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وَمَنْ أَحْيَاهَا فَكَأَنَّمَا أَحْيَا النَّاسَ جَمِيعًا
"And whoever saves one life,
it is as if he had saved all of mankind."

(Surah Al-Ma'idah: 32)



1. Why KIND-R & The Need Assessment

Pakistan faces a growing rehabilitation crisis driven by a large and underserved population of persons with disabilities. This section outlines the national landscape, the specific gaps in Karachi, and how KIND-R is designed to address them.

1.1 Gaps in Rehabilitation Infrastructure

Pakistan is the 5th most populous country in the world, with an estimated population exceeding 236 million and an annual growth rate of approximately 2.03%. An estimated 7.03 million Pakistanis live with disabilities, a figure growing at 2.65% annually, with 65% concentrated in rural areas where access to care is most limited.

Despite this burden, Pakistan lacks a comprehensive rehabilitation ecosystem. Services remain fragmented, under-resourced, and inaccessible for the majority of the population. There are no dedicated inpatient neuro-rehabilitation centers, and the few existing facilities are limited in both scope and geography:

- AFIRM (Rawalpindi, Army)
- NIRM (Islamabad)
- Paraplegic Center (Peshawar, 30 beds)
- SIPMR (Karachi, outpatient only)

More than 70% of districts have no rehabilitation center at all. This gap is especially acute in Karachi. As Pakistan's largest metropolitan city and primary referral hub, Karachi serves not only its own population but also interior Sindh and Baluchistan, bearing a disproportionate trauma and stroke burden. Yet the city has no specialized neurology-focused rehabilitation hospital and no inpatient neuro-rehab capacity for stroke, traumatic brain injury (TBI), or spinal cord injury. KIND-R addresses this urban-scale gap with a state-of-the-art, purpose-built rehabilitation model.

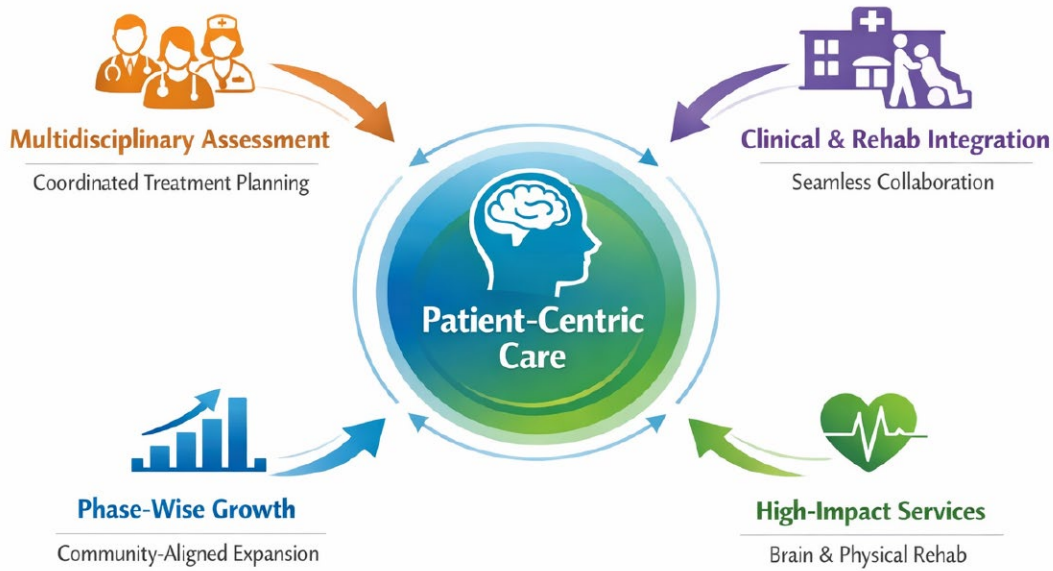
1.2 KIND-R Scope of Services

The Karachi Institute of Neurological Diseases & Rehabilitation (KIND-R) is being established as a comprehensive, multidisciplinary healthcare facility dedicated to providing specialized neurological care, rehabilitation services, and allied diagnostic support under one roof. Services will be delivered through a combination of on-board and visiting consultants across three pillars:

| Consultant Clinics | | Rehabilitation Services | Allied Diagnostics |
|--------------------|---------------------|--------------------------------|-------------------------------|
| Family Medicine | Cardiology | Physical therapy | Ultrasound |
| Pediatrics | Endocrinology | Occupational Therapy | Digital X-Ray |
| Neurology | ENT | Speech Therapy | Pathology Lab |
| Neurosurgery | Psychiatry | Cardiac Rehabilitation | Neurophysiology Lab |
| Rheumatology | Clinical Psychology | Neuropsychology | EEG (Electroencephalogram) |
| Orthopedics | Dietetics | Orthotics (Assistive Devices) | EMG (Electromyography) |
| Pain Management | | Prosthetics (Artificial Limbs) | Pharmacy Services |

