"Improving healthcare access for underserved communities is not just a moral imperative; it's a strategic investment in the health and well-being of our society." - Dr. Abdul Kalam

SINA

SINA Health, Education & Welfare Trust

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Karachi, 74900

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ANNUAL REPORT 2023 - 2024

HEALTHCARE FOR ALL

SINA CARES

In Pakistan

where nearly

half of the population

lacks access to primary healthcare services and health insurance, SINA emerges as a beacon of hope, transforming the landscape of healthcare.

accessibility & affordability

Every Life, Every Moment, Every Impact

SINA Cares

We at SINA, the Social Innovation in Healthcare Alliance, aren't just another healthcare provider. We're a family dedicated to making sure everyone gets the care they need, when they need it. With 40 clinics spread across Pakistan, we're reaching out to over 1.5 million people every year, ensuring they have access to quality healthcare right in their neighborhoods.

It's our commitment to making every penny count. We've set a goal of providing top-notch care for just $5.5 per patient, and we're sticking to it.

Even in the face of tough challenges, we've managed to lower costs to just PKR 650, that's around USD 2.50. That includes everything from check-ups to lab tests and medicines.

But we don't stop at the basics. We're tackling big issues like diabetes, hypertension, mental health, and infectious diseases head-on. From making sure every child gets their vaccinations to screening for diseases like Hepatitis, we're doing everything we can to keep our communities healthy.

And it's not just about

treating illnesses

We're all about prevention too. Our ante-natal and post-natal care programs are saving lives before they're even in danger. We're also fighting malnutrition and providing support for chronic conditions, all at a price that families can afford.

At SINA

we believe in treating people with dignity. That's why we offer medicine baskets at a fixed price, so everyone can get the treatment they need without worrying about costs. It's about giving people the power to take control of their health and their lives.

So, as we keep pushing forward,

we're not just changing lives.

We're making a difference in every moment, in every community we touch.

Because at SINA

caring isn't just what we do

it's who we are.

Table of Content

Vision

The core vision of SINA is to establish an authentic, scalable , and replicable quality primary healthcare model that is affordable and accessible to underprivileged populations in urban slums, reducing the strain on tertiary public healthcare hospitals.

Authentic

Scalable

Replicable

Affordable

Accessible

Mission

SINA's goal is to provide affordable, accessible, and high-quality primary healthcare to underprivileged communities living in the most impoverished areas to help them lead happier and healthier lives.

Affordable **Accessible** **Quality Primary Healthcare**

Clinic
Road Map

With 40 clinic locations, including 2 mobile clinics, strategically dispersed across underprivileged areas of Karachi, we're providing quality healthcare to over 1.1 million people every year, ensuring they have access to essential medical services right in their neighborhoods.

Including

40 Clinics

02 Mobile Clinics

Our
Milestones

A Journey of Growth and Compassion

2024 — Strengthening Our Impact

SINA reaches 40 clinical sites. ISO certification for its diagnostic lab.

2023 — Expanding Horizons

SINA grows to 39 locations and introduces mental health services at the community level, addressing an essential aspect of holistic health.

2020 — Reaching New Heights

With 33 operational locations, including mobile clinics, SINA ensures that healthcare reaches even more people.

2018 — Touching More Lives

630,000 patients treated in 2017 and 805,096 in 2018.

2016 — Doubling Our Efforts

In an impressive two-year period, SINA doubles its reach by launching 10 new clinics.

2014 — Accelerated Growth

In just four years, SINA opens five new clinics, underscoring our rapid expansion and growing capacity to serve more patients.

2010 — Continuing the Journey

Opening of the Ittehad Colony clinic, further expanding our footprint.

2007 — Official Recognition

SINA becomes officially registered with the Sindh Healthcare Commission, solidifying our commitment to healthcare excellence.

2003 — Expanding Our Reach

The Machar Colony Clinic opens, extending our services to more underserved communities.

1998 — The Beginning

Inauguration of the first clinic in Baldia, marking the start of our mission to provide accessible, high-quality healthcare.

Message From the Founder

Dr. Asif Imam

Founder, SINA Health Education & Welfare Trust

As we mark 25 years of the SINA Clinics network, it's a time for both celebration and reflection. Our journey began in 1998 with a vision to revolutionize primary healthcare in Pakistan. We aimed to create a model that could make a real difference, not just for a few, but for many across the nation.

Back then, we identified three major challenges in the primary healthcare system: the absence of standardized procedures, a shortage of properly trained healthcare workers, and a lack of effective governance and data analytics. We knew that addressing these issues would require a long-term, thoughtful plan and a lot of hard work.

Network of high-quality primary Healthcare

40 Clinics

* We have established a network of 40 high-quality primary healthcare clinics in Karachi's urban slums.
* Our SINA PHC model has earned recognition from international organizations like Medicines Sans Frontiers and the Bill and Melinda Gates Foundation.
* The WHO has chosen SINA as a model for primary healthcare systems in the Eastern Mediterranean region.
* We have provided primary healthcare to over 6 million patients in the last 6 years.

While these accomplishments are significant, they only begin to address the vast challenge of achieving Universal Health Coverage (UHC) by 2030.

This mission is not one we can achieve alone. It will require the collaboration of all organizations dedicated to improving
primary healthcare in Pakistan.

As we celebrate this 25-year milestone, let's honor our achievements and renew our commitment to the path ahead. Together, we can continue to make a profound impact and move closer to our vision of universal healthcare coverage for all.

This year the management did a great job in controlling our expenses despite the very high inflation in the county as our expenses went up by 12 % and were in line with our income. Number of patients treated went up by 10 % despite an
unprecedented increase in the cost of medical supplies.

Asif Ali Imam

Dr. Asif Imam
Founder,
SINA Health Education & Welfare Trust

Impact **& Growth**

Over 6 Million

Lives Impacted in 6 Years

2023-2024	1,129,374 Lives Protected
2022-2023	1,027,225 Lives Protected
2021-2022	810,070 Lives Protected
2020-2021	547,403 Lives Protected
2019-2020	695,895 Lives Protected
2018-2019	805,093 Lives Protected

Our Awards

PCP Certified Organization

SINA Health Education and Welfare Trust is proud of its certification by the Pakistan Center for Philanthropy (PCP). This certification validates our credibility and trustworthiness, reaffirming the excellence we consistently uphold in meeting all regulatory standards and requirements. Being part of the PCP network empowers us to strengthen nonprofits and foundations, fostering the development and enrichment of local communities, a cause we are deeply committed to supporting.

Healthcare Commission Certified Organization

SINA Diagnostics laboratory is honored to be certified by the Sindh Healthcare Commission. This certification is a reflection of our steadfast commitment to excellence in primary healthcare services. It validates our adherence to rigorous patient care standards and regulatory guidelines, ensuring the highest level of service. This achievement also underscores our ongoing efforts to innovate and enhance the quality of care we provide, consistently prioritizing patient well-being and satisfaction.

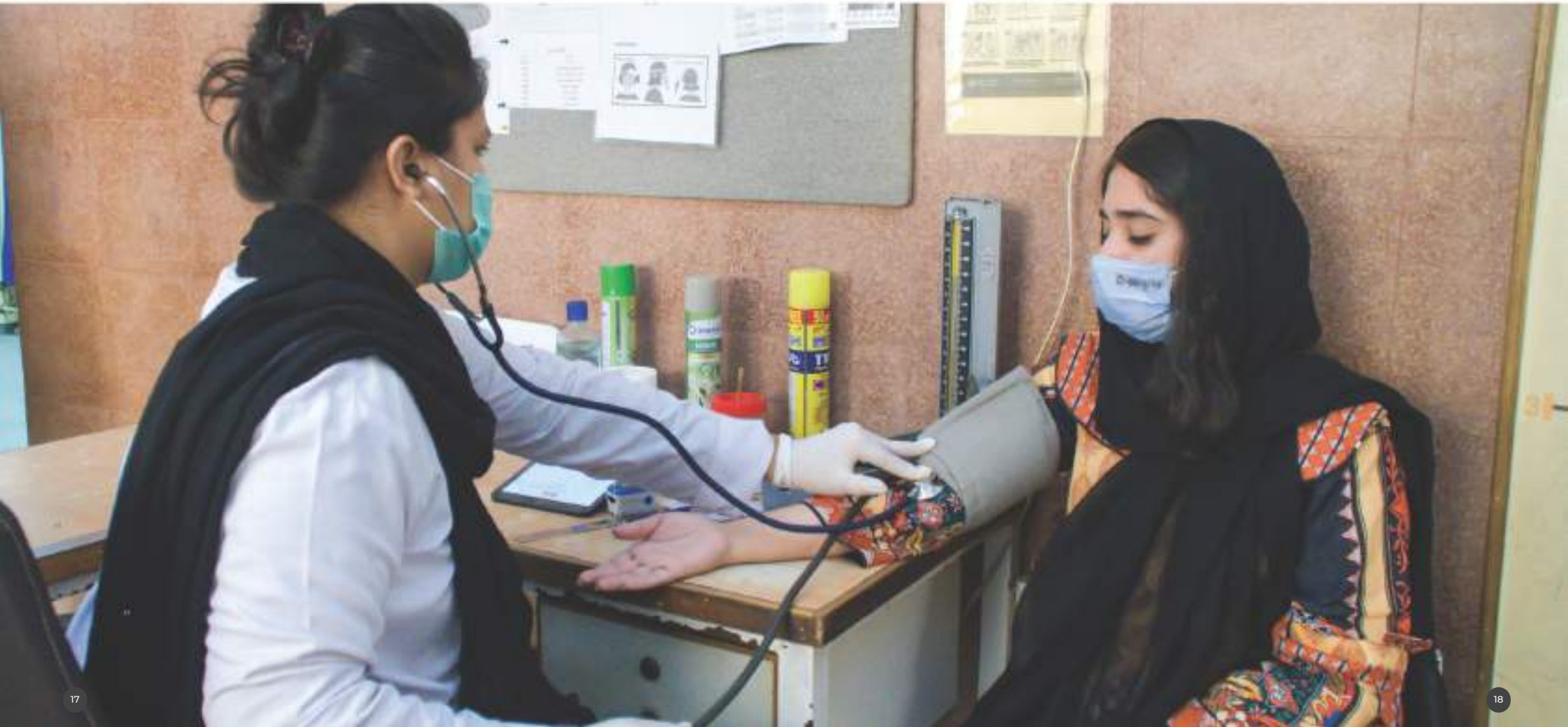
ISO 9001 2015 Certified Organization

Our ISO 9001:2015 certification reaffirms SINA Diagnostics laboratory dedication to providing outstanding primary healthcare services. This accreditation showcases our consistent adherence to patient and regulatory standards, ensuring superior patient satisfaction. It underscores our commitment to continual system enhancement and improving the overall patient experience.

