

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

Board of Trustees
Dr. (Mrs) Tasneem Tariq - Vice Chairperson
Mr. Muhammad Ajeeb – Trustee

Mr. Muhammad Ajeeb – Trustee
Mr. Asif Saleem – Trustee
Mr. Dilshad Khan – Trustee
Dr. Akram Khan – Secretary
Mr. Arif Khan – Treasurer
Ms. Shanaz Saddioue - Trustee

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dHC4AI\_Charity

#### **Health Care 4 All International**

#### <u>Trustees Annual Report for Period 2020 - 2021</u>

The Chairman and Board of Trustees of Health Care 4 All International present their annual report and audited accounts for the period 2020-2021, 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 and Aims:**

Formed in 2014 Health Care 4 All International (HC4AI) is a totally 'not for profit' charity organization 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 organization 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). On 31st 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. The aim is achieved by using a combination of conventional medical practice through a well-equipped Community Health & Tele-Medical Centre and a modified and unique Telemedicine system we developed and call it the 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, medical consultations, diagnostic lab., on-site pharmacy, minor operating facilities and day care detention beds. Our programs include antenatal care, mother and childcare, emergency treatment, ambulance service and

health education programmes for rural and remote communities.

We achieve 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 villages & districts and has the potential to reach many more.

The charity was founded in 2014 by a UK based surgeon, Dr Tariq Shah, 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 a Obstetrician and Gynaecologist, Dr Tasneem Tariq, joined him in the quest for equality in healthcare. They recruited friends and colleagues to help them and using their own medical knowledge and the technical skills of others they 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. With the availability of 3G & 4G (in some areas) WIFI signals more recently this problem has somewhat eased.

As well as being a UK registered NGO HC4Al 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 & Tele-Medicine Centre (CHTMC)** 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 HC4Al 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 & Tele-Medicine Centre:

The CHTMC also allow for walk-in access to extended GP services. The Centre remains open with all its services 24/7, 365 days of the year.

A lady doctor with Obstetrics and Gynaecology experience and a male General practitioner working in tandem are available physically at the Centre from 9am to 9pm. Thereafter they remain on-call 24 hours, remotely but if required in emergency are available physically at the Centre.

The patients presenting at the Centre or attended to in their homes are first attended by the CMA, who take all the essential history and clinical observations before presenting to the doctor present at the Centre or remotely on our telemedicine network to initiate management.

#### Emergency Care

HC4Al through its CHTMC and Telemedicine network has become the first port of call in the area as the only available medical facility for all kinds of accidents and emergencies, 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. Several casualties are brought in to CHTMC 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 and surgical 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 Electronic Medical Records (EMR) and follow them regularly throughout their pregnancy with necessary lab tests and Ultrasound scans. Information and assistance after delivery for both mother and baby are provided. All antenatal records are maintained on EMR with internationally accepted antenatal cards. If a complication is anticipated in delivery during the antenatal check the patient is then referred to our designated secondary care hospitals for follow-up and delivery.

#### **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 2020-2021

#### Activities during Covid-19

The COVID-19 pandemic which started at the beginning of 2020 continues relentlessly into 2021 with its second and now third wave. The whole period has been a challenge with the extraordinary speed of spread of the pandemic and the unusual, strange, and extraordinary measures adopted for its treatment, containment, and prevention. Like the rest of the world, HC4AI and its projects were not spared either. 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 and mutations of the virus, with new variants emerging requiring constant vigilance and innovations to combat the problems it brought. The crisis continues.

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.

HC4Al Community Heath & Tele-Medicine Centre has remained open 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 initiated early in 2020 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 helps 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 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 related to 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 packages were prepared and distributed regularly during lockdown to all vulnerable families in the community.
- h) Our CHTMC is also serving as vaccination Centre for the area.

