



Registered Charity Number: 1158474

Chairman
Dr. S Tariq K Shah
MBBS, MMed, FRCS
Consultant Urological Surgeon

Board of Trustees
Dr Tasneem A Tariq Vice Chair
Mr Dilshad Khan Treasurer
Dr Akram Khan Secretary
Mr Mohammad Ajeeb Trustee
Mr Asif Saleem Trustee

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Health Care 4 All International

Chairman's Annual Report for Period 2018 - 19

The Chairman Board of Trustees of Health Care 4 All International present their annual report and audited accounts for the period 01 February 2018 to 31 January 2019, and confirm they comply with the requirements of the Charities Act 2011, the trust deed and the Charities SORP (FRS 102).

- This report was agreed and accepted at the HC4AI AGM

Summary of Background and Aims:

Formed in 2014 Health Care 4 All International (HC4AI) is a totally 'not for profit' charity organisation registered with the charity commission UK and interior ministry and PCP in Pakistan as well as with the Kashmir Council and Societies. It is a small organisation that has no corporate backing and is funded solely by personal funding and individual supporters.

Our services, including consultation, treatment, medicines and transport all are completely free to all deserving patients in the rural and remote communities.

HC4AI was registered as a charity on 8th September 2014 (REGISTERED CHARITY NO. UK 1158474)

AIM; Providing Good Quality, Easily Accessible and Cost Effective Primary Health Care to Rural and Remote communities

We aim to provide good quality, cost effective and easily accessible healthcare to the rural and remote communities who either have none or have very difficult access to healthcare. This is done via modified Telemedicine technique. To accomplish this we have developed a unique **Novel Hybrid System of Telemedicine (NHST)**.

NHST is quite simple and basic; instead of providing telecom equipment to every household of the village and training them in its use it, we selected men and women from these villages with some medical background (nursing, Lady Health Visitors and Lady Health Workers, paramedic, dispensers etc.), trained them in the

use of technology and updated on routine and emergency medical practice, equipped them with tablet computers, downloaded it with our own indigenously developed Electronic Health Record (EHR) software and located them in a central place (The Base Unit-Monitoring Centre) from where they can reach any household in the village when called upon. In short **they become the mouthpiece of the community**, an interface between the community dwellers and the medical facility. We call them '**Community Health Workers' (CHW)**. These CHW's then communicate via video/audio link from the patients' home with the medical personnel who are located remotely. **We provide the service non-stop 24 hours a day 365 days a year**

Antenatal, and Neonatal Care, Health Awareness and Disease Prevention Programme

In addition to providing treatment we also work hard on registering all pregnant ladies on our EMR and follow them regularly throughout their pregnancy and provide them information and assistance after delivery for both mother and baby.

We have now longstanding disease prevention and health awareness programmes for the communities.

Our Community Medical Assistants-CMA (previously called Community Health Workers-CHW), medical officers and visiting doctors (from abroad/UK) conduct these health awareness Programme.

We remain committed to our three different awareness programmes:

1. Community Health Awareness: Open for all community dwellers
2. Women's Health Awareness: For women of the communities in their homes
3. Children's Health Awareness: Conducted for children in schools.

The Beginning:

In 2014 we started the project as a pilot study covering a population of 3000 from villages of Mawa Rarrah in Mirpur District AJ&K Pakistan. Success of the project was soon apparent and the demand from the other communities was so overwhelming that pilot study was converted into full service provision.

We soon expanded into surrounding villages at minimal extra cost and by the end of 2016 we were looking after a population of about 20,000.

In early 2017 we appointed a lady Doctor/Obs. & Gynae. & bought a portable ultrasound to provide antenatal care to all pregnant ladies in the community. By 2018 we were ready to scale up the Centre was and re-locate at Chakswari.

Our Achievements and Experience during 2018-2019

Relocation of the Base Unit-Community Health and Telemedicine Centre:

This was the year when we started scaling up the project. The need to do this was not only to provide health care to as many people as possible but also by increasing the catchment area (population base), without much increase in cost, we expect to bring down significantly the cost of providing the service per person per annum.

In October of 2018 we made the major move and re-located HC4AI base unit from Mawa Rarrah to about 25 KM north in Chakswari.

The new location, still in Mirpur District of AJ&K, is situated in a much more densely populated central place on the main spine road that connects Mirpur city to Dudial and Kotli. The landscape is similar with dam, peninsulas jutting into the huge Mangla Lake with marshy land on one side and rough but beautiful tall mountains on the other side.

This move has not only provided much easier access to a population of over 50,000 in Chakswari and its widely scattered villages but also a better telecommunication connectivity to the more remote areas particularly in the mountains that houses another about 20,000 people. It also has better Wi-Fi signals with 3G available in many areas. 4G signals are also available in some parts. We keep our own antennae's now to only the blind spots for Wi-Fi thus improving overall our Internet connections and telemedicine facility.

However all these improvements came at a substantial cost and efforts.

Building

Kamran Mughal and his brothers of Leeds/Bradford dedicated in the memory of their deceased father Haji Mohammad Sadiq donated Land with bare infrastructure to us (8 year renewable contract). We then built upon it the Centre to our specifications and requirements. The Base Unit-Health Care Centre now looks much more purpose built and has become a central point of reference for the community.

Telemedicine Monitoring Centre

Our Community Health Care Centre building doubles up as Telemedicine Monitoring Centre. With a separate area dedicated for this purpose we have two telephone lines (a land line and a mobile) for the patients to contact us any time of the day or night if they require our services to wherever they are located. With computers, Internet connection (x3 back up connections) and our EHR they respond to calls and mobilize the on-call teams to reach the patients swiftly. In emergency cases our response time from the Centre to the patient averages about 15-20 minutes.