Public Healthcare (Primary) and Digital Accessibility & Financial Inclusion Awards by KE-Karachi Awards

SINA Health Education and Welfare Trust is honored to have received two prestigious awards for our significant contributions in Public Healthcare (Primary) and Digital Accessibility & Financial Inclusion at the KE-Karachi Awards. This accolade serves as a testament to our unwavering dedication to achieving excellence in healthcare and advancing accessibility and inclusion through innovative initiatives.

Our Services

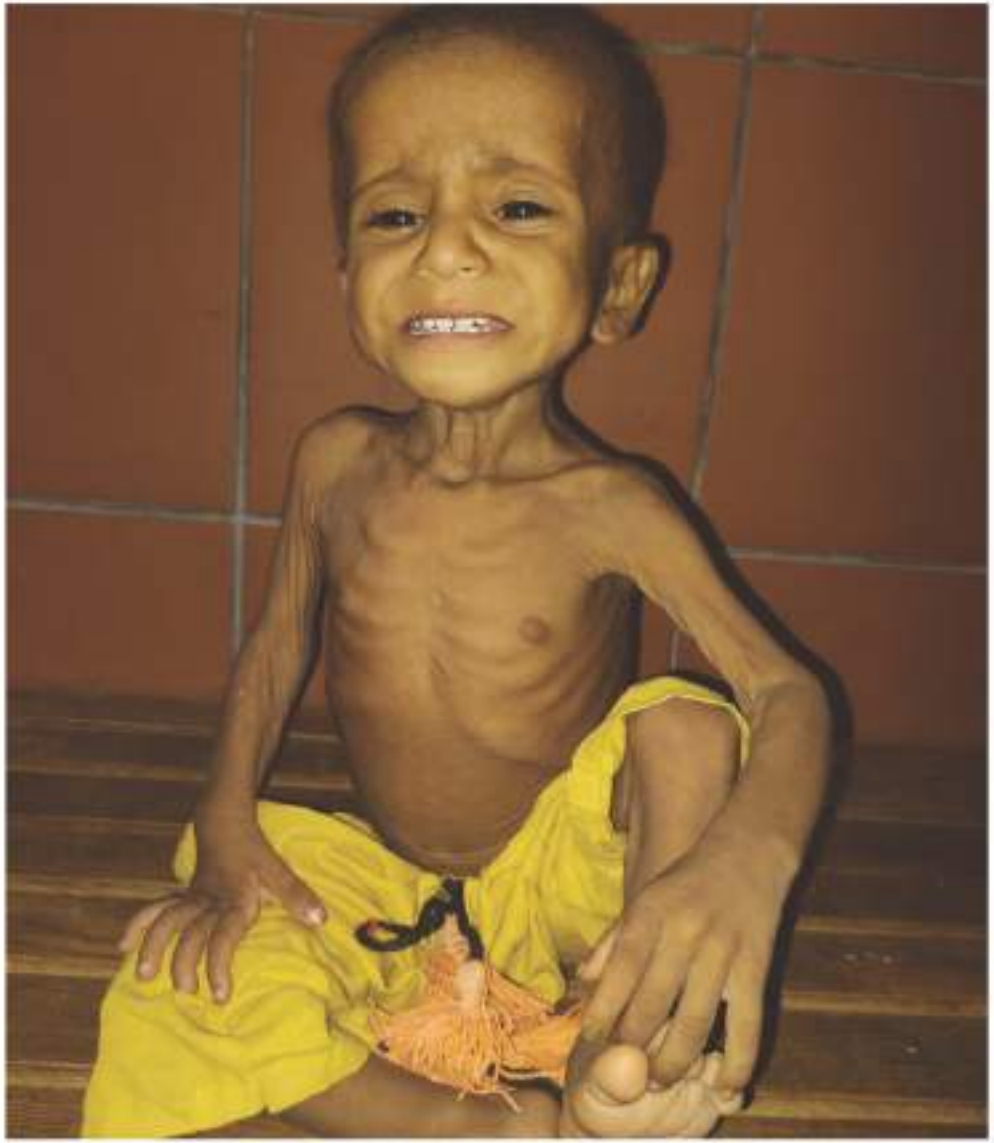


Antenatal & Postnatel Care

From July 2023, SINA has provided antenatal and postnatal care (ANC/PNC) services to 26,888 women. These services are crucial for ensuring the health and well-being of both mothers and their babies during pregnancy and after childbirth. Our comprehensive ANC/PNC programs include regular check-ups, nutritional advice, and essential screenings to detect and address potential health issues early. By offering these vital services, SINA helps to reduce maternal and infant mortality rates, supporting mothers throughout their journey to motherhood with compassion and expertise.

Malnutrition

In addressing the pressing issue of malnutrition, SINA has assisted thousands of children since July 2023. Malnutrition severely impacts the physical and cognitive development of children, and addressing it is critical for their growth and future potential. Our malnutrition program includes comprehensive assessments, nutritional supplementation, and education for families on proper dietary practices. By tackling malnutrition head-on, SINA ensures that children receive the necessary nutrients for healthy development, helping to build a healthier future for our communities.



The Health Foundation
Hepatitis Screening Program

Since 2022, SINA has partnered with The Health Foundation to implement a comprehensive hepatitis screening program in Pakistan. This initiative is pivotal in detecting and preventing Hepatitis-C early, addressing a critical public health concern.

As of July 2023, SINA has conducted thousands of hepatitis screenings, significantly contributing to public health efforts. Hepatitis, particularly types B and C, remains a formidable challenge in our region. Through these screenings, SINA facilitates early diagnosis and timely intervention, essential for effective treatment and reducing transmission rates.

Upon a positive diagnosis, SINA provides crucial support to patients with Hepatitis-C, ensuring they receive essential medication and care. This holistic approach not only improves individual health outcomes but also plays a vital role in reducing community transmission.

SINA and The Health Foundation remain steadfast in their commitment to enhancing access to healthcare and promoting public health through proactive initiatives like the hepatitis screening program. Together, they aim to create a healthier future for all individuals across communities served by SINA.

Vital Pakistan Trust
-Immunization

Vital Pakistan Trust (VPT) has been an invaluable ally in our immunization initiative, making a profound impact on our mission to shield communities from preventable diseases. Since July 2023, SINA has achieved a remarkable milestone by administering vaccinations to 32,432 households. This impressive accomplishment highlights our steadfast commitment to advancing public health and signifies the success of our collaborative endeavors.

Immunization is a cornerstone of our healthcare services, essential for safeguarding the health of children and adults alike. Through our network of clinics, we offer a wide range of vaccines, ensuring protection against illnesses such as measles, polio, and hepatitis. By providing these essential services, we aim to prevent outbreaks and foster herd immunity, thereby enhancing the overall well-being of the community.

Our dedication to immunization goes beyond individual health improvements; it is a crucial component of our strategy to maintain public health and safety. The significant number of vaccinations administered underscores our commitment to this cause and highlights the impact of our collaborative efforts with Vital Pakistan. Together, we are working towards a healthier future, one vaccine at a time.

Diagnostics

SINA's mission is to delivering essential healthcare services to underprivileged communities through our advanced laboratory facilities. Since July 2023, our labs have conducted 190,180 diagnostic tests, including important ultrasounds and blood tests.

These diagnostics are integral to the early detection and management of health issues, ensuring patients recieve timely and precise care. Our laboratory, equiped with cutting-edge technology and staffed by professionals, maintain top standards of accuracy and efficiency in every test conducted.

Pharmacy

At SINA Clinic's pharmacy, patient safety and optimal care are our top priorities. As a crucial component of our service, the pharmacy ensures that the right medicines are provided with the correct dosage, playing a vital role in saving patients' lives.

To maintain the quality and sterility of medicines, they are stored at prescribed temperatures to ensure their efficacy.

Our pharmacists regularly check the expiry dates of the stock and keep them organized to ensure that medicines are used in the right manner and at the right time. They Explain dosage & time to patients carefully.

In addition to dispensing medications, our pharmacists play a critical role in ensuring quality health care. They actively investigate adverse drug reactions, proactively identify and mitigate potential risks, and ensure that up to 45 days' stock is maintained.

