	Department of Architecture and Planning Name of Programme: Development Studies	
1	**Project Idea**	**Title:** Charity and Sustainable development: Exploring the extent and impacts of charity done in Karachi **Project Idea:** Karachi is renowned for its strong culture of charity, yet persistent poverty raises questions about the effectiveness and sustainability of these efforts. This study examines donor perceptions, charity practices, and the overall scale of giving in Karachi, and identifies ways to more effectively direct charitable resources to uplift the urban poor in a sustainable manner.
2	**Process**	Our research adopted a two-phase mixed-methods approach to explore the extent, practices, and sustainability of charitable giving in Karachi, with a particular focus on individual donors. We began by mapping key actors in Karachi's charitable ecosystem, distinguishing primary stakeholders (individual donors) from secondary stakeholders (representatives of major NGOs, government bodies such as the Sindh Social Welfare Department, and subject experts including development practitioners, economists, and sociologists). This stakeholder mapping and a targeted literature review provided the theoretical foundation, drawing on Resource Dependence Theory and Sustainable Development Goal frameworks, and guided the design of our empirical work. In Phase 1, we conducted a total of 40 semi-structured interviews, comprising 31 with individual donors (students, professionals, businesspeople, homemakers) and 9 with field experts (CEOs and senior leaders of charitable organizations, policy-makers, sociologists, economists, and sustainability specialists). Using an inductive strategy, we employed thematic coding to identify common motivations (religious duty, moral obligation), perceptions of institutional trustworthiness, and giving practices (direct cash, in-kind donations, volunteering). This qualitative depth uncovered the dominance of informal person-to-person giving, seasonal spikes around religious events, and widespread concerns over transparency and accountability. Building on these insights, Phase 2 involved designing and administering a structured perception survey to 1,000 individual donors across Karachi. The survey quantified giving frequency and scale, preferred recipients (individuals, beggars, or organizations), sectoral priorities (food, health, education), and barriers to sustainable giving. We stratified our sample by income, age, and district to analyze how

		demographic and socioeconomic factors shape donor behavior. Our methodology faced several limitations. Resource and time constraints restricted the geographic spread of interviews and the length of fieldwork. Security and safety risks in high-poverty or informal settlement areas limited access to certain vulnerable groups and introduced potential sampling bias. Limited accessibility to reliable demographic data and the informal nature of many charitable transactions impeded precise sampling and verification. Finally, cultural sensitivities sometimes constrained open discussion of financial practices, requiring additional efforts to build trust and ensure confidentiality. By integrating rigorous qualitative analysis with broad quantitative coverage, our mixed-methods design provided a comprehensive picture of Karachi's charitable landscape. It highlighted a clear gap between prevailing short-term relief practices and the long-term, development-focused giving needed to meet Sustainable Development Goals. These findings directly informed two proposed charity models that emphasize transparency, coordination, and sustainable impact.
3	**Outcome**	1. We documented the wide range of charitable practices across the city and analyzed the underlying motivations and perceptions that shape donor behavior, offering insights into how personal values, social norms, and religious beliefs influence giving. 2. The research revealed that most charitable giving in Karachi is informal, uncoordinated, and highly individualized. Donors strongly prefer direct, person-to-person giving, prioritizing emotional or religious duty over long-term developmental impact. 3. A significant finding was the deep distrust of charitable organizations and government bodies. This trust gap discourages institutional donations, despite their potential for sustainable and large-scale solutions. 4. The study identified popular sectors for giving, such as food and health, while also highlighting underfunded areas like education, shelter, and long-term development, helping inform future resource reallocation. 5. Survey data from 1,000 donors showed clear behavioral patterns across income, age, and geography. Middle-income donors were most consistent, while younger donors leaned toward digital platforms and volunteerism. 6. Charitable giving spikes during religious periods, especially Ramadan, reflecting a reactive, event-driven culture. This has implications for planning awareness and fundraising campaigns. 7. Based on survey responses and stakeholder input, we estimated the total annual volume of charity mobilized in Karachi, revealing the city's significant philanthropic

