

# ANNUAL REPORT

## 2020

**WWW.MIDLANDDOCTORS.ORG**  
**Registered Charity: 1114559**

Facebook: @midland.doctors

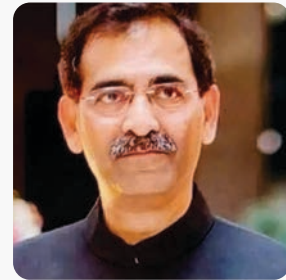


Instagram: @midland.doctors



*a year's overview*

## MESSAGE FROM THE CHAIRMAN



2020 has been a challenging year for all. In these unprecedented times, we have faced immense pressure to come together and support one another. Midland Doctors®, both as an organisation and medical institution, have had to undergo changes and advancements to improve our sustainability and continue building hope for humanity. At Midland Doctors Medical Institute (MDMI), with successful instruction by executive trustees, all staff were required to quickly adapt and fulfil safety measures necessary to protect both patients and staff from COVID-19, bringing world-class measures to MDMI prior to many other hospitals globally. On all fronts, the staff and executive trustees have worked very hard indeed and to whom we are all forever grateful. Furthermore, I would like to take this opportunity to appreciate everyone's contribution, including all our donors who are central to the projects' development from inception.

Midland Doctors® continue to strive and develop MDMI to become a world-class charitable hospital, with an aim to bring all medical capabilities to the region in a sustainable manner. Since the inauguration of MDMI, the hospital has treated 349,921 patients, all with respect and dignity. This ethos of ethical care was one of our founding pillars. For this reason, patients travel from afar after hearing, through word of mouth, of the opportunity to receive free of cost high-quality medical care. The prayers and words of kindness we receive from these people are our reward. Our team also commenced the innovative COVID-19 outreach initiative which saw a team visit patients in their own homes within the surrounding villages of Mirpur. This is the first of its kind in the world.

This coming year, we continue to develop outpatient, inpatient and community services including the establishment of regular operations by our panel of international expert surgeons. We hope to safely welcome our network of medical volunteers back to MDMI, who donate their time and effort, travelling on their own expense, to treat patients and pass on their knowledge to our staff. We seek to further develop services ranging from a comprehensive plan addressing malnutrition, cardiac services and women's health. With a long term sustainability strategy in mind, we hope to become the first hospital in Pakistan to install solar panels and utilise solar energy to power our hospital's electricity.

Your assistance is fundamental to the progress and development of MDMI as well as to provide contingency funding for unprecedented natural disasters and long term emergencies such as the one we have faced this past year. Please continue to support Midland Doctors®, whether through donations or volunteering. Thank you for your invaluable contributions. I hope you find this report both enjoyable, informative and most importantly, inspirational.

Thank you.

**DR SYED YUSUF IFTIKHAR**

Consultant Surgeon, NHS UK

Chairman of Midland Doctors®

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## BUILDING HOPE FOR HUMANITY





# OUR STORY

Established by a group of doctors who had travelled to Balakot in response to the 2005 earthquake in Northern Pakistan, Midland Doctors®, a UK based nonprofit organisation, was created with a vision to provide free healthcare to the poor and destitute with dignity and care. The ambition to create an NHS inspired hospital at first seemed unachievable and we knew it required grit, perseverance and faith, but after realising the lack of medical care in the region of Muzaffarabad and discovering that the only local hospital had collapsed, it was evident that something needed to be done. Having witnessed the terrible devastation and seeing the plight of the people in the region, we could not turn a blind eye and were compelled to continue on this new journey, regardless of the amassed time, effort and dedication it would take. After years of travelling on our own expenses, pouring our heart and soul into the project whilst partaking in multiple other charitable projects, we are proud to have created a state-of-the-art medical facility which is ever-evolving to serve the people of Azad Jammu and Kashmir.

The Midland Doctors® team have continued to build the charity into a worldwide renowned name, running a highly respected flagship hospital in Muzaffarabad, whilst also giving huge assistance to various communities and understanding the importance of training and education from the young through to the older generation. Every executive continues to put their time, effort and resource into the charity for no reward or recompense of any of their expenses. As a trusted and reputable charity, we continue to maintain the honorary title of being a 100% administration free charity, as confirmed by the Charities Commission.



## VISION

To build hope for humanity by providing a leading specialised health institute and delivering leading-edge primary, secondary and tertiary healthcare, education, training and research.