Mental Health
Support

Recognizing the importance of mental health, SINA has provided **12,853** mental health consultations from July 2023 to now. Mental health is integral to overall well-being, and our services include counseling, therapy, and support for individuals dealing with various mental health challenges. Our trained mental health professionals work diligently to create a supportive environment where patients can openly discuss their concerns and receive the help they need. SINA's mental health program aims to reduce stigma and ensure that mental health care is accessible and effective for all.

These communities are the most vulnerable given the social economic pressures, lonliness, physical and mental abuse , lack of opportunities that they encounter on a daily basis.

Spirit D Mental Health
Program for Sina Clinics

Center for Impact and the University of York

SINA Health, Education and Welfare Trust, in collaboration with the Center for Impact and the University of York, is leading a transformative mental health program under the SPIRIT-D initiative. Our project, "Strengthening Primary Care for Recognizing and Treating Depression," is dedicated to directly addressing mental health challenges. By integrating the University of York's extended mental health program, SPIRIT-D, into Sina Clinics, we have significantly enhanced our ability to provide comprehensive support, including both counseling and medication, to our mental health patients. Together, we are working towards a stronger and healthier future for all.

Community Advisory Panel (CAP) Meeting

On January 10th, we convened the first Community Advisory Panel (CAP) meeting of the SPIRIT-D project. This event brought together community members, patients, and health professionals to share insights and discuss initiatives

It marked a significant step forward in our mission to advocate for positive change in mental health care.

Highlights from Our Clinical Team Session

Our recent stakeholder meeting with clinical staff was a pivotal moment in our ongoing mental health program. Key themes discussed included interdisciplinary collaboration, continuous staff training, and evidence-based interventions to enhance patient care. Further updates on our progress and future initiatives aimed at strengthening clinical practices and support systems will follow.

Patient Flow in Clinic

Referral System at SINA

Streamlined Referrals Process

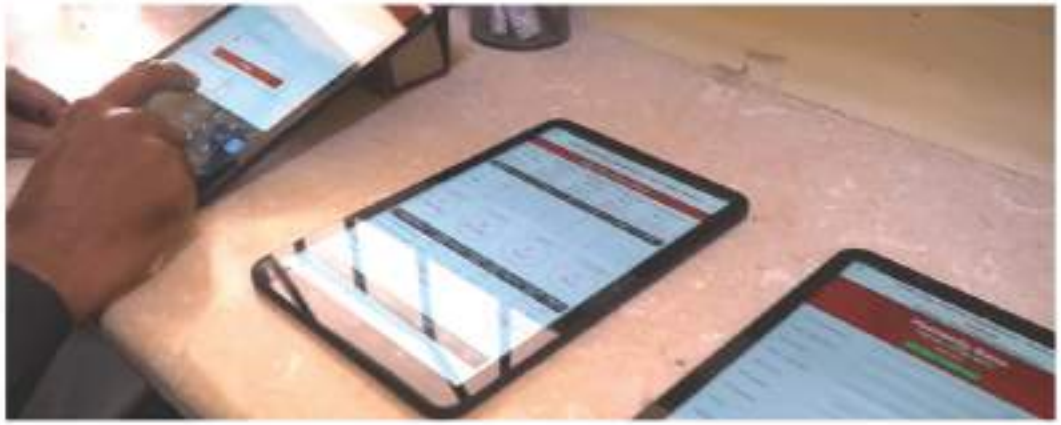
SINA has implemented an efficient referrals system that seamlessly connects primary care patients to a network of specialized healthcare providers. This streamlined process ensures that patients experience smooth transitions between different levels of care, receiving timely and personalized treatment plans tailored to their specific health needs.

Comprehensive Circle of Care

SINA's approach to patient care is holistic, integrating primary, secondary, and tertiary services to create a comprehensive circle of care. From the initial diagnosis at primary health centers, patients are guided through each stage of their treatment journey. This includes access to specialized care and essential follow-up services at SINA clinics, ensuring continuity of care and optimal health outcomes for every patient.

State-of-the-Art EMR System

Enhanced Patient Care Management



The EMR system enables a robust Review, Referral, and Return Mechanism that ensures seamless patient care. This mechanism enhances the overall patient experience and satisfaction by guaranteeing continuity of care throughout their treatment journey.

Seamless Transition to Paperless Records

By implementing our state-of-the-art Electronic Medical Records (EMR) system across 38 clinics, SINA has successfully transitioned to a paperless record-keeping system. This shift enhances transparency in patient care and data analysis, significantly improving our care management capabilities while ensuring zero loss of patient records.

Standardized Treatment Protocols

Our Algorithm-Based Treatment Protocol System ensures that patients receive consistent, high-quality care. This system standardizes treatment protocols across all clinics and healthcare providers, ensuring uniformity and reliability in patient care.

How It Works:

- **Paperless Transition:**
All patient records are digitized and securely stored in the EMR system, eliminating the risk of record loss and enhancing data accessibility.

- **Review Mechanism:** Patient records are continuously reviewed for accuracy and completeness, ensuring up-to-date information is always available.

- **Referral Process:** Patients are seamlessly referred to specialized care providers within our network, facilitated by real-time access to their medical records.

- **Return Mechanism:** After specialized treatment, patients are efficiently transitioned back to their primary care providers, maintaining continuity of care.

- **Algorithm-Based Protocols:** Treatment protocols are algorithm-driven, ensuring every patient receives evidence-based, standardized care across all clinics and healthcare providers.

100% Solar Power Integration in Clinics

for Eco-Friendly Operations

Commitment to Sustainability

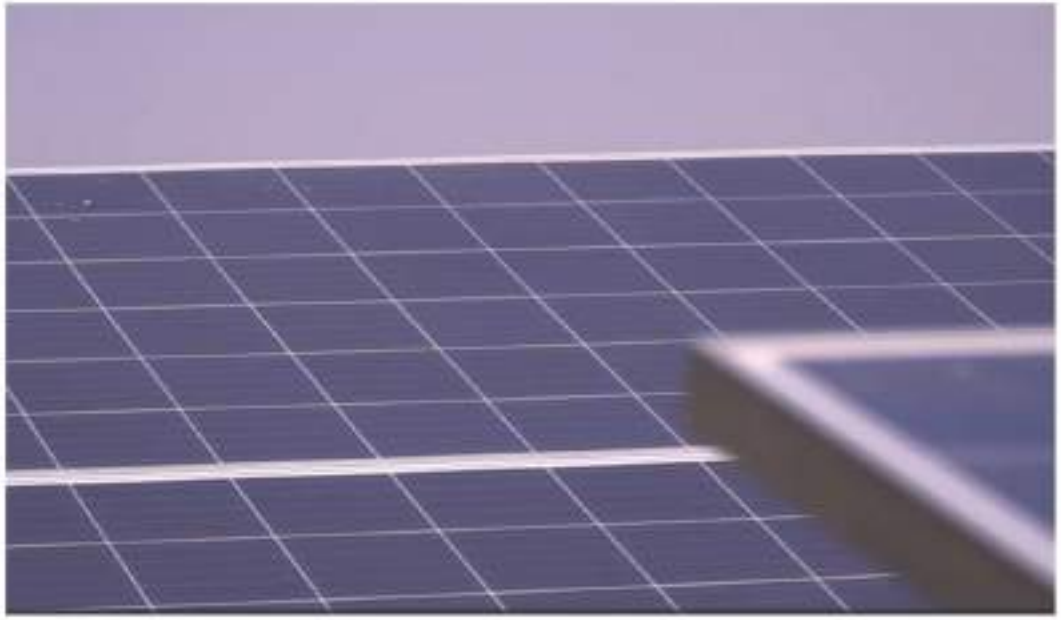
SINA is operated all its clinics on 100% solar power, reflecting our unwavering commitment to sustainability and eco-friendly practices. This initiative has significantly reduced our carbon footprint, contributing to a healthier environment.

Enhanced Operational Efficiency

The integration of solar power ensures a reliable and sustainable energy source, enhancing the operational efficiency of our clinics. This not only reduces our reliance on conventional energy sources but also results in substantial cost savings, allowing us to allocate more resources toward patient care.

Environmental and Economic Benefits

By utilizing solar energy, we reduce greenhouse gas emissions and our overall environmental impact, promoting a greener future. Additionally, the shift to solar power leads to significant cost reductions in energy expenditures, enabling us to reinvest savings into improving healthcare services. Solar power provides a reliable and sustainable energy source, ensuring that our clinics can operate efficiently without disruptions.



SINA's Green Initiatives

Driving Environmental Sustainability & Efficiency

At SINA, we take pride in our commitment to both exceptional healthcare and environmental stewardship. Our clinics, powered entirely by solar energy, reflect our deep dedication to sustainability and reducing our carbon footprint. This green initiative not only minimizes greenhouse gas emissions but also brings about significant cost savings, allowing us to channel more resources into improving patient care.

Equally important is our shift to a paperless system through the state-of-the-art Electronic Medical Records (EMR) system. By digitizing records across 38 clinics, we save approximately 10 million sheets of paper each year. This move not only enhances the efficiency and reliability of our patient care but also ensures that no records are ever lost. Our efforts in both solar energy integration and digital transformation underscore our commitment to a greener future and superior healthcare.

SINA Clinics

Expanding Accessibility through Thoughtful Design

SINA is committed to providing quality healthcare in underprivileged areas, operates a network of 40 clinics, including three new additions:

PM Diwan Clinic - Saeedabad

Opened on 8th July 2024, PM Diwan Clinic Saeedabad serves a population of 30,000. This clinic caters to the healthcare needs of residents in Ghulshan e Ghazi, Saeedabad 12 No, Nawab Colony, and Qiam Khani Colony. This addition to SINA's network u nderscores our commitment to providing accessible healthcare to underprivileged communities.

