



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**

### **Trustees Annual Report for Period 2019 - 2020**

The Chairman and Board of Trustees of Health Care 4 All International present their annual report and audited accounts for the period 2019-2020, 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 8<sup>th</sup> September 2014 (REGISTERED CHARITY NO. UK 1158474). On 31<sup>st</sup> January 2020 the status of the charity was changed to Charity Incorporated Organization (CIO) with the registered charity number 1187677**

#### ***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)**.

## **Organizational Background**

Health Care 4 All International (HC4AI) is a Bradford based UK registered development NGO which specialises in providing healthcare for rural communities in some of the poorest parts of the world. The services we provide include telemedicine, general practice consultations, antenatal care, mother and childcare, emergency treatment and health education programmes for rural and remote communities. We do this by using a combination of innovative technology and frontline support workers to open up access to health expertise and prescription medicines for those living in the most remote locations. While the services are open to all we place particular emphasis on maternal and child health. Such has been the success of our initial pilot in rural Pakistan that the project has recently been expanded to include thousands more people in surrounding districts and has the potential to reach many more.

The charity was founded in 2014 by a UK based surgeon who felt compelled to act when he came across shameful statistics which compared access to healthcare in the western world with that of people living in rural areas of developing countries (such as a 36 year gap in life expectancy and significantly higher under-fives mortality rates, WHO). Spurred on by this moral and ethical injustice, his wife Dr Tasneem Tariq joined him in the quest for equality in healthcare. He recruited friends and colleagues to help him and using his own medical knowledge and the technical skills of others he identified the challenges that needed to be overcome to open up healthcare in rural areas and potential solutions. Uppermost amongst the challenges was the remote nature of the rural communities and the lack of access to health professionals. It was recognized that the cost of setting up and running a medical facility in every remote community made it far too expensive as an option. It was clear that a form of telemedicine could provide an answer but a paucity of communications infrastructure in many developing regions was a major barrier to making this work. The team were aware that telemedicine requires a fast and reliable telecommunication network as well as both the service user and the service provider having access to telecommunication equipment and the knowledge to use them. Again, providing such equipment to every household was considered financially prohibitive.

The team worked with both information technology specialists and a range of academics to develop a modified telemedicine system which they named the Novel Hybrid System of Telemedicine (NHST). The NHST took the existing technology and through manipulation and modification adapted it to suit the remote environment and conditions where it needed to be used. HC4AI was established in 2014 to pilot and roll out the service initially in Pakistan but ultimately across the developing world. Another hurdle in setting up the service was the lack of connectivity across the target area in order to make the telecommunications possible. To overcome this hurdle HC4AI and its partners erected a series of masts to establish a broadband network in the region.

**As well as being a UK registered NGO HC4AI is registered with the interior ministry and Pakistan Centre for Philanthropy as well as with the Kashmir Council and Societies.**

## Our Services:

**Telemedicine through NHST:** NHST negates many of the technical problems and high costs associated with traditional telemedicine and is therefore extremely effective. Instead of distributing expensive and fragile telecommunications equipment to every household we select suitable men and women from the target villages (with some medical background) and train them as **Community Medical Assistants (CMA)**. The training includes the use of technology and refresher training in routine and emergency medical knowledge. We then equip them with tablet computers, download the tablets with our own unique Electronic Health Record (EHR) software and place the CMAs in a central location (in a building which doubles as a medical facility and a call management centre), the **Community Health Care Centre (CHC)** from which they can reach any household in the area when a request for help is received (usually via mobile phone). The CMAs then travel out to the patient (using one of our dedicated ambulances) with their tablet computer and communicate via video/audio link from the patients' home with the medical professional who is located remotely (in the medical facility, in other parts of the country or even the world). Most patients can be diagnosed immediately and then can access the appropriate medication through our pharmacy (via the CMA) but for more serious problems they can be transported to the HC4AI CHC or the nearest hospital for treatment on our ambulances.

