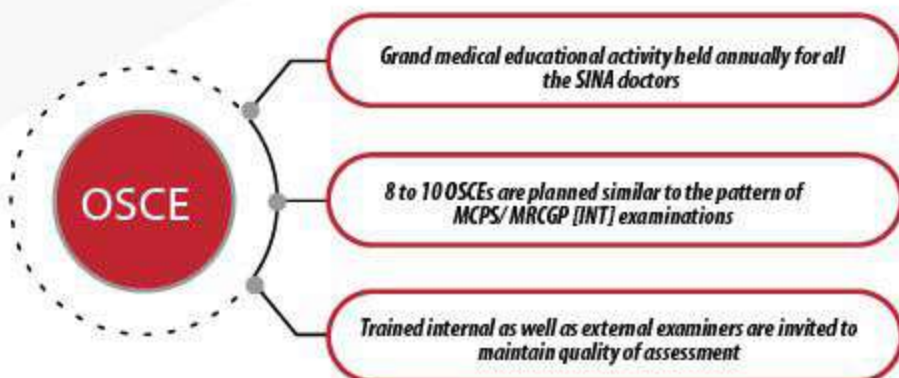
Continuing Medical Education Sessions (CMES)



c. WEEKLY MULTIPLE CHOICE QUESTIONS (MCQs)



d. OBJECTIVE STRUCTURED CLINICAL EXAMINATION (OSCE)



4. Role of IT In Improving Primary Healthcare Services at SINA.

by Imran Zaheeruddin

SINA as an organization works in improving primary health care in the slums of Karachi and is a ground breaker as it has implemented both a state of the art Electronic Medical Record (EMR) system and a protocol based treatment program which is rare in Pakistan. This is however the future of medicine and is more commonly seen in developed countries or in some private hospitals in Pakistan. However, SINA is the ONLY healthcare provider that deploys these at grass root level. The past year has seen significant progress in the use of information technology (IT) in SINA. With the implementation/rollouts of innovative solutions, upgrading of the EMR, data connectivity, SINA's IT team has made a major contribution to improving the delivery of care.

In 2022, EMRs continued to play a critical role in improving the management of patient health information in SINA's primary health care centers. EMRs provide real-time access to a patient's complete medical history, including allergies, medications, and previous test results, helping to reduce the risk of medical errors and improve the accuracy of diagnoses and treatments. In addition, the implementation of automation in 10 more clinics has further strengthened the EMR system, making it easier for healthcare providers to manage and share patient data, supporting better coordination of care.

In the past year, SINA has taken several significant steps to improve the IT support system in healthcare. One of the key improvements was the addition of skilled personnel, which helped to increase the capacity of the support team and provide more timely assistance to healthcare providers. Additionally, the development of robust communication protocols has made it easier for healthcare providers to connect with IT support when they need assistance. This includes the establishment of clear escalation procedures for more urgent issues and the use of various communication channels, such as phone, email, and online chat, to ensure that support is always accessible. Continued implementation of new technologies has improved the overall efficiency and effectiveness of the system. For example, introduction of remote support capabilities, allows support personnel to troubleshoot and resolve issues without physically being on-site. These efforts have had a positive impact on the quality of care delivered to patients, as healthcare providers can now more quickly and effectively resolve IT issues and focus on delivering care.



The introduction of a Learning Management System (LMS) as a Software-as-a-Service (SaaS) using Moodle is a significant step towards providing effective training for medical staff. Moodle is an open-source LMS that offers a range of features to create and deliver online courses, manage learning content, and track the progress of learners. By implementing Moodle as a SaaS, medical organizations can leverage the benefits of cloud-based technology and easily access the LMS through the internet, without the need for local servers. The adoption of this type of LMS enables medical staff to receive training in a flexible and convenient way, using a variety of learning materials, including text, audio, video, and interactive assessments. With Moodle, course administrators can create and deliver customized training content and assessments, allowing learners to work at their own pace and according to their schedules.

Overall, the introduction of a Moodle-based LMS as a SaaS offers medical SINA an effective and efficient way to train and develop their staff, ensuring that they are equipped with the skills and knowledge required to provide high-quality patient care.

SINA has made major contributions for improving connectivity within SINA over the past year, allowing healthcare providers to access and share patient information in real-time. This has been particularly important in remote or underserved areas, where access to healthcare services is limited. With better connectivity via mobile internet connections, healthcare providers can access critical patient information, consult with specialists, and collaborate with other healthcare providers to provide the best possible care for their patients. To reduce costs, IT has also replaced its SD-WAN solution, which has contributed to a reduction in costs while maintaining quality services. To ensure that IT can continue to provide high-quality care, it is essential to invest in the training and development of IT personnel. Over the past year, IT has taken steps to expand its IT workforce and provide training and development opportunities to IT personnel, helping to ensure that the technology solutions in place are effectively utilized.

SINA has also begun updating its existing EMR application into a responsive web application by using an emerging technology stack. This upgrade is designed to enable the EMR application to work with new solutions, such as business intelligence (BI), artificial intelligence (AI), machine learning (ML) solutions, and last but not least APIs for integration. By incorporating these cutting-edge technologies, SINA aims to further improve delivery of care, support better health outcomes, and streamline administrative processes. For example, the integration of AI and ML technologies into the EMR system will allow healthcare providers to analyze large amounts of data, identify patterns, and make more informed decisions.

Moreover, the integration of BI solutions will enable healthcare providers to access real-time data and insights, providing a 360 degree view of patient information and helping to identify disease trends and areas for improvement. This will support better decision-making and resource allocation. The upgrade of the existing EMR application to a new technology stack, incorporating BI, AI, ML, and APIs solutions, demonstrates SINAs dynamism in inducting innovative solutions and technologies and continuing to raising the bar of quality care.

The implementation of innovative solutions such as electronic medical records (EMRs), IT support and problem management, Learning Management System (LMS) as SAAS, connectivity, and expanding and training IT human resources has resulted in additional benefits. Besides improving health outcomes, SINA is better able to collect and analyze data. This data can and is increasingly being shared by health authorities and being published, which in term helps policy making, thus contributing to provincial and national health care management.

5. SINA's MIS (Management Information System) helps in strategic decision-making. by Awaiz Alam

SINA's MIS (Management Information System) deals with all types of data management and their analysis for final reporting to guide and help the management in decision-making, MIS is the lifeblood of decision-making. The key to achieving this is by setting up useful formats for data collection and reporting for every department and running operations at various locations. MIS Major elements regarding data are Capture Data, Transmit Data, Store Data, Retrieve Data, Manipulate Data, Analyze Data, and Display Information.

MIS ensures multiple types of data collection from 37 SINA Clinics located in all districts of Karachi by using multiple system and process. We have 27 Locations that are running operations through an EMR System. Recently we have added 4 Clinics & remaining are in process to be moved on the EMR System. MIS ensures the data integrity and transparency for more accurate reporting to submit to the management.