Behbud SINA Clinic - Mehmoodabad

Opened on 3rd June 2024, Behbud SINA Clinic Mehmoodabad provides healthcare services to 45,000 people. Located in Azam Basti, Mehmoodabad, Kala Pul, Umar Farooq Colony, Parsi Gate Colony, and Chanesar Goth, this clinic reflects SINA's mission to expand our reach and deliver quality healthcare to more residents in need.

Machar Clinic Extension

The Machar Clinic Extension enhances healthcare accessibility for 35,000 residents in Azad Mohalla, Meharban Chowk, Maree Chowk, Mandara Chowk, and Khush Hall. This expansion is a testament to SINA's dedication to improving healthcare outcomes in marginalized areas through thoughtful planning and community integration.

Our clinics exemplify SINA's commitment to excellence in healthcare delivery through meticulous planning and design. Each clinic is meticulously crafted to prioritize patient comfort and convenience, reflecting SINA's dedication to providing a welcoming and supportive environment for all visitors.

The architecture of SINA clinics blends functionality with aesthetics, featuring spacious interiors that maximize natural light and ventilation. Modern furnishings and calming color palettes create a soothing ambiance, fostering a sense of tranquility essential for patient well-being.

Beyond aesthetics, SINA clinics are strategically situated within community hubs, ensuring easy accessibility for residents. This thoughtful placement not only enhances healthcare access but also promotes community integration and support.

The expansion of SINA's clinic network underscores its ongoing mission to improve healthcare outcomes in marginalized areas. This achievement would not have been possible without the generous support of our donors and partners who believe in our vision of accessible healthcare for all. We extend our heartfelt thanks to all donors for their invaluable contributions that have enabled us to expand our reach and impact.

Capacity Building in Medical Education

At SINA Health Education & Welfare Trust, we are committed to enhancing medical education through a robust framework of assessments and continuous professional development. Our initiatives are designed to support healthcare professionals in their journey towards excellence, ensuring they are well-prepared to meet the demands of modern medicine.

CME (Continuing Medical Education)

Our Continuing Medical Education (CME) programs at SINA Health Education & Welfare Trust offer healthcare professionals opportunities to stay current with medical advancements and best practices. Through a variety of courses and workshops, we ensure that professionals have access to the latest knowledge and skills, fostering ongoing learning and expertise.

TOACS (CPSP MCPS Exam)

The TOACS (CPSP MCPS Exam) is conducted twice a year to assess candidates' theoretical and practical knowledge. To aid candidates in their preparation, SINA Health Education & Welfare Trust provides mock exams that closely mirror the conditions and content of the actual tests. These preparatory exams are crucial for helping candidates gauge their readiness and identify areas for improvement. Achieving a pass rate of 90 to 95%, our mock exams are a vital tool for candidates striving to excel in the official CPSP MCPS exams.

OSCE (MRCGP Int Exams)

The Objective Structured Clinical Examination (OSCE) for MRCGP International Exams is a key annual assessment held to evaluate clinical skills through simulated scenarios. To better prepare candidates for the official OSCE, we offer comprehensive mock exams that replicate the format and rigor of the actual test. These mock exams provide invaluable practice opportunities, helping candidates to familiarize themselves with the exam structure and refine their clinical competencies. With a high pass rate of 90 to 95%, our program is instrumental in ensuring candidates are thoroughly prepared for the real examination.

CT (Clinical Trainings)

SINA Health Education & Welfare Trust's Clinical Trainings (CT) for paramedical staff are designed to enhance practical skills and improve patient care. Our training sessions cover the latest medical techniques and protocols, providing paramedical staff with hands-on experience to better handle clinical situations and contribute effectively to healthcare teams.

CPD (Continuing Professional Development)

Our Continuing Professional Development (CPD) programs support the growth and career advancement of healthcare professionals. These initiatives are tailored to address specific learning needs and enhance professional capabilities, ensuring that our team remains skilled and adaptable in a constantly evolving healthcare landscape.

GP Upgrade Program Endorsed by MRCGP [INT] South Asia

SINA proudly presents the "GP Upgrade: A Family Medicine Training Program," accredited by the MRCGP [INT] South Asia Board (SAB). Developed in collaboration with Dr. Marie Andrades and the MQA team, this rigorous six-month program is designed to equip primary healthcare physicians with the skills and knowledge necessary to excel in the MRCGP [INT] exam. Taught by renowned Family Medicine consultants and specialists from various medical fields, the course provides a structured and comprehensive approach to medical training.


MRCGP [INT] SOUTH ASIA

The MRCGP [INT] South Asia, established by leading family doctors and educators from Bangladesh, India, Pakistan, Sri Lanka, and Nepal, has been supported by the Royal College of General Practitioners (RCGP), UK, since 2003-2004. Their curriculum is crafted to enhance the quality of General Practitioners, ensuring they deliver cost-effective, efficient, and reliable patient care.

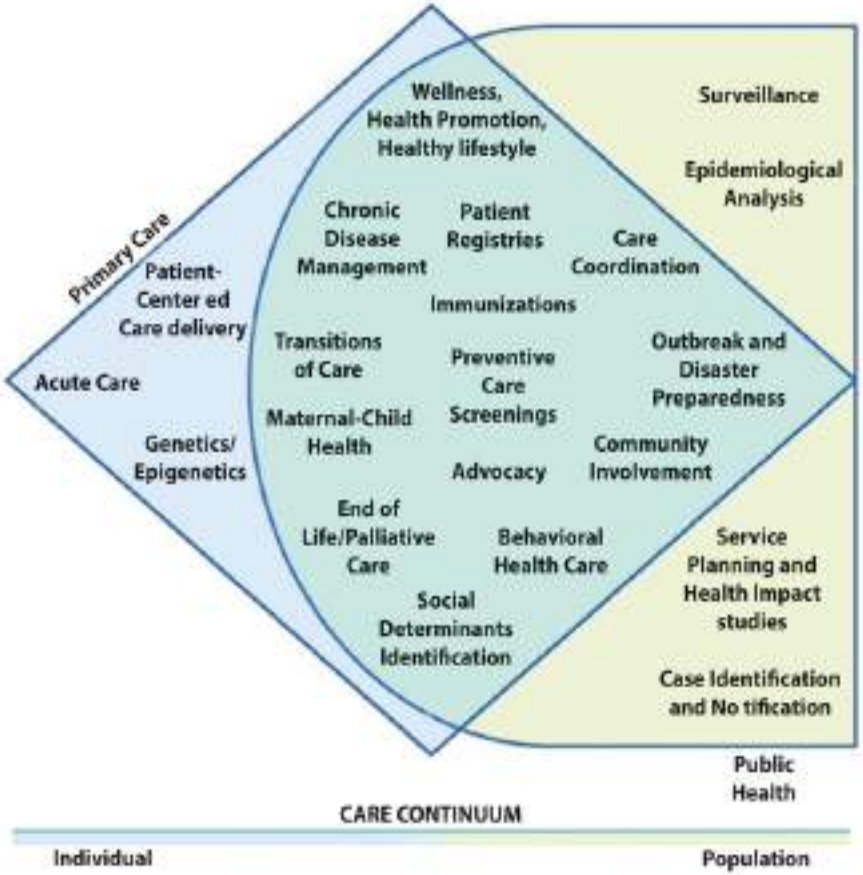
Our "GP Upgrade" program, endorsed by the MRCGP [INT] South Asia Board, is a recognized course that aligns with the highest standards of medical education, contributing significantly to the advancement of family medicine in the region.

Integrating Primary Health Care into Public Health

SINA has focused on building integrated, high-value healthcare systems that position the family physician as the frontline of primary healthcare (PHC). As the first point of contact for patients, family physicians play a crucial role in guiding individuals through the broader health system. This responsibility includes recognizing patients' individual risk factors and intervening with a holistic understanding of the social, environmental, and community determinants of health. Many developed countries are increasingly recognizing the need for integrating primary care within public health frameworks, and SINA is at the forefront of this approach.

SINA's doctors go beyond basic diagnostics. They understand the broader impact that physicians can have on the health of the communities they serve. By identifying critical social factors affecting patient health, they raise awareness through data collection and information-sharing. SINA doctors collaborate with public health officials to improve outcomes and actively educate patients and communities about the behaviors and social factors that influence health. They also practice advocacy to benefit community health, striving to reshape and improve the health landscape within the communities they serve.

With its protocol-based treatment systems, SINA integrates mental health services, immunizations, maternal and child care, malnutrition prevention, and chronic disease management. Additionally, SINA's robust track-and-trace program serves as a model for PHC integrated into public health. By leveraging technology and data analysis to inform decision-makers, SINA works to improve not only the health of individuals but also the well-being of the communities where it operates.



Events
Highlights

Employee of the Month

Each month, we recognize one employee from the Head Office and one from the clinics who demonstrate exceptional performance and dedication. This award highlights individuals who go above and beyond, significantly contributing to our mission and enhancing our organization's overall success.






Birthday Celebrations

At SINA, we cherish each team member's birthday as a special occasion. Celebrating these milestones reflects our commitment to their happiness and well-being, reinforcing the sense of family and joy within our workplace.


