

Annual Report 2011 - 2012





Chairman's Message

Mr. Saeed Allawala

The Health Foundation (THF) is now recognized as a strong force in our society, striving hand to minimize Hepatitis B/C, especially those belonging to the less privileged strata.

Hepatitis afflicts approximately 10 million people in the country as per a report published in Dawn (20/5/2009). Recent data of the disease suggests that a tipping point may have been reached in this epidemic, and now the disease can spread very rapidly unless emergent and comprehensive measures are taken to stop the contagion. The treatment of Hepatitis is a long term and expensive process. Considerable support is required from civil society, as due to the enormity of the problem the government alone cannot be expected to control the spread of infection.

A majority of people get infected with the disease due to lack of awareness and prevention, which remains inexplicably low globally, and one in 12 people worldwide live with either chronic Hepatitis B or C, and their number is far higher than patients of HIV or cancer. The World Hepatitis Alliance observed World Hepatitis Day under the theme "Am I number 12?" to prompt people to think about the huge scale of Hepatitis infection globally. An average of 20 to 25 patients suffering from liver cirrhosis and hepatic coma die every month.

However, as someone very aptly observed, in face of adversity we cannot retreat to the convenience of being overwhelmed. I personally subscribe to what George Bernard Shaw has to say: "People are always blaming their circumstances for what they are. I don't believe in circumstances. The people who get on in this world are the people who get up and look for the circumstances they want, and if they can't find them, they make them."

The circumstances that we at THF want, and will find, or make, involve the raising of awareness about Hepatitis that will ensure adherence to the old saying that prevention is better than cure. We want to raise the recognition profile of THF so as to broaden our donor base and flow of funds which enables us to do more. We want to neutralize the escalating cost of diagnosis and treatment, and make it affordable to the common man already suffering under the yolk of runaway inflation. We want to implement a meaningful vaccination program. We want to undertake in-depth research into why Hepatitis has become such a big issue in Pakistan.

Given our noble intentions and sincere desire to restore health and vigor, by the grace of Allah, to the people of Pakistan, there is no doubt in my mind that we will succeed in our mission.

I would like to register my sincere appreciation for the hard work that has been put in by our five core committees addressing Treatment (Dr. Saad Khalid Niaz), Prevention (Dr. Naseem Salahuddin), Research (Dr. Huma Qureshi), Fundraising (Mrs. Qudsia Akber), and Awareness (Mr. Masood Hashmi).

While our efforts may have constituted no more than a drop in the ocean, we are not discouraged, nor disheartened. We have learnt valuable lessons from our experiences in the field. New, determined, and highly motivated cadres from civil society are joining THF in increasing numbers, bringing fresh energy and resolve to our on-going effort.

With your help we shall prevail.

Thank you. Saeed Allawala

Prevention is Better Than **Cure**

WHAT IS HEPATITIS?

- It is a type of liver disease
- Inflammation of the liver is called Hepatitis
- There are many types of Hepatitis out of which B and C are life threatening

HOW DOES HEPATITIS B AND C SPREAD

- Infected blood
- Contaminated or low grade syringes and other medical equipment
- Same syringe or needle used for more than one person
- 1 month baby from the infected mother
- Multiple sexual partners

PREVENTION FROM HEPATITIS B AND C

Hepatitis B vaccine is available in Pakistan for the last four years which is given to all along with other preventive vaccines.

SELF PREVENTION FROM HEPATITIS B AND C CAN BE ACHIEVED BY:

- Avoiding unnecessary injections, drips and blood transfusions
- Always using sealed pack syringes and needles
- Destroying the needle after use or ensuring that it is done
- Always geting blood for transfusion from known sources, where they are properly tested for Hepatitis
- Practicing monogaring
- Avoiding used razor blades
- Avoiding tattoos
- Always using a new needle for piercing your ears and nose

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What is THE Health Foundation?

The Health Foundation (THF) is a non-profit public service organization registered under section 42 of the Companies Ordinance 1984.

THF is a group of likeminded individuals who are concerned about the general health of those people who subsist on a very limited income in Pakistan. This group is made up of successful entrepreneurs, experienced physicians of some repute, media and advertising personnel and those who have established a name for themselves in social work. Each of them brings social consciousness and a wealth of experience in their respective fields. By working together on the same platform, this group brings a certain dynamism to the task at hand.

THF Initiative

The initial task THF has set is towards awareness, prevention, collaboration, treatment and management of viral Hepatitis in the general public. Hepatitis is affecting millions of Pakistans of all social strata. Majority of them fall in the lower socio economic category. WHO has estimated that approximately 12 million people are suffering from Hepatitis in Pakistan, out of which the prevalence of Hepatitis B ranges between 2.5% and that of Hepatitis C around 4.9% of the general population. Hepatitis A, B, C, D and E are the five types of Hepatitis out of these; Hepatitis B and Hepatitis C have the highest mortality rate. Approximately four to five million people are suffering from Hepatitis B and about five to six million suffer from Hepatitis C. Since the best offense is the best defense, awareness, protection, prevention and implementation is a crucial aspect of this educational effort. Side by side with awareness, they will address the treatment of those who suffer from consequences of chronic infection.

Foresight

The Health Foundation aims to create awareness and promote management of various diseases in general public, with an initial special emphasis on viral Hepatitis. As the name implies, a healthy society is the over-arching goal of The Health Foundation. Education leading to awareness and prevention of all health related problems will come under its purview. The Health Foundation will provide support to those in need of treatment and unable to fully bear its cost. Half of all available resources will be committed to the treatment of health related issues and the remaining half will be spent on preventive measures and to educate the public. Public awareness of how infections spread will result in public self-monitoring and may impact the practices of various service providers.

Strategic Parameters

Short Term Goals

Short Term Goals

The initial focus of The Health Foundation is on Hepatitis B and Hepatitis C. We have set for our selives two immediate goals.

The first is to educate the general public regarding the manifestations of Hepatitis B, and Hepatitis C and their mode of acquisition and transmission. The second goal is to provide financial support to those suffering from these infections, but unable to afford the expense for their cure. This support will be in terms of medication supplied. Since there is a vaccine available for the protection against Hepatitis B, THF is pursing an immunization program in this regard.

