



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

Board of Trustees Annual General Meeting:

Chairman's Annual Report for Period 2016 - 17

The Trustees of Health Care 4 All International present their annual report and audited accounts for the period 01 February 2016 and 31 January 2017, 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

Background:

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)

Aims:

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 will be provided via modified Telemedicine technique. To accomplish this we have developed a unique **Novel Hybrid System of Telemedicine (NHST)**.

Objectives:

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**

How does the system work?

Telecommunication:

Unfortunately in the area we selected we did not have suitable bandwidth availability (No 3G or 4G). We therefore had to establish our own umbrella of telecommunication network to cover the community. This we achieved with the help of Mirpur University of Science and Technology (MUST) from where we connected through micro link our base and then in turn through boosters and antennae transmitted the facility through out the villages mounted on masts and towers erected and placed in strategic places.

Base Unit-Monitoring Centre: This was located in a building that was built by another charity (International Welfare Society) as a small hospital but was lying unused.

Selection, training and deployment of CHW's: Through advertisement and word of mouth we invited applications through an interview panel that then selected appropriate candidates. We then trained them on an indigenously developed curriculum and located them in the base unit to rotate work on call 24/7 in teams of two- a male and a female. They were provided with an electronic tablet computer with the EHR downloaded and a 'tool bag' containing diagnostic equipment, emergency, first aid and routine use medicine. They also carry a portable transmitting and receiving antenna.

Registration of the community: Every individual in the community was registered with unique ID number and entered on the EHR with full medical history. They were all provided with a single telephone number to call (every one fortunately has access to mobile phone) when ever they needed medical help.

Transport and Ambulance facility: We have acquired two ambulances equipped with medical equipment and a communicating antenna.

Doctors, RMO's and Specialists: We have appointed two salaried doctors, a male and a female, to work an on-call schedule in tandem. Specialists who agreed to provide service voluntarily or for a fees per case basis were also appointed. They all were also provided with a tablet and the EHR.

System protocol and Network: When ever medical service (routine, elective or emergency care) is required by any of the community dweller they will call the one telephone number provided (a second backup number is also provided in case the first one is down for any reason). The call comes to the Base Unit monitoring Centre, where the details of the caller and the medical need are recorded on our computer database. The on-call CHW team is immediately mobilised who then go to the household of the caller in the ambulance with their equipment. We have aimed at a maximum response time of 30 minutes from the time the call is received to reaching the caller, unless the terrain is inaccessible to the ambulance and CHW have to walk the distance, carrying a hand held two way antenna, our current average response time is well under 20 minutes.

Once the CHW reaches the patient they take the history and note the signs and symptoms on the EHR and then contact the doctor. The doctor is able to read the patients history on the EHR and also listen to the CHW' presentation of the case. He/She can interview the patient directly on the video link if any additional information is required. The doctor then makes the diagnosis and treatment decision and record it on the EHR. The CHW reads the treatment and prescription and dispenses the medicine to the patient. They would then follow up with a call to the patient the next day to enquire about their welfare and progress. If, however the doctor considers that the patient needs to be examined, as it may be more serious medical condition, the patient is evacuated in the same ambulance to the base. If in the view of the doctor specialist care is required, he/she then contacts the appropriate specialist on the panel and the patient is then transferred immediately in the same ambulance to the specialist centre.

Every step of the patients' journey is recorded on the EHR as well as on the central database.

Health Awareness and Disease Prevention Programme

In addition to providing treatment we also work hard on disease prevention and health awareness for the communities.

Our CHW's, medical officers and visiting doctors (usually from abroad/UK) conduct this health awareness Programme.

We have three different 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

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.
- 7 **Trustee & nominated Treasurer** (To be notified to CC Eng.): M Arif Khan. Member AAT & AAIA Accountancy. BPP University law School Leeds Director Arif Khan accountants

Our Experience 2015-2016

In 2014 we started the project as a pilot study covering a population of 3000 in villages of Mawa and Rarrah. However the success of the project was very apparent and the demand from the surrounding villages and other remote communities was so overwhelming that the pilot study soon converted into full service provision.