#### Community Health & Tele-medicine Centre (CHTMC)

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 EMR 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 Centre uses greener solar power with storage cellular batteries and reduces the dependence on the national grid power. This is not only environmentally friendly but has also reduced our electric bill. As our requirements for power increased (pharmacy, laboratory and consulting room need temperature control particularly in the summer months) we have upgraded our solar system with new storage batteries. A back-up generator is as always on the standby ensuring uninterrupted electrical power.

#### Laboratory

Our 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 now two Laboratory trained technicians who share the responsibility of managing the pharmacy, they also help in clinical areas with other Community Medical Assistant-CMA.

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 the service.

#### **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.

An independent auditor is given the task of doing regular audit. The areas identified for improvement by the auditors are constantly addressed.

#### 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

The three detention/observation beds are equipped for continuous patient monitoring of vitals as well as a Crash Trolley, ECG and Defibrillators.

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

The HMS is mainly being used for patient registration and creating individual patient clinical folders. It also has streamlined most of our clinical notes and prescriptions, project accounts, stock record and re-order.

Our three servers are located in the server rooms of Mirpur University of Science and Technology (MUST) providing connectivity and data storage and retrieval facility. We remain grateful to MUST for their continuing support. These servers store the HMS software and all our work data securely. It helps in data analysis and project evaluation and stop our reliance on external data storage facilities.

#### Governance Structure

The governance structure has not changed from previous years. While the HC4AI Board of Trustees (BoT) remains the same we are actively looking for new trustees. The governance structure at the strategic end in UK remains unchanged.

The governance structure revamped in 2019, at the operational end in Pakistan is producing 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), an honorary post. He will over see all the operational matters and will be reporting to the HC4Al 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 salaried accountant, project manager and bookkeeper daily. The accountant manages and prepares these accounts for review and auditing. All accounting is on accounts software and reported to UK.

A volunteer with accounting experience, Ms. Lynne Roberts, has been appointed in UK to help with the account received from the project from Pakistan/AJK

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 (Appendices 1 & 2) and will be submitted to the Charity Commission UK after approval by the Board of Trustees.

#### **Community Coordination Committee**

This group, composed of volunteer representing various villages was formed in February 2020 to empower the community, in the matters of the service provision and improvements. The committee chair is elected by the members themselves.

This group has not realized its full potential, mainly because of the COVID-19 and its restrictions. They have however communicated off and on with the Medical Director and Project Manager with suggestions.

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
- 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.

#### **Teamwork**

HC4Al 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

Patient attendance was markedly reduced in 2020-2021, an effect of COVID-19. Over 82% of the patients were either completely free (36%) or subsidized (46%). Subsidy varying between 10 to 90%. Only about 18% patient paid full cost of service received and accounted as donation to the charity.

## Summary of Patient Activity 1st July 2020 to 30th June 2021

Year	Total No. of Patients	Male	Female	Children u/16	OPD (Clinic)	Out-Reach Telemedicine	Free Patient	Subsidise d 10-90%	Full Donating patient
2019- 2020	8982	3598	5384	2209	8769	213	2300	3935	2747
July 2020 - June 2021	7242	2657	4585	1388	6873	369	2619	3345	1278

Ante-Natal patients seen July 2020- June 2021 = 132

#### **Board of Trustees UK**

- 1 Chair: Mr. Syed Tariq Kazim Shah: MBBS. MRCS. LRCP. MMEd. FRCS. Consultant Urological Surgeon, The Yorkshire Clinic, Bingley Road, Bradford BD16 1TW. West Yorkshire UK
- Vice Chair: Dr (Mrs) Tasneem A Tariq. FRCOG Rtd. Consultant Obstetrician Gynecologist.
- 3 Secretary: Dr Akram Khan. MBBS. MRCGP. GP (Rtd.) Ex-Clinical Chair Bradford City Clinical Commissioning Group. Principal, Avicenna Med Practice Bluebell Building, Barkerend Health Clinic, Barkerend Road Bradford BD3 9QH UK
- 4 **Trustee:** Mr. Dilshad Khan. CQSW. MBA. MIHSM. JP Rtd. Director Equality & Diversity 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: Member AAT & AAIA Accountancy. BPP University law School Leeds Director Arif Khan accountants
- 8 **Trustee:** Ms Shanaz Siddique Educationist, freelance journalist and You Tuber

At the last AGM on 06.09.2021, two new trustees were appointed:

- 9 **Trustee:** Mr. Younis Choudhry. Re-appointed after a short absence, is a local businessman and MD Regal Food Industries Bradford
- 10 Trustee: Mr. Luqman Rashid. Professional Financial Advisor at Hillcrest Wealth Management partner practice of St. James's Place Wealth Management.

