



Registered Charity Number:: 1187677

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. Asif Saleem - Trustee
Mr. Dilshad Khan - Trustee
Dr. Akram Khan - Secretary
Mr. Arif Khan - Treasurer
Ms. Shanaz Saddique - Trustee

Contact Details

Mail: Willow House, 107 All Alone Road
Bradford BD10 8TR, West Yorkshire UK

Tel: +44 1274 614229
Mob: +44 7802 425859

admin@healthcare4all.org.uk
www.healthcare4all.org.uk
[@healthcare4all.int](https://www.facebook.com/healthcare4all.int)
[@HC4AI_Charity](https://www.instagram.com/HC4AI_Charity)

Health Care 4 All International

Trustees Annual Report for Period 2020 - 2021

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 observation & treatment 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 existing technology was manipulated and modified to suit the remote conditions where it needed to be

used. HC4AI was established in 2014 to pilot and roll out the service initially in Pakistan but aim to ultimately across the developing world. Another hurdle in setting up the service was the lack of connectivity across the target area 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 HC4AI is registered with the interior ministry and Pakistan Centre for Philanthropy as well as with the Kashmir Council and Societies.

Our Services:

Telemedicine through NHST: NHST negates many of the technical problems and high costs associated with traditional telemedicine and is therefore extremely effective. Instead of distributing expensive and fragile telecommunications equipment to every household we select suitable men and women from the target villages (with some medical background) and train them as **Community Medical Assistants (CMA)**. The training includes the use of technology and refresher training in routine and emergency medical knowledge. We then equip them with tablet computers, download the tablets with our own unique Electronic Health Record (EHR) software and place the CMAs in a central location (in a building which doubles as a medical facility and a call management centre), the **Community Health & 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 HC4AI CHC or the nearest hospital for treatment on our ambulances.

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

General OPD at the Community Health & 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

HC4AI 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 recently.

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 Health Workers CHW), 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 Activities 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.

HC4AI Community Health & 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 were also 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 always related to District Health Office directly 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 related to 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.

Observation & Treatment Beds

The three treatment & 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 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 oversee all the operational matters and will be reporting to the HC4AI Chair and BoT AJK.

Three new directorates were created to manage the operations. smoothly

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

Accounts

Accounts are kept on site by 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.

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 and sustained. 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 this report, only donations received from UK are shown in appendix 1 (UK account summary).**
- 2 Some individuals and organizations donated in Pakistan, shown in Health Care 4 All Pakistan/AJK summary account (appendix 2).**
- 3 Almost all the expenses are on our project in Pakistan/AJK and are shown in the summary account of Pak/AJK (appendix 2).**

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 yet, 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
4. Meet on regular basis with hospital committee (composed of MD, CD & PM) to discuss and address any matters of concern and provide solutions for service improvement.

Teamwork

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

Patient Activity

Patient attendance was 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)	Outreach Telemedicine	Free Patient	Subsidised 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
- 2 **Vice Chair:** Dr (Mrs.) Tasneem A Tariq. FRCOG Rtd. Consultant Obstetrician Gynecologist.
- 3 **Secretary:** Dr Akram Khan. MBBS. MRCP. 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, You Tuber

Our partners

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

- Mirpur University of Science and Technology (MoU)
- Huddersfield University faculty of Medicines and Healthcare Dept. of Pharmacology
- 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.
 - **Steve Davison** for being always available for priceless advice, continuous support, editing newsletter, dependable, unflinching 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
 - **Arif Khan** Bradford for preparing accounts and arranging account audit
 - **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
 - **Imtiaz Bhatt** Director Network & Telecom. MUST for his continuing technological help
 - **Ali Ibn Khalid** for his work above and beyond the call of duty
- And Last but not the least
- **Dr Abdul Quddus Akhter** for his voluntary contribution and supervision of the project in Chakswari, 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

Appendix 1

HC4AI Account Period: 2020-2021

Donations and Expenses UK and AJK/Pakistan

Details of Audited Accounts of HC4AI UK and HC4AI AJK are submitted separately

Note: The period of account for the UK & Pakistan/AJK are for different periods of the year, hence transfer of funds made from UK to Pakistan do not show in the UK account but will appear in the account for the next account period.

Also note that some donations are also made in Pakistan/AJK however almost all the expenditure is in Pakistan/AJK on patient care through our project, as shown in the account.