Pakistan Independence Day

SINA organized a very special event to celebrate our country's Independence Day. All the employees came together as a unit to prepare for the occasion to make it a memorable event. The national anthem was sung by the entire team followed by patriotic songs and fun games that reflected the importance of freedom and unity.


Mental Health Training

In partnership with Kazim Trust, comprehensive mental health training was provided to prioritize employee well-being, fostering a supportive work environment and promoting empathy.

Our Partners

Aftab Trading Company
Pakistan Hosiery Manufacturers & Exporters Association
Providus Capital (Pvt.) Ltd.
Reliance Insurance Co.
Automobile Corporation of Pakistan (AUTOCOM)
Sherman Securities
Mianoor Engineering
Bharucha & Co.
Adamjee Enterprises
Arham Enterprises
Ashraf Ali Enterprises
Home Solutions
Dial Zero Pvt Ltd
Fav Plastico (Pvt) Ltd
Hamsons Industries
Sapphire Textile Mills Limited (SAPT)
Distribution Services
NFK Exports (Pvt) Ltd
PEXIMP Trading Company
Pharmevo Private Limited
Shujabad Agro Industries
Salaam Takaful Limited
Amna Industries
Digital Apparel (Pvt) Ltd
D. D. Shipbreakers
Pelican International Trade - Import
Midas Safety
Premium Textile
Shafi Apparels
Karachi Grains (Pvt) Ltd.
Pepsico
Spirit-D (The Center of IMPACT, UOY)
British Asian Trust - BAT
Foreign, Commonwealth and Development Office - FCDO
World Health Organization - WHO
Sehat Kahani
Pakistan Cables Limited
Population Services International (PSI)
Savera Enterprises
Synapse, Pakistan Neuroscience Institute
Pakistan Aluminium beverage
Liberty power tech
Anum Fabrics
M.S Reliance Insurance
Shujabad Agro Industries
DD shipbreakers
Helix pharma pvt Ltd
Sapphire group
K-Electric
AGP Limited
Barrett Hodgson Pakistan (Private) Ltd
Getz Pharma (Private) Limited
Efroze Chemicals Industries Pvt Ltd
Macter International Pvt Ltd
Multi Traders (Distributor)
Nabi Qasim Industries Pvt Ltd
Platinum Pharmaceutical Company
Zafa Pharmaceutical Company Ltd
ZR Impex (Distributor)
Bismillah International Traders
Nex Tek Health Care

Our Donors

Soorty Foundation

Vital Pakistan Trust - VPT

ChildLife Foundation

Yaqin Steels Ltd.

Artistic Milliners

Engro Foundation

Liberty Mills Limited

Master Group

Mustaqim Dyeing & Printing Industries (Pvt.) Ltd

Lucky Textile Mills Ltd.

Gatron Foundation

Sattar Electronics

Idrees Steel Co.

Rakla Tyres Inc.

Behbud Association Karachi

Adamjee Enterprises

Old PALs Sindh Medical

Health research is of paramount importance and plays a pivotal role in the improvement of existing health systems, framing evidence-based health care policy, and generating new initiatives and advancing knowledge about problems relating to public health and their solutions.

– WHO 2012.

Research in healthcare is essential given the myriad problems the country faces, the most notable being inadequate spending in health care as a whole. Pakistan has faced economic crises for the last several decades and has not been able to tackle its population growth challenges effectively. On the other hand, it has a very young population which can be a huge asset only if it is healthy and economically productive. To this end, substantial investment in research is needed to improve existing systems and to design evidence-based policies so they are most effective given limited resources.

As a primary health care provider in urban slums, SINA has a state-of-the-art EMR which not only registers patients but provides a wealth of data showing demographics, disease trends, co-morbidity patterns, variances between ethnic groups, and much more. When I joined SINA in late 2021, I realized that almost a million patient records were at the risk of being lost as they were maintained in pre-EMR paper records which unfortunately were not stored in the best of conditions. The MIS team was tasked to not only induct the records into the system but to save as much data as possible.

A small team was created in-house and was led enthusiastically by

Hina Sharif

Pharm-D (Karachi University), MBA, MSPH (AKU)

under the guidance of our trustee and recipient of Tamgah E Imtiaz Dr. Nuzhat Farooqui. Supported by the brilliant team at SIUT, 10 members of the SINA team including Dr. Farooqui, the SINA team first attended a 3-day structured training at SIUT learning about ethics involved in research, forming ERB boards, challenges, and much more.

SINA's ERB was formed in July **2022**

received international accreditation in U.S. Department of Health & Human Services (HHS)

SINA's ERB board was formed in July 2022 and received international accreditation in U.S. Department of Health & Human Services (HHS) registration # IORG0011624. Over the course of the past 18 months, the research team went to work with a passion and has been published in PubMed indexed international journals. SINA also completed its first pharmacology trial of evaluating the efficacy and safety of empagliflozin in addition to insulin and oral antidiabetic medication (OAD) regimen in poorly controlled type 2 diabetes and obese patients.

Poor Glycemic **Control**

Evaluating the Efficacy and Safety of Empagliflozin Addition to Insulin and Oral Antidiabetic Medication (OAD) Regimen in Poorly Controlled Type 2 Diabetes and Obese Patients Published in Pakistan Journal of Pharmaceutical Sciences

Diabetes presents a significant health challenge globally, with Pakistan ranking high in prevalence according to the International Diabetes Federation (IDF) Atlas. Insulin resistance complicates diabetes care, necessitating diverse approaches for glycemic control, weight management, and lipid profile modifications.

Read the full study:
https://www.pjps.pk/uploads/2024/01/1706164221.pdf

Depression & **Diabetes**

Depression and Suicidal Ideation among Individuals with Type 2 Diabetes Mellitus: A Cross-Sectional Study from an Urban Slum Area of Karachi, Pakistan

Depression and suicidal ideation are common among individuals with type 2 diabetes, especially in disadvantaged socioeconomic groups and those with prolonged illness. This study highlights the correlation between these mental health issues and diabetes in urban slums.

Read the full study:
https://www.frontiersin.org/journals/public-health/articles/10.3389/fpubh.2023.1135964/full

Our Team

BOARD OF TRUSTEES

Dr. Asif Ali Imam

Dr. Asif Ali Imam, a graduate of DOW Medical College, completed his residency and specialization in immunology in the USA. Settled in Los Angeles with his family in 1996, Dr. Imam laid the foundation for SINA. His visionary leadership and medical expertise have been instrumental in guiding SINA's healthcare initiatives.

Mr. Abdul Khaliq Thakur

Mr. Abdul Khaliq Thakur, with a background in Marine Engineering and years of service in the Merchant Navy, retired as Chief Engineer Mariner in 2016. Dedicated to humanitarian causes, Mr. Thakur now volunteers his time and expertise to support SINA's mission, contributing invaluable operational insights and maritime discipline to organizational governance.

Mr. Sohail Ahmed

Mr. Sohail Ahmed, an industrialist by profession, holds an MBA from the University of Houston, USA, and serves as a Director at MN Textiles Private Limited. He has been associated with SINA since its inception, bringing extensive experience in management and finance, vital for sustaining and expanding SINA's impactful programs.

Mr. Fazil Bharucha

Mr. Bharucha, a partner at Bharucha & Co., holds degrees in Electrical Engineering and Law. He is an enrolled advocate of the Sindh High Court. As a trustee, Mr. Bharucha's legal expertise and commitment to ethical governance enrich SINA's legal and regulatory frameworks.

Dr. Naseeruddin Mahmood

Dr. Mahmood, a Consultant Pediatrician and Neonatologist at Aga Khan University Hospital, is also actively involved in public health initiatives across Pakistan. A Trustee of the Childlife Foundation and Ruhamaa Trust, Dr. Mahmood's medical acumen significantly enhances SINA's strategic healthcare interventions.

ADVISORS TO THE BOARD

Mr. Rafiq Rangoonwala

Mr. Rangoonwala, after earning his BA (Hons.) from the University of Karachi, pursued further education in the USA. He attended Wittermore School of Business, University of New Hampshire, to complete his Executive Development course and later earned his MBA in Marketing. Mr. Rangoonwala brings strategic business acumen to SINA's board, leveraging his international experience to drive organizational growth and sustainability.

Mr. Irfan Z. Bawany

Mr. Irfan Z. Bawany, Chief Executive Officer at Anam Fabrics (Pvt) Ltd., also serves on the boards of Farhan Sugar Mills Ltd. and Reliance Insurance Co. Ltd. as a non-executive director. A member of the Texas Society of Certified Public Accountants, Mr. Bawany received his undergraduate degree from the University of Houston. His financial stewardship strengthens SINA's fiscalstrategies and corporate governance.

Dr. Nuzhat Faruqui

Dr. Nuzhat Faruqui is a recipient of the Tamgha-e-Imtiaz and is one of Pakistan's most eminent Urologists. Serving as an Associate Professor at the Aga Khan University, Nuzhat holds an FCPS in Urology (CPSP 2005) and was awarded an International Fellowship in Female Urology, Urodynamics, and Pelvic Floor Reconstruction, 2008-2009. She earned her MBBS degree from Ittaqi Medical College in 1995 and completed her Residency in Urology from AKU in 2005. She also holds the Honorary Rank of Surgeon Commander from the Pakistan Navy and leads a number of research projects. She is also actively involved with a welfare organization, "ULFHAT" that runs multiple initiatives to serve vulnerable communities in need.