Long Term Goals

A measurable goal for the next five years is to bring about a 1% reduction in the incidence of Hepatitis B and Hepatitis C in Pakistan.

THF plans to create awareness about Hepatitis B and C so as to disseminate information to at least 50% – 60% of the population.

THF also plans to immunize 0.2 million people against Hepatitis B in the next five years. THF aims to provide Hepatitis C treatment to at least 20,000 people by 2013.

BOARD MEMBERS RS

Dr. Jamal Ara

Dr. Naseem Salahuddin

Dr. Suhail Nawab

Mr. Saeed Allawala

Ms. Oudsia Akber

Dr. Shaista Wahidi

Dr. Saad Khalid Niaz

Mr. Abdul Latif Sheikh

Mr. Tariq Rafi

Mr. Ahsan M. Saleem

Mr. Rashid Abdullah

Dr. Huma Oureshi

Dr. Arshad Kamal Butt

Ms. Gul e Rana Saeed

Dr. Haleem Khan

Mr. Syed Masood Hashmi

REXECUTIVE COMMITTEES:

Chairman & Chief Executive Officer

Mr. Saeed Allawala

Executive Secretary of The Board

Mr. Nafees Ahmed

Project Manager

Dr. Kashif Riaz Muhammad

Executive Committee Members

Mr. Saeed Allawala

Dr. Saad Khalid Niaz

Dr. Huma Oureshi

Dr. Naseem Salahuddin

Ms. Qudsia Akber

Mr. Syed Masood Hashmi

The following sub committees have been formed to carry out the tasks assigned to them by the Executive Committee whose work is reviewed by the Board periodically.

- Awareness Committee (Chaired by Mr. Masood Hashmi)
- Prevention Committee (Chaired by Dr. Naseem Salahuddin)
- Treatment Committee (Chaired by Dr. Saad Khalid Niaz)
- Fund Raising Committee (Chaired by Ms. Qudsia Akber)
- Research Committee (Chaired by Dr. Huma Qureshi)

The Chairman of each sub-committee has chosen its members from amongst The Health Foundation members and from outside the Foundation.

Action Plan

As good health for all being its predominant goal, The Health Foundation will adopt and focus on critical health issues that emerge over time. To make an effort to bring together all public/private organizations working against viral Hepatitis, this will result in centralizing data learning from each other's experiences. THF will work in cohesion with the Public Sector Health Programs, thereby creating a synergy in providing awareness to all, and medication to those in need.

AWARENESS

Print material has been developed and distributed to the beneficiaries of various communities. The printed leaflets contain information regarding modes of spread of Hepatitis B and C with pictorial presentation of the message.

A DVD for Hepatitis awareness was prepared with a duration of 25 minutes and run in the waiting areas of OPD's of the following hospitals:

- Indus Hospital
- Medilink Clinic
- JPMC Pakistan Medical Research Council (PMRC)

A MoU was signed with APPNA to use their print material in the form of booklets and DVDs of Hepatitis C. These booklets were disseminated in various schools for the awareness of children through pictorial messages.

Multiple awareness sessions were given in following

- DMS Ladies Forum Awareness Activity.
- Awareness Session at Institute of Business Management (CBM).
- Awareness Session at ARY Head Office.
- Awareness Session at World call Broadband Limited Head Office.
- Awareness session at Liberty Textile Mills.
- Awareness session at Arts Council.
- Awareness session at SZABIST.
- Awareness session at Atco Labs.







WORLD HEPATITIS DAY

An awareness session for the staff of the Arts Council was conducted along with free Hepatitis B & Hepatitis C screening.

Ms.Qamar Jahan (Executive Officer) conducted the awareness session via an interactive presentation.

This was followed by a small speech from Dr Kashif Riaz who gave a brief introduction of THF and also invited everyone to come forward to support the cause in any way.

It was followed by questions and answers, all of which were answered by Dr. Kashif Riaz

On 28th July 2011, The Health Foundation (THF) arranged a walk at Sea View, Karachi. Most of the participants were children under 15 years of age who were vaccinated by THF itself. The walk started at 11:00 a.m. The walk was covered by Geo News and the activity was sponsored by Worldcall. Logos of Worldcall, Chief Minister Hepatitis Control Program for Sindh and Geo News all were placed on both the banners along with all the caps. The main message on the banners and the caps was "Hepatitis Free Pakistan"

The kids understood the meaning of the walk; when the Geo team interviewed a small girl of 12, she proudly said, "This walk is against Hepatitis and today this walk is being held on the World Hepatitis Day to support our cause."

World Hepatitis day, 2012

The Health Foundation is a proud member of the World Hepatitis Alliance, who set out for a world record to perform the re-enactment of the famous saying, 'See no evil, hear no evil, speak no evil', which was the theme of an event to create awareness about Hepatitis. When we were informed about this activity, we were more than happy to be a part of it. The record was performed in 42 venues around the globe within 24 hours, with 12,588 participants on 28th July, 2012.

The Guinness World Records has acknowledged this effort and we have recently received an official certificate stating the very same. A scanned copy of this certificate is attached to this letter as well. The Health Foundation could not be more proud of this effort and having our name in The Guinness Book of World Records. We wished to share this moment with you, with your prayers that we continue to make strides and succeed in our desire for eradicating the threat of Hepatitis B/C from Pakistan.

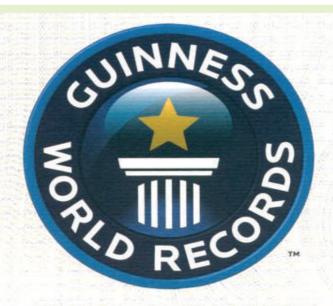












CERTIFICATE

The most people performing 'see no evil,
hear no evil, speak no evil'
in 24 hours (multiple venues)
was 12,588 participants including
The Health Foundation, Pakistan.
The record was performed in 42 venues
across the globe and was achieved
by the World Hepatitis Alliance,
on 28 July 2012

GUINNESS WORLD RECORDS



www.guinnessworldrecords.com

THF has received an official certificate from the Guinness Book of World Records, in collaboration with the World Hepatitis Alliance.