***The model allows us to provide this service 24 hours a day, 365 days a year. For the majority of patients, the service is free at all points of access but where someone has the ability to pay, they make a donation appropriate to their means and this is used to subsidise the free care for others.***

### **General OPD at the Community Health Care Centre:**

The Community Health Care Centre also allow for walk-in access to GP service. A lady doctor with Obstetrics and Gynaecology experience and a male General practitioner working in tandem are available at the Centre from 9am to 9pm. After these hours the patients presenting at the Centre are attended by the Community Medical Attendants, who then communicate with doctor on-call on our telemedicine network to initiate treatment.

### **Emergency Care**

HC4AI through its CHC and Telemedicine network has become the first port of call and the only available medical facility for all kinds of accidents and emergencies, in the area that is ***open 24 hours and 365 days of the year.***

When called upon, our ambulances respond to any medical or surgical emergency in the extended area. A number of casualties are brought in by patients' relatives or bystanders on self-help basis too. We are also kept quite busy by road traffic and domestic accidents, accidents on the hills and fields as well as cardiac and other medical emergencies.

Our teams also respond rapidly to any major incidents and accidents in the area for example; our teams were among the first to reach the recent earthquake-stricken area and the major building collapse that occurred in our area.

### **Antenatal, and Neonatal Care**

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. All antenatal records are maintained on EMR and internationally accepted antenatal cards.

### **Health Awareness and Disease Prevention Programme**

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

Our Community Medical Assistants-CMA (previously called Community Medical Assistants-CMA), Medical Officers and visiting doctors (national & international) 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.

### **Academic Activities at the Centre**

To keep our staff updated in current clinical practice we have weekly educational meetings which is obligatory for all clinical staff. These meetings include Topical presentations and discussion, journal club, case presentations and updates on emergency care and resuscitation. All CMA's keep a log of CME (Continuing Medical Education) credits that is used for their annual appraisals.

## ***Our Achievements and Experience during 2019-2020***

### **Activities during Covid-19**

*To say the least 2020 has been an unusual, strange and extraordinary year, not just for HC4AI but for the whole world. Something happened that no one had experienced before. The SARS-Cov2, a highly contagious virus causing Covid19 disease produced a worldwide epidemic associated with high morbidity and a very significant mortality. The outbreak affected everyone, if not by the disease itself but just by the fear of contacting the virus and the ensuing lockdowns. The world was not prepared for it but reacted rapidly. Guidelines on prevention were formulated by World, International and National Health Organizations to control the disease. These recommendations changed continuously as the scientific community learned through experience the ever-changing behavior of this virus and the course of the disease it produced, in an attempt to find a cure, means of containing the virus and prevention of the disease. The crisis is not over yet.*

*Hurried measures were taken by each Government to combat this epidemic. HC4AI and its services were affected too. The routine patient attendance decreased as people were confined to their dwellings and lockdowns were imposed literally across the world.*

*As the routine work reduced most of the primary medical facilities closed. Secondary care hospitals were open for Covid19 patients and emergency care only.*

***HC4AI Community Health Care Centre remained opened throughout the crises. We continued patient care from the Centre but also through telemedicine from patients' homes when called out. However, we had to put stringent measures to protect our staff and the patients from contacting and spreading the virus.***

*Following are some of the measures we took and continue to date, as the threat of Corona Virus continues, for the communities we serve and for population of the district as well as population in general.:*