We have since gradually expanded into surrounding villages at minimal extra cost and **now cover a population of over about 20,000.**

2015/16 Developing service, expanding range

Population served: 10,000. Cost: £38K

- Evaluation of pilot and extension of services
- Starting Health awareness and disease prevention programme in community. Separate awareness programme for children in schools and for women in community centres and their homes
- Purchase of fully equipped ambulance with telecom antenna
- Installation of telecom tower to extend the service to much remote areas
- Develop medical store and pharmacy
- Appointment of Operations Governance Committee and Local Management Committee in AJK, Accreditation by Pakistan Philanthropic society, Interior Ministry of Pakistan and Kashmir Council
- Extension of services into Villages of Kanali, Burgen, Durgen, parts of Islamgarh and Sahar
- Installation of additional towers and telecom systems
- Established laboratory for basic clinical tests at the clinical base unit
- Appointment of female medical officer with experience in obs. & gynae.
- Evaluation of service and first clinical audit and service satisfaction survey of the community

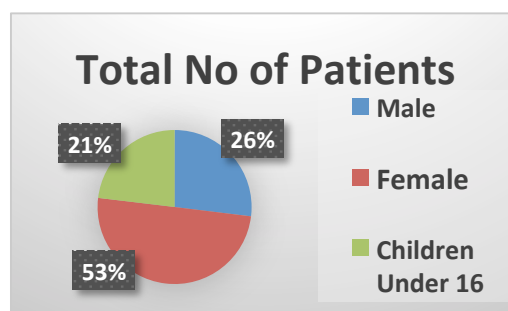
Health Care 4 All International (HC4AI)

Evaluation of Service: 2014-2017

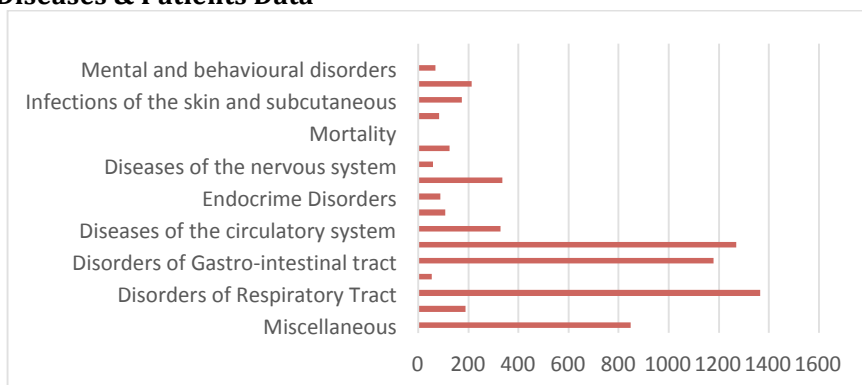
Pre and post Intervention of Novel Hybrid System of Telemedicine (NHST) Data Analysis And Service Users Satisfaction Survey

**Total Number of Patients attended
Between May 2015 & August 2017 = 6141**

Male	2127
Female	4259
Children under 16	1701
Total	8087



Diseases & Patients Data



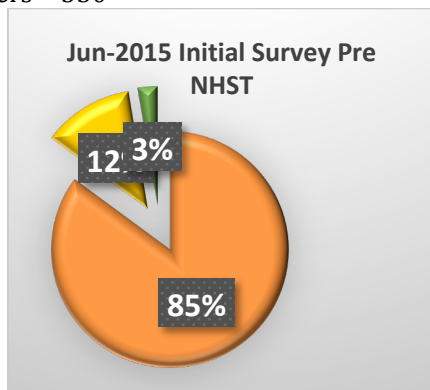
Health Awareness Campaign		Antenatal Care	
• Total Campaigns	14	• Total No of Antenatal Care	30
• Awareness Campaign in Schools	5	• D & C (Referred)	4
• Awareness Campaign in Community	6	• Deliveries Done by HC4AI	3
• Awareness Campaign for woman	3	• Deliveries Referred to DHQ	3
		• Continuing Antenatal	20

Survey Questionnaire distributed to the same 350 households

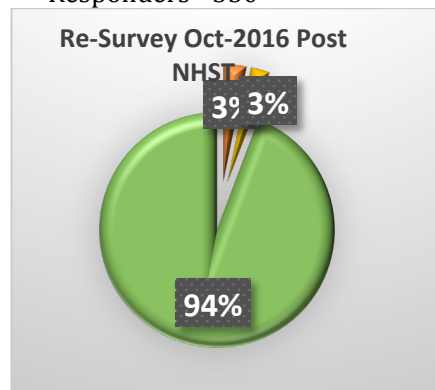
Q 1: How would you rate the provision of health services for you and your family?