Summary HC4AI UK Account

1st February 2020 to 31st January 2021

Entries	Debit £	Credit £	Balance £
Opening Balance		42,261	
Donations Received		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

Note: The account periods for the two accounts UK & Pakistan/AJK are for different periods of the years, hence transfer of funds made from UK to Pakistan do not show in the UK account but will appear in the account for the next account period

Entries	Debit £	Credit £	Balance £
Opening Balance		32,751.07	
Donations Received from 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

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



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

HEALTH CARE 4 ALL INTERNATIONAL

AUDITED FINANCIAL STATEMENTS
FOR THE YEAR ENDED
JUNE 30, 2021

BY:

Azeemullah & Co
Chartered Accountants

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

Contact: 051-2360279

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

Website: www.aazco.net



Azeemullah & Co

Chartered Accountants



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

We have audited the accompanying financial statements of "HEALTH CARE 4 ALL INTERNATIONAL" which comprise of the Statement of Financial Position, Statement of 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 internal control relevant



Address: Office No. SF 09, Block C5, Street No 97, PHA Apartments, G-11/3, Islamabad.
Email: partner@azco.net, azcemullahandcompany@gmail.com
Website: www.azco.net Contact: 051-2360279



Azeemullah & Co

Chartered Accountants



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

We have audited the accompanying financial statements of "HEALTH CARE 4 ALL INTERNATIONAL" which comprise of the Statement of Financial Position, Statement of 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 internal control relevant



Address: Office No. SF 09, Block C5, Street No 97, PHA Apartments, G-11/3, Islamabad.
Email: partner@aazco.net, azeemullahandcompany@gmail.com
Website: www.aazco.net Contact: 051-2360279



Azeemullah & Co

Chartered Accountants



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



Azeemullah & Co

AZEEMULLAH & CO

CHARTERED ACCOUNTANTS

(Engagement Partner: Azeemullah, ACA)



Address: Office No. SF 09, Block C5, Street No 97, PHA Apartments, G-11/3, Islamabad.
Email: partner@aazco.net, azeemullahandcompany@gmail.com
Website: www.aazco.net **Contact:** 051-2360279

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

	Note	2021 Rupees	2020 Rupees	2021 Pounds	2020 Pounds
<u>RESERVES AND LIABILITIES</u>					
<u>Reserves</u>					
General Reserve	3	20,660,767	18,461,193	94,557.29	96,152.05
<u>Current Liabilities</u>					
Trade Creditors, Accrued & Other Payables	4	518,747	493,944	2,374.13	2,572.63
		<u>21,179,514</u>	<u>18,955,137</u>	<u>96,931.41</u>	<u>98,724.67</u>
<u>ASSETS</u>					
<u>Non - Current Assets</u>					
Operating Fixed Assets	5	8,947,772	10,094,456	40,951	52,575.29
<u>Current Assets</u>					
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
		<u>12,231,742</u>	<u>8,860,681</u>	<u>55,980.51</u>	<u>46,149.38</u>
		<u>21,179,514</u>	<u>18,955,137</u>	<u>96,931.41</u>	<u>98,724.67</u>

Annexed notes form an integral parts of these financial statements


TREASURER

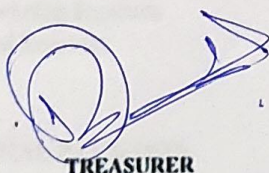


PRESIDENT

Health Care 4 All International
STATEMENT OF OPERATIONS
FOR YEAR ENDED 30 JUNE 2021

	Note	2021 Rupees	2020 Rupees	2021 Pounds	2020 Pounds
Income					
Donations - Abroad		10,422,500	5,904,000	47,709.23	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 Activities:					
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


TREASURER




PRESIDENT

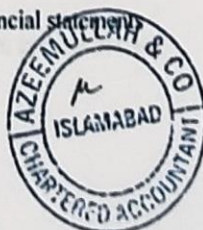
Health Care 4 All International
STATEMENT OF CASH FLOWS
FOR YEAR ENDED 30 JUNE 2021

