



Health Care 4 all International	1158474
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Receipts and payments accounts

For the period from	08/09/2014		01/01/2016
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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					
Donations	27,538	-	-	27,538	-
	-	-	-	-	-
	-	-	-	-	-
	-	-	-	-	-
	-	-	-	-	-
	-	-	-	-	-
	-	-	-	-	-
Sub total (Gross income for AR)	27,538	-	-	27,538	-
A2 Asset and investment sales, (see table).					
	-	-	-	-	-
	-	-	-	-	-
Sub total	-	-	-	-	-
Total receipts	27,538	-	-	27,538	-
A3 Payments					
Bank charges	107	-	-	107	-
fund raising event	1,185	-	-	1,185	-
donations to charity in Pakistan	12,000	-	-	12,000	-
legal fees	500	-	-	500	-
Travel Expenses	455	-	-	455	-
	-	-	-	-	-
	-	-	-	-	-
	-	-	-	-	-
	-	-	-	-	-
Sub total	14,247	-	-	14,247	-
A4 Asset and investment purchases, (see table)					
	-	-	-	-	-
	-	-	-	-	-
Sub total	-	-	-	-	-
Total payments	14,247	-	-	14,247	-
Net of receipts/(payments)	13,291	-	-	13,291	-
A5 Transfers between funds	-	-	-	-	-
A6 Cash funds last year end	-	-	-	-	-
Cash funds this year end	13,291	-	-	13,291	-

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))	Agreement Error	OK	OK

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

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

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

	Details	Fund to which liability relates	Amount due (optional)	When due (optional)
B5 Liabilities			-	
			-	
			-	
			-	
			-	

Signed by one or two trustees on behalf of all the trustees	Signature	Print Name	Date of approval



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 First Annual General Meeting:

Report 2014-2015

The Trustees of Health Care 4 All International Charity present their first annual report and audited accounts for the period ended 01 January 2016 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 on Jan 29, 2016

1.1 Background:

- 1 Health Care 4 All International (HC4AI) is an international charity organization committed to providing health care worldwide, particularly in developing countries and remote rural areas, that have very limited or no access to healthcare, through the use of modern technology and innovation.
- 2 HC4AI was registered as a charity on 8th September 2014 (REGISTERED CHARITY NO. UK 1158474)

2.1 Aims:

- 1 To utilize technology through the development of Novel Hybrid System of Telemedicine---NHST in the advancement of health care for unprivileged rural communities.
- 2 To relieve sickness and prevent disease in the worlds most disadvantaged populations. Particular emphasis will be placed on maternal and child health as well as preventive medicine.

3.1 Objectives:

- 1 Develop IT infrastructure in remote areas of developing countries to enable the provision of healthcare through telemedicine.
- 2 Use Telemedicine and Telehealth technology in the form of Novel Hybrid System of Telemedicine---NHST for health care delivery to



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enable provision of health care to these remote communities in their homes.

- 3 Establish a network of Community Health Workers (CHW) to work in remote areas for the provision of healthcare support.
- 4 Develop infrastructure and systems to enable the patients from rural areas to effectively utilize existing healthcare system, in particular secondary and tertiary care hospitals.
- 5 Arrange emergency care, alerts in breakout of a communicable disease and first warning of any disaster to focus resources, early intervention, containment and prevention of epidemics.

4.1 Board of Trustees

- 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:** 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.



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5.1 Action Plan:

At the first meeting, which took place in February 2014, the following were agreed:

- To establish healthcare provision programme in rural and remote areas of the world to populations with little or no access to medical care utilizing new technologies.
- To undertake a pilot project, which will assess the feasibility and viability of the programme, identify the problems and difficulties, and find their solutions and ways to overcome them. It will also provide evidence of the benefits, advantages and disadvantages and flaws of the concept and how to rectify them. The project to run for two years.
- As many members of the team have previous experience of working in Azad Jammu Kashmir (AJK) Pakistan, it was agreed to undertake the study in this area. It was agreed to explore links with stakeholders in AJK/Pakistan who can be helpful in the project and can provide logistical support.

1 The following project requirements were identified:

- Appropriate site for the project;
- IT equipment, wireless transmission and receiving facilities, computers (laptops/tablets) with image receiving and transmission facility
- Local staff for the project;
- Develop training programme both medical and IT for staff
- Develop treatment protocols and guidelines for staff;
- Develop electronic data collection software/simplified Electronic Medical Records (EMR);
- Identify appropriate Basic Health Units in the pilot area to support the project;
- Identify relevant individuals and stakeholders to provide support and guidance to the project.