PREVENTION

To date more than 180,000 children of 5 to 15 years of age have been vaccinated for Hepatitis B. These children have been from various private, government school systems and destitute communities.

The institutions involved who are ensuring that their schools children are vaccinated against Hepatitis B are:

- The Citizen Foundation
- CMB
- DMS Girls School
- Civic View Apartments

In addition to the vaccination program of school-going children, THF has taken the responsibility to vaccinate the employees of the corporate sector. To date more than 2000 employees from companies have been vaccinated. The companies are:

- Atco Laboratories
- South City Hospital
- CHEAF (Children Health and Education Foundation)
- Liberty Textile Mills
- Cresent Steel
- Nabigasim Industries
- Hotel Beach Luxury
- Siddigsons





- Institute of Business Management
- HSM Packages (Pvt) Ltd.
- Avari Towers Hotel
- Softronics
- Kohinoor Batteries
- Aaj TV
- Mustageem Dyeing and Printing

The Health Foundation in collaboration with Essa lab conducted a clinical medical education session on 9th June, 2011 at the North Nazimabad branch of Essa Lab. The event was attended by 120 people. Dr. Ali Anjum from the Chief Minister's Hepatitis Program gave his speech and appraised The Health Foundation for their ongoing efforts and commitment to their cause.

The short term goal of the Preventive Committee is to vaccinate 0.2 million people by 2013, which includes people from the corporate, as well as the school going children.









TREATMENT

791 patients have been enrolled for Hepatitis B and C treatment with injection Interferon 3 miu and Ribavarin capsules.

The modus operandi of the program is that the needy patients register themselves at the JPMC (PMRC). They are given 12 injections of Interferon per month and 9 packs of Ribavarin capsules per month, for which they only have to pay Rs 1,500/-. The total cost of the treatment for a six month period is Rs 40,000/-. Once on the treatment, THF ensures to retrieve SVR (Sustained Viral Response) from the patients.

An innovative methodology to facilitate treatment access to patients was introduced in April, 2009. This outlet is operating at JPMC (PMRC) and headed by Dr. Saad Khalid Niaz from THF and Dr. Waqaruddin Ahmed from JPMC (PMRC). The number of patients being facilitated is 221.

To dispense medicines of Hepatitis B and C an outlet at Indus Hospital, Korangi, Karachi has been established in 2011 and now working for the public in full swing. As of June, 2012 THF has also started dispensing treatment for Hepatitis B-positive patients in collaboration with CM Hepatitis Control Program.



Safe Sharp Waste Management for JPMC- A Pilot project

Safe Sharp Waste Management for JPMC- A Pilot project Introduction

Each year >16 billion injections worldwide Approx. 75% with reused /unsterilized injections

Unsafe reuse causes;

20 million Hepatitis B, 2 million Hepatitis C & 250,000 HIV

Sharp waste management has become a key issue for infection control

Needle Stick Injury (NSI)

As little as 10-8 ml (0.00000001 ml) of HBV positive blood can transmit infection to a susceptible host. Risk of transmission after NSI from a HCV-positive patient 0-7%

Collaborators

JPMC: Institute selected for PILOT project

THF: Executing organization, also funded operating expenses

PMRC: Provided project framework and collaboration with JPMC and donor agencies WHO: Provided technical assistance for Needle Removers, training manuals and monitoring of the project.

Project Design

Base Line survey: To assess injection practices and awareness about sharp waste management in paramedics and clinicians at JPMC

Intervention: To provide training on injection safety and use of needle removers.

Monitoring: Use of device (Needle Remover) in the wards for 6 months. Construction: NEEDLE PIT and monitor its use(discarded needles)

Baseline survey

Situation analysis conducted in 30 wards of JPMC

Situation Analysis (30 wards)	
Needles/syringes lying on floor	66%
Bins not segregated and punctured	90%
Filled bins were not sealed/ tampered	93%

Injections / blood collection practices

No hand washing or rub used before injection	100%
No gloves used or changed	70%
Recapping of needle with both hands	93%
Needle destroyer not used	100%
Sharps waste bin not used	83%
No guidelines for post exposure prophylaxis	96%
No counseling available following exposure	86%







Loose disposable Needles Syringes



Cardboard Boxes with overflowing Syringes

Needle Stick injury (6 month)	30%
Lack of Training/Workshops (2 years)	86%
Hepatitis B vaccine missing (3 doses)	26%

Intervention

- One needle remover fixed in the injection tray other at trolley in the ward
- Cutting off needles from the hub to disable reuse
- Cut needles in two pieces are collected in a needle container
- Needles are disposed in the sharp pit within hospital



Sharpes being recapped



Needle remover on try

Training Health Care Workers

After the assessment survey:

- 2 paramedics and 2 clinicians were trained from each ward
- Nominated person was In charge of the Needle Remover device
- One janitorial staff was also selected for awareness sessions

Monitoring of Needle Removers

- 2 Needle Removing devices and a training manual were given to each ward under supervision of the nominated person who volunteered for training
- The usage of needle removers is being monitored by PMRC, JPMC and THF

Needle Pit

- Needle pit has been constructed by The Health Foundation (THF) for disposal of needles
- Use of needle disposal pit is also assessed to see its utility and ease.

