PROJECT BROCHURE & FEASIBILITY REPORT

Dast-e-Shifa

A Lifeline for Poor Dialysis Patients

"If not you, then who?"

IMPLEMENTING ORGANIZATION

Sindh Ajrak Welfare Trust (SAWT)

SECTOR

Health & Medical Relief – Renal Care / Dialysis Support

REPORT DATE

July 2026

01 — PROJECT SUMMARY

A hand of healing for kidney-failure patients

Dast-e-Shifa (“a hand of healing”) is a medical relief initiative of Sindh Ajrak Welfare Trust (SAWT) that removes the single biggest barrier facing kidney-failure patients across Sindh’s rural and semi-urban belt: the recurring, lifelong cost of dialysis.

Under a formal MOU with an established dialysis hospital, patients referred and verified (“mustaheq” – deserving) by SAWT receive hemodialysis completely free of cost — with the Trust settling session charges, lab tests, and essential medicines directly with the partner facility.

The project is built to scale: one MOU hospital and a transparent per-patient cost model today, with room to add partner hospitals as donor funding grows.

PROJECT LEADER

Ghulam Mujtaba Qadri — President, SAWT

DELIVERY MODEL

MOU-based free treatment through partner dialysis hospital(s)

CORE PROMISE

Patients handle no cash and face no charge at the point of care

02 — WHAT IS THE PROBLEM?

A rising, under-served disease burden

Population-based studies from Pakistan report Chronic Kidney Disease prevalence among screened adults — higher still among high-risk groups. Most patients are diagnosed only at an advanced, dialysis-dependent stage because early screening is rare in rural areas.

12.5–30%

CKD prevalence among screened Pakistani adults

67%+

Prevalence among high-risk diabetics & hypertensives

50–150 km

One-way travel distance for many rural patients

2–3 x/wk

Dialysis sessions needed for life, without transplant

02 — WHAT IS THE PROBLEM?

Rural patients carry the heaviest burden

- Dialysis units are concentrated in Karachi, Hyderabad, Sukkur and Larkana — far from patients in rural Sindh, interior Punjab and Balochistan.
- Transport cost, lost daily wages, and the physical toll of long travel compound the direct medical cost for a critically ill patient.
- Government dialysis capacity (e.g. Sehat Sahulat-linked facilities) is frequently oversubscribed, with waiting lists and machine shortages.
- Most affected households are low-income daily-wage earners or small farmers with no health insurance and no capacity for a recurring bill.

THE FINANCIAL TRAP

Rs. 3,000 – 8,000

per hemodialysis session at a private facility

8–13 sessions needed every month, for life.

Even where sessions are subsidised, the recurring basic bundle of consultations, labs and medicines alone can exceed Rs. 20,000/month — unaffordable at minimum wage, leading patients to skip sessions or stop treatment entirely.

03 — HOW WILL THIS PROJECT SOLVE THE PROBLEM?

A direct, hospital-partnered financing model

No new infrastructure to build — keeping the project fast to launch and overhead low.

1

MOU with a Dialysis Hospital

A formal MOU with a reputable hospital defines a fixed, discounted per-session package covering the session, consumables, routine labs and a medicine allowance. SAWT settles bills monthly against verified attendance — patients never handle cash.

2

Verified, Needs-Based Enrolment

Patients are referred through SAWT's field/branch network (Head Office, Shah Faisal Colony, Zubaida Medical Complex, Dodial Mansehra) and community referrals, then undergo means ("mustaheq") and medical verification before enrolment.

3

Continuity of Care

Once enrolled, treatment is guaranteed for as long as SAWT sustains sponsorship. Where feasible, SAWT negotiates transport support or a nearer-hospital option to ease the travel burden.

04 — POTENTIAL LONG-TERM IMPACT

What sustained sponsorship makes possible

Lives Sustained

Consistent, uninterrupted dialysis directly prevents deterioration and mortality linked to missed sessions.

Financial Protection

Sponsored families are shielded from catastrophic health spending that would otherwise push them into debt.

Rural Access

Contracting reachable hospitals and considering transport support narrows the urban–rural gap in renal care.

Dignity & Livelihood

Patients and caregiving family members can continue working and earning instead of being consumed by care.

Donor Confidence

A transparent, per-patient costing model is easy to audit — donors can sponsor one patient, one month or one year.