2015 Pre-NHST Intervention			2016-17 Post-NHST Intervention		
Unsatisfied	Somewhat Satisfied	Satisfied	Unsatisfied	Somewhat Satisfied	Satisfied
298	43	9	11	09	330

Responders = 350



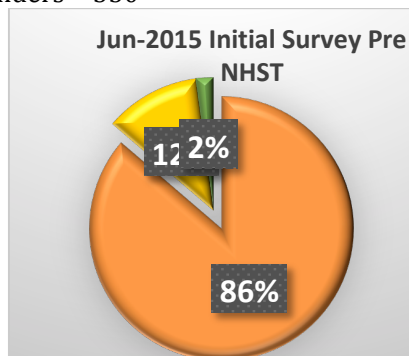
Responders = 350



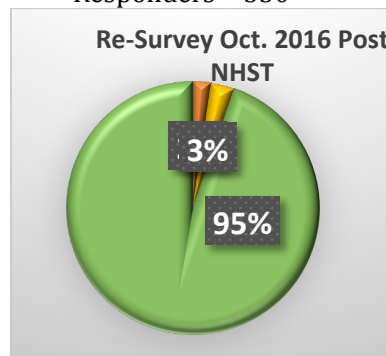
Q 2: If you or your family member is taken ill, and require medical help, how do you rate your access to medical care?

2015 Pre-NHST Intervention			2016-17 Post NHST Intervention		
Unsatisfied	Somewhat Satisfied	Satisfied	Unsatisfied	Somewhat Satisfied	Satisfied
302	41	7	7	10	333

Responders = 350



Responders = 350

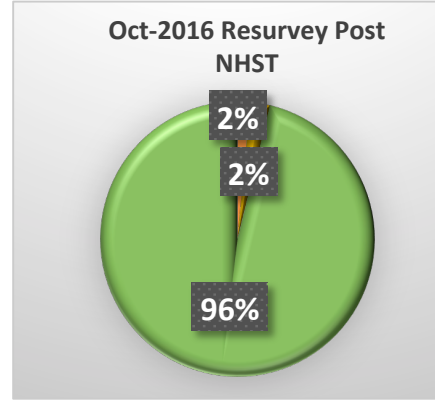
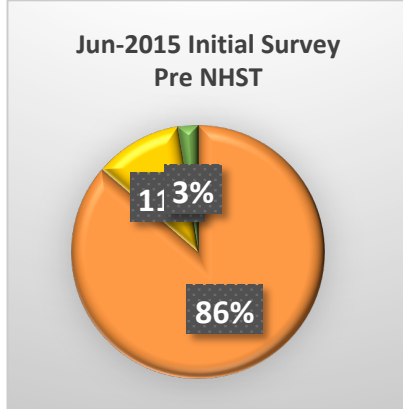


Q3: How do you rate the services if you or your family member was transferred to a hospital facility?

2015 Pre- NHST Intervention			2016-17 Post-NHST Intervention		
Unsatisfied	Somewhat Satisfied	Satisfied	Unsatisfied	Somewhat Satisfied	Satisfied
302	39	9	5	07	331

Responders - 350

Responders - 343

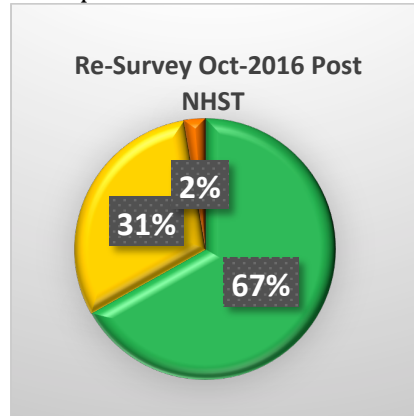
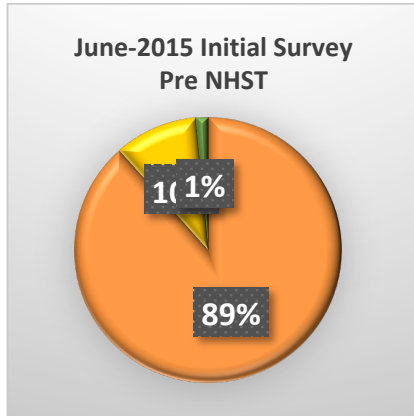


Q 4: How good is the availability of medical help and advice for your family during pregnancy and childbirth?