- a) Health Care 4 All International (HC4AI) developed Emergency Response Call/Help Center for whole of Mirpur District for information dispersal, patient and suspect surveillance and help in patient management in collaboration with District Administration and District Health Department.
- b) Our staff were trained not only in providing information to general public about measures on prevention, contacting and spreading the virus, they also got trained in handling of Covid19 patients, their management and how to respond to public enquiry when contacted through our Call Centre. They liaised with the District Health Office on daily basis and reported the daily activities to the DHO for statistical analysis that helped in formulating a coordinated response.
- c) Our trained staff and adapted equipped ambulances were available for reaching the patients/suspected cases in their premises and transfer to the quarantine and management centers for Covid-19 patients.
- d) One of our representatives was connected with District Health Office directly at all times and attended daily meetings on Covid-19 situation and planning.
- e) Brochures and information leaflets were prepared indigenously on prevention and advice on Covid-19 and were distributed to the community.
- f) Our team of Doctors and trained medical staff were connected with First Aid Post (FAPx11), Basic Health Unit (BHUX2) and Rural Health Center (RHCx1) and visited them to coordinate with their staff on Covid-19 prevention, information dispersal, training and management of patient.
- g) Food package were prepared and distributed regularly during lockdown to the all vulnerable families in the community.

### ***Community Health Care & Telemedicine Monitoring Centre***

The re-location of the Centre was completed in November of 2018. We were up and running soon after the move, however it took several months to bed in and to dissipate the information to the community.

The building of our Community Health Care Centre as before doubles up as Telemedicine Monitoring Centre. With a separate area dedicated to function as the Call Centre 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 Dhimi of London made a substantial contribution in the installation and up-grading of the solar power system and continues the support. This is not only environmentally friendly but has also reduced our electric bill. It is much more reliable than the temperamental grid power. As our requirements for power increase (pharmacy, lab. And consulting room need temperature control particularly in the summer months we will need to upgrade our solar system. A back-up generator is always on the standby ensuring uninterrupted electrical power.

### ***Laboratory***

The fairly well-equipped laboratory at the Centre, continues to provide most of the essential biochemistry and haematology investigations; 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 in laboratory medical technology.

Choudhry Mohammad Younis of Regal Food Industries Bradford who donated a substantial amount towards the purchase of most of the laboratory equipment and several new machines continues to support and help on a regular basis with funds required for the maintenance of the laboratory.

### ***Pharmacy***

The bigger licensed pharmacy with extended inventory and facilities continues to provide round the clock service. Supervised by a qualified pharmacist and run by our qualified dispensing (CMA) staff. 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.

Our Trustee Arif Khan, visited the centre in February of this year and did a spot audit of the stock in pharmacy and store. Though this was limited in scope it highlighted several inconsistencies and mistakes. An independent auditor (Treasurer of BoT AJK) was given the task of doing a full audit. I have received his report that identified many areas that need addressing. Since then a task group was formed with the Project Manager and BoT AJK Treasurer, reporting to me, to find faults, recommend changes, and streamline the system. The Initial recommendations of the group have been received and are being implemented. A follow-up audit to assess the results of these changes is planned for early next year.

### ***Minor Operation Theatre (MOT)***

As the trauma and accident cases increase our MOT continues to provide a very valuable service in dealing with these patients, providing first aid and initial

management of trauma. 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 reduced the detention/observation beds at the Centre for patients to three from four essentially to increase space for the laboratory and staff common room. These beds are 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 in 2018 is in operative now; It is mainly being used for patient registration and creating individual patient clinical folders. It is however still not being used to its full capacity. It is expected to stream line 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***

The governance structure has not changed from last year. While the HC4AI Board of Trustees (BoT) and governance structure at the strategic end in UK remains unchanged, apart from one of the Trustee Mrs. Shazia Zameer requesting to step down due to family commitments and Trustee Mr. Younis Choudhry requesting a temporary withdrawal for business reasons, both of these were accepted.

The governance structure revamped last year, at the operations end in Pakistan is producing fairly good results.

To remind the changes made to the governance structure in AJK/PAK; One of the SVP (medical matters) Dr A Q Akhter was appointed to the position of Medical Director (MD), a honorary post. He will over see all the operational matters and will be reporting to the HC4AI Chair and BoT AJK.

Three new directorates were 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) comprised of community representatives

## **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 in future.

As previously our annual returns have been audited by independent auditors both for UK and AJK/Pak annual accounts. The reports are included in this report and will be submitted to the Charity Commission UK after approval by the Board of Trustees.

