



# ANNUAL REPORT 2024-25



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# ACRONYMS

AMR	Antimicrobial Resistance
ANC	Antenatal Care
ARV	Anti-Rabies vaccine
BCC	Behavior Change Communication
BHU	Basic Health Unit
BMGF	Bill and Melinda Gates Foundation
BSL-1	Biosafety Level 1
BSL-2	Biosafety Level 2
CD	Civil Dispensary
CPSP	College of Physicians and Surgeons Pakistan
CSOs	Civil Society Organizations
CRM	Complaint Response Mechanism
DEWS	Disease Early Warning System
DHIS	District Health Information System
DHQ	District Headquarters Hospital
ECHO	European Civil Protection and Humanitarian Aid Operations
EMR	Electronic Medical Record
EPI	Expanded Programme on Immunization
HCIP	Human Capital Investment Project
HCWM	Health Care Waste Management
HF	Health Facility
IDSRS	Integrated Disease Surveillance and Response System
IEC	Information, Education and Communication
IMU	Independent Monitoring Unit
IPC	Infection Prevention and Control
KP	Khyber Pakhtunkhwa
KVA	Kilovolt-Ampere
LLINs	Long-Lasting Insecticidal Nets
LUHMS	Liaquat University of Medical and Health Sciences
MERF	Medical Emergency Resilience Foundation
MNCH	Maternal, Neonatal and Child Health
NHN	National Humanitarian Network
NSCs	Nutrition Stabilization Centres
PHC	Primary Health Care
PLWs	Pregnant and Lactating Women
PMDC	Pakistan Medical and Dental Council
PNC	Postnatal Care
PPP	Public Private Partnership
PPM	Pooled Procurement Mechanism
PSEAH	Protection from Sexual Exploitation, Abuse and Harassment
RHC	Rural Health Centre
SDGs	Sustainable Development Goals
SEAH	Sexual Exploitation, Abuse and Harassment
SHRUCs	Super High Risk Union Councils
THQ	Tehsil Headquarters Hospital
TSFP	Targeted Supplementary Feeding Program

# ABOUT MERF

MERF aims to improve access to quality health care services which are equitable, efficient and affordable in collaboration with governments, international organizations and private entities. MERF provides services in health care delivery, capacity building of health workers, health care governance, supply chain management, health management information system and health care policy and planning in order to positively contribute to the health status of the population.



# MESSAGE FROM CEO

It has been another year of dedication, learning, and progress for Medical Emergency Resilience Foundation (MERF). As I look back on our work, I feel a deep sense of pride in our teams and gratitude to the communities and partners who continue to place their trust in us.

Pakistan's health landscape remains complex, shaped by recurring emergencies, climate-related disasters, disease outbreaks, and disparities in access to care. In this challenging environment, MERF has remained committed to ensuring that quality healthcare reaches those who need it most.

Over the past year, we strengthened our field operations, expanded outreach services, and continued building the skills and capacity of frontline health workers. Our teams worked in flood-affected areas, remote districts, and vulnerable communities, delivering essential health services with compassion, professionalism, and resilience.

Our achievements are the result of collective effort. Every milestone reflects the tireless work of our healthcare staff, the guidance of our leadership, the collaboration of government counterparts, and the generous support of our donors and partners. Their commitment enables us to respond swiftly to emergencies while also investing in long-term health system strengthening.

This year, we also placed renewed focus on improving program quality, strengthening monitoring and evaluation systems, and integrating innovative approaches that enhance the impact and sustainability of our interventions. These efforts are helping us move beyond immediate response toward building stronger and more resilient health systems. We believe that strengthening preparedness, prevention, and partnerships will be critical to addressing emerging health challenges in the years ahead.

I extend my sincere appreciation to our staff, volunteers, partners, government institutions, and supporters, both in Pakistan and internationally. Your continued trust and collaboration make our work possible. Together, we will continue striving toward a healthier, more resilient Pakistan.



A handwritten signature in blue ink, which appears to read 'Shah Miran'.

**Syed Shah Miran**  
Chief Executive Officer  
Medical Emergency Resilience Foundation (MERF)

# EXECUTIVE SUMMARY

MERF strengthened its national footprint across Pakistan in targeted districts reaching millions of people in need. The tenure of 2025 reflected strategic expansion alongside deeper integration of healthcare, nutrition, immunization, and community resilience interventions.



Provision of comprehensive primary and secondary healthcare remained the largest component of MERF's portfolio. Across managed facilities, communities accessed essential outpatient services, maternal and child healthcare, emergency treatment, and referral care. Strengthened systems, improved infrastructure, and skilled health professionals ensured quality service delivery in underserved and hard to reach populations.

Nutrition programming continued as a central priority. Large scale screening of children and pregnant and lactating women enabled early identification and management of acute malnutrition. Community based counseling on breastfeeding, complementary feeding, maternal nutrition, and key family care practices reinforced preventive approaches at household level. Coordinated referral pathways and district partnerships translated screening into sustained recovery and measurable improvements in child health outcomes.