Designed with our community's values in mind, KIND-R features separate designated spaces for men, women, and children to ensure privacy and ease of access. KIND-R operates on an integrated, patient-centric care model that emphasizes multidisciplinary evaluation, seamless collaboration between consultant clinics and rehabilitation teams, phase-wise expansion aligned with community needs, and delivery of high-impact services for brain health and physically challenged patients.

KIND-R Integrated Care Model



2. Why HHRD

HHRD brings decades of institutional experience in rehabilitation and disability care to KIND-R. This section outlines the strategic factors and operational track record that made HHRD uniquely positioned to launch this initiative.

2.1 HHRD's Strategic Positioning

At the time of KIND-R's conception, no other NGO in Pakistan operated at scale in neurological rehabilitation or had both clinical and institutional rehabilitation capacity. HHRD's national presence across provinces, experience in urban and remote settings, and ability to manage complex multi-site programs made it uniquely positioned to fill this gap.

2.2 HHRD's Early Engagement in Rehabilitation

HHRD's engagement in rehabilitation began well before KIND-R, particularly in response to large-scale humanitarian crises. Following major natural disasters, HHRD recognized that survival alone was insufficient without rehabilitation and reintegration, shaping its understanding of disability as a development issue rather than solely a medical condition. This led to the Comprehensive Physical Rehabilitation Program (CPRP), one of Pakistan's largest non-governmental rehabilitation networks, now comprising seven centers across the country providing integrated physiotherapy, occupational therapy, assistive devices, and community-based rehabilitation.

The flagship of this network, the Helping Hand Institute of Rehabilitation Sciences (HHIRS) in Mansehra, serves approximately 300 patients daily, trains around 300 students annually, and offers a Doctor of Physical Therapy (DPT) program registered with Khyber University, integrating clinical rehabilitation, academic training, and community outreach within a single institutional framework.

HHRD's relevance extends beyond clinical rehabilitation through a range of integrated programs:

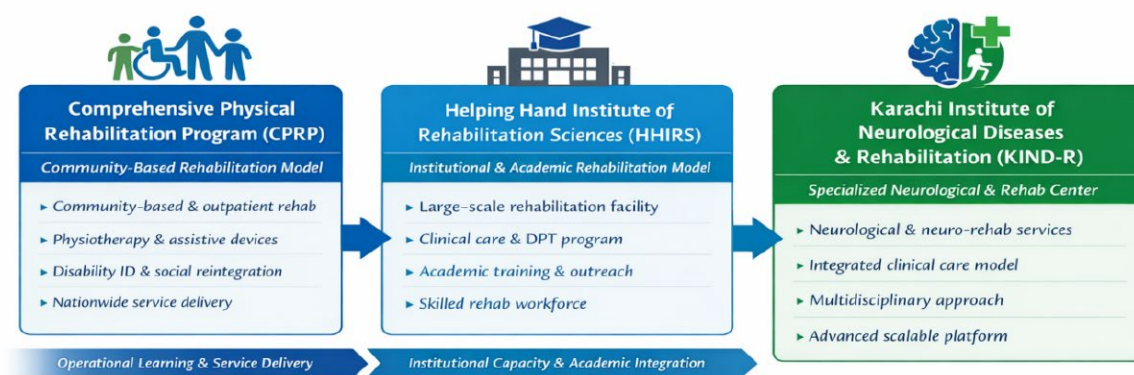
- **Children with Disabilities (CWD) Program:** Operates across 12 clusters, serving approximately 1,800 enrolled children, with a focus on family-centered rehabilitation, long-term follow-up, and social integration.
- **Health & Nutrition Programs:** Emphasize disability prevention, maternal and child health interventions, and community awareness initiatives.
- **Advocacy & Awareness:** Promote disability rights awareness, community mobilization, and engagement with local stakeholders to strengthen inclusion and access to services.