## **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 volunteers (Voice of the community). The committee chair is a 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 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.

### **Patient Activity**

<b>Year</b>	<b>Total No of Patients</b>	<b>Male</b>	<b>Female</b>	<b>Children u/16</b>	<b>OPD (Clinic)</b>	<b>Out-Reach</b>	<b>Free Patient</b>	<b>Subsidised</b>	<b>Total Donating patient</b>
2018 Nov & Dec	1173	479	694	261	1112	61	439	469	265
2019	8982	3598	5384	2209	8769	213	2300	3935	2747
2020 Jan to Aug	2661	1017	1644	472	2452	209	593	1189	879
<b>Total</b>	<b>12816</b>	<b>5094</b>	<b>7722</b>	<b>2942</b>	<b>12333</b>	<b>483</b>	<b>3332</b>	<b>5593</b>	<b>3891</b>

## Board of Trustees UK

- 1 **Chair:** Mr. Syed Tariq Kazim Shah: MBBS. MRCS. LRCP. MMed. FRCS. Rtd. 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 Rtd. Consultant Obstetrician Gynecologist.
- 3 **Secretary:** Dr Akram Khan. MBBS. MRCP. Ex. Clinical Chair Bradford City Clinical Commissioning Group. GP Principal, Avicenna Med Practice Bluebell Building, Barkerend Health Clinic, Barkerend Road Bradford BD3 9QH UK
- 4 **Trustee:** 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 & 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:** Ms Shanaz Siddique Educationist, freelance journalist and You Tuber

## 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
- Intelcare® Islamabad Pakistan
- Government of AJK Ministry of Health (MoU awaiting renewal)
- State School of Nursing Mirpur, AJK
- MoU of cooperation between HC4AI, Deputy Commissioner Mirpur Div. & District Health Officer Mirpur Div.

## 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
- **M Younis Choudhry** of Regal Food Industries Bradford for continuing financial generosity and invaluable advice
- **Rafay Saleem;** For hosting and welcoming HC4AI visits to Mirpur and providing invaluable insight and advice
- **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
- **Mr Asif Saleem** (Nafees Barkers LTD) for the use of his office and support of his staff in the running and administration of HC4AI;
- **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
- **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

Last 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  
For Board of Trustees  
Healthcare 4All International**

**HC4AI Account Period: 2019-2020**  
**Donations and Expenses UK and AJK/Pakistan**

**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 01.02.2019 to 31.01.2020**

Detailed Audited Accounts for UK are submitted separately to Charity Commission UK

Entries	Debit £	Credit £	Balance £
<b>Opening Balance</b>		71	
<b>Donations Received</b>		77,848	77,919
<b>HMRC Gift Aid Refund</b>		6,340	84,259
Bank Charges	42		84,217
Fund raising events ()	8,000		76,217
Donation (transfer) to HC4AI AJK/Pak	30,133		46,084
Accountancy Charges	175		45,909
Printing	500		45,409
Travel Expenses		0	
Professional Fees	3,147		42,262
Balance from previous year		71	
<b>Total Expenses</b>	<b>41,997</b>		
<b>Total Receipts</b>		<b>84,259</b>	
<b>Total Credit in Bank</b>			<b>42,262</b>

**Details of AJK/Pakistan Audited Accounts**  
**July1, 2019 to June 30, 2020**

**HEALTH CARE 4 ALL**  
**INTERNATIONAL**

**AUDITED FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED**  
**JUNE 30, 2020**

**BY:**

**Azeemullah & Co**  
Chartered Accountants  
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Sector G 11/3, Islamabad.  
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**Email:** Azeemullahandcompany@gmail.com



# *Azeemullah & Co*

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## *Chartered Accountants*



### INDEPENDENT AUDITOR'S REPORT TO THE MANAGEMENT OF HEALTH CARE 4 ALL INTERNATIONAL

We have audited the accompanying financial statements of “**HEALTH CARE 4 ALL INTERNATIONAL**” which comprise of the Statement of Financial Position, Statement of Operation & Statement of Cash Flow as at **June 30, 2020** together with the notes forming part thereof (hereinafter referred to as the “financial statements”), for the year then-ended.