Immunization efforts were reinforced through integrated community engagement and health system strengthening initiatives. Targeted demand generation campaigns, frontline workforce capacity building, and outreach strategies supported improved routine immunization coverage, contributing to stronger protection against vaccine preventable diseases.

Water, sanitation, and hygiene improvements complemented health and nutrition interventions by enhancing infection prevention standards within facilities and promoting safer practices at community level.

Community engagement remained foundational to MERF's approach. Structured community sessions and behavior change communication strategies strengthened trust, participation, and informed decision making. A strong female workforce continued to play a critical role in reaching women and children in culturally sensitive contexts.


Recognizing the link between economic vulnerability and health outcomes, MERF integrated livelihoods support within selected districts. Climate smart agriculture initiatives, kitchen gardening promotion, livestock support, and income generating activities strengthened household food security and resilience, reinforcing sustainable nutrition gains.


Through strengthened data systems, digital health solutions, and continued workforce development, MERF enhanced institutional capacity and long term sustainability.

The 2024 to 2025 period reflects expanded reach, strengthened systems, and integrated impact across Pakistan's most underserved communities.




# GEOGRAPHICAL PRESENCE

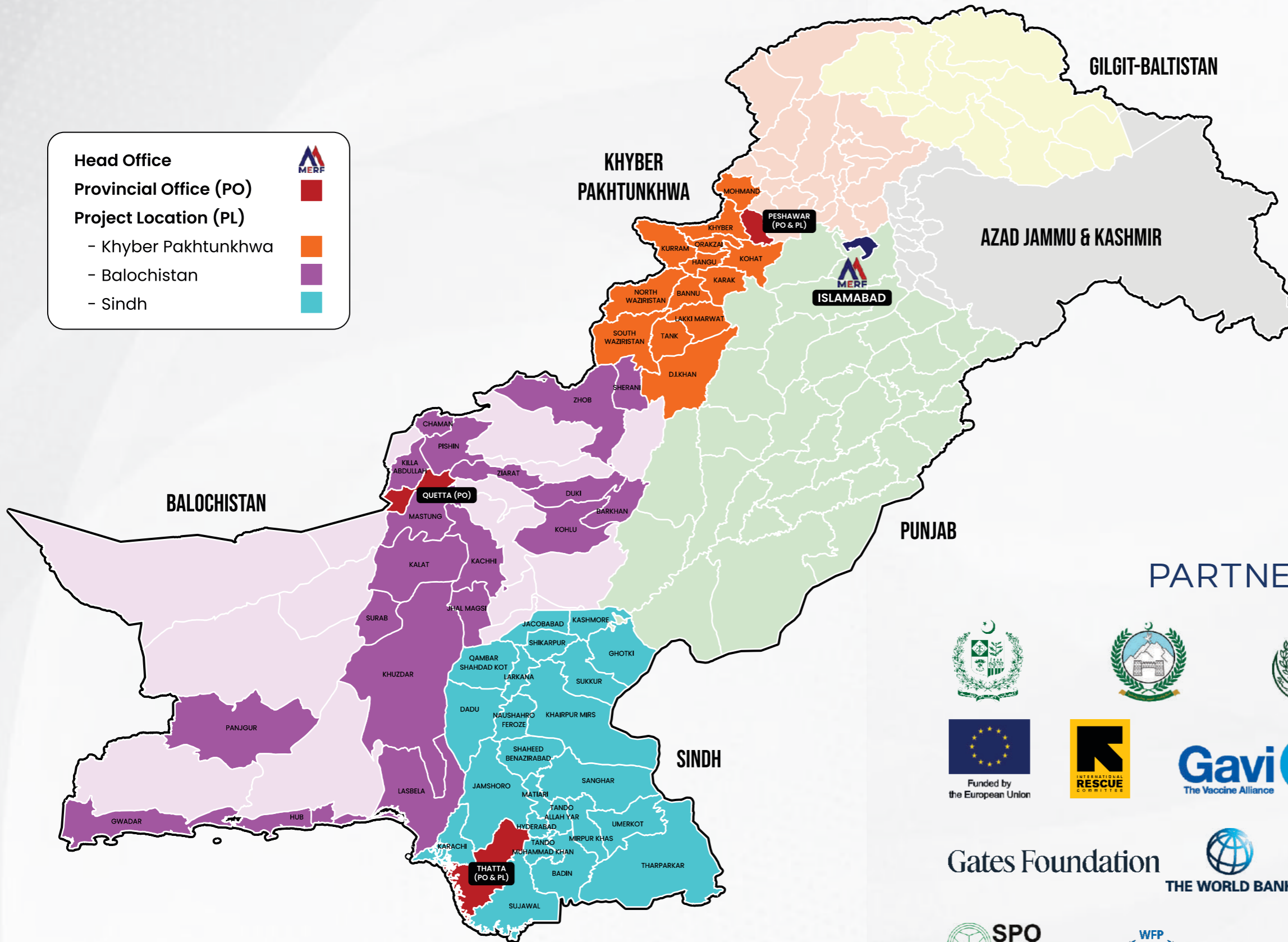


**Head Office** 

**Provincial Office (PO)** 

**Project Location (PL)**

- Khyber Pakhtunkhwa 
- Balochistan 
- Sindh 



## PARTNERS IN SUCCESS



# HIGHLIGHTS 2024-25



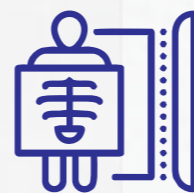
**2,184,745**  
OPD consultations provided