Our Financials

BDO

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INDEPENDENT AUDITORS' REPORT TO THE BOARD OF TRUSTEES OF SINA HEALTH, EDUCATION & WELFARE TRUST

Report on the Audit of the Financial Statements

Opinion

We have audited the financial statements of **SINA Health, Education & Welfare Trust** ("the Trust") which comprise the statement of financial position as at June 30, 2024 and the statement of income and expenditure, the statement of changes in accumulated funds and the statement of cash flows for the year then ended, and notes to the financial statements, including a summary of material accounting policies.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Trust as at June 30, 2024, and of its financial performance, 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 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 determine 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 Trustees are responsible for assessing the Trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the Trust or to cease operations, or has no realistic alternative but to do so.

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

Auditor's 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.

BDO

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

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

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

The engagement partner on the audit resulting in this independent auditor's report is Tariq Feroz Khan.

KARACHI

DATED: 15 APR 2025

BDO EBRAHIM & Co.
CHARTERED ACCOUNTANTS

UDIN: AR202410166Xhon6MOuR

BDO Ebrahim & Co. Chartered Accountants
BDO Ebrahim & Co., a Pakistan registered partnership firm, is a member of BDO International Limited, a UK company limited by guarantee, and forms part of the international BDO network of independent member firms.

SINA HEALTH, EDUCATION & WELFARE TRUST
STATEMENT OF FINANCIAL POSITION
AS AT JUNE 30, 2024

	Note	2024 Rupees	2023 Rupees
ASSETS			
NON CURRENT ASSETS			
Property and equipment	5	294,607,652	317,685,285
Intangible	6	8,163,060	9,480,336
Capital work in progress	7	38,361,198	8,427,459
		341,131,910	335,593,080
CURRENT ASSETS			
Medical supplies	8	54,523,498	28,695,056
Loans and advances	9	60,474,254	45,578,098
Short term deposits, prepayments and other receivables	10	8,429,381	8,646,480
Short term investments	11	-	120,000,000
Cash and bank balances	12	835,997,182	582,718,405
		959,424,315	785,638,039
TOTAL ASSETS		1,300,556,225	1,121,231,119
LIABILITIES			
NON CURRENT LIABILITIES			
Deferred grant	13	323,504,527	477,039,917
CURRENT LIABILITIES			
Trade and other payables	14	49,679,064	27,182,345
TOTAL LIABILITIES		373,183,591	504,222,262
NET ASSETS		927,372,634	617,008,857
CONTINGENCIES AND COMMITMENTS	15		
NET ASSETS REPRESENTED BY:			
Restricted Funds			
Zakat funds		160,776,967	129,075,844
Non-zakat funds		362,013,386	212,021,498
Endowment fund		404,582,281	275,911,515
	16	927,372,634	617,008,857

The annexed notes from 1 to 30 form an integral part of these financial statements.

CHIEF OPERATING OFFICER **TRUSTEE**

SINA HEALTH, EDUCATION & WELFARE TRUST
STATEMENT OF INCOME AND EXPENDITURE
FOR THE YEAR ENDED JUNE 30, 2024

	Note	2024 Rupees	2023 Rupees
RESTRICTED FUNDS			
INCOME			
Deferred income realized	17	628,120,727	590,865,510
Clinical receipts	18	56,347,106	42,352,635
		684,467,833	633,218,145
EXPENDITURE			
Operating expenses	19	(661,290,121)	(590,566,173)
Administrative expenses	20	(50,725,609)	(40,725,711)
Other expenses	21	(22,884,041)	(23,440,821)
		(734,899,771)	(654,732,705)
Gross deficit		(50,431,938)	(21,514,560)
Other income	22	50,567,801	21,624,795
Surplus for the year		135,863	110,235
Attributable to:			
Zakat funds		108,690	88,188
Non-zakat funds		27,173	22,047
		135,863	110,235

The annexed notes from 1 to 30 form an integral part of these financial statements.

CHIEF OPERATING OFFICER **TRUSTEE**

SINA HEALTH, EDUCATION & WELFARE TRUST
STATEMENT OF CHANGES IN ACCUMULATED FUND
FOR THE YEAR ENDED JUNE 30, 2024

	Restricted Funds							
	2024				2023			
	Zakat	Non-zakat funds	Endowment Fund	Total	Zakat	Non-zakat funds	Endowment Fund	Total
	Rupees							
Balance at beginning of the year	129,075,844	212,021,498	275,911,515	617,008,857	64,692,656	156,997,083	155,380,016	377,069,755
Zakat / non-zakat funds received during the year for operations	261,473,462	154,467,568	-	415,941,030	256,667,550	56,094,224	-	341,626,439
Deferred income realized during the year	(229,881,030)	(304,355,925)	-	(534,236,955)	(192,372,550)	(324,042,189)	-	(545,279,404)
Transfer from Deferred grant	-	299,853,072	-	299,853,072	-	322,950,333	-	322,950,333
Transferred from statement of income and expenditure	108,690	27,173	-	135,863	88,188	22,047	-	110,235
Movement during the year (Note 16.2)	-	-	128,670,766	128,670,766	-	-	120,531,499	120,531,499
Balance at end of the year	160,776,966	362,013,386	404,582,281	927,372,634	129,075,844	212,021,498	275,911,515	617,008,857

The annexed notes from 1 to 30 form an integral part of these financial statements.

CHIEF OPERATING OFFICER

TRUSTEE

SINA HEALTH, EDUCATION & WELFARE TRUST
STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED JUNE 30, 2024

	Note	2024 Rupees	2023 Rupees
CASH FLOWS FROM OPERATING ACTIVITIES			
Surplus for the year		135,863	110,235
Adjustment for non-cash and other items:			
Depreciation		41,078,723	37,998,603
Amortization		1,317,276	1,323,318
Loss on disposal of fixed assets		117,989	-
		42,649,851	39,432,156
Working capital changes			
(Increase) / decrease in current assets			
Medical supplies		(25,828,442)	(10,429,389)
Loan and advances		(14,998,306)	(44,840,412)
Short term deposits and prepayments		217,099	(2,424,655)
		(40,609,649)	(57,694,456)
Increase / (decrease) in current liabilities			
Trade and other payables		22,598,869	(13,111,704)
Net cash flows generated from / (used in) operating activities		24,639,071	(31,374,004)
CASH FLOWS FROM INVESTING ACTIVITIES			
Fixed capital expenditure		(12,354,354)	(25,022,460)
Additions to intangible assets		-	(547,010)
Capital work in progress		(35,698,464)	(13,035,450)
Net cash used in investing activities		(48,052,818)	(38,604,920)
CASH FLOWS FROM FINANCING ACTIVITIES			
Capital grants -net		(153,535,390)	29,671,280
Endowment fund - net		128,670,766	120,531,454
Zakat / non-zakat fund - net		181,557,148	119,297,368
Net cash flows generated from financing activities		156,692,524	269,500,102
Net increase in cash and cash equivalents		133,278,777	199,521,178
Cash and cash equivalents at beginning of the year		702,718,405	503,197,227
Cash and cash equivalents at end of the year	23	835,997,182	702,718,405

The annexed notes from 1 to 30 form an integral part of these financial statements.

CHIEF OPERATING OFFICER

TRUSTEE

SINA HEALTH, EDUCATION & WELFARE TRUST
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED JUNE 30, 2024

1. GENERAL INFORMATION

Sina Health, Education and 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 37 health facilities in Karachi. The principal office of the Trust is situated at Plot No.1, D-21, Sector 30, Korangi industrial area , Karachi.

The Trust is formed to contribute to a healthy and prosperous Pakistan by promoting health and well-being of Pakistanis through provision of welfare services, enhancing support for vaccines and other interventions for advancing lives and preventing diseases in Karachi and other parts of the Country. The Trust also highlights the importance of preventive measures in reducing the infectious disease burden including vaccines as a cost effective public health tool by increasing awareness on vaccine preventable diseases, promotion of preventive measures such as clean water and hygiene, benefits of vaccination to Pakistanis by conducting mass awareness and vaccination campaigns and involvement in other health related activities.

2. BASIS OF PREPARATION

2.1 Statement of compliance

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

- International Financial Reporting Standard for the Small and Medium-Sized Entities (IFRS for SMEs) issued by the International Accounting Standards Board (IASB) as notified under the Companies Act, 2017
- Provisions and directives issued under the Companies Act, 2017; and
- Accounting standard for Not for Profit Organizations (Accounting Standard for NPOs) issued by the Institute of Chartered Accountants of Pakistan as notified under the Companies Act, 2017.

Where provisions of and directives issued under the Companies Act, 2017 differ from the IFRS for SMEs, or Accounting standards for NPO, the provisions of and directives issued under the Companies Act, 2017 have been followed.

2.2 Basis of measurement

These financial statements have been prepared on historical cost basis, unless specified otherwise.

2.3 Functional and presentation currency

These financial statements are presented in Pakistan rupee, ('Rupees' or ' Rs.') which is also the Trust's functional currency.

3. MATERIAL ACCOUNTING POLICY INFORMATION

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

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.

Assets having cost exceeding the minimum threshold as determined by the management are capitalised. All other costs are charged to the statement of income and expenditure in the year in which such are incurred.

Subsequent costs are included in the asset's carrying amounts or recognised as a separate asset, as appropriate, only when it is probable that future economic benefits associated with the item will flow to the Trust and the cost of the item can be measured reliably. The carrying amount of the replaced part is derecognised. All repairs and maintenance are charged to the statement of income and expenditure during the financial period in which such are incurred.