#### **Management's Responsibility**

Management is responsible for the preparation of these financial statements and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

#### **Auditor's Responsibility**

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit to check the policies and procedures of the Company's as adopted and adhered to. An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error in making those risk assessments the auditor considers internal control relevant to the entity's preparation of the financial statements in order to design



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# *Azeemullah & Co*

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## *Chartered Accountants*



audit procedures that are appropriate in the circumstances but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimated made by management, as well as evaluating the presentation of the financial statements.

We believed that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### **Opinion**

In our opinion and to the best of our information and according to the explanation given to us, the Statement of Financial Position, Statement of Operations, & Statement of Cash Flows of "HEALTH CARE 4 ALL INTERNATIONAL" were prepared in accordance with the requirement of and in compliance with the policies and procedures of the Organization as adopted on the reporting date as at **June 30, 2020**.

**ISLAMABAD**

**Date:** September 29, 2020



*Azeemullah*

**AZEEMULLAH & CO**  
CHARTERED ACCOUNTANTS

(Engagement Partner: Azeemullah, ACA)



**Address:** Office No. SF 09, Block C5, Street No 97, PHA Apartments, G-11/3, Islamabad.

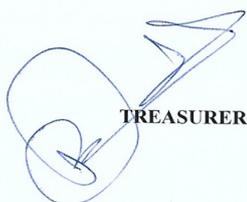
**Email:** partner@aazco.net, azeemullahandcompany@gmail.com

**Website:** www.aazco.net **Contact:** 051-2360279

**Health Care 4 All International**  
**STATEMENT OF FINANCIAL POSITION**  
**AS AT JUNE 30, 2020**

	Note	2020 Rupees	2019 Rupees	2020 Pounds	2019 Pounds
<b><u>RESERVES AND LIABILITIES</u></b>					
<b><u>Reserves</u></b>					
General Reserve	3	18,461,193	18,140,701	96,152.05	107,935.39
<b><u>Current Liabilities</u></b>					
Trade Creditors, Accrued & Other Payables	4	493,944	596,381	2,572.63	3,548
		<u>18,955,137</u>	<u>18,737,082</u>	<u>98,724.67</u>	<u>111,484</u>
<b><u>ASSETS</u></b>					
<b><u>Non - Current Assets</u></b>					
Operating Fixed Assets	5	10,094,456	11,375,110	52,575.29	67,681
<b><u>Current Assets</u></b>					
Stock-in-trade	6	1,700,073	1,261,604	8,854.55	7,506
Advances, Deposits & Prepayments	7	4,500	1,332	23.44	8
Cash and Bank Balances	8	7,156,108	6,099,036	37,271.40	36,289
		8,860,681	7,361,972	46,149.38	43,803
		<u>18,955,137</u>	<u>18,737,082</u>	<u>98,724.67</u>	<u>111,484</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 2020**