		capacity despite informal systems.
		8. Beyond institutional distrust, other barriers include lack of transparency, weak NGO communication, donor fatigue, and limited understanding of development-based charity. These factors hinder long-term impact.
		9. In response, we developed two context-specific charity models to channel informal giving into structured, transparent, and impact-oriented mechanisms that can build donor trust.
		10. This study also sets the groundwork for future research on charitable behavior, institutional trust, and development outcomes, and enables comparative studies across other regions in Pakistan.
4	**Evidence (Theoretical Basis)**	Charity in Karachi has long addressed urgent needs, poverty, food insecurity, and health, but its potential for driving sustainable development remains underexamined. This study, framed by the UN Sustainable Development Goals, maps the roles of individual donors, NGOs, government bodies, and experts to assess how Rs 800 billion (Subohi, 2024) in annual giving is allocated across education, health, poverty alleviation, and economic empowerment. Through mixed methods, secondary analysis of government and NGO data plus qualitative interviews, we find that most resources target short-term relief (food and health), while education and livelihoods are underfunded. Informal, fragmented donation channels and a lack of transparent, data-driven practices hinder long-term impact, as does legal and institutional disarray in welfare regulation. We therefore propose a shift toward structured, development-focused giving aligned with national priorities, enabling Karachi's philanthropic culture to effect measurable, sustainable reductions in urban poverty.
5	**Competitive Advantage or Unique Selling Proposition**	
a	**Cost reduction of existing Product**	Instead of a conventional product, the project suggests cost optimization of existing charitable practices. By shifting donations from repeated short-term aid (e.g., food, money) to one-time investments (e.g., skill training, health coverage), the long-term financial burden on donors is reduced, and the effectiveness per rupee spent increases**.**
b	**Process Improvement which leads to superior product or cost reduction, efficiency improvement of the whole process**	Current charity in Karachi is informal, uncoordinated, and focused on short-term aid, leading to dependency and inefficiency. The project proposes a process shift: • From cash-based or seasonal giving to structured, transparent, and impact-oriented models. • From scattered donations to institutional partnerships (e.g., Edhi, TCF models). • From charity as relief to charity as a development investment. This improves efficiency, accountability, and outcome measurement, offering a superior solution to existing models.
c	**Attainment of any SDG**	The project directly addresses multiple Sustainable Development Goals:

		• **SDG 1 No Poverty**: by highlighting gaps in current charity models and promoting skill-based, long-term support. • **SDG 2 Zero Hunger**: through improved food aid strategies. • **SDG 3 Good Health and Well-being**: by proposing community health coverage. • **SDG 10 Reduced Inequality**: through equitable distribution of charity. These goals are necessary for Karachi's future as the current charity system mostly addresses symptoms (hunger, poverty) rather than causes (lack of education, employment, health access).
d	**Expanding of Market share**	Currently, most charity is limited to known individuals or visible beneficiaries (like beggars or staff). The project identifies a gap in structured giving, where NGOs lack public trust and donor participation. By introducing impact-tracking and development-focused outcomes, the project expands the donor base, including professionals, businesses, and overseas Pakistanis, by offering more credible and rewarding giving channels**.**
e	**Capture new market**	Building on the insights from our mixed-methods research and extensive stakeholder consultations, this project proposes two context-specific charity models aimed at converting Karachi's informal giving culture into structured, impact-driven interventions. These models, *Umeed ka Dastarkhwan* and *Sehat Kafalat*, target the urban poor who are heavily dependent on charity but remain excluded from long-term developmental opportunities. Both models are designed to be scalable, transparent, and appealing to development agencies, CSR platforms, and impact investors seeking sustainable social outcomes. *Umeed ka Dastarkhwan* is a food-plus-skills model that links meal provision to vocational training. It seeks to transform traditional food aid from a short-term relief mechanism into a stepping stone for economic empowerment. The model works through a three-tiered structure. In the first phase, beneficiaries are selected from three high-traffic charity sites and registered through biometric systems. During the second phase, each participant receives daily meals conditional upon attending two hours of vocational training in trades such as tailoring, shoemaking, or handicrafts. In parallel, they receive a basic support package, including clothing, primary healthcare access, child education stipends, and rehabilitation services where needed. A digital tracking system ensures transparency by recording attendance, training progress, and meal redemption. In the final phase, successful trainees are supported through micro-financing, job placements, or integration into NGO-run enterprises, with a gradual phase-out of food support and quarterly follow-up assessments. The model specifically targets vulnerable groups, including low-