FOLLOW UP

- During 6 months of Needle Removers;
- Wards are being visited regularly to assess
- Use
- Safety
- Applicability: in tertiary care setup for a possible SCALE UP



Needle pit



Improper Disposal



Sharps disposed in Neddle pit



Needle pit inside view

Challenges

- Basic infection control concepts missing in doctors, paramedics and waste handlers
- Tampering of device
- Apathy
- Misuse of the needle pit



Broken lever due to Tampering/Misuse



Missing sharp container



Recapping of syringes



Sharp container 3/4 full



Sharp container 3/4 full



Issue of improper cleaning

Results

Needle remover device accessible to all (HCW) administrating injections	29 (96.6%)
Needle remover device were working very well/satisfactory	28 (96.5%)
Needle container were emptying	29 (93.5%)
Who empties the needle container	
• Janitorial Staff	19 (66.7%)
Nursing attendant	10 (33.3%)
Where are the needles emptied	
Needle pit	25 (96.3%)
Other (danger box / polythene bag)	4 (13.8%)
Cleaning the needle container	26 (84.0%)
Thing which uses for cleaning the needle container	
• Bleach	10 (38.5%)
• Water	8 (30.7%)
Other (sprit/swab/normal saline)	8 (30.7%)
Oiling the needle remover	10(38.5%)

Monitoring: A SUCCESS Story

Month	No of Wards n=30	Compliance Usage Needle Remover
January 2012	12	80%
February 2012	22	100%
June 2012	31	90-99%







Acknowledgements

Program for Appropriate Technology in Health (PATH)

THF in spite of being an organization with limited resources and an innovative means of project management, managed to acquire a noted place in the GAVI Alliance as an innovative and objectively focused, managed CSO. This project is also supported by the Ministry of Health (EPI Program) and The Chief Minister's Initiative for Hepatitis Control in Sindh, endorsed by CDGK and Provincial Health Authorities.

GAVI Alliance was launched in 2000. It is a global health partnership representing stakeholders in immunization from both private and public sectors: developing world and donor governments, private sector philanthropists such as the Bill & Melinda Gates Foundation, the financial community, developed and developing country vaccine manufacturers, research and technical institutes, civil society organizations and multilateral organizations like the World Health Organization (WHO), the United Nations Children's Fund (UNICEF) and the World Bank.

Working together, Alliance members achieve objectives that no single agency or group could achieve:

- Accelerate access to existing underused vaccines;
- Strengthen health and immunization systems in countries;
- Introduce innovative new immunization technology, including vaccines.

With this Alliance, millions of deaths worldwide are prevented and this contributes to the achievement of the Millennium Development Goal of GAVI Alliance for child health i.e. a two-thirds reduction in the number of deaths in the under-fives by 2015.

The summary of the project is as follows:

Project Location:

- 1. Vaccinations to school going children in Korangi Town
- 2. Newborn Immunizations in Korangi Town with HBIG and Hepatitis B vaccine
- 3. Awareness sessions for the general public, including school children/parents and teachers

Vaccination Activity Progress Against Planned Activities

Project Collective	Qtr Target	Qtr Achievement	Town Total Target (Yearly)	Town Total Achieved to date	Total Immunization coverage achieved (as % of Qtr target)	Qtr Deficit	Total remaining vaccinations
Children vaccinations 1st dose:	36,384	30,510	48,627	30,510	83.8%	5,874	18,117
Children vaccinations 2nd dose:	27,858	22,472	48,627	22,472	80.6%	5,386	8,038
Children vaccinations 3rd dose:	10672	10542	48627	21363	98.70%	130	1109

Awareness Session Progress Against Planned Activities

Project Collective	Qtr Target	Qtr Achievement	Town Total Target	Town Total Achieved to date	Cumulative awareness achieved (as % of Qtr target)	Qtr Deficit	Total remaining vaccinations
Awareness of 250 parents and targeted community school teachers about Hepatitis	250	192	250	192	76.8%	58	58



Signing of MoU with CM Hepatitis Control Program



FUND RAISING

An annual Fundraising Dinner took place in June, 2011 for the vision of THF in making people aware about the gravity of Hepatitis and the role of The Health Foundation against this disease. THF's emphasis currently is on awareness and treatment of Hepatitis B and C. A total of 375 people attended the event, who donated large sums of money including their Zakat to the cause of THF.

Bank Alfalah

Dr. Naseem Salahuddin & Dr Iftikhar

Dr. Saad Khalid Naz

Dr. Seema Yazdani

Dr. Sohail Nawab

English Biscuits

Hilton Pharma

Indus Pencil Industries

Mr. Ahmed Tabba from Lucky Textile

Mr. Ahsan Salim

Mr. Akhtar Saeed

Mr. Ali Gheewala

Mr. Amjad Rajput

Mr. Anees Ahmed

Mr. Asad Umar from Engro

Mr. Danish Habib from HSM Packages

Mr. Igbal Hasan from Tauheed Trust

Mr. Jalil ur Rehman

Mr. Khalid Chawala

Mr. Khalid Habib

Mr. Latif Skeikh

Mr. Mohd Parekh MCM Advertising

Mr. Tariq Rafi

Mr. Zafar Sultan

Mr. Yahva Chawla

Mrs. Ahmed Ismail

Mrs. Asifa Anees

Mrs. Fareeda Kalim

Mrs. Naeema Malik

Mrs. Nasreen Jawaid

Mrs. Naushaba Khalil Sattar

Mrs. Usman Allawala

Ms. Naheed Sattar

Standard Chartered

Mr. Naseem Allawala

Mr. Nasir Ahmed

Mr. Peer Muhammad Diwan

Mr. Pervaiz Ahmed

Mr. S M Salahuddin

Mr. Saeed Allawala

Mr. Sajid Ahmed Rashdi









AUDITORS REPORT

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We have audited the annexed Balance Sheet of The Health Foundation as at June 30, 2010 and the related Income and Expenditure, Statement of Comprehensive Income, Cash Flow Statement and Statement of Changes in Equity together with the notes forming part thereof, for the year then ended and we state that we have obtained all the information and explanations which, to the best of our knowledge and belief, were necessary for the purposes of our audit;

It is the responsibility of the company's management to establish and maintain a system of internal control, and prepare and present the above said statements in conformity with the approved accounting standards and the requirements of the Companies Ordinance, 1984. Our responsibility is to express an opinion on these statements based on our audit;

We conducted our audit in accordance with the auditing standards as applicable in Pakistan. These standards require that we plan and perform the audit to obtain reasonable assurance about whether the above said statements are free of any material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the above said statements. An audit also includes assessing the accounting policies used and significant estimates made by management, as well as, evaluating the overall presentation of the above said statements. We believe that our audit provides a reasonable basis for our opinion and, after due verification, we report that:-