2015 Pre- NHST Intervention			2016-17 Post-NHST Intervention		
Unsatisfied	Somewhat Satisfied	Satisfied	Unsatisfied	Somewhat Satisfied	Satisfied
307	35	5	7	108	234

Responders = 347

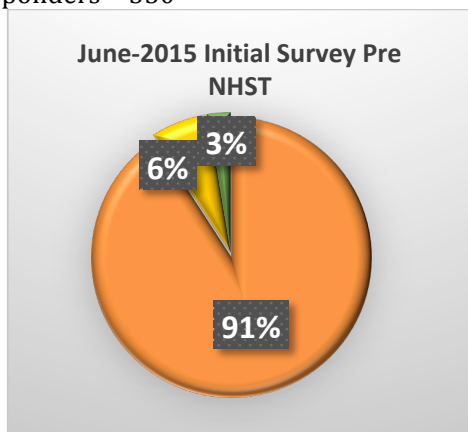
Responders = 344



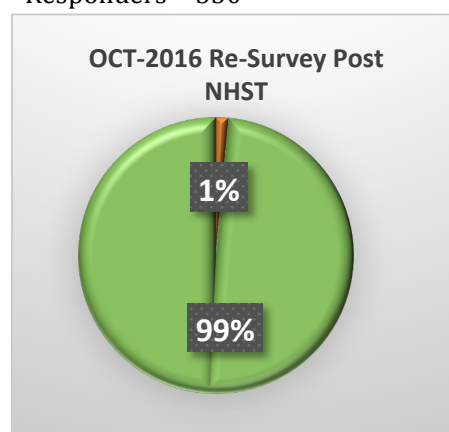
Q 5: If you and & your family's health and the provision of health care remains the same, as it is now for the rest of your life, how will you feel about it?

2015 Pre-NHST Intervention			2016 Post-NHST Intervention		
Unsatisfied	Somewhat Satisfied	Satisfied	Unsatisfied	Somewhat Satisfied	Satisfied
318	23	9	5	2	343

Responders = 350



Responders = 350



Service Satisfaction Survey of Patients Attended

Results of 500-returned completed questionnaire:

Analogue Scale 1-10.

Key: 1-2 = Very Unsatisfied. 3-4 = Unsatisfied. 5-7 = Satisfied. 8-10 = Very Satisfied

Results

Q1. How satisfied did you feel about the advice given?

Lowest 7 **Average 9.33** Highest 10

Q2. How satisfied were you with the time this consultation took?

Lowest 7 **Average 9.43** Highest 10

Q3. Was the clinical outcome of the consultation as you expected?

Lowest 7 **Average 9.43** Highest 10

Q4. Was an admission or attendance to the hospital or clinic avoided as a result of this consultation?

91.4% Answered Yes

AUDITED ACCOUNTS UK

Account Period: 01.02.2016 to 31.01.2017

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
Opening Balance			13,291
Donations Received		53,531	66,822
Bank Charges	98		66,724
Fund raising events (Aagrah)	4,200		62,524
Donation (transfer) to HC4AI AJK/Pak	34,000		28,524
Accountancy Charges	629		27,895
Printing	175		27,720
Total Expenses to date	39,102		
Total Credit in Bank			27,720

HC4AI AJK/Pakistan Audited Accounts July 1, 2016-June 30, 2017

Note: Annual audit of accounts in Pakistan are carried out from 1st July to 30th June each year & do not match the dates of our accounts submitted to charity commission UK

(Prepared by M Amin & Co. Chartered Accountants)

AUDITORS' REPORT

We have audited the annexed statement of financial position of *Health Care 4 All International - Mirpur* as at 30 June 2017 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 was 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 2015 and of its cash flows and changes in general reserve for the year then ended.

M. Amin and Company
Chartered Accountants

Balance Sheet

HEALTH CARE 4 ALL INTERNATIONAL – MIRPUR AJK

STATEMENT OF FINANCIAL POSITION

AS AT JUNE 30, 2017

<u>RESERVES AND LIABILITIES</u>	<u>2017</u>	<u>2016</u>	<u>2017</u>	<u>2016</u>
	Rupees	Rupees	GBP £	GBP £
<u>Reserves</u>				
General Reserve	7,052,816	6,471,221	54,252.43	49,778.62
<u>Current Liabilities</u>				
Trade Creditors, Accrued & Other Payables	44,830	68,340	344.85	525.69
	<u>7,097,646</u>	<u>6,539,561</u>	<u>54,597.28</u>	<u>50,304.32</u>
<u>ASSETS</u>				
<u>Non - Current Assets</u>				
Operating Fixed Assets	5,794,935	3,822,630	44,576.42	29,404.85
<u>Current Assets</u>				
Stock-in-trade	209,900	175,000	1,614.62	1,346.15
Advance Deposit & Prepayments	237,555	50,000	1,827.35	384.62
Cash and Bank Balance	855,256	2,491,931	6,578.89	19,168.70
	1,302,711	2,716,931	10,020.85	20,899.47
	<u>7,097,646</u>	<u>6,539,561</u>	<u>54,597.28</u>	<u>50,304.32</u>