Solar Power

The new building gets most of its electrical requirements through greener solar power with storage cellular batteries. Ms Y Dhami of London made a substantial contribution in the installation of the solar power system. This is not only environmentally friendly but has also reduced our electric bill to a huge extent. It is much more reliable than the temperamental grid power.

Laboratory

We introduced a fairly well equipped laboratory, which rapidly provides most of the essential biochemistry and haematology results; this helps our clinical staff in better management of the patients. We have appointed a Laboratory trained technician who shares the responsibility of managing the pharmacy with one of our old Community Medical Assistant-CMA (previously called Community Health Workers-CHW) who is also qualified laboratory medical technology.

Choudhry Mohammad Younis of Regal Food Industries Bradford donated a substantial amount towards the purchase of most of the laboratory equipment and several new machines. He also helps on a regular basis funds required for the upkeep of the laboratory

Pharmacy

A bigger licensed pharmacy with extended inventory and facilities occupies a part of the frontage at the centre. A qualified pharmacist and dispenser run and manage the pharmacy under HC4AI banner. This pharmacy caters not only for the needs of all medical supplies to the patients who are managed through our facility but also is open for all from far and wide who want to avail this 24 hour service

Minor Operation Theatre (MOT)

This new look MOT now looks more like how a minor operating room should be. It is reasonably well equipped to deal with minor traumas and emergencies. Three of our CMA's are trained in A&E and skillfully manage the MOT under the supervision of our doctors. It has its own autoclave and sterilizer with multiple separately packed minor operating sets and fracture stabilizing equipment with first aid facilities.

Detention/Observation Beds

We have four detention/observation beds at the Centre for patients who need to be detained for clinical reasons. This room is equipped for continuous patient monitoring of vitals as well as a Crash Trolley, ECG and Defibrillators.

New Hospital Management System (HMS) and Electronic Health Record with Video Platform and Our own Servers

The HMS purchased last year is in operation now; it is however going through the normal glitches and hiccups of a new system software. It is expected to streamline most of our clinical, accounts and stock record when in full and smooth working. This is an ongoing process.

We have our own three servers located in the server rooms of Mirpur University of Science and Technology (MUST). We remain grateful to them for their continuing support. These servers store the HMS software and all our work data securely. It will help us enormously in data analysis and project evaluation whenever we require and stop our reliance on other data storage facilities.

Governance Structure

While the HC4AI Board of Trustees (BoT) and governance structure at the strategic end in UK remains essentially unchanged, apart from the addition of two new trustees on the board following recent re-election process; we welcome them. However we have revamped our governance structure at the operations end in Pakistan.

One of the SVP (medical matters) Dr A Q Akhter has accepted the position of Medical Director (MD), a voluntary post. He will oversee all the operational matters and will be reporting to the HC4AI Chair and BoT AJK.

Three new directorates have been created to manage the operations smoothly

1. Management including accounts; headed by the project manager (PM)
2. Clinical; headed by Clinical Director (CD) the senior clinician
3. Community; Coordination Committee (CCC)

Accounts

Accounts are kept on site by supervisor and bookkeeper on a daily basis. The accountant manages and prepares these accounts for review and auditing. All accounting is done on electronic accounts software, which will be incorporated into the main platform of HMS.

Community Coordination Committee

This is a vital group to keep our focus on the community-the beneficiaries. It is composed of representatives from the various villages and its members are all on a volunteers (Voice of the community). The committee chair is member of this group and is elected by the members themselves.

The purpose of this committee is:

1. Help in registration on our data base of all individuals and households in their respective villages
2. Identify people who are poor and eligible for free treatment. Identify people who are not so well off and are eligible for subsidized treatment (10-90% subsidy)
3. Bring feedback from the community and on our performance and the needs of the community
4. Meet on regular basis with hospital committee (composed of MD, CD & PM) to discuss and address any matters of concern and provide solutions for service improvement.

Team Work

HC4AI has a very relaxed and friendly atmosphere. This helps greatly in the morale of the staff and encourages them in improving performance. Our staff is trained to do multitasking and help each other in improving patient care. We have separate rest and sleeping areas for our staff with basic catering and entertainment provision.

Board of Trustees UK

- 1 **Chair:** Mr. Syed Tariq Kazim Shah: MBBS. MRCS. LRCP. MMed. FRCS. Senior Lecturer, Consultant Urological Surgeon, The Yorkshire Clinic, Bingley Road, Bradford BD16 1TW. West Yorkshire UK
- 2 **Vice Chair:** Dr (Mrs) Tasneem A Tariq. FRCOG Consultant Obstetrician Gynecologist Hon. Mid York NHS Trust.
- 3 **Secretary:** Dr Akram Khan. MBBS. MRCP. Clinical Chair Bradford City Clinical Commissioning Group. GP Principal, Avicenna Med Practice Bluebell Building, Barkerend Health Clinic, Barkerend Road Bradford BD3 9QH UK
- 4 **Treasurer (outgoing):** Mr. Dilshad Khan. CQSW. MBA. MIHSM. JP Director Equality & Diversity (Rtd.) Bradford Teaching Hospital Trust.
- 5 **Trustee:** Mr Mohammad Ajeeb. CBE Ex Chairman City Primary Care Trust Bradford. Ex Lord Mayor Bradford
- 6 **Trustee:** Mr. Asif Saleem Managing Director Nafees Bakers LTD Bradford.
- 7 **Trustee & nominated Treasurer:** Mr Arif Khan (To be notified to CC Eng.): Member AAT & AAIA Accountancy. BPP University law School Leeds Director Arif Khan accountants
- 8 **Trustee:** Mr Younis Choudhry CEO Regal Food Products Bradford