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- Register the project as a charity in Pakistan;
- Develop and agree Memorandum of Understanding with key stakeholders;
- Identify funding streams both within UK and AJK for the project.

6.0 Project Cost

- 1 The following is the estimated project cost, both including and excluding drug cost:

Year 1	Year 2	Year 3	Total	
£56,800	£37,800	£37,800	£132,400	Excluding Drugs
£56,800	£42,800	£42,800	£142,400	Including Drugs

7.0 Expenditure to date:

Following tables are expenses incurred in year 1 and the projected cost for years 2 and 3 on our project in Kashmir

7.1 The following is the fixed/infrastructure costs. The conversation rate of Rs150/£1 has been used. (Rs = Pakistan Rupees)

Following is the fixed/infrastructure costs. The conversation rate of Rs150/£1 has been used.

Item	Cost Rs	Cost (£)
Telecom Equipment	3,076,200	20,508
Equipment Technical Support and Services	118,950	793
Extended warranty for equipment	317,850	2,119
UPS x 15	172,050	1,147
UPS cabinet x 15	79,950	533
Civil Works and installation material and labour	150,000	1,000
WiFi Dongle--Charjee	72,000	480
Ancillary – transport, travel. Accommodation and subsistence	150,000	1,000
Samsung Galaxy 4 Tablets x 30	649,950	4,333
Total	4,786,950	31,913



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7.2 Following are the monthly recurring costs, including projections for year 2 and year 3. The conversion rate of Rs150/£1 is used.

Month	Salary (Rs)	Salary (£)	Office running expenses (Rs)	Office running expenses (£)
Dec 2014	79,950	533	30,000	200
Jan 2015	79,950	533	220,800	1,472
Feb 2015	79,950	533	150,750	1,005
Mar 2015	90,000	600	35,100	234
Apr 2015	155,700	1,038	41,400	276
May 2015	294,000	1,960	194,250	1,295
Jun 2015	170,700	1,138	274,050	1,827
Jul 2015	277,050	1,847	97,950	653
Aug 2015	274,050	1,827	25,050	167
Sep 2015	274,050	1,827	108,600	724
Oct 2015	338,550	2,257	8,550	57
Nov 2015	385,950	2,573	119,950	133
Total	2,499,900	16,666	1,207,800	8,052
Monthly Average	208,350	1,389	100,650	671
Projected Average Monthly Exp. 2016-2017	459,900	£3,066	75,000	£500

NB. Of the total expenditure to date of £56,631 contributions from HC4Ai UK has been £12,000. The balance of £44,631 has been from donations in Pakistan.



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7.3 The following are the monthly recurring costs, including projections for years 2 and 3 in Pounds sterling only

Month	Salary (£)	Office running expenses (£)
Dec 2014	533	200
Jan 2015	533	1,472
Feb 2015	533	1,005
Mar 2015	600	234
Apr 2015	1,038	276
May 2015	1,960	1,295
Jun 2015	1,138	1,827
Jul 2015	1,847	653
Aug 2015	1,827	167
Sep 2015	1,827	724
Oct 2015	2,257	57
Nov 2015	2,573	133
Total	16,666	8,052
Monthly Average	1,389	671
Projected Average Monthly Exp. 2016---	£3,066	£500



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8.0 Donations and Expenses Summary

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 summarized

Entries	Debit £	Credit £	Balance
Donations Received		27,538	27,538
Bank Charges	107		27,431
Fund raising events expenses	1,185		26,246
Donation (transfer) to HC4AI AJK/Pak	12,000		14,246
Legal fees	500		13,746
Travel Expenses	455		13,291
Total Expenses to date	14,247		
Total Credit in Bank			13,291



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9.0 Work undertaken to date

- 9.1 The Chairman has made a number of visits to AJK/Dubai/Pakistan. The following was achieved during the first visit:
 - 9.1.1 The selected site of pilot study are the villages of Mawa, Rarah and Burgen in Union council Kanelli Post Office Islamgarh, district Mirpur in the Azad State of Jammu and Kashmir, with extensions in other nearby villages.
 - 9.1.2 Curriculum for the training of nurses was developed as a condensed, focused course of 10 weeks to suit the pilot study requirements.
 - 9.1.3 Two weeks of technology training for all staff was prepared. All training was done locally in the State School of Nursing in Mirpur.
 - 9.1.4 Soft Ware Template was developed for Community Survey questionnaire and Patient satisfaction survey with its Urdu translation.
 - 9.1.5 HC4AI brochure was developed.
- 9.2 During the second visit to Mirpur, the following activities were completed:
 - 9.2.1 Formation of HC4AI AJK Board of Trustees.
 - 9.2.2 Registration with Charity commission in AJK.
 - 9.2.3 Opening of AJK Charity Bank Account.
 - 9.2.4 Survey and registration of pilot study community in Mawa Rarah AJK.
- 9.3 During the third visit the following were achieved:
 - 9.3.1 Writing of the concept of healthcare delivery as a proposal and establishing web site.
 - 9.3.2 Formation of HC4AI UK Board of Trustees.
 - 9.3.3 Registration with UK Charity Commission.
 - 9.3.4 Developing cooperation with Humber and Yorkshire Telemedicine Centre.
 - 9.3.5 Memorandum of Understanding with the AJK Government