3. Milestones Through 2024

As outlined in Section 2, HHRD's rehabilitation journey progressed from community-based service delivery through CPRP, to institutional and academic integration at HHIRS, culminating in the vision for KIND-R as a specialized neurological and rehabilitation center. The project adopted a seven-phase long-term model with outpatient rehabilitation as the entry phase, integrating training, research, and social support functions. The milestones below trace this vision from conceptualization through pre-operational readiness.

Program Evolution Pathway:

From Community Rehabilitation to Specialized Neurological Care



A structured progression from community-based services to institutional capacity and specialized neurological care.

The KIND-R facility was acquired as a previously functioning hospital building, which was subsequently refurbished and upgraded. The site in Sohrab Goth was selected based on its strategic connectivity to Karachi and upcountry regions, accessibility for repeat rehabilitation visits, proximity to dense population catchments, and long-term expansion potential. The site was already recognized by the surrounding community as a healthcare location, supporting smoother transition, community acceptance, and rapid operational readiness.

A detailed architectural and engineering planning phase followed, focusing on functional zoning of clinical, rehabilitation, diagnostic, and support areas, gender-sensitive and child-friendly design, accessibility-compliant circulation, and integration of future scalability within Phase-1 infrastructure.

By December 2024, KIND-R had successfully transitioned through conceptualization, strategic planning, design finalization, construction execution, and pre-operational readiness, reflecting a disciplined, phased execution approach that ensured donor investments were protected and the project was fully prepared for operational launch.

4. Milestones in 2025

2025 marked KIND-R's transition from construction to operations. This section covers the completion of infrastructure, procurement and installation, workforce readiness, service launch, early patient response, and financial performance.

4.1 Civil Works & Infrastructure

KIND-R achieved substantial completion of all major civil and infrastructure works. Key achievements included:

- Completion of core structural and finishing works
- Readiness of clinical, rehabilitation, diagnostic, and support areas
- Completion of internal circulation, accessibility features, and patient areas
- Utility integration (power, water, HVAC, IT infrastructure)

Minor rooftop works remained outstanding, pending completion of solar installation in early 2026. These were non-critical and did not impede service initiation. This milestone marked the formal transition from construction to commissioning of services.

4.2 Capital Procurement Execution

Procurement followed a phased and cost-controlled approach, strictly aligned with the approved service scope, with staggered ordering to avoid idle assets and priority given to critical clinical and rehabilitation equipment.

By year-end:

- Major equipment and furniture ordering completed
- Approximately 80% of equipment delivered and installed
- Remaining items either under commissioning or in the import pipeline from international suppliers

All installed equipment underwent functional testing, calibration, and integration with utilities and safety systems to ensure it was service-ready, not merely delivered.

4.3 Workforce & Clinical Readiness

Human resource onboarding followed a phased and cost-controlled approach, with hiring initiated only after substantial building readiness. Visiting and session-based consultants were used during the initial phase to manage costs. Orientation programs, role definitions, and reporting lines were established in parallel to ensure staff capacity grew in line with service activation.

Prior to service launch, KIND-R conducted readiness assessments covering:

- Clinical workflows
- Patient flow and scheduling
- Infection control protocols
- Safety and emergency preparedness
- Power backup and utilities reliability

Only after meeting minimum readiness thresholds was service initiation approved.

4.4 Service Launch & Early Patient Response

KIND-R commenced clinical and rehabilitation services on December 16th, 2025. Services were deliberately launched in a phased and controlled manner to ensure quality and patient safety. Initial services activated:

Clinical Services Rehabilitation Therapies Diagnostic Support

- Family Physician
- Physiotherapy
- X-Ray
- Neurology
- Speech Therapy
- Ultrasound
- Psychiatry
- Occupational Therapy
- Echo
- Pain Management
- EEG & EMG
- Dietetics
- Orthopedics

In its first 13 operational days (December 16-31), KIND-R recorded over 950 patient visits, averaging over 70 visits per day, reflecting strong early community response to service availability.