**62,816**  
Surgical interventions carried-out



**350,349**  
Adolescent girls and PLW received IFA and MMT



**197,306**  
Radiology investigations conducted for correct diagnosis



**191,730**  
Patients admitted



**171,871**  
Malnourished children provided with RUTF, RUSF and MNPs



**38,153**  
Under 5 year children vaccinated against Penta-III



**187,502**  
Malaria, TB, Covid-19 Hepatitis/HIV tests conducted



**5,820**  
Dialysis sessions for chronic kidney patients



**161,920**  
ANC & PNC consultations



**18,109**  
Pregnant women received TT-2 vaccination during pregnancy



**1,253,729**  
Individuals reached through awareness sessions



**313,988**  
Accident & emergencies cases managed



**24,045**  
Clean & safe deliveries conducted, including emergency C-sections



**1,181,683**  
Lab investigations conducted



**920,206**  
Children and pregnant and lactating women screened for malnutrition

# PROGRAM IMPACT

During 2024-25, MERF reached over 3.1 million people in need through 17 projects implemented across 62 districts of Pakistan. Delivering quality, comprehensive primary and secondary healthcare remained the core focus of our interventions during this period, representing the largest share of our programmatic efforts and reinforcing our commitment to expanding equitable access to essential health services nationwide.



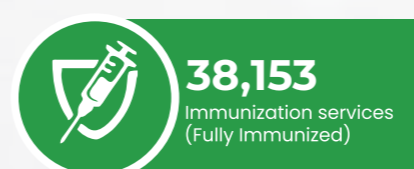
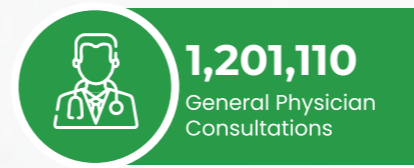
MERF with a focus on strengthening public health system, delivered comprehensive integrated primary and secondary healthcare services, addressing both communicable and non-communicable diseases, along with maternal, newborn, and child healthcare in 176 health facilities (HFs), 79 primary and 12 secondary, across Pakistan.

## Primary Healthcare Services

Primary health care (PHC) is crucial for improving overall well-being and achieving universal health coverage. MERF firmly believes that PHC-oriented health systems consistently produce better outcomes, enhanced equity, and improved efficiency and achieving the health-related Sustainable Development Goals (SDGs).

MERF has adopted a holistic approach by thereby ensuring people receive quality comprehensive care – from health promotion and prevention to treatment and rehabilitation – as close as possible to their everyday environment. MERF delivered PHC services in 176 HFs across Pakistan in the year 2024-25. MERF with support of Gates Foundation (GF), European Commission's Humanitarian Aid and Civil Protection (ECHO), Gavi, UNICEF, Government of Khyber Pakhtunkhwa, Sindh & Balochistan managed/supported 79 PHC HFs (Civil Dispensaries – CDs, Basic Health Units – BHUs and Rural Health Centers – RHCs) in KP, Sindh and Balochistan.

With the support of Gates Foundation, MERF managed and delivered complete package of PHC services in 15 Civil Dispensaries in the Super High Risk Union Councils (SHRUCs) of Peshawar. The CDs performed well and stayed on top in strengthening Routine Immunization and Polio Eradication Initiative services in SHRUCs across Peshawar.



# PROVISION OF HEALTHCARE SERVICES

MERF delivered primary healthcare (PHC) services through 5 ECHO-supported health facilities (HFs) in the districts of Chaman, Killa Abdullah, and Pishin in Balochistan, with Afghan refugees accounting for approximately 40% of total PHC service utilization.



## Secondary Healthcare Services

A well-functioning healthcare system relies on a seamless integration of primary, secondary, and tertiary care. MERF delivered high-quality specialized secondary healthcare services across 10 secondary care hospitals, including 8 in KP and 2 in Sindh, with a combined bed capacity exceeding 1,500. Secondary healthcare services delivered by MERF encompass diagnosing and treating specific medical conditions, thereby ensuring patients timely receive appropriate treatments and interventions that meet diverse patient needs.

All the secondary care hospitals offered 24/7 emergency services to ensure patients had continuous access to critical care at any time of day or night and responded to medical emergencies promptly and effectively, thereby improving patient outcome. MERF effectively handled numerous medical emergencies, particularly in the security compromised newly merged districts of KP and the border districts of Balochistan.

All the secondary care hospitals delivered round-the-clock diagnostic services for accurate and timely identification of medical conditions and choosing the most appropriate treatments.