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- 9.3.6 Agreement with the State School of Nursing Mirpur AJK.
 - 9.3.7 Agreement with the E-Health Training Centre in Rawalpindi.
 - 9.3.8 Development of indigenous HC4AI Electronic Medical Records (EHR) soft ware.
 - 9.3.9 Selective disease ICD coding for EMR.
 - 9.3.10 Development of curriculum for Healthcare Workers training.
 - 9.3.11 Establishment of HC4AI AJK Board of Trustees.
 - 9.3.12 Registration with Charity commission in AJK.
 - 9.3.13 Survey of pilot study community in Mawa Rarrah.
 - 9.3.14 Telecommunication field survey, mapping, planning and installation of masts, repeaters and boosters of pilot study site.
 - 9.3.15 Agreed a working relationship with Mirpur University of Science and Technology-MoU- for help in establishing telecommunications for the pilot study site.
 - 9.3.16 Agreements with International Education Health and Welfare Society UK for use of their facility near the study site by HC4AI project.
 - 9.3.17 Recruitment of 10 Community Healthcare Workers (CHW),
 - 9.3.18 2 Medical Officers, 4 Specialists, IT consultant and a project Manager and supervisor
 - 9.3.19 Appointment of tutors for CHW training at State School of Nursing Mirpur and preparation of handbook for the CHW.
- 9.4 Summary of achievements including the fourth visit to Oct. 2015:
- 9.4.1 Completed installation and field tests of telecommunication system to cover the whole pilot study community as planned.
 - 9.4.2 Training programme for CHW and other staff at State School of Nursing Mirpur completed.
 - 9.4.3 Telemedicine and technology training for CHW's completed
 - 9.4.4 Registration and health data collection for the whole study community by CHW's completed.
 - 9.4.5 Commissioning of the telecommunication system.
 - 9.4.6 Call Monitoring Centre and Out Patient Clinic at Base Unit Rarrah Welfare Trust Hospital inaugurated.

Went Live. All systems go 11th May 2015



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- 9.4.7 Major changes in the Board of trustees AJK to make it more efficient and effective Appointment of Surgeon Riaz Choudhry as new SVP Executive.
- 9.4.8 Formation of Operations Governing Committee
- 9.4.9 Appointment of Coordinator and Supervisor for the project.
- 9.4.10 Appointment of two new RMO Dr's to provide medical cover from the Base Unit.
- 9.4.11 Appointment of two more CHW's, a male and a female to cover the clinical side as well as joining other CHW's for out reach visits.
- 9.4.12 Established a Local Management Committee for the AJK Project.
- 9.4.13 Developing and implanting the HC4AI Policy Governing Document for AJK project.
- 9.4.14 Restructuring of the Base unit into separate NHST Monitoring Centre and clinical area.
- 9.4.15 Development and delivery of CHAPS- Community Health Awareness Programme Seminars.
- 9.4.16 Development and delivery of WHAP- Women's Health Awareness Programme.
- 9.4.17 Application to PCP- Pakistan Centre of Philanthropy, a step to obtain FBR certification for refund of VAT.
- 9.4.18 Submission of application to Economic Affairs Division Ministry of Finance Pakistan with Annual Action Plan.
- 9.4.19 Application to Pakistan Ministry of Interior for Registration as International NGO.
- 9.4.20 Boring of well to overcome water shortage at the base unit.
- 9.4.21 Survey and quote for extension of the project further into more remote areas.