	<b>2020</b>	<b>2019</b>	<b>2020</b>	<b>2019</b>
	<b>Rupees</b>	<b>Rupees</b>	<b>Pounds</b>	<b>Pounds</b>
Opening Balance of Cash and Bank Balances	6,099,036	855,256	31,765.81	5,089
<b><u>ADD: RECEIPTS</u></b>				
Donations	13,439,799	18,377,420	69,998.95	109,344
Advances, Deposits & Prepayments	1,332	86,013	6.94	512
<b>TOTAL RECEIPTS</b>	<b>13,441,131</b>	<b>18,463,433</b>	<b>70,005.89</b>	<b>109,856</b>
Total Cash & Bank Balances Available	19,540,167	21,667,462	101,771.70	128,919
<b><u>LESS: PAYMENTS</u></b>				
<b><u>Payments Against Assets</u></b>				
Medical Machinery & Instruments	-	2,203,679	-	13,112
Building Renovations	-	883,696	-	5,258
Computers, CCTV, UPS, Internet & Solar Vehicle	25,500	1,204,049	132.81	7,164
Other Assets	-	1,344,000	-	7,997
Furniture & Fixture	11,700	-	60.94	-
Temporary Advance	75,000	39,855	390.63	237
	4,500	1,000	23.44	6
	116,700	5,676,279	607.81	33,773
<b><u>Payments Against Expenses</u></b>				
Printing & Stationary Expense	133,520	55,800	695.42	332
Electricity Expenses	331,043	256,837	1,724.18	1,528
Staff Welfare & Refreshments	124,047	56,330	646.08	335
Salaries, Wages & Benefits	6,209,529	5,903,129	32,341.30	35,123
Traveling Expenses	23,600	2,490	122.92	15
Free Medicines	736,226	-	3,834.51	-
Fee & Subscription Expense	79,156	55,000	412.27	327
Medicine Purchases	3,905,013	2,858,436	20,338.61	17,007
Communication & Internet Expense	157,996	176,030	822.90	1,047
Repair & Maintenance Building	150,515	110,080	783.93	655
Repair & Maintenance Expense	219,425	303,610	1,142.84	1,806
Bank Charges	1,160	3,535	6.04	21
Misc. Office Expense	150,989	108,370	786.40	645
Marketing Expenses	6,640	2,500	34.58	15
Rent Expenses	38,500	-	200.52	-
	12,267,359	9,892,147	63,892.49	58,857
<b>TOTAL PAYMENTS</b>	<b>12,384,059</b>	<b>15,568,426</b>	<b>64,500.31</b>	<b>92,631</b>
<b>Cash &amp; bank balance available at close of the Year</b>	<b>7,156,108</b>	<b>6,099,036</b>	<b>37,271.40</b>	<b>168</b>

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 2020**

**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, Rarraah through the monitoring center at Rarraah 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.



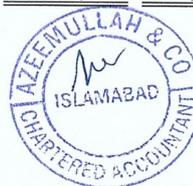
**Health Care 4 All International**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR YEAR ENDED 30 JUNE 2020**

**3- General Reserves**

	<b>2020</b>	<b>2019</b>	<b>2020</b>	<b>2019</b>
	<b>Rupees</b>	<b>Rupees</b>	<b>Pounds</b>	<b>Pounds</b>
Opening Balance of Reserves	18,140,701	10,506,472	94,482.82	62,512
Excess of Income over Expenditures transferred from Income & Expenditure Account	320,492	7,634,229	1,669.23	45,423
	<u>18,461,193</u>	<u>18,140,701</u>	<u>96,152.05</u>	<u>107,935</u>

**4- Trade Creditors, Accrued & Other Payables**

Salaries Payable	463,500	496,330	2,414.06	2,953
Others Payable	5,444	70,051	28.35	417
Audit Fee Payable	25,000	30,000	130.21	178
	<u>493,944</u>	<u>596,381</u>	<u>2,572.63</u>	<u>3,548</u>



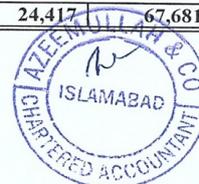
**Health Care 4 All International**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR YEAR ENDED 30 JUNE 2020**