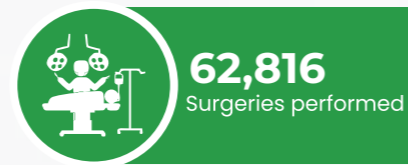


During the year 2024-25, MERF managed 8 secondary care hospitals in KP under Public Private Partnership (PPP) model. 5 Cat-D hospitals in the newly merged districts of Khyber, Kurram, Mohmand, Orakzai and South Waziristan delivered specialist services in the field of Medicine, Surgery,

of South Waziristan District delivered 8 and 13 specialist services respectively. The Independent Monitoring Unit (IMU) KP has ranked DHQ Hospital Mishti Mela as the top hospital and DHQ Hospital Wana as the third best in the southern districts of KP.

MERF, with support of World Bank under its Human Capital Investment Project (HCIP) Government General Hospital Nishtarabad Peshawar delivered specialist services in the field of Medicine, Pulmonology, Gynaecology, Paediatrics and Anesthesia. The hospital kept a special focus on non-communicable diseases i.e. Diabetes, Hypertension, Stroke and various types of Cancers. Last year, the hospital launched Breast Cancer Screening program, introducing mammography services. This initiative aims to enhance early detection and improve outcomes for patients by providing timely and accurate screenings.

During the year 2024-25, MERF managed 2 secondary care hospitals, DHQ Hospital, Thatta and Tehsil Headquarter (THQ) Hospital, Mirpur Sakro under Public Private Partnership (PPP) model in Sindh province.



DHQ Hospital Thatta, with a capacity of 473 inpatient beds, has been recognized by the Pakistan Medical and Dental Council (PMDC) as a Teaching Hospital affiliated with Liaquat University of Health and Medical Sciences (LUHMS), Jamshoro, Sindh. Furthermore, the College of Physicians and Surgeons Pakistan (CPSp) has accredited DHQ Hospital Thatta for fellowship program training.

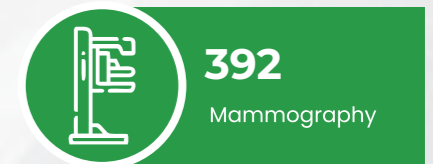
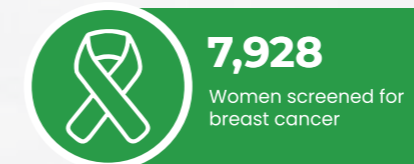
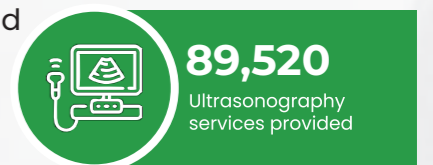
DHQ Thatta and THQ Hospital Mirpur Sakro achieved impressive scores as per DHIS performance evaluation during 2024-25. These scores placed both the hospitals at the top among all the DHQ and THQ hospitals in Sindh. These accomplishments demonstrate MERF's dedication to thereby ensuring excellence in healthcare services at all the secondary care hospitals under its management.

All the secondary care hospitals delivered round-the-clock diagnostic services for accurate and timely identification of medical conditions and choosing the most appropriate treatments.



During the reporting period, MERF implemented an Immunization and Health project supported by Gavi, the Vaccine Alliance to increase routine immunization uptake in selected high-risk union councils across Peshawar, Karak, Khyber, and Kurram districts of Khyber Pakhtunkhwa. The project focused on demand generation and community engagement to address vaccine hesitancy, missed children, and access barriers.

Through structured community mobilization, engagement of local civil society organizations, and advocacy with community influencers, the initiative worked to improve awareness, acceptance, and timely utilization of routine EPI services. In parallel, support to primary healthcare facilities strengthened routine immunization delivery and improved community-facility linkages. By aligning community engagement with service availability, the project aims to increase immunization coverage, reduce zero-dose and under-immunized children, and build sustained community trust in vaccination services.



# STORIES FROM THE FIELD



*I came to DHQ Hospital Wana with a severe eye injury. At this MERF-managed hospital, I received specialized eye surgery and a successful prosthetic eye implant. What seemed impossible so far from major cities became possible here. Today, I am recovering and feel hopeful again. This hospital has given me a new sense of dignity and life.*

*Patient Murad, DHQ Hospital Wana, South Waziristan*



*Born too soon, with an irregular heartbeat and fragile lungs, baby Zunaira entered the world fighting for life in the remote district of Orakzai. With no time to lose, she was immediately shifted to the NICU at DHQ Hospital, Mishti Mela in Orakzai District where doctors and nurses worked tirelessly to stabilize her condition. Through continuous monitoring, specialized neonatal care, and round-the-clock monitoring, her heartbeat slowly found its rhythm. She got stable and recovered. Her first breath a testament to skilled care provided at this facility to underserved communities. In a place where survival once felt uncertain, hope was delivered alongside her birth.*

*Life-saving efforts for Baby Zunaira at DHQ Hospital Mishti Mela, District Orakzai*