income women, daily wage laborers, unemployed youth, transgender individuals, addicts, and the elderly lacking family support.

The second model, *Sehat Kafalat*, addresses a different but equally pressing need: shifting healthcare charity from curative to preventive strategies. Karachi's informal settlements face alarming health conditions due to poor water, sanitation, and hygiene infrastructure, contributing to high levels of preventable diseases. *Sehat Kafalat* aims to reduce this burden through a multi-layered preventive healthcare ecosystem. Central to the model is the Disease Intelligence Unit, which uses geospatial data and real-time reporting to map and respond to disease hotspots. The model also deploys trained *Sehat Raahnumas* (community health workers), distributes *Kafalat Cards* to families for access to preventive services like vaccinations and deworming, and organizes *Sehat Mahfils*, community health literacy sessions held in local mosques, temples, and communal spaces. To attract sustained donor engagement, the initiative generates regular disease economics reports that quantify the cost savings of prevention over treatment. *Sehat Kafalat* operates through a central HQ and works in collaboration with healthcare institutions like Indus Hospital, SIUT, and Aga Khan University for clinical guidance, while NGO partners such as Saylani and Alkhidmat support nutritional aid and mobile clinics. The model includes donor-facing features such as zakat-compliant giving options, real-time dashboards, and a "Health Sponsors Club" to increase trust and accountability. The initial budget is estimated at PKR 18 million for the first year, covering training, community engagement, card issuance, and research systems. The expected long-term outcomes include increased health literacy, a shift from reactive to preventive care, and measurable reductions in disease burdens.

Together, these two models address critical development gaps in urban Karachi by creating structured pathways out of dependency for marginalized populations. They also open a new market for social-impact investment by offering transparency, measurable outcomes, and alignment with Sustainable Development Goals. Through these initiatives, charitable giving in Karachi can evolve from short-term relief to long-term empowerment.

f	**Any Other Aspect**	**Social Innovation & Impact Transparency** The project brings a data-backed understanding of Karachi's charity system and proposes evidence-based reforms. It calls for: • Digital donation platforms for traceability. • Policy support to connect philanthropy with SDG

		planning. This added layer of transparency, structure, and innovation distinguishes it as a replicable model for other cities as well.
6	**Target Market**	**End-users and stakeholders include:** • **Marginalized urban populations** (e.g., daily-wage earners, unemployed youth, women, informal settlers) who benefit from training, healthcare, or structured support. • **Charitable organizations and NGOs** looking to restructure for greater impact. • **Individual donors and philanthropists** seeking verified, development-linked donation options. • **CSR departments and social enterprises** seeking high-ROI social impact investments. • **Government departments** working on urban development and SDG localization.
7	**Team Members (Names & Roll No.)**	Aiza Sajjad Shaikh (DS-001) Fatima Khan (DS-005) Loveza Lodhi (DS-009) Munezah Malik (DS-014)
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10	**Pictures (If any)**	 **Visit to empress market**

Visit to multiple saylani dastarkhwans

Visit to sobhraj maternity hospital

An example of animal based charity observed

A lady outside masjid asking for money

Visit to Civil Hospital