MIS Team reconciles the raw data and transforms it into various types as per requirements, such as monthly clinic report, disease data, lab insights, patient numbers, various types of reports, and inventory. We largely use google sheet as a main database for stock management and we also use HMIS System for stock movement records and reporting purpose. It Includes modules of multiple departments such as

- Internal Requisition
- GRN (Supply Chain)
- PO (Supply Chain)
- Transfer In (Supply Chain)
- In Transit Receiving
- Consumption
- SSRS Reporting

MIS converts raw data into actionable insights, major reporting like dashboards, various types of monthly & quarterly reports and need-based data trends & charts for research purposes. Dashboards provides information that organizations require to manage themselves efficiently and effectively. Dashboard reports based on tables and number or charts/graphs or both. It also includes a big range of tools, technologies, and processes used to find data trends and solve the problem by using data. Data analysis is the process of examining the data sets to find multiple trends and make reports to conclude the information they contain. For the integrity of data, we do clinic audits for better and more accurate analysis.

As part of inventory management and reconciliation MIS does internal audits every 4 to 6 months. We have 250+ Medicine Formulary Items and 200+ Supplies. Every location is keeping its records of Inventory in its Digital System as well to keep the transparency of the physical stock available at every location. We use live Google sheets to track the records on regular basis.

There are 2 Types of Internal Audit MIS does:

• Manual Audit

MIS Team visits random location and verifies all the records through hardcopies and the record which is being recorded in Online Sheets on regular basis. Secondly, we verify the in-hand medicine & supplies stock available at the clinical warehouse & pharmacy. We also ensure the expiry during the verification of stocks. One more part of the Internal Audit is the Reconciliation of Cash available at clinics and Fee collected from patients have been timely submitted to the banks.

• Digital Audit:

A digital audit system is the process where we use CCTV cameras and video calling parallel to ensure the integrity of stock availability. All the process is the same as Manual Audit but doing this using technology saves cost and man hours.



SINA's MIS Team implements EMR System in our manual clinics/locations to digitize the clinic with technology to make data collection easier and to make the environment paperless. The process of implementation includes:

- Old records Digitization
- Training for Staff (All Stations)
- Training for Doctors (By Medical Team)
- IT Equipment Installation (By IT Team)
- Environment Testing
- Process Flow of Complete Patient go Through from All Stations
- Stock Entry to EMR System

6. Managing financial aspect to serve maximum deserving patients in urban slums. ***by Camran Samad***

SINA's Finance department operates under the supervision and direction of the Finance Committee, and the Chief Executive Officer (CEO). The Finance Committee has oversight on the whole process on a monthly basis. The Finance Committee examines proposed new funding for long-term financial implications before recommending approval or rejection to the board, while the investment committee (comprising of industry experts), ensures better placements of funds to maximize fund utilization. It also ensures that the board is well informed about the organization's financial situation. Finally, the Chief Executive Officer (CEO) ensures that the company operates in accordance with the Finance Committee's recommendations and suggestions, thus bringing the entire organization together.

Six employees on SINA's finance team oversee revenues, payables, and petty cash under the direction of the manager. Two devoted staff oversee receivables, managing everything from keeping track of bank accounts, including receiving invoices, generating liabilities, and finally making payments. The cashier is in charge of handling small upfront payments that are required. Last but not least, the manager directs the team and oversees every area of the Finance department. SINA's network of 35 clinic locations, which together cater to the needs of approximately 1,500,000 patients yearly, has required it to manage its finances with the utmost care and discipline. In order to prevent harm to patients and their care, it has worked to establish a balance between revenues and payments. The team has put in a lot of effort to unite the company in its goal of achieving financial sustainability. In addition to this the finance committee manages the budget and ensures both revenue generation and expenses are properly managed. Finance also helps management in making cost saving decisions which are vital especially in today's economic scenario.



At SINA Trust, financial sustainability defines the way forward in the organization. Considering SINA is a not-for-profit organization, its financial health is crucial to all the donors. SINA donors are frequently interested in the growth and maintenance of the operations, and interested sponsors, then take generous decisions to contribute for expanding healthcare accessibility and continually increasing service offerings. The image and credibility of SINA, quite solely, depends on the financial projections of the organization. The principal source of funding is donations. 90% of SINA patients come from the most disadvantaged socioeconomic groups and qualify for Zakat under Shariah, which creates a heavy burden on the finance department to handle Zakat donations wisely and in coordination with the Shariah advisor. It makes the best use of funds to provide medical care that the underprivileged and impoverished cannot pay. SINA is a PCP-certified and FBR-registered organization whose cutting-edge digitization and technology use ensure not only complete transparency from beginning to end but also the preservation of patient needs, histories, and other information.

7. Administration Department - An Important cog in the wheel

by Moiz Ali

Administration department is a core element in the managing of every organization or industry. It is a department that deals with challenges, limitations, diverse personalities and changing operational dynamics. It therefore requires a dedicated and skilled team to navigate through challenges successfully.

SINA's administration department oversees various responsibilities which include the repair, maintenance of its head office and 37 clinical sites. It also oversees the security deployment of personnel, the security of its organizational sites and the transport management of the organization. Given that the organization strength is in excess of 450 people the administration team deals with differing levels of staff and is mindful of the trust the organization places in them to manage issues and ensure smooth functioning. Sadly, they also sometimes deal with irresponsible behavior discreetly, through re-training, developing SOP's and interventions.

Repair and maintenance work in any healthcare facility is a critical element and has to be dealt quickly, efficiently and cost effectively. SINA operates in slum areas where not only is the footfall of patients high, but usage is rough. Added to this is the ability to find good technicians such as electricians, plumbers who are certified and able to resolve the issues quickly and willing to travel into difficult areas. SINA faces challenges of security at its sites, often targeted by drug addicts who would seek to gain access to medicine supply or IT equipment. SINA has personnel that man its clinics but also has a network of CCTV which allows remote review.



The administration department may sometimes feel that it is pulled in different directions and thus need to prioritize, it needs to document its actions and most importantly communicate effectively. Administration managers must always communicate realistic timelines and explain the problem at hand with the recommended solutions. Good coordination and follow up are essential for good administrators.

Among the other challenges admin personnel may sometimes face is dealing with staff that is not educated, or with staff that may behave unethically (petty theft, damage to office property), vandalism and so on. SINA administrators often have to liaise with local provincial or metropolitan authorities, on administration or security issues on behalf of SINA.

At SINA, administration is a vital component and is essential to its smooth functioning. Its small and efficient team keeps the cogs of the organization wheel turning smoothly and constantly.