New Trustees:

- 9 Ms Shanaz Saddique
- 10 Mrs Shazia Zamee

Our partners:

HC4AI acknowledges that without the support of key individuals and organizations this project would not have been feasible. We have come across many individuals who have worked tirelessly in the background to make this project a success (many have asked to remain anonymous), but we would like to take this opportunity to say thank you to all. Although most of our previous partners remain with us we have established new link:

- Mirpur University of Science and Technology (MoU)
- Huddersfield University faculty of Medicines and Healthcare Dept. of Pharmacology
- Bayswater Institute London
- Intelcare Islamabad Pakistan
- Government of AJK Ministry of Health (MoU to be renewed)
- State School of Nursing Mirpur, AJK

Guidance and Support

HC4AI is extremely grateful to the large number of our supporters and well-wishers. I have no doubt that without their help this project would never have the success it has achieved.

I am specially obligated to the following individuals for their support and guidance. A number of individuals wish to remain anonymous we respect their wishes:

- **(Late) Haji Mohammad Saleem and Rafay Saleem** for providing invaluable support, advice and unconditional help in arranging and facilitating all the trips of HC4AI to AJK
- **Mr Asif Saleem** (Nafees Barkers LTD) for the use of his office and support of his staff in the running and administration of HC4AI;
- **Rafay Saleem;** For hosting and welcoming HC4AI visits to Mirpur and providing invaluable insight and advice
- **M Younis Choudhry** of Regal Food Industries Bradford for continuing financial generosity
- **Mr Steve Davison** for continuous support, editing regular newsletter and unflinching, dependable and unconditional help
- **Mohammad Haroon and family** of Leeds for his unflinching support, advice and help in fund raising
- **Luqman Rashid** for infusing enthusiasm, always being available and help in organizing events and fund raising
- **Tahir Luqman** for his generous financial and moral support & advice
- **Kamran Mughal and Brothers** for donating the land and help in building our new centre in ``Chakswari
- **Ms Y Dhami** for both generous financial and moral support
- **Mr Arif Khan** Bradford for preparing accounts and financial report

- **Mr Abid Hussain** of Leeds for his generous contribution and compeering for fund raising event
- **Dr Taimur Shah and Imran Azad** for IT development and website support
- **Sohail Ali** for being available for advice and help any time
- **Mr Haji M Aslam** of the Aagrah Group of Restaurants
- **Mohammad Afsar and friends of Dewsbury** for help in fund raising
- **Cllr Khadim Hussain** for advice and help in fund raising
- **Mr Adam Hoare** for support, cooperation and advice in grant applications
- **Mrs Shanaz Saddique** for her help with fundraising
- **Hanif Malik** for compeering the fund raising event
- **Rashid Saleem and Mrs Rashid** for advice on construction of the new centre at Chakswari and with accounts and bookkeeping
- **All the members of HC4AI UK Working Group**
- **Numerous friends and supporters in Mirpur, Chakswari and UK cities especially Bradford** who are always ready to help and provide advice with a smile

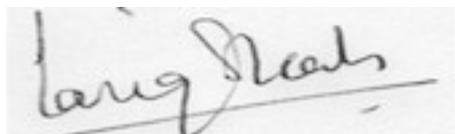
Lastly but not the least

- **Ali Ibn Khalid** for his work above and beyond the call of duty
- And
- **Dr Abdul Quddus Akhter** for his friendship and being there whenever help is needed

Special Thank You

As previous a huge thank you to the **HC4AI Board of Trustees UK (Strategic Board)** and **HC4AI Board of Trustees AJK (Organizational Board)** for their time and complete support in guiding the policies and operations of the project.

My final thank you goes to my wife **Dr (Mrs) Tasneem Aslam Tariq** for her patience, unconditional and relentless support and guidance and for her endurance during the difficult times of the project. She remains a member of the BoT UK



**Chairman Dr. Tariq Shah and
Board of Trustees
Healthcare 4All International**

Summarized Donations and Expenses

Account Period: 01.02.2018 to 31.01.2019

**Details of Audited Accounts of
HC4AI UK and HC4AI AJK are
attached separately**

We are extremely grateful to all our friends and families who have contributed to this project, and without whom this project would not have materialized. We would like to acknowledge all the donations from individuals and organizations, unfortunately as many of our donors wished to remain anonymous and because of the data protection act, we have not been able to secure permission for the individual donors we are unable to highlight such generous individuals. To all our supporters we hope that GOD gives them the rewards in this world and the Hereafter.

- 1 The Charity has received significant donations from individuals and organizations both within the UK and Pakistan. For the purpose of this report we will be only highlight donations received from UK donors.**
- 2 There have been some individuals and organizations that are UK based but who donated in Pakistan, these individuals and organizations will be acknowledged in the Health Care 4 All Pakistan Annual Report.
- 3 Table of Donations and Expenses summary

Summary HC4AI UK Account 01.02.2018 to 31.01.2019

Entries	Debit £	Credit £	Balance £
Opening Balance			45,031
Donations Received		42,447	87,478
HMRC Gift Aid Refund		0	87,478
Bank Charges	95		87,383
Fund raising events ()	0		87,383
Donation (transfer) to HC4AI AJK/Pak	86,440		45,492
Accountancy Charges	350		45,142
Printing			
Travel Expenses	522		44,620
Balance from previous year		45,031	
Total Expenses/Credits to	87,407		87,478
Total Receipts		87,478	
Total Credit in Bank			71