**5- FIXED ASSETS**

Particulars	Cost			Rate %	Depreciation			Book Value As at 30-Jun-20
	As at 1-Jul-19	Addition/ (Deletion)	As at 30-Jun-20		As at 1-Jul-19	For the Year	Acc: as at 30-Jun-20	
Building Renovation	883,696	-	883,696	10	88,370	79,533	167,903	715,793
Furniture & Fixture	529,435	75,000	604,435	10	129,402	47,503	176,905	427,530
Vehicle	2,501,500	-	2,501,500	15	585,529	287,396	872,925	1,628,575
Computers, CCTV, UPS & Internet	1,804,199	25,500	1,829,699	25	840,873	247,207	1,088,080	741,619
Solar Systems	300,000	-	300,000	10	30,000	27,000	57,000	243,000
Medical Machinery & Instruments	9,107,271	-	9,107,271	10	2,337,660	676,961	3,014,621	6,092,650
Other Assets	352,810	11,700	364,510	10	91,967	27,254	119,221	245,289
<b>30-Jun-20</b>	<b>15,478,911</b>	<b>112,200</b>	<b>15,591,111</b>		<b>4,103,801</b>	<b>1,392,854</b>	<b>5,496,655</b>	<b>10,094,456</b>
<b>30-Jun-19</b>	<b>9,803,632</b>	<b>5,675,279</b>	<b>15,478,911</b>		<b>2,500,599</b>	<b>1,603,202</b>	<b>4,103,801</b>	<b>11,375,110</b>

**5- FIXED ASSETS** Pounds

Particulars	Cost			Rate %	Depreciation			Book Value As at 30-Jun-20
	As at 1-Jul-19	Addition/ (Deletion)	As at 30-Jun-20		As at 1-Jul-19	For the Year	Acc: as at 30-Jun-20	
Building Renovation	4,603	-	4,603	10	460	414	874	3,728
Furniture & Fixture	2,757	391	3,148	10	674	247	921	2,227
Vehicle	13,029	-	13,029	15	3,050	1,497	4,547	8,482
Computers, CCTV, UPS & Internet	9,397	930	10,327	25	4,380	1,487	5,867	4,460
Solar Systems	1,563	-	1,563	10	156	141	297	1,265
Medical Machinery & Instruments	47,434	-	47,434	10	12,175	3,526	15,701	31,732
Other Assets	1,838	61	1,898	10	479	142	621	1,277
<b>30-Jun-20</b>	<b>80,619</b>	<b>1,381</b>	<b>82,001</b>		<b>21,374</b>	<b>7,454</b>	<b>28,828</b>	<b>53,173</b>
<b>30-Jun-19</b>	<b>58,331</b>	<b>33,767</b>	<b>92,098</b>		<b>14,878</b>	<b>9,539</b>	<b>24,417</b>	<b>67,681</b>



**Health Care 4 All International**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR YEAR ENDED 30 JUNE 2020**

	<u>2020</u> <u>Rupees</u>	<u>2019</u> <u>Rupees</u>	<u>2020</u> <u>Pounds</u>	<u>2019</u> <u>Pounds</u>
<b>6- Stock-in-trade</b>				
Medicines	<u>1,700,073</u>	<u>1,261,604</u>	<u>8,854.55</u>	<u>7,506</u>
<b>7- Advances, deposits and prepayments</b>				
Temporary Advance to Staff	4,500	1,000	23.44	5.95
Others Receivables	-	332	-	1.98
	<u>4,500</u>	<u>1,332</u>	<u>23.44</u>	<u>7.93</u>
<b>8- Cash and Bank Balance</b>				
Cash at Bank - Current Account - PKR	7,123,101	6,059,530	37,099.48	36,054
Cash in Hand - Local Currency	33,007	39,506	171.91	235
	<u>7,156,108</u>	<u>6,099,036</u>	<u>37,271.40</u>	<u>36,289</u>
<b>9- Medicine Consumed</b>				
Opening Stock	1,261,604	376,486	6,570.85	2,240
Add: Purchases during the year	3,834,962	2,896,563	19,973.76	17,234
Less: Closing Stock	(1,700,073)	(1,261,604)	(8,854.55)	(7,506)
	<u>3,396,493</u>	<u>2,011,445</u>	<u>17,690.07</u>	<u>11,968</u>

**10- General**

Figures have been rounded off to the nearest rupees unless otherwise stated and PKR to Pounds (2020) Avg @ 192 & PKR to Pounds (2019) Avg @ 168.07.