8. Inauguration of SINA Commercial Laboratories.

by Dr. Faisal Tehseen

SINA Healthcare trust operates 37 clinical and 6 mobile sites which serve the most vulnerable population of the city, those who live in slums and fall below the poverty line. Serving 1.5 million patients, SINA provides diagnosis through its 100 plus doctors, conducts 250000 tests through its inhouse laboratory. In early 2022, the new management and the trustees began at looking at sustainability for the organization. While SINA is supported by an extremely generous cadre of donors, it needs to create alternate avenues of revenues to fill in funding gaps and therefore increase its outreach and ability to serve even more deserving people. To this end, the management decided to look at upgrading and expanding its lab facility and began a process of capacity and capability building, professional certifications and a new vision. To this end, SINA rolled out its affordable, quality diagnostic services to enable low and middle income patients affordability diagnostic care. Its motto of Quality bhi, Sawab bhi reflects its ethos!

In February 2022 the team started working to strengthen its quality assurance program, assess its technicians, review the testing gaps. In July 2022 SINA Diagnostic Laboratory acquired its ISO 9001-2015 Certification along with the Sindh Healthcare Commission certificates for outreach commercial units. Accordingly, laboratory technical team increased their efficiency and reduced the routine test turnaround time from 72 hours to 24 hours, with the help of upgraded processes and adding advanced quality equipment. After four weeks of test trials, SINA Laboratory team also increased the in-house test capacity by 30% which resulted not only in cost savings but also reduced the outsource testing and brought them in house.

In keeping with its ethos of incorporating information technology into its operations, SINA Laboratory team began working on a paperless, online system to deliver its tests to the clinic doctors as well as to its commercial customers online. It inducted an online laboratory software management system for integrating the machines and generating automated results by using a barcode system. This initiative increased the efficiency and accuracy and has resulted in a reduction of some 200000 paper reports as well as the saving of some 300 plus man hours each quarter! In November 2022 the team rolled out its software for the SINA lab pick up points, along with E-Reporting service to both its own clinics as well as its commercial clients. The new website for patient interaction (www.sinalaboratory.pk) was launched in December 2022.

In November 2022, commercial wing formally named Dr. Faisal Tahseen, Chief Operating Officer, SINA Diagnostic Laboratory. First phlebotomy & ultrasound commercial unit construction started at Korangi 5 in Dec 2022 which was officially inaugurated on 15th Feb 2023. This unit was followed 2 more units in the Gulshan Iqbal Cluster (2 Location Abul Hassan Isphani & 3 Location Near Patel Hospital), 1 unit in Dhorajee and one near the Civil hospital at Karachi. The pick up points provide not just testing but at some locations ultrasounds are also carried out. In addition to the static pick up points, SINA offers a home collection service which is especially convenient for older, disabled or sick patients. These pick-up points also work with industrial and commercial units for increased accessibility.



SINA Labs has introduced its new lab services by engaging with the public awareness at various Karachi events such as ACF Picnic, SOUL Fest food festival, talks on FM 105.

New corporate partners enrolled by SINA Diagnostic Laboratory marketing team for project feasibility and sustainability (FIND My Doctor, Ismail Industries, MN Textile, Pak Takaful, Marham.Pk, Instacare Virtual, Goloot-lo, Saifullah Junaid Jamshed – Digital Healthcare etc.) For executive corporate partners we launched SMART CARD for customer facilitation. Although new, SINA has received welcome support and patient confidence. It acquired UAN #0304-111-7462 for patients & customer facilitation.

9. Outreach, Milestones & Achievements by Amara Ashraf

• PSI MALE DOCTORS TRAINING - FAMILY PLANNING & REPRODUCTIVE HEALTH

SINA is grateful to PSI for inviting its male clinic staff to the training session led by Dr. Azra Ahsan, where she briefed participants about contraceptives available for family planning and their usage for birth spacing



• WORLD MENTAL HEALTH DAY - CLINIC AWARENESS SESSIONS

SINA raised mental health awareness at the community level through informative sessions at all 38 clinic locations. The aim of these sessions was to break the stigma around mental illnesses and separate them from social and cultural aspects, seeing them just as medical conditions that require professional help.



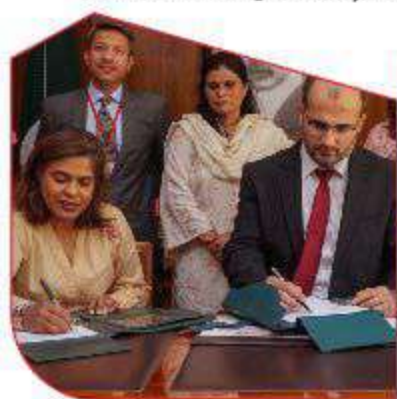
• SINA SPREADING PINK - BREAST CANCER AWARENESS

SINA celebrated Pinktober to draw attention towards Breast Cancer which has the highest incidence rate in Pakistan among Asian countries. Through our breast cancer awareness efforts, we aim to send a message that we stand united against Breast Cancer and for the well-being of our women.



• SINA & KCB COLLABORATION - BIZERTA LINES PRIMARY CARE CLINIC

SINA and Karachi Cantonment Board (KCB) collaborated to inaugurate a primary care clinic at Bizerta Lines, Karachi. KCB has generously donated the clinic's infrastructure for SINA to start primary healthcare services.



• SINA & VPT CLINIC INAUGURATION - ISLAMIA COLONY CLINIC

SINA & VPT inaugurated their 8th clinic at Islamia Colony to provide quality basic healthcare. SINA greatly appreciates the continuous support VPT has shown to its goal of providing accessible and affordable health services in low-income communities. SINA looks forward to collaborating with VPT on more projects.



• MEDICAL TRAINING - HOW TO DEAL WITH A PATIENT

SINA's healthcare model is reviewed and updated regularly, and staff at all clinic locations is continuously trained as per the advancements in the ever-changing medical world. Comprehensive training was done for the entire medical staff that had various topics on how to deal with patients from their visit to departure.



• **CONTINUOUS MEDICAL EDUCATION (CME) - BI ANNUAL MEDICAL EVENT**

SINA focuses on providing affordable and accessible healthcare of the highest standards that match the level of private healthcare facilities. SINA's medical team is regularly trained and updated on the changes in medical practices to offer quality services that ensure results and patient safety



• **SINA & CHINYOY FAMILY CLINIC INAUGURATION**

SINA - Chinoy Centre has been inaugurated in Machar Colony. SINA expresses deep gratitude to the Chinoy family for helping us serve yet another vulnerable community in Karachi.



• **SOUL FESTIVAL 2022 - HEALTH PARTNER**

SINA took part in Soul Festival as its medical assistance partner. The team engaged with the corporate vendors to inform them about SINA and the work it does to improve the healthcare landscape of slums.