Disposal of assets is recognised when significant risk and rewards incidental to ownership have been transferred to buyer. Gain and loss on disposals are determined by comparing the proceeds with the carrying amount and are recognised in the statement of income and expenditure for the year.

Depreciation is charged to the statement of income and expenditure applying the straight line method, whereby the depreciable amount of an asset is written off over its estimated useful life. Depreciation is charged on additions from the month the asset is available for use and on disposals up to the month preceding the month of disposal. The rates of depreciation are stated in note 5 to these financial statements.

The assets residual values, useful lives and depreciation methods are reviewed, and adjusted, if appropriate, at each reporting date.

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 statement of income and expenditure.

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.

Costs that are directly associated with identifiable software products controlled by the Trust and have probable economic benefit beyond one year are recognised as intangible assets. Costs associated with maintaining computer software products are recognised as expense as and when incurred in the statement of income and expenditure.

Amortisation methods, useful lives and residual values are reviewed at each reporting date and adjusted if appropriate. The effect of any adjustments to residual values and useful lives is recognised prospectively as a change in estimate in the statement of income and expenditure.

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.

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 statement of financial position 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 capital 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 statement of income and expenditure. 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 statement of income and expenditure.

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 statement of income and expenditure.

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

3.11 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 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. The management believes that the prescribed conditions will be met and Trust will not be subject to any tax incidence.

3.12 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.

3.13 Provisions

Provisions are recognized when the Trust 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.

3.14 Contingencies

A contingent liability is disclosed when the Trust 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 Trust; or the Trust 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.

3.15 Financial instruments

A financial instrument is any contract that gives rise to a financial asset of one entity and a financial liability or equity instrument of another entity.

3.15.1 Financial assets

The Trust 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 Trust 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

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

3.15.2 Impairment of financial assets

An assessment is made at each reporting date to determine whether there is objective evidence that a specific financial asset may be impaired. A financial asset or a group of financial assets is deemed to be impaired if, and only if, there is objective evidence of impairment as a result of one or more events that has occurred after the initial recognition of the asset (an incurred "loss event") and that loss event (or events) has an impact on the estimated future cash flows of the financial assets or the group of financial assets that can be reliably estimated. If such evidence exists, any impairment loss is recognised in the profit and loss account. For assets carried at amortised cost, impairment is the difference between carrying amount and the present value of estimated future cash flows discounted at the financial assets original effective interest rate.

Reversal of impairment losses recognised in prior years is recorded when there is an indication that the impairment losses recognised for the financial asset no longer exist or have decreased and the decrease can be related objectively to an event occurring after the impairment was recognised . Reversal of impairment losses are recognised in the statement of income and expenditure to the extent carrying value of the asset does not exceed its amortised cost at the reversal date.

3.15.3 Offsetting of financial assets and financial liabilities

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

3.16 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) Unrestricted Funds

Non- zakat funds

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

Endownment Fund

The Trust has created endowment fund , in order to support financial difficulty, that may arise due to lack of adequate donations and zakat receipts in future financial years. These Funds are governed by the rules approved by the Trustees. The contributions to the Funds includes the amount received from 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 with the approval of the Investment Committee.

4. MATERIAL ACCOUNTING ESTIMATES AND JUDGEMENTS

The preparation of financial statements in conformity with the accounting and reporting standards as applicable in Pakistan requires the use of certain critical accounting estimates. In addition, it requires management to exercise judgement in the process of applying the Trust Accounting policies. The areas involving a high degree of judgement or complexity, or areas where assumptions and estimates are material to the financial statements, are documented in the following accounting policies and notes, and relate primarily to:

	Notes
Property and equipment	3.1
Intangible assets	3.4
Impairment	3.3
Impairment of financial assets	3.15.2
Provisions	3.13
Contingencies and commitment	3.14

5 PROPERTY AND EQUIPMENT

Description	Land	Building	Clinical and medical equipment	Office and electrical equipment	Computer	Vehicles	Solar Panel	Furniture and fixtures	Total
					Rupees				
Year ended June 30, 2024									
Net carrying value basis									
Opening net book value	56,499,418	185,420,495	2,283,285	17,755,209	9,183,137	18,779,443	13,917,301	13,846,997	317,685,285
Additions during the year	-	-	120,500	2,040,023	5,677,080	471,956	2,932,375	1,112,420	12,354,354
Deletion	-	-	-	-	-	(117,989)	-	-	(117,989)
Transferred from CWIP	-	5,569,725	195,000	-	-	-	-	-	5,764,725
Depreciation	-	(11,595,903)	(857,599)	(7,843,954)	(5,256,853)	(4,451,813)	(5,254,474)	(5,818,127)	(41,078,723)
Closing net book value	56,499,418	179,394,317	1,741,186	11,951,278	9,603,364	14,681,597	11,595,202	9,141,290	294,607,652
Gross carrying value basis									
Cost	56,499,418	242,433,145	12,968,388	42,831,591	30,924,071	43,961,825	27,703,962	42,142,249	499,464,649
Accumulated depreciation	-	(63,038,828)	(11,227,203)	(30,880,313)	(21,320,707)	(29,280,228)	(16,108,760)	(33,000,959)	(204,856,998)
Net book value	56,499,418	179,394,317	1,741,185	11,951,278	9,603,364	14,681,597	11,595,202	9,141,290	294,607,652
Year ended June 30, 2023									
Net carrying value basis									
Opening 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
Additions during the year	-	-	44,200	6,303,617	5,982,600	11,385,053	385,000	921,990	25,022,460
Transferred from CWIP	4,080,000	16,753,061	550,000	617,320	1,318,563	-	750,000	2,262,148	26,331,092
Depreciation	-	(11,134,259)	(2,531,992)	(5,330,455)	(4,905,672)	(3,914,417)	(4,800,253)	(5,381,555)	(37,998,603)
Closing net book value	56,499,418	185,420,495	2,283,285	17,755,209	9,183,137	18,779,443	13,917,301	13,846,997	317,685,285
Gross carrying value basis									
Cost	56,499,418	236,863,420	12,652,888	40,791,568	25,246,991	43,607,858	24,771,587	41,029,829	481,463,559
Accumulated depreciation	-	(51,442,925)	(10,369,604)	(23,036,359)	(16,063,854)	(24,828,415)	(10,854,286)	(27,182,832)	(163,778,275)
Net book value	56,499,418	185,420,495	2,283,284	17,755,209	9,183,137	18,779,443	13,917,301	13,846,997	317,685,285
Annual rate of depreciation	-	5%	33%	20%	33%	20%	20%	20%	

	Note	2024 Rupees	2023 Rupees
6 INTANGIBLE			
Opening balance		9,480,336	10,256,644
Additions		-	547,010
Amortization during the year		(1,317,276)	(1,323,318)
	6.1	8,163,060	9,480,336

6.1 The electronic medical record system is amortized over the period of 10 years on straight line basis.

7 CAPITAL WORK IN PROGRESS			
Capital work in progress	7.1	38,361,198	8,427,459
7.1 Movement of carrying amount			
Opening balance		8,427,459	21,723,101
Additions during the year		35,698,464	13,035,450
		44,125,923	34,758,551
Transferred to property and equipment during the year		(5,764,725)	(26,331,092)
Closing balance	7.2	38,361,198	8,427,459

7.2 This relates to clinic under contruction in Saeedabad, Karachi.

8 MEDICAL SUPPLIES			
Medical Supplies		54,523,498	28,695,056
9 LOANS AND ADVANCES			
Unsecured - considered good			
Loans to employees	9.1	1,071,643	581,094
Advances to suppliers	9.2	371,178	623,569
Advance tax		59,031,433	44,373,435
		60,474,254	45,578,098

9.1 This represents interest free loan to employees provided for a period of three months as per trust's policy.

9.2 This represents advances given to supplier for the purpose of operational expenses.

	Note	2024 Rupees	2023 Rupees
10 SHORT TERM DEPOSITS, PREPAYMENTS AND OTHER			
Deposits		6,156,158	6,057,165
Prepaid rent		2,171,073	2,589,315
Other receivables		102,150	-
		8,429,381	8,646,480
11 SHORT TERM INVESTMENTS			
Amortised cost			
Term deposit receipt	11.1	-	120,000,000

11.1 These represent term deposits with commercial bank having maturity of 3 months and rate of profit is 19.5% (2023: 19.5%) per annum.

12 CASH AND BANK BALANCES			
Cash in hand		190,430	120,317
Cash at banks			
Current accounts		91,186,470	275,452,263
Savings accounts	12.1	744,620,282	307,145,825
		835,806,752	582,598,088
		835,997,182	582,718,405

12.1 These carry profit at rates ranging from 14.25% to 19.5% (2023: 12.25% to 14.25%) per annum.

13 DEFERRED GRANT REALISED

Description	Note	Capital Grant	Operational grant - VPT Project (Note 13.3)	Total
		Rupees		
Year ended June 30, 2024				
Balance as at beginning of the year		331,186,050	145,853,867	477,039,917
Grant received during the year		9,363,688	158,424,284	167,787,972
Profit on saving account		-	16,791,160	16,791,160
Transferred from Non-zakat fund		12,354,354	-	12,354,354
Less:				
Grant income realised against expenses	13.1	(3,716,952)	(304,355,925)	(308,072,877)
Grant income realised against assets	13.2	(42,395,999)	-	(42,395,999)
		(46,112,951)	(304,355,925)	(350,468,876)
Balance as at the end of the year		306,791,141	16,713,386	323,504,527
Year ended June 30, 2023				
Balance as at the beginning of the year		318,607,409	128,761,228	447,368,637
Grant received during the year		33,142,287	332,828,501	365,970,788
Profit on saving account		-	8,306,327	8,306,327
Transferred from Non-zakat fund		25,022,460	-	25,022,460
Less:				
Grant income realised against expenses	13.1	(6,264,185)	(324,042,189)	(330,306,374)
Grant income realised against assets	13.2	(39,321,921)	-	(39,321,921)
		(45,586,106)	(324,042,189)	(369,628,295)
Balance as at the end of the year		331,186,050	145,853,867	477,039,917

13.1 These represent expenses that were made out of the deferred capital grants but does not meet the capitalisation criteria of the Trust and were charged to income and expenditure account.