#### **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
- Rotary Club of Bradford
- 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.

#### Thank You

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:

- Haji Mohammad Saleem (Late), Rafay Saleem (Nafees Bakers Mirpur) and Asif Saleem (Nafees Bakers Bradford) for providing invaluable support, insight, advice, and unconditional help in arranging and facilitating all the trips of HC4AI to AJK and office and staff support in UK
- **M Younis Choudhry** of Regal Food Industries Bradford for continuing financial generosity and invaluable help and advice both in UK and AJK/Pakistan
- **Mohammad Haroon and family** of Leeds for his unflinching support, advice and massive help in fund raising and support in operations
- **Tahir Luqman** for his generous financial help, moral support & advice and supplying PPE's during the pandemic.
- Mr Steve Davison for being always available for priceless advice, continuous support, editing regular newsletter and unflinching, dependable, and unconditional help
- **Kamran Mughal and Brothers** for providing the land and help in building our new centre in Chakswari in memory of their late father.
- **Luqman Rashid** for infusing enthusiasm, always being available, dependable and help in organizing events and fund raising
- **Ms Y Dhami** for both generous financial and moral support
- **Mr Arif Khan** Bradford for preparing accounts and arranging account audit
- **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 (Operational 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

Dr. Tariq Shah Chairman For Board of Trustees

**Health Care 4 All International** 

## HC4AI Account Period: 2020-2021 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 only highlight donations received from UK donors.
- 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**

1st February 2020 to 31st January 2021 Detailed audited accounts for UK are submitted separately

Entries	Debit £	Credit £	Balance £
Opening Balance		42,261	
<b>Donations Received</b>		53,808	96,069
HMRC Gift Aid Received		23,316	119,385
Bank Charges	30		119,355
Printing	300		119,055
Travel Expenses	1,080	0	117,975
Total Expenses	1,410		
Total Receipts		77,124	
Balance from Previous Year		42,261	
Total Credit in Bank			117,975

#### Appendix 2

Summary of Accounts AJK/Pakistan

1st July 2020 to 30th June 2021

Detailed audited accounts for AJK/Pak are submitted separately

Entries	Debit £	Credit £	Balance £
Opening Balance		32,751.07	
Donations Received UK		47,700.23	80,451.23
Donations Received Pakistan & Local		25,525.86	105,977.18
Expenditure Direct Patient Care	52,614.59		53,451.32
Expenditure Indirect Patient Care Management	10,544.88		42,906.42
Total Expenses	63,159.46		
Total Receipts		73,226.09	
Balance from previous year		32,751.07	
Total Credit in Bank			42,817.70



### Independent examiner's report on the accounts

Section A Independent Examiner's Report Report to the trustees/ Charity Name Health Care 4 all international members of On accounts for the year 31st January 2021 Charlty no 1158474 ended (If any) Set out on pages I report to the trustees on my examination of the accounts of the above charity ("the Trust") for the year ended Responsibilities and As the charity trustees of the Trust, you are responsible for the preparation basis of report 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. I have completed my examination. I confirm that no material matters have Independent examiner's statement 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: DON Date: 02/09/2021 Name: MR K HUSSAIN Relevant professional FMAAT, AAIA qualification(s) or body (if any): 21 DUCKWORTH LANE Address:

IER 1 October 2018

BRADFORD BD9 5ER

Section B	Disclosure
	Only complete if the examiner needs to highlight matters of concern (see CC32, Independent examination of charity accounts: directions and guidance for examiners).
Give here brief details of any items that the examiner wishes to disclose.	NONE