• **TRAINING - CHILD AND ADOLESCENT MENTAL HEALTH (CAMH) & ADULT MENTAL HEALTH (AMH)**

SINA successfully completed its Psychiatry Certificate Course training conducted by Synapse Pakistan that focuses on Child, and Adolescent Mental Health (CAMH) & Adult Mental Health (AMH). The training consisted of 6 modules that focuses on various mental health problems prevalent in vulnerable communities.



• **MOU SIGNING - SINA & INDUS HOSPITAL**

SINA has recently signed an MOU with Indus Hospital to increase the participation of primary healthcare providers in Karachi. Indus Hospital's family medicine residents will undergo rotational training with SINA doctors at its 38-clinic network to get hands-on experience.



• **VITAL VICTORY - VITAL & SINA IMMUNIZATION EVENT**

SINA is grateful to be associated with partners like Vital Pakistan Trust (VPT) which is fully committed to improving the health of infants in vulnerable communities. SINA was proud to take part in the Vital Victory event that celebrated the vaccination of 100,000 babies and the successful delivery of 60,000 antigens.



• **WOMEN'S DAY CELEBRATION**

SINA celebrated Women's Day by honoring its female staff that has been the backbone of its success and growth for 25 years of its existence. SINA takes great pride in being a diverse and inclusive organization that encourages and supports women in workplaces.



• **MOU SIGNING - SINA & PAKISTAN NATIONAL FORUM ON WOMEN HEALTH (PNFWH)**

Ms. Ambareen CEO, SINA and Dr. Sher Shah on behalf of the Pakistan National Forum on Women Health (PNFWH) signed an MOU to provide primary healthcare services, antenatal care, labor and delivery, family planning, and immunization services to the Sindh Government Hospital in Taser Town



• **SINA & SAPPHIRE BALUCHISTAN FLOOD RELIEF MEDICAL CAMPS**

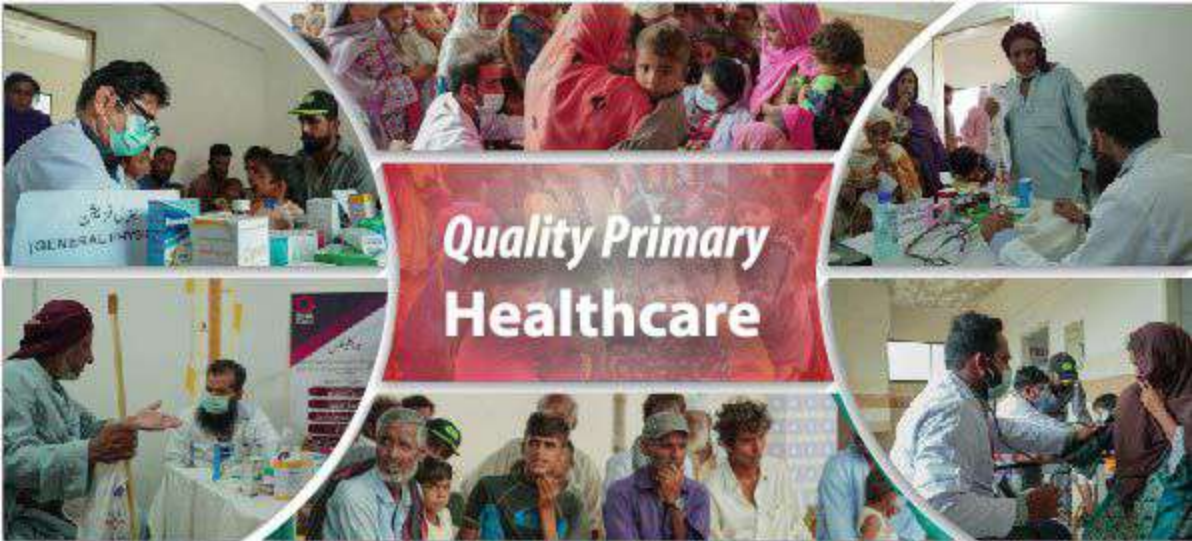
SINA & Sapphire recently conducted 2 three day medical camps in Danda and Wayaro, Balochistan that focused on providing relief to the flood affectees. SINA offered doctor consultation and medication to the participants in dire need of access to quality healthcare services.





WHITE COLLAR CRICKET FUNDRAISING EVENT





Quality Primary Healthcare



WAYS TO SUPPORT



Account Type: Zakat Donation
A/C Title: SINA Health, Education & Welfare Trust
Bank Name: Habib Metropolitan Bank
IBAN: PK78MPBL9964287140258425
A/C Number: 6-99-64-29313-714-258425

alBaraka

Account Type: General Donation
A/C Title: SINA Health, Education & Welfare Trust
Bank Name: Al-Baraka Bank
IBAN: PK62AIIIN0000120166110016
A/C Number: 0120166110016



+(92-21) 37131660



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communications@sina.pk



BDO Ebrahim Consulting (Private) Limited

**FINANCIAL STATEMENTS
OF
SINA HEALTH, EDUCATION AND
WELFARE TRUST
FOR THE YEAR ENDED
JUNE 30, 2021**



AUDITORS' REPORT TO THE BOARD OF TRUSTEES

Opinion

We have audited the accompanying financial statements of SINA Health, Education and Welfare Trust ("the Trust") which comprise the statement of financial position as at June 30, 2021 and the statement of income and expenditure, the statement of cash flows and the statement of changes in accumulated funds for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of SINA Health, Education and Welfare Trust as at June 30, 2021, 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 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 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 ethical responsibilities in accordance with the Code. We believe that the audit evidence we have obtained is sufficient and appropriate to provide basis for our opinion.

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

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

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

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

Auditor's Responsibility 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:

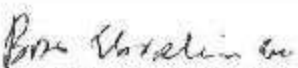
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting 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.