HC4AI AJK
STATEMENT OF FINANCIAL POSITION
AS AT JUNE 30, 2019

<u>RESERVES AND LIABILITIES</u>	Note	2019	2019	2018
		Rupees	Pounds	Rupees
<u>Reserves</u>				
		PKR To Pound @ 168.07(Avg)		
General Reserve	3	18,140,701	£ 107,935.39	10,506,472
<u>Current Liabilities</u>				
Trade Creditors, Accrued & Other Payables	4	596,381	£ 3,548.41	463,090
		<u>18,737,082</u>	£ 111,483.80	<u>10,969,562</u>
<u>ASSETS</u>				
<u>Non - Current Assets</u>				
Operating Fixed Assets	5	11,375,111	£ 67,680.79	7,303,033
<u>Current Assets</u>				
Stock-in-trade	6	1,261,604	£ 7,506.42	376,486
Advance Deposit & Prepayments	7	1,331	£ 7.92	86,014
Cash and Bank Balance	8	6,099,036	£ 36,288.67	3,204,029
		7,361,971	£ 43,803.00	3,666,529
		<u>18,737,082</u>	£ 111,483.80	<u>10,969,562</u>

Annexed notes form an integral parts of these financial statements

HC4AI AJK
STATEMENT OF CASH FLOWS
FOR YEAR ENDED 30 JUNE 2019

	2019 Rupees	2019 Pounds	2018 Rupees
Opening Balance of Cash and Bank Balances	3,204,029	£ 19,063.66	855,256
<u>ADD: RECEIPTS</u>		PKR To Pound @ 168.07(Avg)	
Donations	18,377,420	£ 109,343.84	12,235,485
Advance Deposit & Prepayments	86,013	£ 511.77	130,985
Others	-		135,875
TOTAL RECEIPTS	18,463,433	£ 109,855.61	12,502,345
Total Cash & Bank Balances Available	21,667,462	£ 128,919.27	13,357,601
<u>LESS: PAYMENTS</u>			
<u>Payments Against Assets</u>			
Medical Machinery & Instruments	2,203,679	£ 13,111.67	1,726,106
Building Renovations	883,696	£ 5,257.90	-
Computers	904,049	£ 5,379.00	98,750
Vehicle	1,344,000	£ 7,996.67	-
Other Assets	300,000	£ 1,784.97	45,000
Furniture & Fixture	39,855	£ 237.13	311,000
Temporary Advance	1,000	£ 5.95	32,013
	5,676,279	£ 33,773.30	2,212,869
<u>Payments Against Expenses</u>			
Printing & Stationary Expense	55,800	£ 332.00	61,140
Electricity Expenses	256,837	£ 1,528.15	26,700
Staff Welfare & Refreshments	56,330	£ 335.16	153,660
Salaries, Wages & Benefits	5,903,129	£ 35,123.04	4,970,685
Traveling Expenses	2,490	£ 14.82	16,664
Fee & Subscription Expense	55,000	£ 327.24	30,000
Medicine Purchases	2,858,436	£ 17,007.41	1,164,630
Communication & Internet Expense	176,030	£ 1,047.36	190,630
Repair & Maintenance Building	110,080	£ 654.97	764,000
Repair & Maintenance Expense	303,610	£ 1,806.45	333,615
Bank Charges	3,535	£ 21.03	1,044
Misc. Office Expense	108,370	£ 644.79	110,675
Marketing Expenses	2,500	£ 14.87	117,260
	9,892,147	£ 58,857.30	7,940,703
TOTAL PAYMENTS	15,568,426	£ 92,630.61	10,153,572
Cash & bank balance available at close of the Year	6,099,036	£ 36,288.67	3,204,029

Annexed notes form an integral parts of these financial statements

HC4AI AJK
NOTES TO THE FINANCIAL STATEMENTS

FOR YEAR ENDED 30 JUNE 2019

1 The Organization and Its Operations

1.1 The Society was registered under the Society Registration Act, 1860 as a Non-Profit Organization (NPO) by the name of HEALTH CARE 4 ALL INTERNATIONAL (HC4AI). The registered office of the Society is situated at State of Azad Jammu & Kashmir.

1.2 The principal objective of the HC4AI is to provide health care, facilitation by use of Tele Medicine and Tele Health technology through a network of Community Health Worker (CHW) to remote rural communities in Azad Jammu & Kashmir (AJ&K) and Pakistan who otherwise do not have easy or any access to health emphasis on maternal and child health and prevention of diseases. In 2014 we started from villages of Mawa Rarrah with our monitoring center at Rarrah Welfare Hospital serving approximately 10-15,000 population. In 2018 we relocated our Community Health and Telemedicine Monitoring Center to Chakswari, this will boast the population we serve to approximately 70,000 and includes dozens of small remote villages in the rural.

2 Summary of Significant Accounting Policies

2.1 Accounting Convention

These Financial statements have been prepared under the historical cost convention, except for measurement of certain financial instrument at fair value.

2.2 Trade and other Payables

Liabilities for trade and other amounts payable are carried at cost which is the fair value of the consideration to be paid in the future for goods and services received, whether or not billed to the Organization.

2.3 Fixed Assets

Fixed Assets are stated at cost less accumulated depreciation at the rate indicated in Note No. 5. Depreciation is charged through application of reducing balance method. Full depreciation is charged in the year of acquisition of an asset and no depreciation is charged in the year of disposal. Major renewals and improvement are capitalized.