IER 2 October 2018



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Receipts and payments accounts
For the period from 01/02/2020

counts CC16a

	110111				
Section A Receipts and	navmente		The Real Property lies		400 1 2 1
occiton A receipts and	Unrestricted	Restricted	Endowment		
	funds	funds	Endowment funds	Total funds	Last year
	to the necrest £	to the nearest £	to the nearest £	to the nearest £	to the nearest
A1 Receipts	-				
Balance b/f	42.281			42,261	7
Donations	53,808			53,808	77.84
HMRC Refunds	23,318			23,316	6.34
				20,010	- 40
				-	
Sub total (Gross Income for AR)	119,385			119,385	84,25
A2 Asset and Investment sales,					
(see table).	-				
		-	-	-	
Sub total		-	-	-	
Sub total		<u> </u>	- 3		
Total receipts	119,385			119,385	84,25
A3 Payments					
Benk charges	30			30	4
Fund Rasing Event					8,00
Constions to Pakistan					30,13
Accountancy Charges				-	17
Printing	300			300	50
Travel Expenses	1,080			1,080	
				.,,,,,	
Professional Fees					3,14
				-	
Sub total	1,410			1,410	41,998
A4 Asset and Investment ourchases, (see table)					
(ere mais)					
		-	-		
Sub total	- :		-	-	
Sub total [					
Total payments	1,410			1,410	41,99
Total payments		-			
Total payments [ Net of receipts/(payments)	1,410	-		117,975	
Total payments [  Net of receipts/(payments) [  S Transfers between funds		-		117,975	
Total payments		· ·	· ·	117,975	41,99 42,28

CCXX R1 accounts (SS) 1 03/09/2021

	of assets and liabilities at t	Unrestricted	Restricted	Endowmen
Categories	Details	funds	funds	funds
B1 Cash funds		to nearest £	to nearest £	to nearest £
		-	-	<u> </u>
		-	-	
		-		
	Total cash funds			
	(agree beliences with receipts and payments account(s))		cil	
		Unrestricted	Restricted	Endowment
	Details	funds to nearest £	funds to nearest £	funds to nearest £
32 Other monetary assets		-	-	
-		-		
		-	-	
			-	
	Details	Fund to which asset belongs	Cost (optional)	Current value (optional)
33 Investment assets				
				7.5
	Details	Fund to which	Cost (optional)	Current value
4 Assets retained for the	Details	asset belongs	-	(optional)
harity's own use			-	
			-	
			•	
		F-rdtth-b		
5 Liabilities	Details	Fund to which liability relates	Amount due (optional)	When due (eptional)
			-	
			-	
	If Signature	Print N	ome .	Date of
gned by one or two trustees on beha	orginature .	Frint N	01110	app roval
gned by one or two trustees on beha all the trustees	1 1000	4 100 11	Z1.14.1	орргоча
gned by one or two trustees on beha all the trustees	lang alah	S.T.K.	S'HAH	03/08/202

# HEALTH CARE 4 ALL INTERNATIONAL

# AUDITED FINANCIAL STATEMENTS FOR THE YEAR ENDED JUNE 30, 2021

#### BY:

#### Azeemullah & Co

**Chartered Accountants** 

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Email: partner@aazco.net, Azeemullahandcompany@gmail.com

Website: www.aazco.net





#### INDEPENDENT AUDITOR'S REPORT 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 Operations & Statement of Cash Flows as at June 30, 2021 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

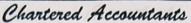
Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit to check the policies and procedures of the Company's as adopted and adhered to. An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the 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 interna-



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







#### INDEPENDENT AUDITOR'S REPORT THE MANAGEMENT **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 Operations & Statement of Cash Flows as at June 30, 2021 together with the notes forming part thereof (hereinaster 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



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to the entity's preparation of the financial statements in order to design 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, 2021.