Receive and Pay

HEALTH CARE 4 ALL INTERNATIONAL – MIRPUR

STATEMENT OF CASH FLOWS YEAR END 30 JUNE 2017

	<u>2017</u> <u>Rupees</u>	<u>2016</u> <u>Rupees</u>	<u>2017</u> <u>GBP £</u>	<u>2016</u> <u>GBP £</u>
Opening Balance of Cash and Bank Balances	-	-		
<u>ADD: RECEIPTS</u>				
Donations	6,553,439	4,296,339	50,411.07	33,048.76
Temporary Loan from President	-	(25,000)		(192.31)
Trade Creditors, Accrued & Other Payables	(43,365)	-	(333.58)	
Others	87,200	2,250	670.77	17.31
TOTAL RECEIPTS	6,597,274	4,273,589	50,748.26	32,873.76
Total Cash & Bank Balances Available	6,597,274	4,273,589	50,748.26	32,873.76
<u>LESS: PAYMENTS</u>				
<u>Payments Against Assets</u>				
Medical Machinery & Instruments	1,523,600	-	11,720	-
Computers	-	48,400	-	372
Ambulance	1,157,500	-	8,904	-
Other Assets	307,810	-	2,368	-
Furniture & Fixture	-	28,800	-	222
Temporary Advance	4,000	50,000	31	385
	2,992,910	127,200	23,022.38	978.46
<u>Payments Against Expenses</u>				
Printing & Stationary Expense	93,633	63,095	720.25	485.35
Electricity Expenses	12,240	17,050	94.15	131.15
Staff Welfare	69,614	78,081	535.49	600.62
Salaries, Wages & Benefits	4,162,707	3,952,891	32,020.82	30,406.85
Traveling Expenses	9,456	239,236	72.74	1,840.28
Fee & Subscription Expense	20,000	54,000	153.85	415.38
Medicine Purchases	441,367	243,025	3,395.13	1,869.42
Free Services	-	74,864	-	575.88
Communication & Internet Expense	275,938	201,974	2,122.60	1,553.65
Repair & Maintenance Expense	124,670	33,328	959.00	256.37
Bank Charges	7,433	3,881	57.18	29.85
Misc. Office Expense	23,981	56,969	184.47	438.22
	5,241,039	5,018,394	40,315.68	38,603.03
TOTAL PAYMENTS	8,233,949	5,145,594	63,338.07	39,581.49
	2,491,931	3,363,936	19,168.70	25,876.43
Cash & bank balance available at close of the Year	855,256	2,491,931	6,578.89	19,168.70

HEALTH CARE 4 ALL INTERNATIONAL - MIRPUR
NOTES TO THE FINANCIAL STATEMENTS
FOR YEAR ENDED 30 JUNE 2017

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 Society 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.

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.

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 and DeviceBee Lahore

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;
- **Mr Shaheryar Zameer** and **Mohammad Ilyas** for providing technical help in developing EMR
- **IEHWS** teams both in AJK-Pakistan and UK for partnering in the project
- **Mr Arif Khan** in preparing the accounts and financial report
- **Dr Taimur Shah** for IT development and website support
- **Dr Ghulam Abbas** for help in arranging the fund raising event
- **Mr Haji M Aslam** of the Aagrah Group of Restaurants
- **Mr Mohabbat Hussain** for his guidance in fund raising
- **Dr Talib Shah** for arranging online donor site
- **Mr Steve Davison** for continuous support and unflinching help
- **Mr Sikander Hussain** for help with the fund raising dinner
- **Mrs Shanaz Saddique** for her help with fundraising
- **Mr Ishtiaq Mir** for his help in fundraising
- **Mr Sharafat Ali, Mr Faiz Rasool, Mr M Masood** and others in IWS team

Special Thank You

A huge thanks also goes to the **HC4AI Board of Trustees AJK (Organizational Board)** 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 Dr. Tariq Shah
and Board of Trustees
Healthcare 4All International**