2.4 Taxation

The tax charged under clause 36 of section 2 of the Income Tax Ordinance 2001, by taking into account the current Income Tax Laws and recognized in the Income & Expenditure Account. The law allows a tax credit equal to 100% of the tax payable, including minimum tax and final taxes payable under any of the provisions.

2.5 Cash and Bank Balance

Cash in hand and cash at bank are carried at cost.

3- General Reserves

	2019		2018
	Rupees		Rupees
	PKR To Pound @ 168.07(Avg)		
Opening Balance of Reserves	10,506,472	£ 62,512.48	7,335,518
Excess of Income over Expenditures transferred from Income & Expenditure Account	7,634,229	£ 45,422.91	3,170,954
	<u>18,140,701</u>	£ 107,935.39	<u>10,506,472</u>

4- Trade Creditors, Accrued & Other Payables

Salaries Payable	496,330	£ 2,953.11	406,166
Others Payable	70,051	£ 416.80	31,924
Audit Fee Payable	30,000	£ 178.50	25,000
	<u>596,381</u>	£ 3,548.41	<u>463,090</u>

6 Stock-in-trade

Medicines	<u>1,261,604</u>	£ 7,506.42	<u>376,486</u>
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7 Advances, deposits and prepayments

Temporary Advance to Staff	1,000	£ 5.95	86,013
Others Receivables	331	£ 1.97	-
	<u>1,331</u>	£ 7.92	<u>86,013</u>

8 Cash and Bank Balance

Cash at Bank - Current Account	6,059,530	£ 36,053.61	3,185,684
Cash in Hand - Local Currency	39,506	£ 235.06	18,345
	<u>6,099,036</u>	£ 36,288.67	<u>3,204,029</u>

9- Medicine Consumed

Opening Stock	376,486	£ 2,240.05	209,900
Add: Purchases during the year	2,896,563	£ 17,234.27	1,164,630
Less: Closing Stock	(1,261,604)	-£ 7,506.42	(376,486)
	<u>2,011,445</u>	£ 11,967.90	<u>998,044</u>

HC4AI AJK
STATEMENT OF OPERATIONS
FOR YEAR ENDED 30 JUNE 2019

Income	Note	2019 Rupees	2019 Pound	2018 Rupees
		PKR To Pound @ 168.07(Avg)		
Donations - Abroad		11,226,020	£ 66,793.72	9,821,500
Donations - Pak		4,543,725	£ 27,034.72	950,000
Donations - Local Communities		2,607,675	£ 15,515.41	1,599,860
Total Income		18,377,420	£ 109,343.84	12,371,360
Less: Expenditures Against Charitable Activities:				
Printing & Stationary Expense		55,800	£ 332.00	61,140
Electricity Bill		236,647	£ 1,408.03	-
Staff Welfare		56,330	£ 335.16	153,660
Salaries, Wages & Benefits		4,327,400	£ 25,747.61	3,997,618
Traveling Expenses		2,490	£ 14.82	16,664
Depreciation Expense	6	1,603,202	£ 9,538.89	955,460
Medicine Consumed	9	2,011,445	£ 11,967.90	998,044
Vehicles Repair & Maint: - Ambulance		303,610	£ 1,806.45	333,615
Communication & Internet Expense		176,030	£ 1,047.36	190,630
Total Expenses against Activities		8,772,954	£ 52,198.22	6,706,831
Less: Admin Expenses:				
Staff Salary & Benefits		1,665,893	£ 9,911.90	1,378,333
Fee & Subscription Expense		30,000	£ 178.50	10,000
Repair & Maintenance Building		110,080	£ 654.97	764,000
Water / Gas / Cylinders		20,190	£ 120.13	26,700
Bank Charges		3,204	£ 19.06	1,044
Misc. Office Expense		108,370	£ 644.79	171,238
Marketing Expenses		2,500	£ 14.87	117,260
Audit Fee Expense		30,000	£ 178.50	25,000
Total Admin Expenses		1,970,237	£ 11,722.72	2,493,575
Total Expenditures		10,743,191	£ 63,920.93	9,200,406
Transferred to General Reserve		7,634,229	£ 45,422.91	3,170,954

Annexed notes form an integral parts of these financial statements

HC4AI AJK
NOTES TO THE ACCOUNTS
For the Year ended June 30, 2019
PKR To Pound @ 168.07(Avg)

4- FIXED ASSETS

Particulars	Cost			Rate %	Depreciation			Book Value As At 30-Jun-18
	As At 1-Jul-17	Addition/ (Deletion)	As At 30-Jun-18		As At 1-Jul-17	For the Year	Acc: as at 30-Jun-18	
Buildings		883,696	883,696	0.10		88,370	88,370	795,326
Furniture & Fixture	489,580	39,855	529,435	0.10	84,954	44,448	129,402	400,033
Vehicle	1,157,500	1,344,000	2,501,500	0.15	247,415	338,113	585,528	1,915,972
Computers	900,150	904,049	1,804,199	0.25	519,764	321,109	840,873	963,326
Medical Machinery & Instruments	6,903,592	2,203,679	9,107,271	0.10	1,585,481	752,179	2,337,660	6,769,611
Other Asstes	352,810	300,000	652,810	0.10	62,984	58,983	121,967	530,843
June 30, 2019-Rupees	9,803,632	5,675,279	15,478,911		2,500,598	1,603,202	4,103,800	11,375,111
June 30, 2019-Pounds	£ 58,330.65	£ 33,767.35	£92,098.00		£14,878.31	£9,538.89	£24,417.21	£ 67,680.79
June 30, 2018-Rupees	7,622,776	2,180,856	9,803,632		1,545,138	955,460	2,500,598	7,303,033



Section A

Independent Examiner's Report

**Report to the trustees/
members of**

Charity Name
Health Care 4 all international

**On accounts for the year
ended**

31st January 2019

**Charity no
(if any)**

1158474

Set out on pages

I report to the trustees on my examination of the accounts of the above charity ("the Trust") for the year ended

**Responsibilities and
basis of report**

As the charity trustees of the Trust, you are responsible for the preparation of the accounts in accordance with the requirements of the Charities Act 2011 ("the Act").