ISLAMABAD Date: September 09, 2021 STAMBAD THE STATE OF THE STATE

AZEEMULLAH & CO
CHARTERED ACCOUNTANTS
(Engagement Partner: Azeemullah, ACA)



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#### Health Care 4 All International STATEMENT OF FINANCIAL POSITION AS AT JUNE 30, 2021

Continue to the Continue Conti	Note	2021	2020	2021	2020
RESERVES AND LIABILITIES		Rupees	Rupees	Pounds	Pounds
Reserves					
General Reserve	3	20,660,767	18,461,193	94,557.29	96,152.05
Current Liabilities					
Trade Creditors, Accrued & Other Payables	4	518,747	493,944	2,374.13	2,572.63
Maria Guard		21,179,514	18,955,137	96,931.41	98,724.67
November of Material Application					
ASSETS					
Non - Current Assets					
Operating Fixed Assets	5	8,947,772	10,094,456	40,951	52,575.29
Current Assets				eis I	77
Stock-in-trade	6	1,135,260	1,700,073	5,195.70	8,854.55
Advances, Deposits & Prepayments	7	1,000	4,500	4.58	23.44
Cash and Bank Balances	8	11,095,482	7,156,108	50,780.24	37,271.40
		12,231,742	8,860,681	55,980.51	46,149.38
		21,179,514	18,955,137	96,931.41	98,724.67

Annexed notes form an integral parts of these financial statements

TREASURER

CHIPTERED ACCO

## Health Care 4 All International STATEMENT OF OPERATIONS FOR YEAR ENDED 36 JUNE 2021

Income	Note	2021 Rupees	2020 Rupees	2021 Pounds	2020 Pounds
Donations - Abroad		10,422,500	5,904,000	47,700 23	31,292.73
Donations - Pakistan		3,574,017	2,623,850	16,357.06	13,907.09
Donations - Local Communities		2,003,400	4,911,949	9,168.88	26,034.61
Total Income		15,999,917	13,439,799	73,226.16	71,234.43
Less: Expenditures Against Charitable Activitie	181				
Printing & Stationary Expense		118,320	133,520	541.51	707,69
Electricity Bill		681,313	303,675	3,118.14	1,609.56
Staff Welfare		175,664	124,047	803.95	657.48
Salaries, Wages & Benefits		4,276,517	4,296,199	19,572.16	22,770.97
Traveling Expenses		4,000	23,600	18.31	125.09
Depreciation Expense	6	1,220,594	1,392,854	5,586.24	7,382.49
Medicine Consumed	9	3,909,163	3,396,493	17,890.91	18,002.30
Free Medicines		759,337	736,226	3,475.23	3,902.19
Vehicles Repair & Maint: - Ambulance		258,890	219,425	1,184.85	1,163.01
Communication & Internet Expense		92,489	157,996	423.29	837.42
		11,496,287	10,784,035	52,614.59	57,158.19
Less: Administrative Expenses:					
Staff Salary & Benefits		1,838,000	1,880,500	8,411.90	9,967.14
Fee & Subscription Expense			54,600		289.39
Repair & Maintenance Building		143,852	150,515	658.36	797.77
Water / Gas Cylinders		21,457	27,368	98.20	145.06
Bank Charges / WHT		4,330	1,160	19.82	6.15
Misc. Office Expense		210,917	150,989	965.30	800.28
Marketing Expenses			6,640	-	35.19
Rent Expenses		60,500	38,500	276.89	204.06
Audit Fee Expense		25,000	25,000	114.42	132.51
		2,304,056	2,335,272	10,544.88	12,377.55
Total Expenditures		13,800,343	13,119.307	63,159.46	69,535.73
Excess of Income over Expenditures transferred to General Reserve		2,199,574	320,492	10,066.70	1,698.69