5. Outlook 2026 & Call to Action

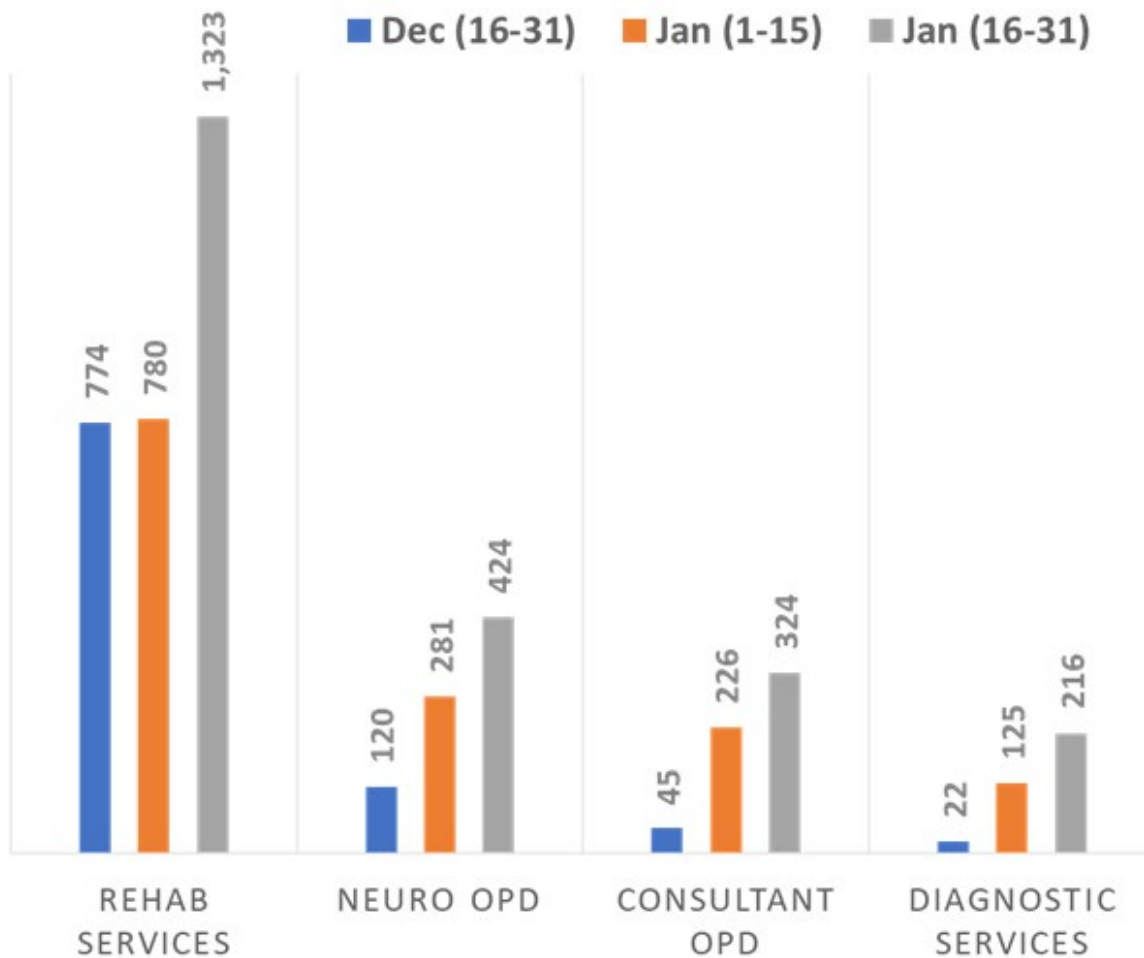
With the successful initiation of services in December 2025, KIND-R enters 2026 as its first full year of operations. The coming year represents a shift from project execution to institutional stabilization, service expansion, and impact consolidation.