- a) in our opinion, proper books of accounts have been kept by the company as required by the Companies Ordinance, 1984;
- b) in our opinion-
- i) the Balance Sheet and income and expenditure account together with the notes thereon have been drawn up in conformity with the Companies Ordinance, 1984, and are in agreement with the books of account and are further in accordance with accounting policies consistently applied;
- ii) the expenditure incurred during the year was for the purpose of the company's business; and
- iii) the business conducted, investments made and the expenditure incurred during the year were in accordance with the objects of the company;
- c) in our opinion and to the best of our information and according to the explanations given to us, the Balance Sheet, Income and Expenditure Account, Statement of Comprehensive Income, Cash Flow Statement and Statement of Changes in Equity together with the notes forming part thereof conform with approved accounting standards as applicable in Pakistan, and, give the information required by the Companies Ordinance, 1984, in the manner so required and respectively give a true and fair view of the state of the company's affairs as at June 30, 2010 and of the surplus, its cash flows and changes in equity for the year then ended; and
- d) in our opinion no Zakat was deductible at source under the Zakat and Ushr Ordinance, 1980 (XVIII of 1980).

Date: 0 8 OCT 2012

Place: KARACHI

Jalis Ahmad & Co.
Chartered Accountants
Engagement Person: Mr. Iqbal Yousuf FCA

BALANCE SHEET

THE HEALTH FOUNDATION

BALANCE SHEET AS AT JUNE 30, 2012

		2012	2011
	Note	Rupees	Rupees
ASSETS			
NON CURRENT ASSETS			
Property, plant and equipment	4	2,039,510	1,822,503
Preliminary expense	5	-	-
, ,		2,039,510	1,822,503
CURRENT ASSETS	,		
Stocks		41,377,870	-
Receivables		-	179,542
Accrued profit on investment		542,863	-
Short term deposits and prepayments		20,000	20,000
Loans and advances to employees		26,500	-
Short term Investment	6	11,000,000	-
Cash and bank balances	7	3,616,570	15,042,986
		56,583,803	15,242,528
		58,623,313	17,065,031
		30,023,313	17,000,001
FUND AND LIABILITIES			
FUND			
Sponsor's fund		160,100	160,100
Accumulated Surplus/ (Deficit)		15,343,078	16,588,316
· · · · ·		15,503,178	16,748,416
CURRENT LIABILITIES			
Liability against Government grant		41,377,870	-
Trade and other payables		105,500	198,340
Accrued expense		72,787	118,276
Advance for expenses		1,563,978	-
		43,120,135	316,616
		58,623,313	17,065,031
		-	-

The annexed notes 1 to 11 form an in integral part of these financial statements.

Shief Executive



B

Director

NOTES TO THE ACCOUNTS FOR THE YEAR ENDED JUNE 30, 2010 THE HEALTH FOUNDATION

1. Legal status and nature of business

The Health Foundation "The Company" has been incorporated in Pakistan vide company registration No. 0062669 dated August 24, 2007 as a company limited by guarantee not having share capital established under a license from Securities and Exchange Commission of Pakistan (SECP) under Section 42 of the Companies Ordinance, 1984 and is domiciled in the province of Sindh. The company is formed with the primary object to develop, establish, setup, maintain, operate, administrator and run clinics, hospital, health center for creating awareness about prevention and treatment of all kind of infectious diseases like acquired immune deficiency syndrome (AIDS), hepatitis, typhoid and tuberculoses and assisting in diagnosing of and providing medicines for the treatment of these diseases. The registered office is situated at B-18, S.I.T.E. Mangopir Road Karachi.

2. Statement of compliance

These financial statements have been prepared in accordance with approved accounting standards, as applicable in Pakistan. Approved accounting standards comprise of Accounting and Financial Reporting Standard for Small-Sized Entities (SSEs) issued by the Institute of Chartered Accountants of Pakistan and provisions of and directives issued under the Companies Ordinance, 1984. In case the requirements differ, the provisions or directives of the Companies Ordinance, 1984 shall prevail.

3. Significant accounting policies Accounting convention

The accounts of the company have been prepared under historical cost convention using accrual basis of accounting except for cash flow statement.

3.2 Use of critical accounting estimates and judgments

The preparation of financial statements in conformity with approved accounting standards requires the use of certain critical accounting estimates. It also requires management to exercise its judgment in the process of applying the companies accounting policies. Estimates and judgments are continually evaluated and are based on historical experience, including expectations of future events that are believed to be reasonable under the circumstances. The areas involving a higher degree of judgments or complexity or areas where assumptions and estimates are significant to the financial statements are as follows:

- a) Provision for taxation
- b) Accrued liabilities
- c) Impairments of, doubtful trade debts, capital work in progress
- d) Useful life of operating fixed assets, intangible assets.
- e) Estimates of impairments and recoverable amounts of assets

3.3 Taxation

a) Current

Provision for current tax is based on the taxable income for the year determined in accordance with the Income Tax Ordinance, 2001. The charge for current tax is calculated using prevailing tax rate or tax rates expected to apply to the profit for the year if any.

b) Deferred tax

The company being a small sized entity does not require to account for deferred tax under Accounting and Financial Reporting Standard for Small Sized Entities.

- 3.4 Tangible fixed assets and depreciation
- a) Owned assets

Assets in own use are stated at cost less accumulated depreciation. Depreciation is charged to income on reducing balance method using the rates specified in third schedule of Income Tax Ordinance, 2001. A full year's depreciation is charged in the year of acquisition, whereas no depreciation is charged in the year of disposal.

Mainténance costs and normal repairs are charged to profit and loss account as and when incurred.

Major renewals and repairs are capitalized.

b) Lease payments

Lease payments, deriving from an operating or finance lease, is recognized as an expense (on an accrual basis). If the payments are material, the expense is shown under a specific lease payment heading in the income statement. The value of the lease is not shown either as an asset or as a liability on the balance sheet.

c) Gain or loss on disposal

Gain or loss on disposal of assets, if any, is included in income currently.