Annexed notes form an integral parts of these financial statements





Health Care 4 All International				
STATEMENT OF CASH FLOWS				
FOR YEAR ENDED 30 JUNE 2021	2021 Rupees	2020 Rupees	2021 Pounds	2020 Pounds
a	7,156,108	6,099,036	32,751.07	31,765.81
Opening Balance of Cash and Bank Balances	7,130,108	0,077,030		
ADD: RECEIPTS				
Donations	15,999,917	13,439,799	73,226.16	69,998.95
Advances, Deposits & Prepayments	4,500	1,332	20.59	6.94
TOTAL RECEIPTS	16,004,417	13,441,131	73,246.76	70,005.89
Total Cash & Bank Balances Available	23,160,525	19,540,167	105,997.83	101,771.70
LESS: PAYMENTS				
Payments Against Assets				
Medical Machinery & Instruments				
Building Renovations			-	
Computers, CCTV, UPS, Internet & Solar	73,910	25,500	338.26	132.81
Vehicle				
Other Assets		11,700		60.94
Furniture & Fixture		75,000		390.63
Temporary Advance	1,000	4,500	4.58	607.81
Payments Against Expenses	74,910	116,700	342.84	007.81
Printing & Stationary Expense	118,320	133,520	541.51	695,42
Electricity Expenses	702,770	331,043	3,216,34	1,724.18
Staff Welfare	175,664	124,047	803.95	646.08
Salaries, Wages & Benefits	6,097,017	6,209,529	27,903.97	32,341.30
Traveling Expenses	4,000	23,600	18.31	122.92
Free Medicines	759,337	736,226	3,475.23	3,834.51
Fee & Subscription Expense	12,253	79,156	56.08	412.27
Medicine Purchases	3,349,794	3,905,013	15,330.86	20,338.61
Communication & Internet Expense	92,489	157,996	423.29	822.90
Repair & Maintenance Building	143,852	150,515	658.36	783.93 1.142.84
Repair & Maintenance Expense Bank Charges	258,890	219,425 1,160	1,184.85	6.04
Misc. Office Expense	4,330 210,917	150,989	965.30	
Marketing Expenses	210,917	6,640	965.30	786.40 34.58
Rent Expenses	60,500	38,500	276.89	200.52
rein Expenses	00,500	38,300	270.89	200.52
	11,990,133	12,267,359	54,874.75	63,892.49
TOTAL PAYMENTS	12,065,043	12,384,059	55,217.59	64,500.31
Cash & bank balance available at close of the Year	11,095,482	7,156,108	50,780.24	37,271.40
Annexed notes form an integral parts of these financial start	PROPE			
	AMABAD NA			
TREASURER		Pi	RESIDENT	

#### 1- The Organization and Its Operations

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

#### 2- Summary of Significant Accounting Policies

#### 2.1- Accounting Convention

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

#### 2.2- Trade and other Payables

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

#### 2.3- Fixed Assets

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

#### 2.4- Taxation

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

#### 2.5- Cash and Bank Balance

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

3- General Reserves	2021 Rupees	2020 Rupees	2021 Pounds	2020 Pounds
Opening Balance of Reserves	18,461,193	18,140,701	84,490.59	94,482.82
Excess of Income over Expenditures transferred from Income & Expenditure Account	2,199,574	320,492	10,066.70	1,669.23
	20,660,767	18,461,193	94,557.29	96,152.05
4- Trade Creditors, Accrued & Other Payables			20   133 (1	
Salaries Payable	481,000	463,500	2,201.37	2,414.06
Others Payable	12,747	5,444	58.34	28.35
Audit Fee Payable	25,000	25,000	114.42	130.21
	518,747	493,944	2,374.13	2,572.63