13.2 This represents amount realised to grant income equivalent to depreciation and amortization charged on the relevant assets.

13.3 On March 04, 2020, Vital Pakistan Trust signed sub-grant agreement with SINA for a period of 5 years to fund the Nutrition & Immunization projects for pregnant & Lactating women and strengthenning of immunization rate for children under the age of 5 years. During the year, an amount Rs. 158.424 million (2023: Rs. 332.828 million) is sub-awarded by VPT and the utilization portion for Nutrition & Immunization expenses is Rs. 304.355 million (2023: 324.042 million).

14 TRADE AND OTHER PAYABLES

	2024 Rupees	2023 Rupees
Creditors	42,078,708	17,708,306
Accrued expenses	1,260,093	3,327,176
EOBI payable	6,340,263	6,146,863
	49,679,064	27,182,345

15 CONTINGENCIES AND COMMITMENTS

There were no contingencies and commitments as at the reporting date (2023: Nil).

	Note	2024 Rupees	2023 Rupees
16 RESTRICTED FUNDS			
Zakat funds			
Zakat fund for clinics		139,875,961	112,295,984
Zakat ration fund for Baldia		20,901,006	16,779,860
	16.1	160,776,967	129,075,844
Non-zakat funds		362,013,386	212,021,498
Endowment fund	16.2	404,582,281	275,911,515
		927,372,634	617,008,857

16.1 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 non-zakat funds.

16.2 Movement in the endowment fund is as follows:

Balance as at July 1		275,911,515	155,380,016
Funds received from donor		84,774,007	92,561,500
Realised gain on remeasurment of funds		-	4,108,434
Realised gain on remeasurment of funds - NAFA & Almeen		-	239,142
Profit on Term Deposit Receipts (DIB)		43,896,759	23,622,423
Balance as at June 30	16.2.1	404,582,281	275,911,515

16.2.1 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 with the approval of the Investment Committee.

17 DEFERRED INCOME REALIZED

Zakat fund	17.1	229,881,030	192,372,550
Non-zakat funds / Donations		47,770,821	28,864,665
Operational grant - VPT Project			
Funds utilized - VPT Nutrition		170,371,978	213,789,285
Funds utilized - VPT Immunization		133,983,947	110,252,904
	13.3	304,355,925	324,042,189

	Note	2024 Rupees	2023 Rupees
Capital grant			
Grant income realised against expenses	13.1	3,716,952	6,264,185
Grant income realised against assets	13.2	42,395,999	39,321,921
		46,112,951	45,586,106
		628,120,727	590,865,510

17.1 Zakat Funds has been spent only on deserving people as per shariah principles, after consultation with independent shariah advisor.

18 CLINICAL RECEIPTS

Clinic fees	53,983,160	41,624,921
Laboratory income	2,363,946	727,714
	56,347,106	42,352,635

19 OPERATING EXPENSES

	Note	2024 Rupees	2023 Rupees
Salaries, allowances and other benefits		294,868,419	265,616,796
Medicines supplies		198,987,647	161,646,692
Donation expenses	19.1	10,083,594	510,000
Vehicle and transportation		14,220,101	13,283,699
Rent, rates and taxes		9,232,140	6,899,441
Utilities		19,938,967	14,758,783
Repair and maintenance		20,751,375	37,655,537
Communications		8,918,981	8,590,014
Advertisement		52,350	1,765,196
Printing and stationery		9,093,673	9,719,050
Depreciation		36,976,160	34,229,963
Amortization	6	1,317,276	1,323,318
Training cost		3,070,335	7,798,840
Travelling & Conveyance		33,271,492	26,748,844
Research & Publications		507,611	20,000
		661,290,121	590,566,173

19.1 This represents the school fee paid by the Trust on behalf of orphan students.

20 ADMINISTRATIVE EXPENSES

	Note	2024 Rupees	2023 Rupees
Salaries, allowances and other benefits		27,880,021	22,616,103
Vehicle and transportation		791,751	1,386,330
Rent, rates and taxes		4,595,486	3,917,335
Utilities		5,147,068	3,309,062
Repair and maintenance		5,295,980	2,553,821
Communications		2,433,767	2,044,520
Printing and stationery		425,392	619,900
Travelling & Conveyance		17,300	19,968
Advertisement		10,800	490,032
Medical Supplies		19,582	-
Depreciation	5	4,108,462	3,768,640
		50,725,609	40,725,711

21 OTHER EXPENSES

Auditors' remuneration	461,985	324,600
Legal and professional charges	8,473,233	6,856,574
Bank charges	56,866	19,024
Insurance expense	13,726,007	10,318,067
Miscellaneous expenses	165,950	5,922,556
	22,884,041	23,440,821

22 OTHER INCOME

Profit on savings accounts	47,702,296	18,775,427
Others	2,865,505	2,849,368
	50,567,801	21,624,795

23 CASH AND CASH EQUIVALENT

	Note		
Short term investments	11	-	120,000,000
Cash and bank balances	12	835,997,182	582,718,405
		835,997,182	702,718,405

24

REMUNERATION TO THE CHIEF EXECUTIVE, DIRECTORS AND EXECUTIVES

The aggregate amount charged in these financial statements for remuneration, including all benefits to executive and other employees of the trust is as follows:

	2024				2023			
	Chief Executive Officer	Directors	Executives	Total	Chief Executive Officer	Directors	Executives	Total
	(Rupees)							
Remuneration	10,309,092	-	74,800,560	84,662,252	9,818,181.82	-	40,992,620.82	50,810,802.64
House rent allowance	-	-	-	-	-	-	-	-
Utilities	-	-	-	-	-	-	-	-
Provident fund	-	-	-	-	-	-	-	-
Retirement benefits	-	-	-	-	-	-	-	-
Others -Medical allowance	1,030,909	-	7,430,316	8,461,225	981,818.18	-	6,699,262.38	7,681,080.56
	11,340,001	-	82,230,876	93,123,477	10,800,000	-	47,691,884	58,491,884
Number of persons	1	6	38		1	5	22	

25 TRANSACTIONS WITH RELATED PARTIES

Related parties include trustees, entities where the board of trustees hold directorship and key management personnel. Transaction with related parties during the year are as follows:

25.1 Transactions during the year	2024 Rupees	2023 Rupees
Entities under common Trustees		
Non-zakat funds received from Child Life Foundation	-	17,137,914
Non-zakat funds received from Bharucha & Company	1,405,140	3,672,000
Key management personnel		
Non-zakat funds received	1,732,000	565,000

25.2 Balance at year end

No amount is due to / from related parties at the repoting date (2023: nil).

26 FINANCIAL INSTRUMENTS BY CATEGORY

Financial assets at amortised cost

Short-term investment	-	120,000,000
Loan, advances and other receivable	1,442,821	1,204,663
Short term deposits and prepayments	8,429,381	8,646,480
Bank balances	835,997,182	582,718,405
	845,869,384	712,569,548

	2024 Rupees	2023 Rupees
Financial liabilities at amortized cost		
Deferred grants	323,504,527	477,039,917
Trade and other payables	49,679,064	27,182,345
	373,183,591	504,222,262

26.1 Fair value of financial instrument

The carrying amount of all the financial assets and financial liabilities are estimated to approximate their respective fair values.

	2024	2023
27 NUMBER OF EMPLOYEES		
Total number of employees as at year end	618	599
Average number of employees during the year	668	644

28 CORRESPONDING FIGURES

Corresponding figures have been rearranged and reclassified where necessary to facilitate comparison, however, following significant rearrangements / reclassifications have been made in these financial statements:

Statement of income and expenditure

Description	From	To	2023 Rupees
Capital grant	Grant income	Deferred income realised	45,586,106
Ration and donation expenses	Other expense	Operating expenses	510,000
Donation income			

29 DATE FOR AUTHORIZATION FOR ISSUE

These financial statements have been authorized for issue on 17 MAR 2025 by the Board of Trustees.

30 **GENERAL**

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

CHIEF OPERATING OFFICER

TRUSTEE

Ways to Donate

Bank Tranfer

Zakat Donations

A/C TITLE: SINA HEALTH,EDUCATION & WELFARE TRUST
BANK NAME: HABIB METROPOLITAN BANK
IBAN: PK78MPBL9964287140258425
A/C NO: 6-99-64-29313-714-258425

General Donations

A/C TITLE: SINA HEALTH,EDUCATION & WELFARE TRUST
BANK NAME: AL BARAKA BANK
IBAN: PK62AIIN0000120616611O016
A/C NO: 0120166110016

Write a Cheque to SINA

A/C TITLE: SINA HEALTH,EDUCATION & WELFARE TRUST
MAILING ADDRESS: PLOT #1,D-21, SEC 30 ,KORANGI, KARACHI

Door Step Collection

Call us for safe & secure donation collection, right from your doorstep

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MOBILE : 0300-0770820