**Independent
examiner's statement**

I report in respect of my examination of the Trust's accounts carried out under section 145 of the 2011 Act and in carrying out my examination, I have followed the applicable Directions given by the Charity Commission under section 145(5)(b) of the Act.

I have completed my examination. I confirm that no material matters have come to my attention (other than that disclosed below *) in connection with the examination which gives me cause to believe that in, any material respect:

- accounting records were not kept in accordance with section 130 of the Act or
- the accounts do not accord with the accounting records

I have no concerns and have come across no other matters in connection with the examination to which attention should be drawn in order to enable a proper understanding of the accounts to be reached.

** Please delete the words in the brackets if they do not apply.*

Signed:

Date:

09/10/2019

Name:

MR K HUSSAIN

**Relevant professional
qualification(s) or body
(if any):**

FMAAT, AAIA

Address:

21 DUCKWORTH LANE

BRADFORD

BD9 5ER

Only complete if the examiner needs to highlight matters of concern (see CC32, Independent examination of charity accounts: directions and guidance for examiners).

Give here brief details of any items that the examiner wishes to disclose.

NONE



HEALTH CARE 4 ALL INTERNATIONAL			No (If any) 1158474	CC16a
Receipts and payments accounts				
For the period from	Period start date 01/02/2018	To	Period end date 31/01/2019	

Section A Receipts and payments

	Unrestricted funds to the nearest £	Restricted funds to the nearest £	Endowment funds to the nearest £	Total funds to the nearest £	Last year to the nearest £
A1 Receipts					
balance b/f	45,031	-	-	45,031	27,720
Donations	42,447	-	-	42,447	45,828
HMRC Refunds	-	-	-	-	17,884
	-	-	-	-	-
	-	-	-	-	-
	-	-	-	-	-
	-	-	-	-	-
Sub total (Gross Income for AR)	87,478	-	-	87,478	90,800
A2 Asset and investment sales, (see table).					
	-	-	-	-	-
	-	-	-	-	-
Sub total	-	-	-	-	-
Total receipts	87,478	-	-	87,478	90,800
A3 Payments					
Bank charges	95	-	-	95	99
Fund raising events	-	-	-	-	209
Donations to charity in Pakistan	86,440	-	-	86,440	45,000
Accountancy Charges	350	-	-	350	-
Printing	-	-	-	-	-
Travel expenses	522	-	-	522	481
	-	-	-	-	-
	-	-	-	-	-
Sub total	87,407	-	-	87,407	45,769
A4 Asset and investment purchases, (see table)					
	-	-	-	-	-
	-	-	-	-	-
Sub total	-	-	-	-	-
Total payments	87,407	-	-	87,407	45,769
Net of receipts/(payments)	71	-	-	71	45,031
A5 Transfers between funds	-	-	-	-	-
A6 Cash funds last year end	-	-	-	-	-
Cash funds this year end	71	-	-	71	45,031

Section B Statement of assets and liabilities at the end of the period

Categories	Details	Unrestricted funds to nearest £	Restricted funds to nearest £	Endowment funds to nearest £
B1 Cash funds		-	-	-
		-	-	-
		-	-	-
	Total cash funds	-	-	-
	(agree balances with receipts and payments account(s))			

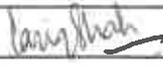
Categories	Details	Unrestricted funds to nearest £	Restricted funds to nearest £	Endowment funds to nearest £
B2 Other monetary assets		-	-	-
		-	-	-
		-	-	-
		-	-	-
		-	-	-
		-	-	-
		-	-	-

Categories	Details	Fund to which asset belongs	Cost (optional)	Current value (optional)
B3 Investment assets			-	-
			-	-
			-	-
			-	-
			-	-

Categories	Details	Fund to which asset belongs	Cost (optional)	Current value (optional)
B4 Assets retained for the charity's own use			-	-
			-	-
			-	-
			-	-
			-	-
			-	-
			-	-
			-	-
			-	-

Categories	Details	Fund to which liability relates	Amount due (optional)	When due (optional)
B5 Liabilities	Accountancy Charges	unrestricted	175	31 October 2019
			-	
			-	
			-	

Signed by one or two trustees on behalf of all the trustees

Signature	Print Name	Date of approval
	TARIQ SHAH	09/10/2019



AUDITORS' REPORT

We have audited the annexed statement of financial position of *Health Care 4 All International* as at 30 June 2019 and the related statement of operations and statement of cash flows together with the notes forming part thereof, for the year then ended and we state that we have obtained all the information and explanations which, to the best of our knowledge and belief, were necessary for the purposes of our audit.

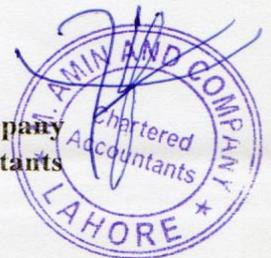
It is the responsibility of the organization's management to establish and maintain a system of internal control, and prepare and present the above said statements in conformity with the approved accounting standards. Our responsibility is to express an opinion on these statements based on our audit.