3.5 Impairment of assets

The company assesses at each balance sheet date whether there is any indication that a fixed asset may be impaired except for assets in bond. If such indication exists, the carrying amounts of such assets are reviewed to assess whether they are recorded in excess of their recoverable amount. Where carrying amounts exceed the estimated recoverable amount, assets are written down to the recoverable amount.

3.6 Revenue Recognition

Revenue is recognized when invoice is raised to the customers.

3.7 Book debts

Trade and other debts are stated at original invoice amount as reduced by appropriate provision for debts considered doubtful. Debts considered irrecoverable are written off and provision is made against those considered doubtful of recovery.

3.8 Creditors, accrued and other liabilities

Creditors, accrued and other liabilities are stated at cost which is the fair value of the consideration to be paid in future in respect of goods and services.

3.9 Advances, deposits, prepayments and other receivable Advances and others receivable are stated at cost.

3.10 Provisions

Provision are recognized when the company has a present legal or constructive obligation as a result of past events, it is probable that an outflow of resources will be required to settle the obligation, and a reliable estimate of the amount can be made.

3.11 Cash and cash equivalents

Cash and cash equivalents are carried in the balance sheet at cost. For the purpose of cash flow statement cash and cash equivalents comprise cash in hand, Cheque in transit, cash at banks and running finance under markup arrangements. In the balance sheet, running finances under markup arrangements are included in current liabilities.

INCOME AND EXPENDITURE ACCOUNT

		2012	2011
	Note	Rupees	Rupees
Income	8	44,044,032	15,861,020
Expenditure Surplus/ (deficit) for the year	9	(45,289,270) (1,245,238)	(12,571,513)
Surplus brought forward		16,588,316	13,298,809
Accumulated surplus	-	15,343,078	16,588,316

The annexed notes 1 to 11 form an in integral part of these financial statements.



STATE OF COMPREHENSIVE INCOME

2012 Rupees

2011 Rupees

(1,245,238)

3,289,507

Other comprehensive income

Surplus/ (deficit) for the year

Total comprehensive income

(1,245,238)

3,289,507

The annexed notes 1 to 11 form an in integral part of these financial statements.

Director



CASH FLOW STATEMENT

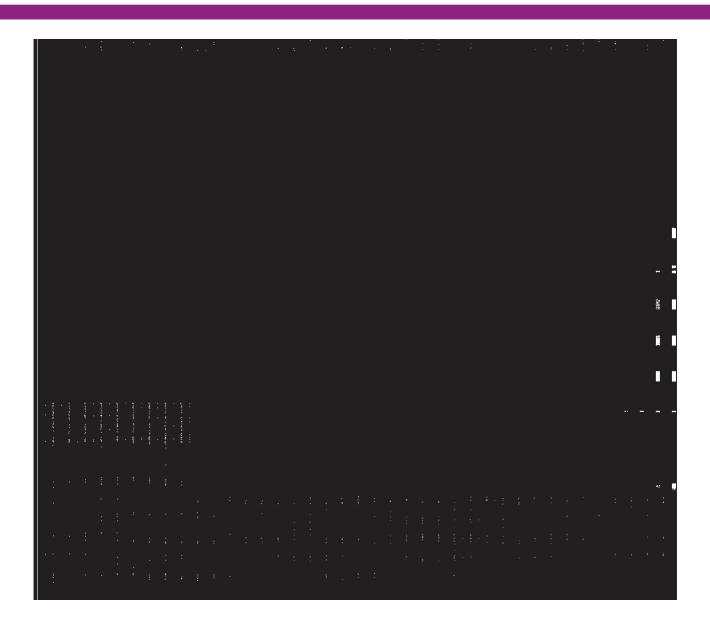
	2012	2011
	Rupees	Rupees
CASH FLOWS FROM OPERATING ACTIVITIES		
Surplus for the year	(1,245,238)	3,289,506
Adjustments	,	,
Depreciation	362,166	253,774
	362,166	253,774
	(883,072)	3,543,280
Working capital changes	, , ,	, , ,
(Increase) / decrease in current assets		
Receivables	179,542	476,073
Short term deposits and prepayments	_	(20,000)
Short term Investment	(11,000,000)	10,500,000
	(10,820,458)	10,956,073
Increase / (decrease) in current liabilities	,	, ,
Trade and other payables	(92,840)	(1,310,850)
Accrued expense	(45,489)	12,610
Loans and advances	(26,500)	_
Advance for expenses	1,021,115	(2,350,103)
	856,286	(3,648,343)
Cash generated from operations	(10,847,243)	10,851,010
CASH FLOWS FROM INVESTING ACTIVITIES		
Property, plant & equipment		
Preliminary expenses	(579,173)	(1,016,912)
Net cash generated from investing activities		52,000
Net cash generated from investing activities	(579,173)	(964,912)
CASH FLOWS FROM FINANCING ACTIVITIES		
Net cash used in financing activities		
3	•	-
Net increase/(decrease) in cash and cash equivalent	(11,426,416)	9,886,098
	(11,120,110)	5,555,555
Cash and cash equivalents at beginning of the period	15,042,986	5,156,888
		3,100,000
Cash and cash equivalents at end of the period	3,616,570	15,042,986
Cash and cash equivalents		
Cash and bank balances	3,616,570	15,042,986
	1-	-
The approved notes 1 to 11 forms are in interest to 1.	7.	

The annexed notes 1 to 11 form an in integral part of these financial statements.

Chief Executive

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Director





NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED JUNE 30, 2012

1 Legal status and nature of business

The Health Foundation incorporated in Pakistan vide company registration No. 0062669 dated August 24, 2007 as a company limited by guarantee not having share capital - established under a license from Securities and Exchange Commission of Pakistan (SECP) under Section 42 of the Companies Ordinance, 1984 and is domiciled in the province of Sindh. The company is formed with the primary object to develop, establish, setup, maintain, operate, administrator and run clinics, hospital, health center for creating awareness about prevention and treatment of all kind of infectious diseases like acquired immune deficiency syndrome (AIDS), hepatitis, typhoid and tuberculoses and assisting in diagnosing of and providing medicines for the treatment of these diseases. The registered office is situated at B-18, S.I.T.E. Mangopir Road, Karachi.