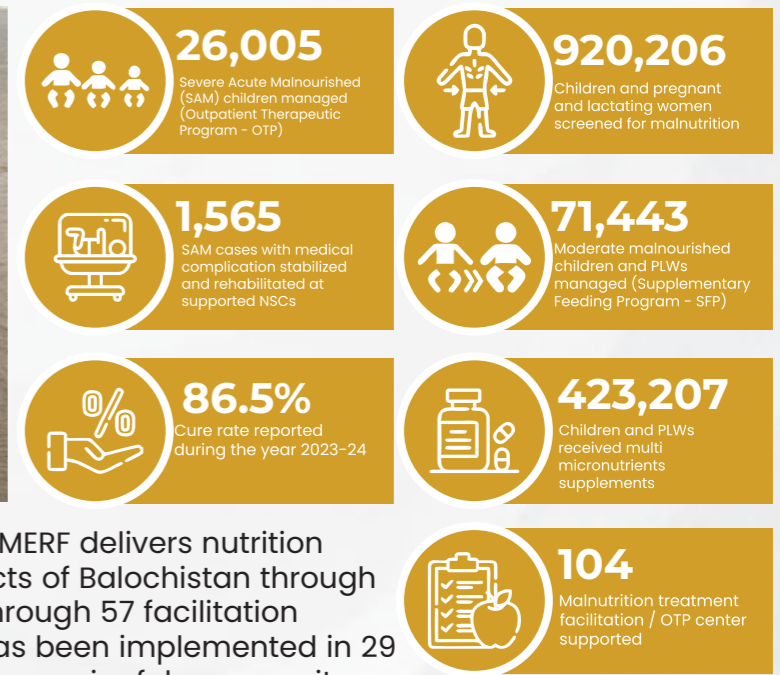


Poverty, overpopulation, disasters, lack of awareness, limited access to healthcare services affecting maternal and child nutrition, among many other factors contributing to Pakistan having the largest population of stunted children in South Asia, an indication of chronic malnutrition in children under 5 years of age. Around 40 percent in Pakistan are stunted, 18 percent are wasted, 29 percent underweight and more than half of them are anemic.

MERF firmly believes that addressing these underlying causes are crucial for improving nutrition outcomes in Pakistan. MERF has implemented an efficient and effective approach to deliver nutrition services that focuses on enabling community-based screenings and treatment using a simplified treatment protocol. MERF has strengthened communities by enhancing their skills to screen malnourished children and refer them to avail required nutrition services at their doorstep.

With the support of UNICEF, MERF delivered nutrition services through simplified protocols in 4 districts (Jacobabad, Dadu, Qambar Shahdadkot and Thatta) of Sindh. Simple method for diagnosing malnutrition and one kind of therapeutic food to treat children with varying degrees of malnutrition in one program makes it easier to maintain supplies and for service providers to treat children at a local level. MERF has also delivered health facility-based nutrition services at 12 PHC facilities in South Waziristan District of KP.

MERF, with support from EU, has built and strengthened the capacity of Civil Society Organizations (CSOs) working in the Nutrition sector and health facilities providing OTP services through provision of essential equipment, trainings and strengthening referral mechanisms in 5 districts (Sukkur, Jacobabad, Naushahro Feroze, Khairpur and Ghotki) of Sindh. Nutrition corners were also established in these districts to facilitate mothers and children.



Under the Benazir Nashonuma Programme, MERF delivers nutrition support to BISP beneficiaries across 12 districts of Balochistan through 28 facilitation centres and 8 districts of KP through 57 facilitation centres. In addition, the SBCC component has been implemented in 29 districts of Sindh, focusing on strengthening meaningful community engagement to trace and mobilize beneficiaries, ensure compliance with required follow-ups, and identify and register newly eligible beneficiaries in the targeted districts.



# NUTRITION SERVICES



# STORIES FROM THE FIELD



Being part of the mother-to-mother support group has given me the knowledge and confidence to help my community. By identifying malnutrition early and guiding mothers toward proper care and nutrition, I feel proud to play a role in protecting the health of our children and women. Seeing families adopt healthier practices reminds me that real change begins within the community

*Ayesha, member of peer support group, District Kashmore, EU-SIGN Project*

With the guidance of Nutrition Assistant Arifa, I received the care I needed during my pregnancy. The iron and folic acid tablets helped me feel stronger, and I learned the importance of antenatal checkups. Choosing to deliver at a Basic Health Unit was the best decision for me and my baby's safety. I'm grateful for the support that made this possible

*Safia, beneficiary of EU-SIGN project in District Ghotki, Sindh*



## FOOD SECURITY AND LIVELIHOOD

MERF strengthened community resilience by integrating livelihood recovery with food security and health interventions in climate-vulnerable and underserved districts of Sindh. The approach focused on restoring income pathways, improving household nutrition, and reducing long-term dependency on aid, especially for women, smallholder farmers, and vulnerable families.

MERF supported households through distribution of quality seeds, kitchen gardening tools, and agricultural inputs, enabling families to produce nutritious food at the household level while generating surplus for local markets. These interventions improved dietary diversity, reduced food expenditure, and enhanced seasonal food availability, particularly benefitting women who play a central role in household food management.



To protect and strengthen rural livelihoods, MERF also facilitated livestock vaccination and basic animal health support, safeguarding key income assets for farming families. Complementary capacity-building sessions on climate-smart agriculture and sustainable farming practices equipped women farmers with practical skills to adapt to changing climate patterns, improve yields, and manage resources more efficiently.