We conducted our audit in accordance with the auditing standards as applicable in Pakistan / Azad Jammu & Kashmir. These standards require that we plan and perform the audit to obtain reasonable assurance about whether the above said statements are free of any material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the above said statements. An audit also includes assessing the accounting policies and evaluating the overall presentation of the above said statements. We believe that our audit provides a reasonable basis for our opinion and, after due verification, we report that:

- a) in our opinion, proper books of account have been kept by the organization.
- b) in our opinion:
 - i) the statement of financial position, statement of operations and statement of cash flows together with the notes thereon have been drawn up in conformity with the generally applied accounting principals and are in agreement with the books of account; and
 - ii) the expenditure incurred during the year were for the purpose of the organization's business.
- c) in our opinion and to the best of our information and according to the explanations given to us, the statement of financial position, statement of operations and statement of cash flows together with the notes forming part thereof conform with approved accounting standards as applicable in Pakistan/Azad Jammu Kashmir, and respectively give a true and fair view of the state of the Society's affairs as at 30 June 2019 and of its cash flows and changes in general reserve for the year then ended.

Place: Lahore
Dated: 1-Nov-19

M. Amin and Company
Chartered Accountants



Health Care 4 All International
STATEMENT OF FINANCIAL POSITION
AS AT JUNE 30, 2019

	Note	2019 Rupees	2018 Rupees
<u>RESERVES AND LIABILITIES</u>			
<u>Reserves</u>			
General Reserve	3	18,140,701	10,506,472
<u>Current Liabilities</u>			
Trade Creditors, Accrued & Other Payables	4	596,381	463,090
		<u>18,737,082</u>	<u>10,969,562</u>
<u>ASSETS</u>			
<u>Non - Current Assets</u>			
Operating Fixed Assets	5	11,375,110	7,303,033
<u>Current Assets</u>			
Stock-in-trade	6	1,261,604	376,486
Advances, Deposits & Prepayments	7	1,332	86,014
Cash and Bank Balances	8	6,099,036	3,204,029
		7,361,972	3,666,529
		<u>18,737,082</u>	<u>10,969,562</u>

Annexed notes form an integral parts of these financial statements

TREASURER

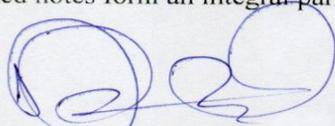


PRESIDENT

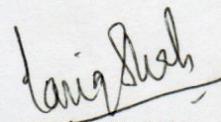
Health Care 4 All International
STATEMENT OF CASH FLOWS
FOR YEAR ENDED 30 JUNE 2019

	2019	2018
	Rupees	Rupees
Opening Balance of Cash and Bank Balances	3,204,029	855,256
<u>ADD: RECEIPTS</u>		
Donations	18,377,420	12,235,485
Advances, Deposits & Prepayments	86,013	130,985
Other	-	135,875
TOTAL RECEIPTS	18,463,433	12,502,345
Total Cash & Bank Balances Available	21,667,462	13,357,601
<u>LESS: PAYMENTS</u>		
<u>Payments Against Assets</u>		
Medical Machinery & Instruments	2,203,679	1,726,106
Building Renovations	883,696	-
Computers, CCTV, UPS, Internet & Solar Vehicle	1,204,049	98,750
Other Assets	-	45,000
Furniture & Fixture	39,855	311,000
Temporary Advance	1,000	32,013
	5,676,279	2,212,869
<u>Payments Against Expenses</u>		
Printing & Stationary Expense	55,800	61,140
Electricity Expenses	256,837	26,700
Staff Welfare & Refreshments	56,330	153,660
Salaries, Wages & Benefits	5,903,129	4,970,685
Traveling Expenses	2,490	16,664
Fee & Subscription Expense	55,000	30,000
Medicine Purchases	2,858,436	1,164,630
Communication & Internet Expense	176,030	190,630
Repair & Maintenance Building	110,080	764,000
Repair & Maintenance Expense	303,610	333,615
Bank Charges	3,535	1,044
Misc. Office Expense	108,370	110,675
Marketing Expenses	2,500	117,260
	9,892,147	7,940,703
TOTAL PAYMENTS	15,568,426	10,153,572
Cash & bank balance available at close of the Year	6,099,036	3,204,029

Annexed notes form an integral parts of these financial statements


TREASURER




PRESIDENT

Health Care 4 All International
NOTES TO THE FINANCIAL STATEMENTS
FOR YEAR ENDED 30 JUNE 2019

1- The Organization and Its Operations

- 1.1 The Society was registered under the Society Registration Act, 1860 as a Non Profit Organization (NPO) by the name of HEALTH CARE 4 ALL INTERNATIONAL. The registered office of the Society is situated at State of Azad Jammu & Kashmir.
- 1.2 The principal objective of the organization is to provide health care, facilitation by use of Tele Medicine and Tele Health technology through a network of Community Health Worker (CHW) to remote rural communities in Azad Jammu & Kashmir (AJ&K) and Pakistan who otherwise do not have easy or any access to health emphasis on maternal and child health and prevention of diseases. In 2014, the operations were started from villages of Mawa Rarrah through the monitoring center at Rarrah Welfare Hospital serving approximately 100 to 150 thousand population. In 2017, the second monitoring center/Base Unit at Chakswari started operations. This unit serves to the population of approximately 70 to 100 thousand and includes dozens of small remote villages.

2- Summary of Significant Accounting Policies

2.1- Accounting Convention

These Financial statements have been prepared under the historical cost convention, except for measurement of certain financial instrument at fair value.