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10 Community Focus:

- 10.4 HC4AI founding principle and belief recognizes the right of every human being to have access to healthcare, which is appropriate to their needs, is affordable and delivered in a sensitive manner. It is with this belief in mind that this project has been initiated.
- 10.5 **All the patients that are seen by HC4AI are given totally free medical care, including consultation, drugs, diagnostic and transport.**
- 10.6 HC4AI appreciates that the health systems around the world are struggling to provide adequate healthcare to an ever---increasing population, this is more obvious in developing countries. The inaccessibility to healthcare increases with increasing remoteness of the community from the cities and towns.
- 10.7 From our experience, people living in rural areas, such as the ones where HC4AI is working, have almost no access to appropriate healthcare. We have witnessed cases where individuals have to walk several hours just to get a simple medication from the nearest health centre.
- 10.8 HC4AI project commenced in May 2015. Between May 2015 and October 2015 the project has treated 2652 patients:

Patients seen and treated in their homes = 1,122

Patients seen and treated at the base unit and clinic = 1,530



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11 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, in particular:

- Government of AJK Ministry of Health (MoU)
- International Educational, Health and Welfare Society (MoU)
- Mirpur University of Science and Technology (MoU)
- Humber and Yorkshire NHS Telemedicine Centre at Airedale NHS Trust Hospital
- State School of Nursing Mirpur, AJK
- E-Health learning centre Holy Family Hospital Rawalpindi Pakistan
- Monaco Telematiques, VP Solution Sales, Gemalto, Dubai



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12 Guidance and Support

HC4AI is extremely grateful to the following individuals for their support and guidance. (Once again a number of individuals wished to remain anonymous), we respect their wishes:

- ❖ 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 Shaheryar Zameer for financing and providing technical help in developing the Electronic Health Records Software;
- ❖ IEHWS for partnering in the project and the use of their premises at the project site for establishing HC4AI Base unit and Monitoring Centre
- ❖ Mr Asif Saleem (Nafees Barkers LTD) for the use of his office and support of his staff in the running and administration of HC4AI;
- ❖ Mr Arif Khan in preparing the accounts and financial report
- ❖ Dr Taimur Shah for IT development and website support
- ❖ Mr Mohammad Imran Azad for help in developing the HC4AI website
- ❖ Dr Ghulam Abbas for help in arranging the fund raising event and promoting the cause of HC4AI
- ❖ Dr Adnan Masood Siddiqi and Dr Ehsan Ur Rehman of IDF for help in awareness seminars and fund raising event
- ❖ Mr Aslam of the Aagraph Group of Restaurants for the use of his restaurant and providing dinner at the launch of the project;
- ❖ Mr Mohabbat Hussain for his guidance in fund raising;
- ❖ Dr Talib Shah for arranging online donor site



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A huge thanks also goes to the HC4AI Board of Trustees AJK for their time and complete support in guiding the operations of the project.

Last but not the least I would like to thank Health Care 4 All international UK Trustees for their time, dedication and commitment to the project and for their behind the scene work in ensuring that the project was successfully launched, and continued to operate smoothly

My final thank you goes to my wife Mrs Tasneem Aslam Tariq for her unconditional and unflinching support and guidance and for her endurance during the difficult times of the project.

Chairman and Trustees
Healthcare4All International (UK)
2nd December 2015

Independent examiner's report on the accounts

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**

1st January 2016

**Charity no
(if any)** 1158474

Set out on pages

1 to 2

**Respective
responsibilities of
trustees and examiner**

The charity's trustees are responsible for the preparation of the accounts. The charity's trustees consider that an audit is not required for this year under section 144 of the Charities Act 2011 (the Charities Act) and that an independent examination is needed.

It is my responsibility to:

- examine the accounts under section 145 of the Charities Act,
- to follow the procedures laid down in the general Directions given by the Charity Commission (under section 145(5)(b) of the Charities Act, and
- to state whether particular matters have come to my attention.

**Basis of independent
examiner's statement**

My examination was carried out in accordance with general Directions given by the Charity Commission. An examination includes a review of the accounting records kept by the charity and a comparison of the accounts presented with those records. It also includes consideration of any unusual items or disclosures in the accounts, and seeking explanations from the trustees concerning any such matters. The procedures undertaken do not provide all the evidence that would be required in an audit, and consequently no opinion is given as to whether the accounts present a 'true and fair' view and the report is limited to those matters set out in the statement below.

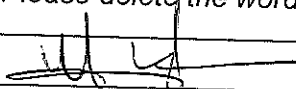
**Independent
examiner's statement**

In connection with my examination, no matter has come to my attention (other than that disclosed below *)

1. which gives me reasonable cause to believe that in, any material respect, the requirements:
 - to keep accounting records in accordance with section 130 of the Charities Act; and
 - to prepare accounts which accord with the accounting records and comply with the accounting requirements of the Charities Act have not been met; or
2. to which, in my opinion, 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:

12-10-16

Name:

M. ARIF KHAN

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

FMAN, AATA.

Address: 96A HEATON RD
BRADFORD
BD9 4RS

Section B

Disclosure

Only complete if the examiner needs to highlight material problems.

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

A large, empty rectangular box with a thin black border, occupying most of the page. It is intended for the user to provide details of items for disclosure as requested in the text above.