A Foundation for Prevention

Patient data gathered over time can support SAWT in adding CKD screening and early-detection camps.

What it costs to sustain one patient

Figures reflect prevailing charges and clinical practice reported across Pakistani hospitals — SAWT's planning assumptions for MOU negotiation. Contracted rates may be lower once a charitable-rate MOU is signed.

COST PER DIALYSIS SESSION

Category	Cost / Session (PKR)
Government / Sehat Sahulat-linked	Free – subsidised (limited slots)
Charitable / welfare hospital rate	1,500 – 3,000
Private hospital – typical market rate	3,000 – 8,000
Planning assumption (this report)	**5,000 (mid-market)**

ESTIMATED COST PER PATIENT

	Twice-Weekly	Thrice-Weekly
Dialysis sessions / mo.	Rs. 40,000–45,000	Rs. 60,000–65,000
Medicines, labs, consult.	Rs. 8,000–15,000	Rs. 8,000–15,000
Total / month	**Rs. 48,000–60,000**	**Rs. 68,000–80,000**
Total / year	**Rs. 576,000–720,000**	**Rs. 816,000–960,000**

SAWT's working planning figure:

~Rs. 50,000 / patient / month (Rs. 600,000 / patient / year) *on the twice-weekly schedule most rural patients can realistically attend*

06 — ESTIMATED BENEFICIARIES

A phased rollout tied to funding, not disease burden

Only a fraction of CKD cases progress to dialysis-dependent end-stage disease, but rural areas carry a disproportionate share of late-presenting cases. These are enrolment targets tied to MOU capacity and funding — not a claim on total disease burden.

PHASE 1

Pilot (Year 1)

PARTNER HOSPITALS

1

PATIENTS ENROLLED

25 – 40

APPROX. ANNUAL COST (RS.)

15.0M – 24.0M

PHASE 2

Expansion (Year 2)

PARTNER HOSPITALS

2 – 3

PATIENTS ENROLLED

75 – 120

APPROX. ANNUAL COST (RS.)

45.0M – 72.0M

PHASE 3

Scale-up (Year 3+)

PARTNER HOSPITALS

4+

PATIENTS ENROLLED

150+

APPROX. ANNUAL COST (RS.)

90.0M+

Even a modest Phase 1 cohort of 30 sponsored patients directly protects roughly 150–200 family members (avg. household size 5–7) from catastrophic dialysis costs — beyond the patients themselves regaining consistent, life-sustaining treatment.

07 — IMPLEMENTATION FRAMEWORK

Key milestones and governance

1	Identify & shortlist candidate dialysis hospitals in target districts	*SAWT Management*
2	Negotiate and sign MOU (package rate, billing cycle, reporting format)	*SAWT / Partner Hospital*
3	Set up patient verification (“mustaheq”) and case-file process	*SAWT Field / Branch Network*
4	Enroll Phase 1 patients and begin sponsored treatment	*SAWT / Partner Hospital*
5	Monthly reconciliation of attendance vs. hospital billing	*SAWT Finance & Admin*
6	Donor reporting and impact tracking	*SAWT Management*

07 — SPONSORSHIP OPTIONS FOR DONORS

Sponsor a session, a month, or a year

Transparent, hospital-verified per-patient costing makes giving easy to understand and easy to audit.

ONE SESSION

Rs. 5,000

1 session, 1 patient

Full transparency · hospital-verified billing

ONE MONTH

Rs. 48,000 – 60,000

1 patient, full month (twice-weekly)

Most requested by donors

ONE YEAR

Rs. 576,000 – 720,000

1 patient, full year (twice-weekly)

Full transparency · hospital-verified billing

08 — CONCLUSION

Saving lives quickly, at a transparent cost

Dast-e-Shifa targets one of the clearest, most measurable gaps in Pakistan's rural healthcare landscape: the recurring, unaffordable cost of dialysis for patients with no realistic path to sustained treatment on their own income. By working through a formal MOU rather than building parallel infrastructure, SAWT can begin saving lives quickly, at a transparent and auditable per-patient cost — with a clear pathway to scale as donor support grows.

SAWT invites donors, philanthropic partners, and well-wishers to sponsor a session, a month, or a full year of treatment for a patient who would otherwise be forced to stop.

— "If not you, then who?"