Recognizing the strong link between health and livelihoods, MERF integrated free medical camps and community health awareness sessions into livelihood programming. This holistic model reduced health-related economic shocks, improved productivity, and allowed families to focus on rebuilding their means of living rather than coping with preventable illnesses.





Effective WASH services are important for preventing disease, promoting health, and thereby ensuring the well-being of communities. In 2024-25, our health facilities made significant strides in improving water, sanitation, and hygiene (WASH) services, thereby ensuring a safer and healthier environment for patients, staff and the communities we serve. MERF has implemented standard WASH activities across all health facilities and actively engaged communities to achieve better health outcomes.



MERF conducted regular testing and monitoring of water quality to ensure safe and clean water for facility operations across all managed/supported HFs. Installed handwashing stations in all patient care areas, promoting better hygiene practices among staff and visitors. Upgraded sanitation facilities to meet the highest standards, including the rehabilitation of the existing toilets, construction of new toilets and waste management systems.



WASH activities have been integrated with other initiatives, such as infection prevention and control (IPC) and Healthcare waste management (HCWM), to maximize health outcomes. Engaged with the local community to raise awareness about the importance of WASH in health facilities and encourage community participation in maintaining these standards. The teams conducted sessions on handwashing, personal hygiene, the use of clean drinking water, and proper water handling and storage at the household level. These efforts have not only improved the overall hygiene and safety of our health facilities but also contributed to better health outcomes for the communities we serve.



## WATER SANITATION & HYGIENE (WASH)



“Conducting an awareness session on importance of hygiene in my village was a meaningful experience for me. Mothers, children, and elders actively participated and showed great interest in learning proper handwashing and hygiene practices. Through simple demonstrations and interactive activities, the community clearly understood how hygiene can prevent illness and protect children’s health.”

*Bushra Saleem, IYCF Counselor, District Jacobabad, UNICEF funded project in Sindh*



# GLOBAL HEALTH SECURITY

In 2024–25, MERF remained steadfast in its commitment to strengthening global health security. By strengthening public health systems and enhancing our ability to prevent, detect, and respond to infectious disease threats, we contributed to minimize the danger and impact of acute public health events that threaten people's health across geographical regions.

## Strengthening Surveillance Systems

To quickly identify outbreaks, national disease surveillance systems, including Disease Early Warning System (DEWS), Integrated Disease Surveillance and response (IDSRs), District Health Information System (DHIS) and Polio/EPI reporting systems remained integral to our health programs. MERF ensured effective implementation of surveillance systems at service delivery points by providing necessary tools, trainings, on-job mentoring and kept updated with national and provincial guidelines. Upon identifying a notifiable disease, relevant stakeholders were promptly informed and conducted active community surveillance to track the spread and identify additional cases, followed by implementation of comprehensive outbreak response activities.



## Strengthening Laboratory Networks

MERF has strengthened laboratory network in primary and secondary HFs for accurate and timely diagnosis of infectious diseases by upgrading laboratory facilities with modern equipment and implementing standardized protocols to ensure consistency and accuracy in laboratory testing. Regular training sessions were conducted for laboratory personnel to enhance their skills in diagnostics, biosafety, and biosecurity. During the year 2024–25, laboratories established in secondary healthcare facilities were classified as biosafety level 1 (BSL-1), whereas the public health laboratory at the Government General Hospital Nishtarabad was classified as biosafety level 2 (BSL-2).

## Antimicrobial Stewardship Initiatives

MERF remained actively engaged in antimicrobial stewardship efforts to combat the rising threat of Antimicrobial Resistance (AMR) in Pakistan. MERF's comprehensive approach to antimicrobial stewardship encompassed standard prescription writing, IPC activities, prescription audits, community awareness, and limiting unjustified antibiotic use.


The prescription audits, conducted during this reporting period across 15 primary healthcare facilities under the Gates Foundation funded project, reviewed prescriptions to assess completeness, clinical quality, and rational prescribing practices. The findings show excellent compliance in basic prescription elements such as patient name, age, sex, dosage, and health facility identification, reflecting strong adherence to foundational standards. However, notable gaps were identified in clinical documentation, particularly in recording examination findings, duration of chief complaints, vitals, and consistent use of generic drug names, alongside limited diagnostic investigations—partly attributable to the primary care context. While several facilities demonstrated strong overall performance, others require targeted supervision and capacity building. Overall, the audit underscores the need to sustain strengths in basic documentation while strengthening clinical recording, rational prescribing, and supportive supervision to enhance patient safety and quality of care across facilities.



Throughout 2024-25, MERF demonstrated unwavering dedication to maintaining a safe and healthy environment not only for patients, staff and visitors but also for the communities they serve.