5.1 Completing Phase 1

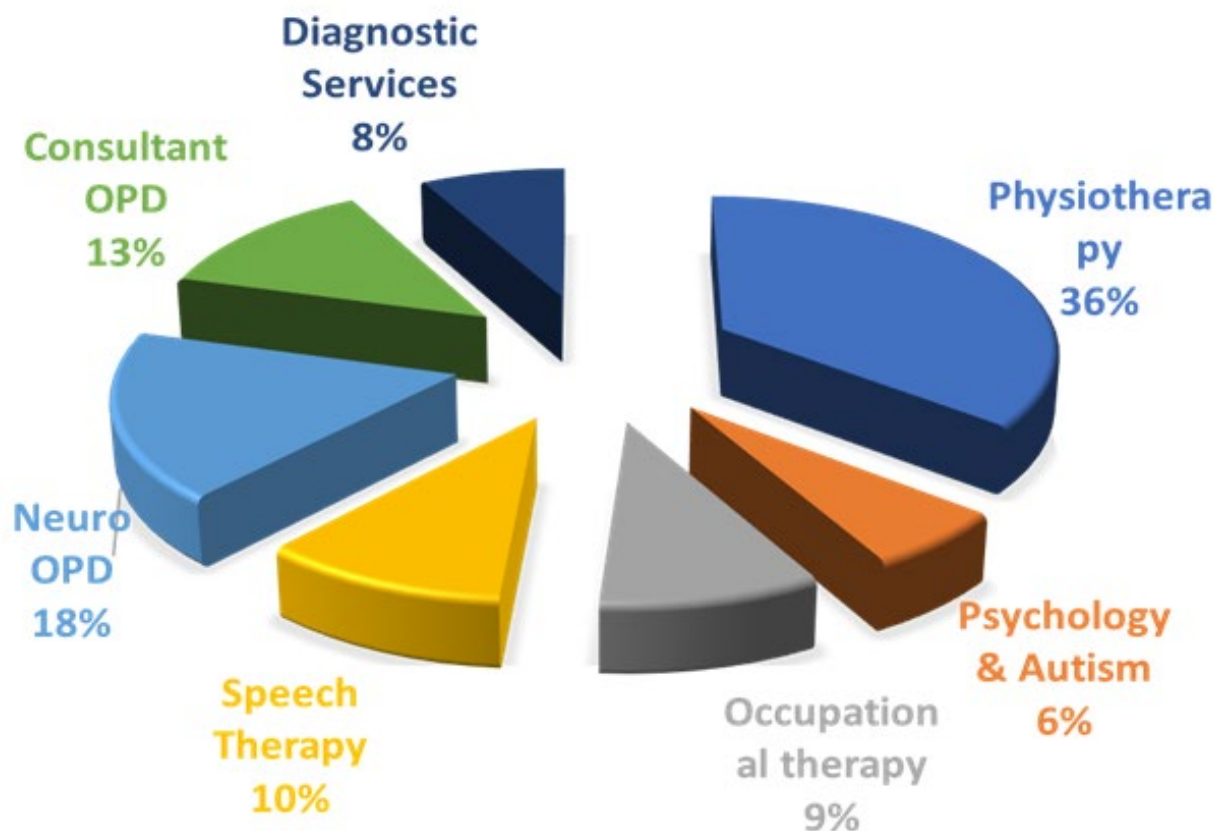
Remaining infrastructure and equipment milestones will be finalized in early 2026, including completion of minor rooftop works, final snag closure and certification, receipt and commissioning of remaining imported equipment, and full activation of diagnostics and rehabilitation units. These actions will formally close the construction phase and enable KIND-R to operate at planned Phase-1 capacity.

5.2 Service Expansion

Early utilization data confirms strong community demand. In its first six weeks of operations, KIND-R has seen consistent growth across all service lines:



Rehabilitation services account for the largest share of patient volume, followed by Neuro OPD, Consultant OPD, and Diagnostic Services:



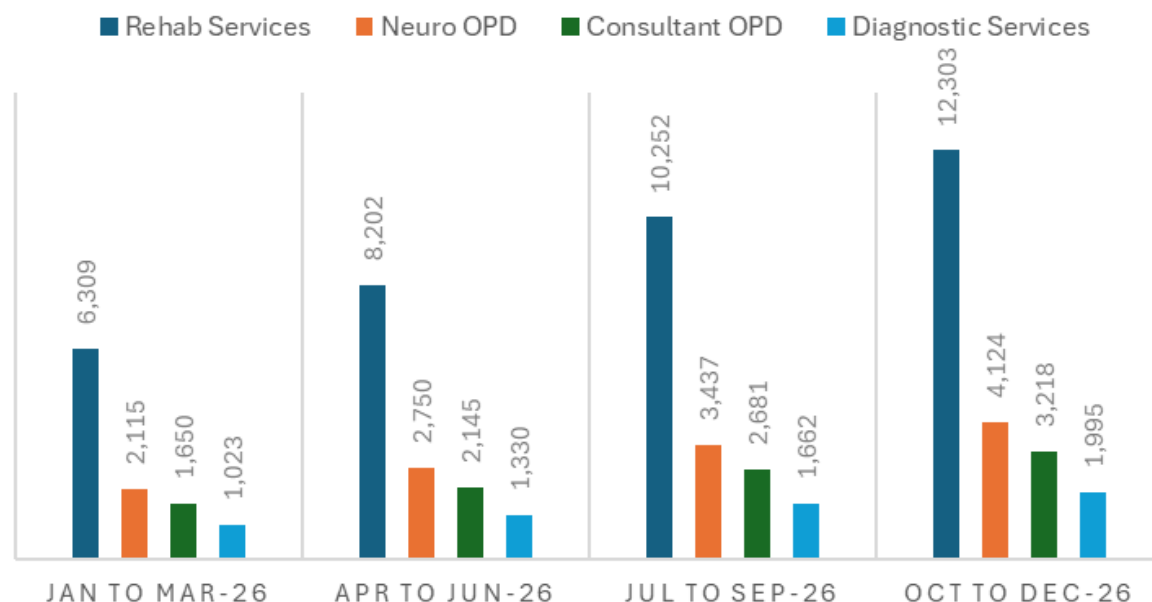
Building on this early traction, KIND-R will progressively expand toward specialized, condition-focused outpatient clinics in 2026, following a multidisciplinary model that integrates consultant care, diagnostics, rehabilitation therapies, and follow-up planning within a single patient pathway. Priority clinical expansion areas include:

- Stroke Clinics with integrated neuro-rehabilitation pathways
- Autism Spectrum Disorder (ASD) Clinics, combining pediatric neurology, psychology, and therapy services
- Musculoskeletal & Congenital Conditions Clinics, including clubfoot management and complex mobility disorders
- Chronic Neurological Conditions Clinics, addressing epilepsy, neuro-degenerative disorders, and long-term disability management

The range of outpatient clinics will also broaden to include Physiatry, ENT, Cardiology, General Pediatrics, Endocrinology, and Neurosurgery. Prosthetics and Orthotics services will be established with a focus on amputee rehabilitation, complemented by a Devices Center for assistive technologies, a community gymnasium, and a library. In-house laboratory and pharmacy services will be activated to support outpatient clinics and improve diagnostic turnaround time.

Projected quarterly patient growth for 2026:

EXPECTED QUARTER WISE PATIENTS GROWTH



5.3 Workforce & Institutional Growth

Beyond service expansion, 2026 will focus on refinement of clinical protocols and SOPs, strengthening referral linkages with hospitals and community programs, enhanced data capture for patient outcomes and service utilization, and continuous quality improvement and governance oversight. These efforts will anchor KIND-R's transition from a newly operational facility into a stable, learning, and performance-driven institution.

5.4 Call to Action

KIND-R has transitioned from concept to operational reality, with patients now receiving care across multiple clinical and rehabilitation service lines. The foundation has been laid, but sustained investment is critical to realizing the institution's full potential.

In 2026, continued donor support will directly:

- Fund the launch of Pakistan's first condition-specific neuro-rehabilitation clinics
- Equip prosthetics and orthotics services for amputee rehabilitation
- Expand therapy capacity to meet growing patient demand
- Bring specialized neurological care to families who have never had access to it

With over 70% of districts in Pakistan lacking any rehabilitation center, KIND-R represents a unique opportunity to establish a national model for neurological and rehabilitation care. It exists because donors chose to invest in it, and its continued growth depends on that same commitment.

5.5 The Long-Term Vision 7-Phase Model (20–30 Year Horizon)

The KIND-R vision is based on the understanding that rehabilitation is not a single intervention, but a continuum involving:

| Phase | Description | Strategic Role | Tentative Timeline |
|-----------|--|--------------------------------------|--------------------|
| Phase 1 | Outpatient Rehabilitation & Training Center | Foundation & Proof of Concept | By year end 2026 |
| Phase 2 | 150 Bedded Inpatient Neuro-Rehabilitation Hospital | Acute-to-Rehab Continuum | By year end 2033 |
| Phase 3–5 | National Network of 130 Satellite Centers across the country | Geographic Scale & Access | By year end 2040 |
| Phase 6 | Rehabilitation Colleges | Workforce Development | By year end 2045 |
| Phase 7 | Rehabilitation & Neurosciences University | Research, Policy & Global Leadership | By year end 2050 |

Each phase was designed to stand independently, yet function optimally when integrated into the larger ecosystem.

Thank you



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