#### 5- FIXED ASSETS (Rupees)

	Cost				Depreciation				
Particulars	As at Addition/		As at 30-Jun-21	Rate	As at 1-Jul-20	For the Year	Acc: as at 30-Jun-21	As at 30-Jun-21	
Building Renovation	883,696		883,696	10	167,903	71,579	239,482	644,214	
Furniture & Fixture	604,435		604,435	10	176,905	42,753	219,658	384,777	
Vehicle	2,501,500		2,501,500	15	872,925	244,286	1,117,211	1,384,289	
Computers, CCTV, UPS & Internet	1,829,699	73,910	1,903,609	25	1,088,080	203,882	1,291,962	611,647	
Solar Systems	300,000		300,000	10	57,000	24,300	81,300	218,700	
Medical Machinery & Instruments	9,107,271		9,107,271	10	3,014,621	609,265	3,623,886	5,483,385	
Other Assets	364,510		364,510	10	119,221	24,529	143,750	220,760	
30-Jun-21	15,591,111	73,910	15,665,021		5,496,655	1,220,594	6,717,249	8,947,772	
30-Jun-20	15,478,911	112,200	15,591,111		4,103,801	1,392,854	5,496,655	10,094,456	

#### 5- FIXED ASSETS (Pounds)

	Cost				Depreciation				
Particulars	As at 1-Jul-20	Addition/ (Deletion)	As at 30-Jun-21	Rate %	As at 1-Jul-20	For the Year	Acc: as at 30-Jun-21	As at 30-Jun-21	
<b>Building Renovation</b>	4,044.38		4,044	10	768.43	328	1,096	2,948	
Furniture & Fixture	2,766.29		2,766	10	809.63	196	1,006	1,761	
Vehicle .	11,448.51		11,449	15	3,995.08	1,118	5,113	6,335	
Computers, CCTV, UPS & Internet	8,373.91	338	8,712	25	4,979.77	933	5,913	2,799	
Solar Systems	1,373.00		1,373	10	260.87	111	372	1,001	
Medical Machinery & Instruments	41,680.87		41,681	10	13,796.89	2,788	16,585	25,096	
Other Assets	1,668.24		1,668	10	545.63	112	658	1,011	
30-Jun-21	71,355	338	71,693		25,156	5,586	30,742	40,951	

30-Jun-20 80,619.33 584.38 81,203.70 - 21,373.96 7,254.45 25,62844 52,575.29

	2021 Rupees	2020 Rupres	2021 Pounds	2020 Pounds
6- Stock-in-trade Medicines	1,135,260	1,700,073	5,195 70	8,854.55
7- Advances, deposits and prepayments Temporary Advance to Staff	1,000	4,500	4.58	23.44
	1,000	4,500	4.58	23 44
8- Cash and Bank Balance				
Cash at Bank - Current Account - PKR Cash in Hand - Local Currency	11,033,577 61,905	7,123,101 33,007	50,496 92 283 32	37,099.48 171.91
	11,095,482	7,156,108	50,780 24	37,271.40
9- Medicine Consumed				
Opening Stock Add: Purchases during the year Less: Closing Stock	1,700,073 3,344,350 (1,135,260)	1,261,604 3,834,962 (1,700,073)	7,780.65 15,305.95 (5,195.70)	6,570.85 19,973.76 (8,854.55)
	3,909,163	3,396,493	17,890.91	17,690.07





#### <u>Details of AJK/Pakistan Audited Accounts</u> <u>July1, 2019 to June 30, 2020</u>

## HEALTH CARE 4 ALL INTERNATIONAL

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

#### BY:

#### Azeemullah & Co

Chartered Accountants

**Address:** Office No. SF-09,  $2^{nd}$  Floor, Block No.

C-5, Street No. 97, P.H.A. Apartments.

Sector G 11/3, Islamabad. **Contact:** 051-2360279

Email: Azeemullahandcompany@gmail.com

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#### INDEPENDENT AUDITOR'S REPORT TO THE MANAGEMENT **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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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

**ISLAMABAD** 

Date: September 29, 2020

ZEEMULLAH & CO

CHARTERED ACCOUNTANTS

(Engagement Partner: Azeemullah, ACA)



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

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

RESERVES AND LIABILITIES	Note	Z020 Rupees	2019 Rupees	2020 Pounds	2019 Pounds
Reserves					- vanus
General Reserve	3	18,461,193	18,140,701	96,152.05	107,935.39
Current Liabilities					
Trade Creditors, Accrued & Other Payables	4	493,944	596,381	2,572.63	3,548
		18,955,137	18,737,082	98,724.67	111,484
ASSETS					
Non - Current Assets					
Operating Fixed Assets	5	10,094,456	11,375,110	52,575.29	67,681
Current Assets					
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
	=	18,955,137	18,737,082	98,724.67	111,484