At HF level, this commitment involved implementing rigorous health and safety protocols, enhancing infection control measures, and thereby ensuring the availability of WASH facilities, waste and air quality management. MERF ensured good indoor air quality to reduce the risk of airborne infections in the supported/managed HFs by maintaining appropriate ventilation systems. MERF implemented safe disposal methods for hospital waste from segregation, treatment, and disposal to prevent contamination and infection using environmentally friendly technologies. Additionally, to minimize waste, MERF implemented effective segregation, recycling, and reuse of materials including composting organic waste to reduce methane emissions from landfills.

In 2024-25, MERF implemented several environmentally sustainable practices to reduce the facility's carbon footprint. Our healthcare facilities made significant strides in adopting solar energy by installing new systems over the past year, contributing to a growing renewable energy infrastructure across all locations. Additionally, we promoted the use of high energy-efficiency appliances to further reduce electricity consumption.



**41.1 KW**  
Shifted to renewable energy sources

MERF remained dedicated to progressively implementing Electronic Medical Records (EMR) systems across all managed and supported HFs. Following the successful deployment of EMR in all secondary care hospitals in KP, MERF introduced EMR at DHQ Thatta in 2024-25. Digitizing patient records significantly reduces paper usage, contributing to tree conservation and waste reduction.

Several plantation drives have been carried out, and indoor plants have been placed in waiting areas and corridors across all healthcare facilities. These efforts aim to create a healthier environment for patients, staff, and visitors by enhancing air quality and providing a more pleasant and calming atmosphere



# Environmental Health



## Human Resource Development

In 2024-25, MERF made significant strides in Human Resource Development, focusing on attracting, retaining, and nurturing talent to enhance the quality of Health, Nutrition and WASH services. Through comprehensive training, capacity-building initiatives, and a supportive work environment, we empowered our staff to deliver exceptional care and drive positive health outcomes in the communities we serve.



To further strengthen our preparedness and response capabilities, MERF core technical team has been trained on outbreak response, significantly enhancing capacity to manage public health emergencies effectively. The training equipped technical team with the latest knowledge and skills in outbreak detection, rapid response, and containment strategies. The comprehensive training covered critical aspects such as epidemiological surveillance, case management, and infection prevention and control, thereby ensuring our team is well-prepared to handle a wide range of infectious disease outbreaks with proficiency and confidence.

## Community Engagement

In 2024-25, MERF prioritized community engagement as a cornerstone of all initiatives. By fostering strong relationships and actively involving community members in our programs, we ensured that our health interventions were not only effective but also culturally relevant and sustainable.

Through collaborative efforts, we addressed key health challenges and empowered communities to take charge of their well-being, leading to improved health outcomes and a stronger, more resilient society.



## Complaint Response Mechanism

During the reporting year 2024-25, MERF made significant strides in strengthening its Complaint Response Mechanism (CRM) to foster timely, transparent, and accountable communication with beneficiaries, partners, and community stakeholders. The CRM framework of MERF provides multiple avenues, ranging from complaint helpline number, WhatsApp, and suggestion boxes to email and in-person outreach, thereby ensuring that individuals across digital and non-digital communities can voice their feedback, suggestions, and concerns effectively. Through a centralized system, all inputs are logged, categorized, and assigned a unique reference number for tracking and timely resolution. MERF's commitment to responsiveness is reflected in its structured response timeline, where urgent protection related feedback is addressed within 24 hours and general service complaints within 2-3 working days.



To ensure inclusivity, MERF has prioritized accessibility for remote and underserved populations. This includes training community focal persons, organizing mobile feedback collection visits, conducting verbal sessions in local languages, and leveraging local media and religious/community leaders to build trust. Special attention has been given to gender and disability sensitivity, with female staff assigned for gender-specific issues and tailored support for persons with disabilities. Importantly, all feedback is treated with strict confidentiality, and mechanisms are in place to ensure that providing feedback does not impact clients' access to essential services. These efforts underline MERF's dedication to a rights-based, community-centered approach where learning from client voices informs continuous program improvement.

## Gender & PSEAH

In 2025, MERF strengthened its commitment to Gender and Prevention of Sexual Exploitation, Abuse & Harassment (PSEAH) through consistent staff engagement, awareness, and accountability measures across all operational areas. PSEAH sessions were conducted for staff, complemented by participation in online PSEAH trainings to reinforce understanding of roles, responsibilities, and reporting obligations. Information, Education and Communication (IEC) materials on PSEAH, Child Protection, GBV, and Gender were displayed in all MERF operational locations and were actively explained to both staff and community members, with clear guidance on their purpose and the available reporting channels for PSEAH, GBV, and child protection cases. In selected districts, staff also completed online child protection trainings to further strengthen safeguarding capacity. As part of the 16 Days of Activism, MERF conducted activities under the theme "End Digital Violence for All Women and Girls," during which male and female staff (45%) actively participated and took an oath to report any form of digital violence they encounter through established and appropriate reporting channels.



## Key achievements in 2025

- Improved staff knowledge and compliance on PSEAH and safeguarding standards
- Increased visibility and understanding of reporting mechanisms at community level
- Strengthened child protection capacity in targeted districts
- Enhanced staff commitment to preventing and reporting GBV, including digital violence, through formal and trusted reporting systems.