KARACHI

DATED: 08 FEB 2023

UDIN: AR202210166ALDyQRTIH


CHARTERED ACCOUNTANTS
Engagement Partner: Tariq Feroz Khan

SINA HEALTH, EDUCATION & WELFARE TRUST
STATEMENT OF FINANCIAL POSITION
AS AT JUNE 30, 2022

	Note	2022 Rupees	2021 Rupees
ASSETS			
NON CURRENT ASSETS			
Property and equipment	5	304,330,336	238,028,205
Intangible	6	10,256,644	11,549,599
Capital work in progress	7	21,723,101	70,965,821
		<u>336,310,081</u>	<u>320,543,625</u>
CURRENT ASSETS			
Medical supplies		18,265,667	8,478,373
Loan and advances	8	737,686	696,937
Short term deposits and prepayments	9	6,221,825	3,290,541
Short term investments	10	320,424,533	201,010,089
Cash and bank balances	11	182,772,694	187,963,057
		<u>528,422,405</u>	<u>401,438,997</u>
TOTAL ASSETS		<u>864,732,486</u>	<u>721,982,622</u>
LIABILITIES			
NON CURRENT LIABILITIES			
Deferred grant	12	447,368,637	436,229,514
CURRENT LIABILITIES			
Trade and other payables	13	40,294,094	55,833,391
TOTAL LIABILITIES		<u>487,662,731</u>	<u>492,062,905</u>
NET ASSETS		<u>377,069,755</u>	<u>229,919,717</u>
CONTINGENCIES AND COMMITMENTS			
NET ASSETS REPRESENTED BY:	14		
Restricted Funds			
Zakat funds		68,233,283	27,105,277
Donations / non-zakat funds		153,456,456	101,804,352
Endowment fund		155,380,016	101,010,088
	15	<u>377,069,755</u>	<u>229,919,717</u>

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

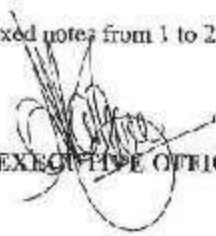

CHIEF EXECUTIVE OFFICER


TRUSTEE

SINA HEALTH, EDUCATION & WELFARE TRUST
STATEMENT OF INCOME AND EXPENDITURE
FOR THE YEAR ENDED JUNE 30, 2022

	Note	2022 Rupees	2021 Rupees
RESTRICTED FUNDS			
INCOME			
Deferred income realized	16	398,539,545	313,537,766
Clinical receipts	17	20,609,260	6,817,255
Grant income	18	42,984,071	21,984,109
		<u>462,132,876</u>	<u>342,339,130</u>
EXPENDITURE			
Operating expenses	19	(439,297,564)	(309,851,139)
Administrative expenses	20	(30,286,384)	(23,570,640)
Ration and donation expenses		-	(8,517,200)
Other expenses	21	(11,144,946)	(9,708,201)
		<u>(480,728,894)</u>	<u>(351,647,180)</u>
Gross deficit		(18,596,018)	(9,308,050)
Other income	22	18,678,603	9,960,855
Surplus for the year		<u>82,585</u>	<u>652,805</u>
Attributable to:			
Zakat funds		66,068	522,244
Donations / non-zakat funds		16,517	130,561
		<u>82,585</u>	<u>652,805</u>

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


CHIEF EXECUTIVE OFFICER


TRUSTEE

SINA HEALTH, EDUCATION & WELFARE TRUST
STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED JUNE 30, 2022

	2022 Rupees	2021 Rupees
CASH FLOWS FROM OPERATING ACTIVITIES		
Surplus for the year	82,585	652,805
Adjustment for non-cash items		
Depreciation for the year	38,434,852	20,332,720
Amortization for the year	1,292,955	1,277,895
Reversal of withholding tax	-	(158,019)
Profit and dividend on investments	(1,170,343)	(3,417,386)
Remeasurement of fair value in mutual fund investment	(4,143,287)	(4,685,163)
Gain on disposal of fixed assets	(2,317,462)	(34,630)
Grant income realised against assets	(39,727,807)	(21,606,288)
Grant income realised against expenses	(3,256,264)	(377,821)
Deficit before working capital changes	(10,804,771)	(8,015,886)
Decrease / (increase) in current assets		
Medical supplies	(9,787,293)	12,923,826
Loan and advances	(40,749)	895,435
Short term deposits and prepayments	(2,931,284)	198,526
	(12,759,326)	14,017,787
decrease in current liabilities		
Trade and other payables	(15,539,297)	311,324
Net cash (used in)/flow from operating activities	(39,103,394)	6,313,224
CASH FLOWS FROM INVESTING ACTIVITIES		
Additions to property and equipment	(22,045,507)	(39,103,853)
Intangible purchased	-	(678,000)
Capital work in progress	(34,441,294)	(102,499,599)
Proceeds from disposal of property and equipment	3,310,000	141,018
Profit received on investments	17,531,484	9,926,225
Net cash used in investing activities	(35,645,317)	(132,214,209)
CASH FLOWS FROM FINANCING ACTIVITIES		
Capital grants received	83,684,014	31,683,720
Grant Vital Pakistan Trust (VPT) project - net	(44,751,620)	212,500,801
Endowment fund received	53,199,586	29,817,254
Zakat / donations - net	92,697,525	5,243,977
Net cash flow from financing activities	184,829,505	279,245,752
Net increase in cash and cash equivalents	110,080,794	153,344,768
Cash and cash equivalents at beginning of the year	318,691,900	165,347,131
Cash and cash equivalents at end of the year	428,772,694	318,691,900
Cash and cash equivalents at end of the year		
Term deposit receipts	246,000,000	130,728,843
Cash and bank balances	182,772,694	187,963,057
	428,772,694	318,691,900

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

CHIEF EXECUTIVE OFFICER

TRUSTEE

SINA HEALTH, EDUCATION & WELFARE TRUST
STATEMENT OF CHANGES IN ACCUMULATED FUND
AS AT JUNE 30, 2022

	Restricted Funds							
	2022				2021			
	Zakat	Donations / non-zakat funds	Endowment Fund	Total	Zakat	Donations / Non-zakat funds	Endowment Fund	Total
Rupees								
Balance at beginning of the year	27,105,277	101,804,352	101,010,088	229,919,717	95,420,938	28,244,713	69,907,539	193,573,190
Zakat / donations received during the year for operations	256,667,551	79,525,797	-	336,193,348	213,346,084	104,782,854	-	318,128,938
Deferred grant realized / funds utilised during the year	(215,605,613)	(27,890,210)	-	(243,495,823)	(282,183,989)	(31,353,776)	-	(313,537,765)
Transferred from statement of income and expenditure	66,068	16,517	-	82,585	522,244	130,561	-	652,805
Movement during the year (Note 15.1)	-	-	54,369,928	54,369,928	-	-	31,102,549	31,102,549
Balance at end of the year	68,233,283	153,456,456	155,380,016	377,069,755	27,105,277	101,804,352	101,010,088	229,919,717

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

CHIEF EXECUTIVE OFFICER

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

TRUSTEE


CHIEF EXECUTIVE OFFICER


TRUSTEE

SINA HEALTH, EDUCATION & WELFARE TRUST
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED JUNE 30, 2022

1. GENERAL INFORMATION

Sina Health, Education & Welfare Trust (the Trust) is a not for profit organisation, established under the Trust Act, 1882 on August 2, 2007 and is primarily engaged in providing primary health care facilities, medical treatments, laboratory investigations and financial assistance to the less privileged communities suffering from different ailments. The Trust operates 38 health facilities in Karachi. The principal office of the Trust is situated at F-7/1, Block 8, KDA Scheme 5, Kehkashan Clifton, Karachi.