2.2- Trade and other Payables

Liabilities for trade and other amounts payable are carried at cost which is the fair value of the consideration to be paid in the future for goods and services received, whether or not billed to the Organization.

2.3- Fixed Assets

Fixed Assets are stated at cost less accumulated depreciation at the rate indicated in Note No. 5. Depreciation is charged through application of reducing balance method. Full depreciation is charged in the year of acquisition of an asset and no depreciation is charged in the year of disposal. Major renewals and improvement are capitalized.

2.4- Taxation

The tax charged under clause 36 of section 2 of the Income Tax Ordinance 2001, by taking into account the current Income Tax Laws and recognized in the Income & Expenditure Account. The law allows a tax credit equal to 100% of the tax payable, including minimum tax and final taxes payable under any of the provisions.

2.5- Cash and Bank Balance

Cash in hand and cash at bank are carried at cost.



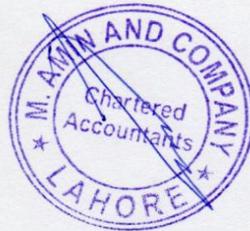
Health Care 4 All International
NOTES TO THE FINANCIAL STATEMENTS
FOR YEAR ENDED 30 JUNE 2019

3- General Reserves

	2019	2018
	Rupees	Rupees
Opening Balance of Reserves	10,506,472	7,335,518
Excess of Income over Expenditures transferred from Income & Expenditure Account	7,634,229	3,170,954
	<u>18,140,701</u>	<u>10,506,472</u>

4- Trade Creditors, Accrued & Other Payables

Salaries Payable	496,330	406,166
Others Payable	70,051	31,924
Audit Fee Payable	30,000	25,000
	<u>596,381</u>	<u>463,090</u>



Health Care 4 All International
NOTES TO THE FINANCIAL STATEMENTS
FOR YEAR ENDED 30 JUNE 2019

	<u>2019</u> Rupees	<u>2018</u> Rupees
6- Stock-in-trade		
Medicines	1,261,604	376,486
7- Advances, deposits and prepayments		
Temporary Advance to Staff	1,000	86,013
Others Receivables	332	-
	<u>1,332</u>	<u>86,013</u>
8- Cash and Bank Balance		
Cash at Bank - Current Account - PKR	6,059,530	3,185,684
Cash in Hand - Local Currency	39,506	18,345
	<u>6,099,036</u>	<u>3,204,029</u>
9- Medicine Consumed		
Opening Stock	376,486	209,900
Add: Purchases during the year	2,896,563	1,164,630
Less: Closing Stock	(1,261,604)	(376,486)
	<u>2,011,445</u>	<u>998,044</u>

TREASURER

PRESIDENT



Health Care 4 All International
STATEMENT OF OPERATIONS
FOR YEAR ENDED 30 JUNE 2019

Income	Note	2019 Rupees	2018 Rupees
Donations - Abroad		11,226,020	9,821,500
Donations - Pakistan		4,543,725	950,000
Donations - Local Communities		2,607,675	1,599,860
Total Income		18,377,420	12,371,360
Less: Expenditures Against Charitable Activities:			
Printing & Stationary Expense		55,800	61,140
Electricity Bill		236,647	-
Staff Welfare		56,330	153,660
Salaries, Wages & Benefits		4,327,400	3,997,618
Traveling Expenses		2,490	16,664
Depreciation Expense	6	1,603,202	955,460
Medicine Consumed	9	2,011,445	998,044
Vehicles Repair & Maint: - Ambulance		303,610	333,615
Communication & Internet Expense		176,030	190,630
		8,772,954	6,706,831
Less: Administrative Expenses:			
Staff Salary & Benefits		1,665,893	1,378,333
Fee & Subscription Expense		30,000	10,000
Repair & Maintenance Building		110,080	764,000
Water / Gas Cylinders		20,190	26,700
Bank Charges		3,204	1,044
Misc. Office Expense		108,370	171,238
Marketing Expenses		2,500	117,260
Audit Fee Expense		30,000	25,000
		1,970,237	2,493,575
Total Expenditures		10,743,191	9,200,406
Excess of Income over Expenditures transferred to General Reserve		7,634,229	3,170,954

Annexed notes form an integral parts of these financial statements

TREASURER



PRESIDENT

Health Care 4 All International
 NOTES TO THE FINANCIAL STATEMENTS
 FOR YEAR ENDED 30 JUNE 2019

5- FIXED ASSETS

Particulars	Cost			Rate %	Depreciation			Book Value
	As at 1-Jul-18	Addition/ (Deletion)	As at 30-Jun-19		As at 1-Jul-18	For the Year	Acc: as at 30-Jun-19	As at 30-Jun-19
Building Renovation	-	883,696	883,696	10	-	88,370	88,370	795,326
Furniture & Fixture	489,580	39,855	529,435	10	84,954	44,448	129,402	400,033
Vehicle	1,157,500	1,344,000	2,501,500	15	247,416	338,113	585,529	1,915,971
Computers, CCTV, UPS & Internet	900,150	904,049	1,804,199	25	519,764	321,109	840,873	963,326
Solar Systems	-	300,000	300,000	10	-	30,000	30,000	270,000
Medical Machinery & Instruments	6,903,592	2,203,679	9,107,271	10	1,585,481	752,179	2,337,660	6,769,611
Other Assets	352,810	-	352,810	10	62,984	28,983	91,967	260,843
30-Jun-19	9,803,632	5,675,279	15,478,911		2,500,599	1,603,202	4,103,801	11,375,110
30-Jun-18	7,622,776	2,180,856	9,803,632		1,545,139	955,460	2,500,599	7,303,033