  
**TREASURER**



**PRESIDENT**

HC4AI AJK/Pak Financial Audit for 2019-2020 ratified by:

A handwritten signature in black ink, appearing to read 'Tariq Shah', with a long horizontal stroke extending to the right from the end of the signature.

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

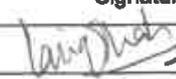


HEALTH CARE 4 ALL INTERNATIONAL		1158474	<b>CC16a</b>
<b>Receipts and payments accounts</b>			
For the period from	Period start date	To	Period end date
	01/02/2019		31/01/2020

**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 £
<b>A1 Receipts</b>					
Balance b/f	71	-	-	71	45,031
Donations	77,848	-	-	77,848	42,447
HMRC Refund	6,340	-	-	6,340	-
	-	-	-	-	-
	-	-	-	-	-
	-	-	-	-	-
	-	-	-	-	-
<b>Sub total (Gross Income for AR)</b>	<b>84,259</b>	<b>-</b>	<b>-</b>	<b>84,259</b>	<b>87,478</b>
<b>A2 Asset and Investment sales, (see table).</b>					
	-	-	-	-	-
	-	-	-	-	-
<b>Sub total</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>Total receipts</b>	<b>84,259</b>	<b>-</b>	<b>-</b>	<b>84,259</b>	<b>87,478</b>
<b>A3 Payments</b>					
Bank Charges	42	-	-	42	95
Fund Raising Events	8,000	-	-	8,000	-
Donation to Pakistan	30,133	-	-	30,133	86,440
Accountancy Charges	178	-	-	178	350
printing	500	-	-	500	-
Travel Expenses	-	-	-	-	522
Professional fees	3,147	-	-	3,147	-
	-	-	-	-	-
	-	-	-	-	-
<b>Sub total</b>	<b>41,998</b>	<b>-</b>	<b>-</b>	<b>41,998</b>	<b>87,407</b>
<b>A4 Asset and Investment purchases, (see table)</b>					
	-	-	-	-	-
	-	-	-	-	-
<b>Sub total</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>Total payments</b>	<b>41,998</b>	<b>-</b>	<b>-</b>	<b>41,998</b>	<b>87,407</b>
<b>Net of receipts/(payments)</b>	<b>42,261</b>	<b>-</b>	<b>-</b>	<b>42,261</b>	<b>71</b>
<b>A5 Transfers between funds</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>A6 Cash funds last year end</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>Cash funds this year end</b>	<b>42,261</b>	<b>-</b>	<b>-</b>	<b>42,261</b>	<b>71</b>

## 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 £
<b>B1 Cash funds</b>		-	-	-
		-	-	-
		-	-	-
	<b>Total cash funds</b>	-	-	-
	(agree balances with receipts and payments account(s))			
<b>B2 Other monetary assets</b>	Details			
		-	-	-
		-	-	-
		-	-	-
		-	-	-
		-	-	-
<b>B3 Investment assets</b>	Details	Fund to which asset belongs	Cost (optional)	Current value (optional)
			-	-
			-	-
			-	-
			-	-
<b>B4 Assets retained for the charity's own use</b>	Details	Fund to which asset belongs	Cost (optional)	Current value (optional)
			-	-
			-	-
			-	-
			-	-
			-	-
			-	-
			-	-
<b>B5 Liabilities</b>	Details	Fund to which liability relates	Amount due (optional)	When due (optional)
			-	
			-	
			-	
			-	
Signed by one or two trustees on behalf of all the trustees	Signature	Print Name	Date of approval	
		SYED TARIQ SHAH	09.09.2020	



**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**

**31<sup>st</sup> January 2020**

**Charity no  
(If any)**

**1158474**

**Set out on pages**

**1-2**

I report to the trustees on my examination of the accounts of the above charity ("the Trust") for the year ended 31 / 01 / 2020

**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").

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.

**Independent  
examiner's statement**

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:** **10/09/20**

**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.**