2. BASIS OF PREPARATION

2.1 Statement of compliance

These financial statements have been prepared in accordance with approved accounting standards as applicable in Pakistan. Approved accounting standards comprise of Accounting and Financial Reporting Standards for Medium-Sized Entities (SMEs) applicable to non-corporate entities issued by the Institute of Chartered Accountants of Pakistan.

2.2 Basis of measurement

These financial statements have been prepared under the historical cost convention.

2.3 Functional and presentation

These financial statements have been presented in Pak Rupees, which is the functional and presentation currency of the Trust.

3. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

3.1 Property and equipment

These are stated at cost less accumulated depreciation and impairment losses, if any, except for freehold land which is carried at historical cost.

Depreciation is charged to statement of income and expenditure applying straight line method so as to charge depreciable amount of an asset over its useful life, at rates mentioned in note 5 to these financial statements. Depreciable amount represents cost less estimated residual value. Depreciation on additions is charged from the month in which the asset is put to use and on disposal, upto the month of disposal.

Gains and losses on disposal of property and equipment are included in the income and expenditure account.

Maintenance and normal repairs are charged to statement of income and expenditure in the year in which they are incurred. Major renewals and improvements, if any, are capitalised and depreciated in a manner that represents the consumption pattern and useful lives.

3.2 Capital work in progress

Capital work in progress is stated at cost less any identified impairment loss and represents expenditure incurred on property and equipment during the construction of clinics and other installation. Transfers are made to relevant class of property, plant and equipment category as and when assets are available for use in the manner as intended by the management.

3.3 Impairment

The carrying value of assets are reviewed at each statement of financial statements date to determine whether there is any indication of impairment. If such an indication exists, the recoverable amount of such asset is estimated. An impairment loss is recognised whenever the carrying amount of an asset exceeds its recoverable amount. Impairment losses are recognised in the income and expenditure account.

3.4 Intangible assets

Intangibles are stated at cost less accumulated amortisation and impairment losses, if any. Amortisation is charged over the estimated useful life of the asset on a systematic basis by applying the straight line method.

Useful lives of intangibles are reviewed at each financial year end if expectations differ significantly from previous estimates. Where the carrying amount of an intangible is greater than its estimated recoverable amount, it is written down immediately to its recoverable amount

Amortisation is charged to the statement of income and expenditure by applying the straight line method at the rates specified in relevant note.

Costs associated with maintenance of intangible assets are charged to income and expenditure account in the year in which they are incurred.

3.5 Medical supplies

Medical supplies are stated at the lower of cost and estimated net realisable value. Cost is determined on first-in first-out basis.

The management reviews the carrying amounts of medical supplies on a regular basis and provision is made for items if there is any change in physical form.

3.6 Cash and bank balances

Cash in hand and at bank are carried at nominal amount.

3.7 Cash and cash equivalents

Cash and cash equivalents are carried in the balance sheet at cost. For the purpose of the cash flow statement, cash and cash equivalents comprise of cash in hand, deposits held with banks in current and saving accounts and other short term highly liquid investments with maturities of three months or less.

3.8 Deferred Grant

Grant funds related to assets are accounted for as deferred grants, when the funds are received. An amount equal to the annual charge for depreciation on assets purchased is released from this account and reflected as 'Grant income realised against assets' in the income and expenditure account. Further, when a non-capital expenditure related to the asset takes place, the amount is released from this account and reflected as 'Grant income realised against expenses' in the income and expenditure account.

3.9 Revenue recognition

(a) Donation and grants

Donations are recognized as income as and when received. Donations received in kind are recognized at the fair value prevailing at the time of receipt of such donation.

Grants and donations received for revenue expenditure are taken to income and expenditure account.

Donations restricted in its use by the donors are utilised for the purpose specified and are classified as donations under restricted fund account. Any income made from such restricted donations is also credited directly in the restricted fund account.

Revenue from ancillary activities (e.g. clinic fee, laboratory, glucometer, ultrasound income) is recognised on receipt basis.

(b) Return on bank deposits

Profit on bank balances is recognised on a time proportion basis on the principal amount outstanding and at the applicable rate.

3.10 Expenses

All expenses are recognised in the income and expenditure account on accrual basis. Expenses incurred out of donation are reflected in the income and expenditure account, with an equal amount being recognised as "Value of services rendered".

3.11 Offsetting

Financial assets and liabilities are offset and the net amount is reported in the balance sheet, if the company has a legally enforceable right to set-off the recognised amounts and the company intends to settle either on a net basis or realise the asset and settle the liability simultaneously.

3.12 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 Rule 212 and 220 of the Income Tax Rules, 2002. The Trust does not account for taxation, as non-profit organization's 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.

3.13 Trade and other payables

Accrued and other liabilities are recognised at cost which is the fair value of the consideration to be paid in future for goods and services. The recoverable amount is equal to fair value.

3.14 Provisions

Provisions are recognized when the Association has legal or constructive obligation as a result of past events if it is probable that outflow of resources embodying economic benefits will be required to settle the obligation and a reliable estimate of the obligation can be made.

3.15 Contingencies

A contingent liability is disclosed when the Company has a possible obligation as a result of past events, existence of which will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the Company; or the Company has a present legal or constructive obligation that arises from past events, but it is not probable that an outflow of resources embodying economic benefits will be required to settle the obligation, or the amount of the obligation cannot be measured with sufficient reliability.

3.16 Financial instruments

3.16.1 Financial assets

The Company classifies its financial assets in the following categories: at fair value through profit or loss, fair value through other comprehensive income and amortized cost. The classification depends on the purpose for which the financial assets were acquired. Management determines the classification of its financial assets at initial recognition. All the financial assets of the Company as at statement of financial position date are carried at amortized cost.

A financial asset is measured at amortized cost if it meets both the following conditions and is not designated as at fair value through profit or loss:

- (i) it is held with in a business model whose objective is to hold assets to collect contractual cash flows; and
- (ii) its contractual terms give rise on specified dates to cash flows that are solely payments of principal and interest on the principal amount outstanding.

A financial asset is initially measured at fair value plus transaction costs that are directly attributable to its acquisition.

Impairment

At each reporting date, the trust assesses whether the financial assets carried at amortized cost are credit-impaired. A financial asset is credit-impaired when one or more events that have detrimental impact on the estimated future cash flows of the financial assets have occurred.

3.16.1 Offsetting of financial assets and financial liabilities

Financial assets and financial liabilities are setoff and the net amount is reported in the statement of financial position if the Company has legally enforceable right to setoff the recognized amount and intends either to settle on a net basis or to realize the asset and settle the liability simultaneously.

3.17 Restricted funds

(a) Zakat fund

The zakat funds of the Trust are required to be utilised only for the patients who are entitled to receive zakat under the Islamic shariah. Donations specified as zakat by the donor are recognised under the general zakat fund account upon receipt. Subsequently, general zakat fund account is adjusted at pre-determined rates for the value of services provided to the needy / deserving patients.