Annexed notes form an integral parts of these financial statements

TREASURER

#### Health Care 4 All International STATEMENT OF CASH FLOWS FOR YEAR ENDED 30 JUNE 2020

	2020 Rupees	2019 Rupees	2020 Pounds	2019 Pounds
Opening Balance of Cash and Bank Balances	6,099,036	855,256	31,765.81	5,089
ADD: RECEIPTS				
Donations	13,439,799	18,377,420	69,998.95	109,344
Advances, Deposits & Prepayments	1,332	86,013	6.94	512
TOTAL RECEIPTS	13,441,131	18,463,433	70,005.89	109,856
Total Cash & Bank Balances Available	19,540,167	21,667,462	101,771.70	128,919
LESS: PAYMENTS				,
Payments Against Assets				
Medical Machinery & Instruments	-	2,203,679	-	13,112
Building Renovations	-	883,696	-	5,258
Computers, CCTV, UPS, Internet & Solar	25,500	1,204,049	132.81	7,164
Vehicle	-	1,344,000	-	7,997
Other Assets	11,700		60.94	-
Furniture & Fixture	75,000	39,855	390.63	237
Temporary Advance	4,500	1,000	23.44	6
Payments Against Expenses	116,700	5,676,279	607.81	33,773
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
TOTAL PAYMENTS	12,384,059	15,568,426	64,500.31	92,631
Cash & bank balance available at close of the Year	7,156,108	6,099,036	37,271.40	168
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Annexed notes form an integral parts of these financial statements

TREASURER

#### 1- The Organization and Its Operations

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

#### 2- Summary of Significant Accounting Policies

#### 2.1- Accounting Convention

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

#### 2.2- Trade and other Payables

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

#### 2.3- Fixed Assets

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

#### 2.4- Taxation

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

#### 2.5- Cash and Bank Balance

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



3- General Reserves	2020 Rupees	2019 Rupees	2020 Pounds	2019 Pounds
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
	18,461,193	18,140,701	96,152.05	107,935
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
	493,944	596,381	2,572.63	3,548

#### 5- FIXED ASSETS

		Cost			De	Book Value		
Particulars	As at 1-Jul-19	Addition/ (Deletion)	As at 30-Jun-20	Rate	As at 1-Jul-19	For the Year	Acc: as at 30-Jun-20	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
30-Jun-20	15,478,911	112,200	15,591,111		4,103,801	1,392,854	5,496,655	10,094,456
30-Jun-19	9,803,632	5,675,279	15,478,911		2,500,599	1,603,202	4,103,801	11,375,110

#### 5- FIXED ASSETS

Pounds

,		Cost			Depreciation			Book Value	
Particulars	As at 1-Jul-19	Addition/ (Deletion)	As at 30-Jun-20	Rate %	As at 1-Jul-19	For the Year	Acc: as at 30-Jun-20	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	
30-Jun-20	80,619	1,381	82,001		21,374	7,454	28,828	53,173	
30-Jun-19	58,331	33,767	92,098		14,878	9,539	24,417	67,681	

	2020 Rupees	2019 Rupees	2020 Pounds	2019 Pounds
6- Stock-in-trade				
Medicines	1,700,073	1,261,604	8,854.55	7,506
7- Advances, deposits and prepayments				
Temporary Advance to Staff	4,500	1,000	23.44	5.95
Others Receivables	-	332	-	1.98
	4,500	1,332	23.44	7.93
8- Cash and Bank Balance				
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
	7,156,108	6,099,036	37,271.40	36,289
9- Medicine Consumed				
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)
	3,396,493	2,011,445	17,690.07	11,968

#### 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

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

Chairman Dr. Tariq Shah and For Board of Trustees

**Healthcare 4All International**