## Workforce Development

To ensure swift and effective reaction to public health emergencies, MERF has Identified multidisciplinary teams with the necessary skills and training, maintained up-to-date contact information and availability status for all personnel including doctors and nurses, laboratory technicians, logisticians, public health & communications specialists, mental health professionals and support staff.

To further strengthen our preparedness and response capabilities, MERF teams have been trained for outbreak response, significantly enhancing capacity to manage public health emergencies effectively.

## Responding to Emergencies

Emergency response of MERF has been widely acknowledged at national, provincial and district level. MERF has been on the frontline in many of the emergencies across Pakistan during last year, from floods devastated districts of KP specially Buner Flash Floods and border districts of Killa Abdullah and Chaman in Balochistan to vector borne outbreaks of malaria and dengue in Sindh and KP to nutritional emergencies in remote disaster-affected districts of Balochistan, KP and Sindh.

MERF emergency response teams at country and provincial level along with district teams have been actively engaged in the disaster affected districts whilst keeping close collaboration with the respective governments, disaster management authorities, health department and other key stake holders. MERF's emergency programming was based on local needs mostly in terms of medical care, nutrition, water sanitation and hygiene (WASH) and protection with particular focus on the most vulnerable and marginalized. MERF teams effectively managed several Measles, Diphtheria, Leishmaniasis, Dengue, Acute watery Diarrhea outbreaks during 2024-25.



MERF teams remained actively engaged in the management of key zoonotic diseases, particularly rabies and brucellosis. A total of 10,281 dog bite cases and 1,221 snake bite cases were treated at MERF-managed healthcare facilities across Pakistan, with a significant proportion of patients receiving Anti-Rabies Vaccines (ARV).



# PHOTO GALLERY



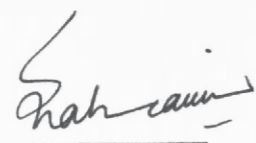
# FINANCIAL REPORT

## MEDICAL EMERGENCY RESILIENCE FOUNDATION STATEMENT OF FINANCIAL POSITION AS AT JUNE 30, 2025

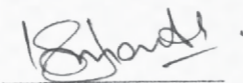
ASSETS	NOTE	2025 RUPEES	2024 RUPEES
<b>NON-CURRENT ASSETS</b>			
Property, plant and equipment	6	1,995,549	2,399,109
Right-of-use assets	7	24,643,245	4,272,155
		26,638,794	6,671,264
<b>CURRENT ASSETS</b>			
Advances	8	3,136,860	4,113,127
Deposits, receivables and prepayments	9	762,900,600	1,011,804,902
Cash and bank	10	529,627,419	761,006,795
		1,295,664,879	1,776,924,824
<b>TOTAL ASSETS</b>		<b>1,322,303,673</b>	<b>1,783,596,087</b>
<b>FUNDS AND LIABILITIES</b>			
<b>FUNDS</b>			
Accumulated surplus	SCF	216,794,424	205,183,628
Restricted funds	11	515,939,437	375,327,181
		732,733,860	580,510,809
<b>NON-CURRENT LIABILITIES</b>			
Deferred income	12	-	-
Lease liability	13	13,830,594	-
		13,830,594	-
<b>CURRENT LIABILITIES</b>			
Current portion of lease liability	13	9,448,054	3,365,965
Trade and other payables	14	566,291,165	1,199,719,313
Provision for taxation	15	-	-
		575,739,219	1,203,085,278
<b>TOTAL FUNDS AND LIABILITIES</b>		<b>1,322,303,673</b>	<b>1,783,596,087</b>
Contingencies and Commitments	16	-	-

The annexed notes from (1) to (32) form an integral part of these financial statements.

CHIEF EXECUTIVE



DIRECTOR



## MEDICAL EMERGENCY RESILIENCE FOUNDATION INCOME AND EXPENDITURE ACCOUNT FOR THE YEAR ENDED JUNE 30, 2025

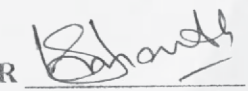
PARTICULARS	NOTE	2025 RUPEES	2024 RUPEES
<b>INCOME</b>			
Grants	17	3,623,558,907	5,182,311,229
Management fee	18	92,867,298	68,804,733
Other income	19	41,290,329	64,703,187
Amortized income	20	-	1
		3,757,716,533	5,315,819,150
<b>EXPENDITURE</b>			
Project expenses	21	(3,623,558,907)	(5,182,311,229)
Administrative and general expenses	22	(122,546,831)	(67,054,384)
		(3,746,105,737)	(5,249,365,613)
<b>Operating Surplus Before Taxation</b>		<b>11,610,796</b>	<b>66,453,537</b>
Levies & taxation	23	-	-
<b>NET SURPLUS FOR THE YEAR</b>		<b>11,610,796</b>	<b>66,453,537</b>

The annexed notes from (1) to (32) form an integral part of these financial statements.

CHIEF EXECUTIVE



DIRECTOR



G-8/1 Islamabad, Pakistan  
Telephone: +92 51 8443306  
Email: [info@merf-pakistan.org](mailto:info@merf-pakistan.org)