(b) Donations / Non- zakat funds

Donations are utilised for general operations of the Trust and all the patients (other than patients eligible for zakat) are treated through funds received as general donations. Donation contributed by the donors for general purposes / operations are recognised under the general donation fund upon receipt. Subsequently, general donation fund account is adjusted at pre-determined rates for the value of services provided to the needy / deserving patients.

4. SIGNIFICANT ACCOUNTING ESTIMATED AND JUDGEMENTS

The preparation of financial statements in conformity with approved accounting standards requires the use of certain critical accounting estimates. It also requires management to exercise its judgment in the process of applying the Trust accounting policies. Estimates and judgments are continually evaluated and are based on historic experience and other factors, including expectations of future events that are believed to be reasonable under the circumstances. In the process of applying the Trust's accounting policies, management has made significant estimates and judgments that are disclosed in respective notes to the financial statements.

5 Property and equipment

Description	Rupees								
	Land	Building	Current and medical equipment	Office and electrical equipment	Computer	Vehicles	Solar Panel	Furniture and fixtures	Total
Year ended June 30, 2022									
Net carrying value basis									
Opening net book value	41,709,960	143,323,873	2,774,460	12,586,349	4,080,865	3,776,552	16,522,808	13,253,339	238,028,205
Additions during the year	-	-	1,428,500	3,747,490	3,239,200	12,980,317	650,000	-	22,045,507
Transferred from CWIP	10,709,458	46,563,053	3,081,500	5,283,025	4,204,153	66,000	4,467,200	9,309,625	83,684,014
Disposals	-	-	-	-	(30,522)	(962,016)	-	-	(992,538)
Depreciation	-	(10,085,233)	(3,063,383)	(5,452,137)	(4,706,050)	(4,552,046)	(4,057,454)	(6,518,550)	(38,434,852)
Closing net book value	52,419,418	179,801,693	4,221,077	16,164,727	6,787,646	11,308,807	17,582,554	16,044,414	304,330,336
Gross carrying value basis									
Cost	52,419,418	220,110,359	12,058,688	33,870,631	17,945,828	32,222,805	23,636,587	37,845,691	430,110,008
Accumulated depreciation	-	(40,308,666)	(7,837,612)	(17,705,904)	(11,158,182)	(20,913,998)	(6,054,033)	(21,801,277)	(125,779,672)
Net book value	52,419,418	179,801,693	4,221,077	16,164,727	6,787,646	11,308,807	17,582,554	16,044,414	304,330,336
Year ended June 30, 2021									
Net carrying value basis									
Opening net book value	38,107,970	120,412,000	2,729,620	5,730,802	2,883,483	6,008,337	2,282,187	9,522,016	187,676,415
Additions during the year	3,601,990	15,652,789	1,759,567	8,657,605	3,141,892	452,000	-	5,838,010	39,103,853
Transferred from CWIP	-	14,369,683	-	620,337	-	-	15,343,600	1,350,100	31,683,720
Disposals	-	-	(78,542)	(27,846)	-	-	-	-	(106,388)
Depreciation	-	(7,110,599)	(1,636,185)	(2,394,549)	(1,944,510)	(2,683,785)	(1,102,979)	(3,456,787)	(20,329,394)
Closing net book value	41,709,960	143,323,873	2,774,460	12,586,349	4,080,865	3,776,552	16,522,808	13,253,339	238,028,205
Gross carrying value basis									
Cost	41,709,960	173,547,306	7,548,688	24,840,116	10,502,475	19,176,488	18,519,387	28,536,066	324,380,487
Accumulated depreciation	-	(30,223,433)	(4,774,228)	(12,253,767)	(6,421,610)	(15,399,936)	(1,996,579)	(15,282,727)	(86,352,282)
Net book value	41,709,960	143,323,873	2,774,460	12,586,349	4,080,865	3,776,552	16,522,808	13,253,339	238,028,205

5.1 In addition to the buildings owned by the Trust, there are five buildings reconstructed / renovated on plots which were given free of cost by donors for utilisation as clinics for specified periods. The titles of these plots were not transferred to the Trust as of June 30, 2022.

	Note	2022 Rupees	2021 Rupees
6 INTANGIBLE			
Intangible assets	6.1	11,549,599	12,149,494
Addition		-	678,000
Amortization		(1,292,955)	(1,277,895)
		<u>10,256,644</u>	<u>11,549,599</u>
6.1 The electronic medical record system is amortized over the period of 10 years on straight line			
7 CAPITAL WORK IN PROGRESS			
Capital work in progress	7.1	<u>21,723,101</u>	<u>70,965,821</u>
7.1 Movement of carrying amount			
Opening balance		70,965,821	650,840
Additions during the year		34,441,294	102,499,599
		<u>105,407,115</u>	<u>103,150,439</u>
Transferred to property and equipment during the year		(83,684,014)	(31,683,720)
Transferred to operating expenditure		-	(500,898)
		<u>(83,684,014)</u>	<u>(32,184,618)</u>
Closing balance		<u>21,723,101</u>	<u>70,965,821</u>
8 LOAN AND ADVANCES			
Loan to staff	8.1	435,593	362,426
Advance against expenses		302,093	334,511
		<u>737,686</u>	<u>696,937</u>
8.1 Loan to staff represent one third interest free loan to the employees for the period of three months as per the trust's policy.			
9 SHORT TERM DEPOSITS AND PREPAYMENTS			
Deposits		4,349,418	2,770,540
Prepaid rent		1,872,407	520,001
		<u>6,221,825</u>	<u>3,290,541</u>

	Note	2022 Rupees	2021 Rupees
10 SHORT TERM INVESTMENTS			
Mutual fund units	10.1	74,424,533	70,281,246
Term deposit receipt (TDR)	10.11	246,000,000	130,728,843
		<u>320,424,533</u>	<u>201,010,089</u>

10.1 Mutual fund units

Carrying value	70,281,246	63,895,378
Adjustment arising on remeasurement to fair value	4,143,287	6,385,868
	<u>74,424,533</u>	<u>70,281,246</u>

Details of investments in mutual fund units are as follows:

Mutual fund units

2022	2021			
		Number of units		
1,289,546	749,143	NAFA Islamic Income Fund, NAV of Rs.10.1	12,993,981	7,529,191
-	383,213	NAFA Islamic Stock Fund	-	4,880,220
4,744,872	408,481	NAFA Riba-free Saving	48,714,176	-
-	3,960,244	NAFA Riba-free	-	40,563,192
-	306,602	NAFA Islamic	-	5,125,983