	2021 Rupees	2020 Rupees	2021 Pounds	2020 Pounds
Opening Balance of Cash and Bank Balances	7,156,108	6,099,036	32,751.07	31,765.81
<u>ADD: RECEIPTS</u>				
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
<u>LESS: PAYMENTS</u>				
<u>Payments Against Assets</u>				
Medical Machinery & Instruments	-	-	-	-
Building Renovations	-	-	-	-
Computers, CCTV, UPS, Internet & Solar Vehicle	73,910	25,500	338.26	132.81
Other Assets	-	11,700	-	60.94
Furniture & Fixture	-	75,000	-	390.63
Temporary Advance	1,000	4,500	4.58	23.44
	74,910	116,700	342.84	607.81
<u>Payments Against Expenses</u>				
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
Repair & Maintenance Expense	258,890	219,425	1,184.85	1,142.84
Bank Charges	4,330	1,160	19.82	6.04
Misc. Office Expense	210,917	150,989	965.30	786.40
Marketing Expenses	-	6,640	-	34.58
Rent Expenses	60,500	38,500	276.89	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 statements



TREASURER



PRESIDENT

Health Care 4 All International
NOTES TO THE FINANCIAL STATEMENTS
FOR YEAR ENDED 30 JUNE 2021

1- The Organization and Its Operations

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

2- Summary of Significant Accounting Policies

2.1- Accounting Convention

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

2.2- Trade and other Payables

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

2.3- Fixed Assets

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

2.4- Taxation

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

2.5- Cash and Bank Balance

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



Health Care 4 All International
NOTES TO THE FINANCIAL STATEMENTS
FOR YEAR ENDED 30 JUNE 2021

3- General Reserves

	2021	2020	2021	2020
	Rupees	Rupees	Pounds	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

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



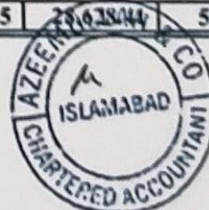
Health Care 4 All International
NOTES TO THE FINANCIAL STATEMENTS
FOR YEAR ENDED 30 JUNE 2021

5- FIXED ASSETS (Rupees)

Particulars	Cost			Depreciation				Book Value As at 30-Jun-21
	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	
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)

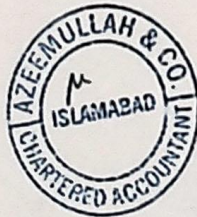
Particulars	Cost			Depreciation				Book Value As at 30-Jun-21
	As at 1-Jul-20	Addition/ (Deletion)	As at 30-Jun-21	Rate %	As at 1-Jul-20	For the Year	Acc: as at 30-Jun-21	
Building Renovation	4,044.38		4,044	10	768.43	328	1,096	2,948
Furniture & Fixture	2,766.29		2,766	10	809.63	196	1,006	1,761
Vehicle	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	28,628.44	52,575.29



Health Care 4 All International
NOTES TO THE FINANCIAL STATEMENTS
FOR YEAR ENDED 30 JUNE 2021

	<u>2021</u> <u>Rupees</u>	<u>2020</u> <u>Rupees</u>	<u>2021</u> <u>Pounds</u>	<u>2020</u> <u>Pounds</u>
6- Stock-in-trade Medicines	<u>1,135,260</u>	<u>1,700,073</u>	<u>5,195.70</u>	<u>8,854.55</u>
7- Advances, deposits and prepayments Temporary Advance to Staff	<u>1,000</u>	<u>4,500</u>	<u>4.58</u>	<u>23.44</u>
	<u>1,000</u>	<u>4,500</u>	<u>4.58</u>	<u>23.44</u>
8- Cash and Bank Balance				
Cash at Bank - Current Account - PKR	11,033,577	7,123,101	50,496.92	37,099.48
Cash in Hand - Local Currency	61,905	33,007	283.32	171.91
	<u>11,095,482</u>	<u>7,156,108</u>	<u>50,780.24</u>	<u>37,271.40</u>
9- Medicine Consumed				
Opening Stock	1,700,073	1,261,604	7,780.65	6,570.85
Add: Purchases during the year	3,344,350	3,834,962	15,305.95	19,973.76
Less: Closing Stock	(1,135,260)	(1,700,073)	(5,195.70)	(8,854.55)
	<u>3,909,163</u>	<u>3,396,493</u>	<u>17,890.91</u>	<u>17,690.07</u>


TREASURER



PRESIDENT



CHARITY COMMISSION FOR ENGLAND AND WALES

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**

31st January 2020

**Charity no
(if any)**

1158474

Set out on pages

1-2

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

**Responsibilities and
basis of report**

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

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

**Independent
examiner's statement**

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

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

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

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

Signed:

Date:

10/09/20

Name:

MR K HUSSAIN

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

FMAAT, AAIA

Address:

21 DUCKWORTH LANE

BRADFORD

BD9 5ER

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

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