2 Statement of compliance

These financial statements have been prepared in accordance with approved accounting standards, as applicable in Pakistan. Approved accounting standards comprise of Accounting and Financial Reporting Standard for Small-Sized Entities (SSEs) issued by the Institute of Chartered Accountants of Pakistan and provisions of and directives issued under the Companies Ordinance, 1984. In case the requirements differ, the provisions or directives of the Companies Ordinance, 1984 shall prevail.

3 Significant accounting policies

3.1 Accounting convention

These financial statements have been prepared under the historical cost convention except as other wise stated in the respective policies and notes given hereunder.

3.2 Use of critical accounting estimates and judgments

The preparation of financial statements in conformity with approved accounting standards requires the use of certain critical accounting estimates. It also requires management to exercise its judgment in the process of applying the companies accounting policies. Estimates and judgments are continually evaluated and are based on historical experience, including expectations of future events that are believed to be reasonable under the circumstances. The areas involving a higher degree of judgments or complexity or areas where assumptions and estimates are significant to the financial statements are as follows:

- a) Accrued liabilities
- b) Impairments of, doubtful trade debts, capital work in progress
- c) Useful life of operating fixed assets, intangible assets.
- d) Estimates of impairments and recoverable amounts of assets

3.3 Taxation

The foundation is exempt from tax under section 2(36) of the Income tax Ordinance 2001, as it is approved from Commissioner Inland Revenue as non profit organisation.

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED JUNE 30, 2012

3.4 Tangible fixed assets and depreciation

a) Owned assets

Tangible property plant & equipment are stated at cost less accumulated depreciation or impairment, if any, except for land and capital work in progress which are stated at cost.

Normal repairs and maintenance are charged to income as and when incurred. Major renewals and improvements are capitalized.

b) Depreciation and amortization

Depreciation is charged to income applying the reducing balance method. Depreciation on additions to property, plant and equipment is charged from the month an item is acquired or capitalized while no depreciation is charged or for the month in which the item is disposed off. The residual values and useful lives are reviewed and adjusted, if appropriate, at each balance sheet date.

c) Impairment of assets

The company assesses at each balance sheet date whether there is any indication that a fixed asset may be impaired except for assets in bond. If such indication exists, the carrying amounts of such assets are reviewed to assess whether they are recorded in excess of their recoverable amount. Where carrying amounts exceed the estimated recoverable amount, assets are written down to the recoverable amount.

d) Gain or loss on disposal

Gain or loss on disposal of assets, if any, is included in income currently.

3.5 Trade and other debts

Trade and other debts are stated at original invoice amount as reduced by appropriate provision for debts considered doubtful. Debts considered irrecoverable are written off and provision is made against those considered doubtful of recovery.

3.6 Trade and other payables

Liabilities for trade and other amounts payable are stated at cost which is the fair value of the consideration to be paid in future for goods and services.

3.7 Advances, deposits, prepayments and other receivable

Advances and others receivable are stated at cost.

3.8 Provisions

Provision are recognized when the company has a present legal or constructive obligation as a result of past events, it is probable that an outflow of resources will be required to settle the obligation, and a reliable estimate of the amount can be made.

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED JUNE 30, 2012

3.9 Revenue Recognition

Revenue is measured at the fair value of the consideration received or receivable. All other income are recorded as and when accrued. Income on investment and return on deposits are recognized on time proportionate basis by reference to the principal outstanding and the applicable rate of return.

3.10 Recognition of Grants

A grant including non-monetary grants at fair value should recognize when the conditions for its receipt have been complied with and there is reasonable assurance that the grant will be received.

3.11 Cash and cash equivalents

Cash and cash equivalents are carried in the balance sheet at cost. For the purpose of cash flow statement cash and cash equivalents comprise cash in hand, Cheque in transit, cash at banks and running finance under markup arrangements. In the balance sheet, running finances under markup arrangements are included in current liabilities.



NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED JUNE 30, 2012

4 PROPERTY, PLANT AND EQUIPMENT

	Other equipment	Computer equipment	Vehicles	Container	Total
	Owned	Owned	Owned	Owned	
	Rupees	Rupees	Rupees	Rupees	Rupees
At July 01, 2011					
Cost	152,601	120,620	1,190,000	900,000	2,363,221
Accumulated depreciation	24,963	49,855	428,400	37,500	540,718
Net book amount	127,638	70,765	761,600	862,500	1,822,503
V					
Year ended June 30, 2012	407.000	70.705	704.000	000 500 1	4 000 500
Opening net book amount	127,638	70,765	761,600	862,500	1,822,503
Additions	-	112,000	682,000	-	794,000
Disposals	(40.704)	- (40.400)	(214,827)	(000 000)	(214,827)
Depreciation charge	(12,764)	(40,166)	(86,250)	(222,986)	(362,166)
Closing net book amount	114,874	142,599	1,142,523	639,514	2,039,510
At June 30, 2012					
Cost	152,601	232,620	1,492,000	900,000	2,777,221
Accumulated depreciation	37,727	90,021	349,477	260,486	737,711
Net book amount	114,874	142,599	1,142,523	639,514	2,039,510
	-	-	-	-	
At July 01, 2010					
Cost	101,609	54,700	1,190,000	-	1,346,309
Accumulated depreciation	13,007	35,938	238,000	-	286,945
Net book amount	88,602	18,762	952,000	-	1,059,364
Vernandad beer 00 0044					
Year ended June 30, 2011	00.000	10.700	0.50.000		
Opening net book amount	88,602	18,762	952,000	-	1,059,364
Additions	50,992	65,920	-	900,000	1,016,912
Depreciation charge	(11,956)		(190,400)	(37,500)	(253,773)
Closing net book amount	127,638	70,765	761,600	862,500	1,822,503
Depreciation rate	10%	30%	20%	10%	



NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED JUNE 30, 2012

		Note	2012 Rupees	2011 Rupees
5	Preliminary expense			
	Opening balance		-	52,000
	Written off during the year		-	(52,000)
			-	•
6	INVESTMENT HELD TO MATURITY			
		6.1	11,000,000	
6.1	The investment in Term Deposit Receipts will mature on 07.07.2012			
7	CASH AND BANK BALANCE			
	United Bank Limited -current account		896,984	3,718,966
	Meezan Bank Limited -savings account		2,709,586	11,319,020
	Cash in hand		10,000	5,000
8	INCOME		3,616,570	15,042,986
0	Donation			
	Government grant		178,666	1,562,220
	Profit on investment	8.1	37,240,530	-
	Special donation		1,160,628	898,932
	Zakat		745 000	4,848,204
	Grant		745,000	1,082,000
	Hep free community project		2,419,208	4,185,664
	nee community project		2,300,000	3,284,000
			44,044,032	15,861,020

8.1 GOVERNMENT GRANT

CM's Hepatitis control sentinel would act as the public sector health facility where Hepatitis B/C cases would be idetified and enrolled. The program would provide all doses of hepatitis B vaccine along with syringes for the project to The Health Foundation. All the management cost and materials would be provided by The Health Foundation. Total stock received from Government during the year amounted to rupees 78,618,400 out of which stock amounting to rupees 37,240,530 was issued and remaining stock is in the companies possession.



NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED JUNE 30, 2012

			2012	2011
		Note	Rupees	Rupees
9	EXPENDITURE			
3	Salaries		4 220 700	4.040.000
	Traveling		1,338,700	1,219,000
	Vehicle running		59,184	62,939
	Hepatitis B expenses		285,929	164,997
	Hep free community project		37,240,530	
	Printing		2,759,125	1,861,549
	Advertisement		45,573	67,625
	11.11		375,600	169,438
	Legal and professional charges		6,000	8,000
	Auditor's remuneration		20,000	20,000
	Out of pocket		3,500	-
	Rashidabad project	:	34,700	282,441
	Miscellaneous		26,105	53,170
	Bank charges		1,145	674
	With holding tax on profit & c/w		116,536	96,695
	Moeting & conferences		110,377	131.243
	Communication		19,500	46,000
	Taxation expense		2,326	_
	Depreciation	4	362,166	253,773
	Gavi project	9.1	2,399,208	4,185,664
	Awareness program - THF		_	61,731
	Staff training		20,000	_
	Medicine and vaccination	9.2	63,065	3,834,574
	Preliminary expenses written off		-	52,000
		·	45,289,270	12,571,513
0 1	CAM DDO IFOT EXPENSES	:		
J. I	GAVI PROJECT EXPENSES Staff cost			
			376,000	602,240
	Over head		17,166	45,965
	Program cost		1,563,504	3,537,459
	Awareness program expenses		30,797	-
	Human resources		345,400	_
	Administration cost		66,341	
			2,399,208	4,185,664
9.2	MEDICINE AND VACCINATION EXPENSE			
	Gross: medicine & vaccination expense	Г		
	Less :recovery against vaccination		340,175	6,058,900
	Medicine and vaccination expense	L	(277,110)	(2,224,326)
	and vaccination expense	-	63,065	3,834,574



NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED JUNE 30, 2012

2012

2011

Note

Rupees

Rupees

10 DATE OF AUTHORIZATION

11 LEVEL OF PRECISION

Figures have been rounded off to the nearest rupee.

Chief Executive



THF Zakat appeals for print media

Fight Hepatitis Save Pakistan

Ahmed is the sole provider for his family.
Help Ahmed to continue providing

Help Ahmed to continue providing for them

Your "ZAKAT" will help treat
Ahmed and many "Hepatitis"
patients like him "Free of Cost"



Striving For A Healthier Pakistan

Zakat Account Details:

Bank Account No.: 010-5893-2

Title of Account: The Health Foundation

Name of Bank: UBL, S.I.T.E. Branch, Karachi.

(Zakat are Tax Exempted)

Contact Details:

Telephone No.: 36042605





THE HEALTH FOUNDATION



Today, estimated every 10th Pakistani is affected with Hepatitis B or C

We dream to put a stop to this deadly disease before it enters every house. **HELP US TO PROTECT YOU**.

The Health Foundation has managed to:

- Aware 160,000 individuals about Hepatitis B and C
 Vaccinate 130,000 children against Hepatitis B
- Treat 1200 Hepatitis C patients
- Screened 10,800 people for Hepatitis B and C
- Protect 127 neonates born to Hepatitis B positive mothers with in 24 hours of birth through Hepatitis B Immunoglobulin and Hepatitis B vaccine.

For Donations: Title of Account: THE HEALTH FOUNDATION Account No.: 010-5893-2

The Health Foundation B-18, S.I.T.E. Karachi 75700, Pakistan TEL: +92 (21) 36042605 | FAX: +92 (21) 32563974 info@thehealthfoundation.org | www.thehealthfoundation.org



Supporters







SEARLE

APPEAL FOR DONATIONS!

- Saving one person from Hepatitis inflicted death is akin to saving our entire humanity.
- Your donation of Rupees 40,000/- can fund treatment of Hepatitis B/C for 1 person.
- A lesser amount of Rupees 1,500/- can help vaccinate one person, thus preventing the onset of Hepatitis.

Please Act Now!

LETS'S MAKE PAKISTAN HEPATITIS FREE

Striving For A Healthier Pakistan



Contact Details:

B-18, S.I.T.E., Karachi *7*5700, Pakistan. Telephone No.: 00-92-21-111-111-645

Fax No.: 00-92-21-32563974

Email: Info@thehealthfoundation.org Web: www.thehealthfoundation.org

Find on Facebook: www.facebook.com/THFPK

Donation and Zakat Account Details:

Bank Account No.: 010-5893-2

Title of Account: The Health Foundation Name of Bank: UBL, S.I.T.E. Branch, Karachi.

(all Donations are Tax Exempted)