-	48.80	Islamic Cash Fund -	-	4,910
125,314	96,178	Ameen Islamic Asset Allocation	12,716,376	12,177,750
			<u>74,424,533</u>	<u>70,281,246</u>

10.11 The rates of profit on term deposit receipts ranges between: 8.75% to 14.25% (2021: 6.5% to 12.25%) per annum.

	Note	2022 Rupees	2021 Rupees
11 CASH AND BANK BALANCES			
Cash in hand		135,231	128,657
Cash at banks in:			
Current accounts		62,190,848	71,623,652
Savings accounts	11.1	120,446,615	116,210,748
		182,637,463	187,834,400
		<u>182,772,694</u>	<u>187,963,057</u>

11.1 The rates of profit on saving account is 14.25% (2021: 12.25%) per annum.

12 DEFERRED GRANTS

Balance as at the beginning of the year		436,229,514	207,107,637
Grant received during the year		83,684,014	31,683,720
Transferred from Donation / Non-zakat fund		22,045,507	39,103,853
		<u>541,959,035</u>	<u>277,895,210</u>
Less:			
Grant income realised against expenses	12.1	(3,256,264)	(377,821)
Grant income realised against assets	12.2	(39,727,807)	(21,606,288)
		(42,984,071)	(21,984,109)
Grants received during the year for VPT Project	12.3	188,283,929	212,500,801
Grant income realised against Asset VPT Project		(84,846,534)	-
Grant income realised against Expense VPT Project		(155,043,722)	(32,182,388)
		<u>(51,606,327)</u>	<u>180,318,413</u>
Balance as at the end of the year		<u>447,368,637</u>	<u>436,229,514</u>

- 12.1 These represent expenses that were made out of the deferred grants but does not meet the capitalisation criteria of the Trust and were charged to income and expenditure account.
- 12.2 This represents amount realised to grant income equivalent to depreciation and amortization charged on the relevant assets.
- 12.3 Nutrition & Immunization projects funded by Vital Pakistan Trust (VPT) for pregnant & Lactating women and strengthen of immunization rate for children under the age of 5 years.

13	TRADE AND OTHER PAYABLES	Note	2022 Rupees	2021 Rupees
	Creditors		13,305,024	33,384,656
	Accrued expenses		21,336,116	16,651,017
	EOBI payable		5,652,954	5,797,718
			<u>40,294,094</u>	<u>55,833,391</u>

14 CONTINGENCIES AND COMMITMENTS

There were no contingencies and commitments at reporting date.

15 RESTRICTED FUNDS

Zakat funds				
	General zakat fund		59,362,956	23,581,591
	Zakat ration fund for Baldia		8,870,327	3,523,686
		15.1	<u>68,233,283</u>	<u>27,105,277</u>
Donations / non-zakat funds				
	General donations		153,456,456	101,804,351
	Endowment fund	15.2	<u>155,380,016</u>	<u>101,010,088</u>
			<u>377,069,754</u>	<u>229,919,715</u>

- 15.1 Zakat funds are required to be utilized only for patients who are entitled to receive zakat under the Islamic shariah, whereas, all others patients are treated through funds received as donations.

	Note	2022 Rupees	2021 Rupees
15.2	Movement in the endowment fund is as follows:		
		101,010,088	69,907,539
		49,056,298	23,000,000
		3,009,947	2,296,018
		599,625	2,389,145
		NAFA & Al Amcen	
		533,716	1,700,704
		1,170,342	1,716,682
	15.3	<u>155,380,016</u>	<u>101,010,088</u>
15.3	The amount has been received from a donor with stipulation that the principal amount to be kept intact while the income earned by investment of the same can be utilised by the Trust unless permitted by the Investment Committee.		
16	Deferred Income Realized		
	Deferred Income realized in lieu of:		
	Zakat funds		
		215,605,613	227,286,959
		-	8,517,200
		<u>215,605,613</u>	<u>235,804,159</u>
	Donations / Non-zakat funds		
		27,890,210	45,551,219
		125,877,344	11,827,668
		29,166,378	20,354,720
		182,933,932	77,733,607
		<u>398,539,545</u>	<u>313,537,766</u>
17	CLINICAL RECEIPTS		
		20,603,910	6,815,805
		5,350	1,450
		<u>20,609,260</u>	<u>6,817,255</u>
18	GRANT INCOME		
	12.1	3,256,264	377,821
	12.2	39,727,807	21,606,288
		<u>42,984,071</u>	<u>21,984,109</u>

	Note	2022 Rupees	2021 Rupees
22 OTHER INCOME			
Profit on savings accounts		16,361,141	9,926,225
Gain on disposal of fixed assets		2,317,462	34,630
		<u>18,678,603</u>	<u>9,960,855</u>

23 TRANSACTIONS WITH RELATED PARTIES

Related parties includes associated parties / undertakings, other related undertakings / persons and key management personnel. The Trust in normal course of business carries out transactions with various related parties.

Entities under common Trustees

Donations received from Child Life Foundation	55,141,764	45,909,760
Donations received from Bharucha & Company	3,905,000	4,650,000
Donations received from Anam Fabrics (Pvt) Ltd.	6,300,000	3,000,000

Key management personnel

Donations received	650,000	100,000
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24 FINANCIAL INSTRUMENTS RELATED DISCLOSURES

	Fair value through		Amortised cost		Total	
	2022	2021	2022	2021	2022	2021
Financial assets						
Loan and advances	-	-	737,686	696,937	737,686	696,937
Short term deposits and prepayments	-	-	6,221,825	3,290,541	6,221,825	3,290,541
Short term investments	-	-	320,424,533	70,281,246	320,424,533	70,281,246
Cash and bank balances	-	-	182,772,694	318,691,900	182,772,694	318,691,900
	-	-	<u>510,156,738</u>	<u>392,960,624</u>	<u>510,156,738</u>	<u>392,960,624</u>
Financial liabilities						
Trade and other payables	-	-	40,294,094	55,833,391	40,294,094	55,833,391
	-	-	<u>40,294,094</u>	<u>55,833,391</u>	<u>40,294,094</u>	<u>55,833,391</u>

	2022 Number of employees	2021 Number of employees
25 NUMBER OF EMPLOYEES		
Number of employees as at June 30	534	445
Average number of employees	571	480

26 Reclassification

Corresponding figures have been re-arranged and re-classified to reflect more appropriate presentation of events and transactions for the purpose of comparison, which are as follow;

Description	Reclassification		In Rupees
	From	To	
Term deposit receipts (TDR)	Cash and bank	Short term investments	246,000,000

27 DATE FOR AUTHORIZATION FOR ISSUE

The Board of Directors of the Company authorized these financial statements for issue on 08 FEB 2023.

28 GENERAL

Figures have been rounded off to the nearest Rupee unless otherwise stated.


CHIEF EXECUTIVE OFFICER


TRUSTEE