## MISSION

Our mission is to be a safe, effective and efficient charitable healthcare provider, offering elective services in a dignified healthcare setting, to all patients irrelevant of social class, background or ethnicity. Further, to distribute resources to the poor and destitute on a Zakat eligible basis.

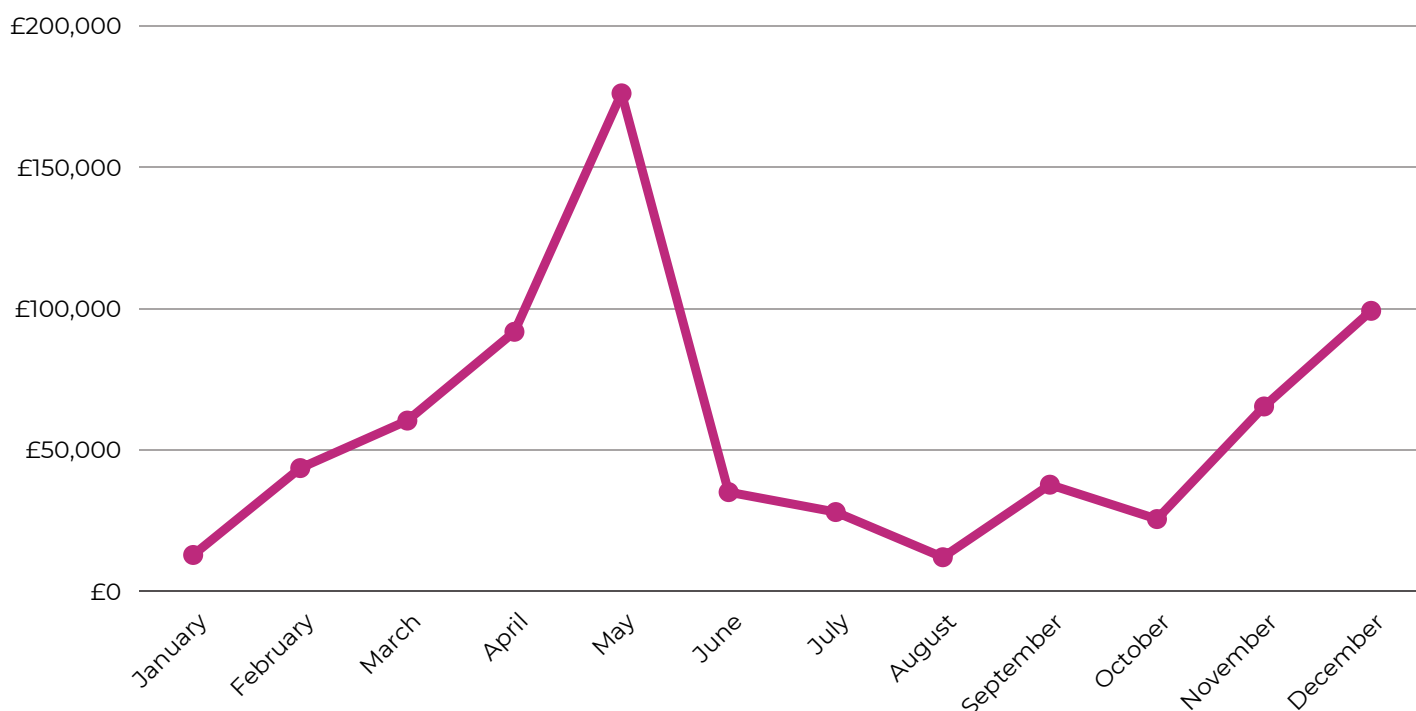




**Azad Kashmir, 2021**  
The Midland Doctors® ambulance.

# PERFORMANCE & FUNDRAISING

In the year 2020, with the unprecedented COVID-19 pandemic which put a halt to our annual global fundraisers, we were still able to generate an incredible amount of donations due to the goodwill and kindness of our donors and supporters who stood with us through incredibly tough times. The graph below displays the sum of donations received each month of 2020, a culmination of direct debits, donations from organisations/partners, zakat, sadaqah, payments from social media platforms and gift aid. In the months of January - March, whilst we received a gentle incline of donations, we were preparing for the spring season in which most of our annual charity dinners and fundraisers were arranged. In March, when COVID-19 took hold of the world with countries including the United Kingdom moving into lockdown, we were unable to fundraise as planned. However, our generous donors supported our charity, especially through the month of Ramadan. Over the following months, we saw a quiet donation period until September which saw the initiation of our new branding, social media and digitalisation - a tool necessary for the modernisation of the charity's platforms and to access to a new and wider audience.



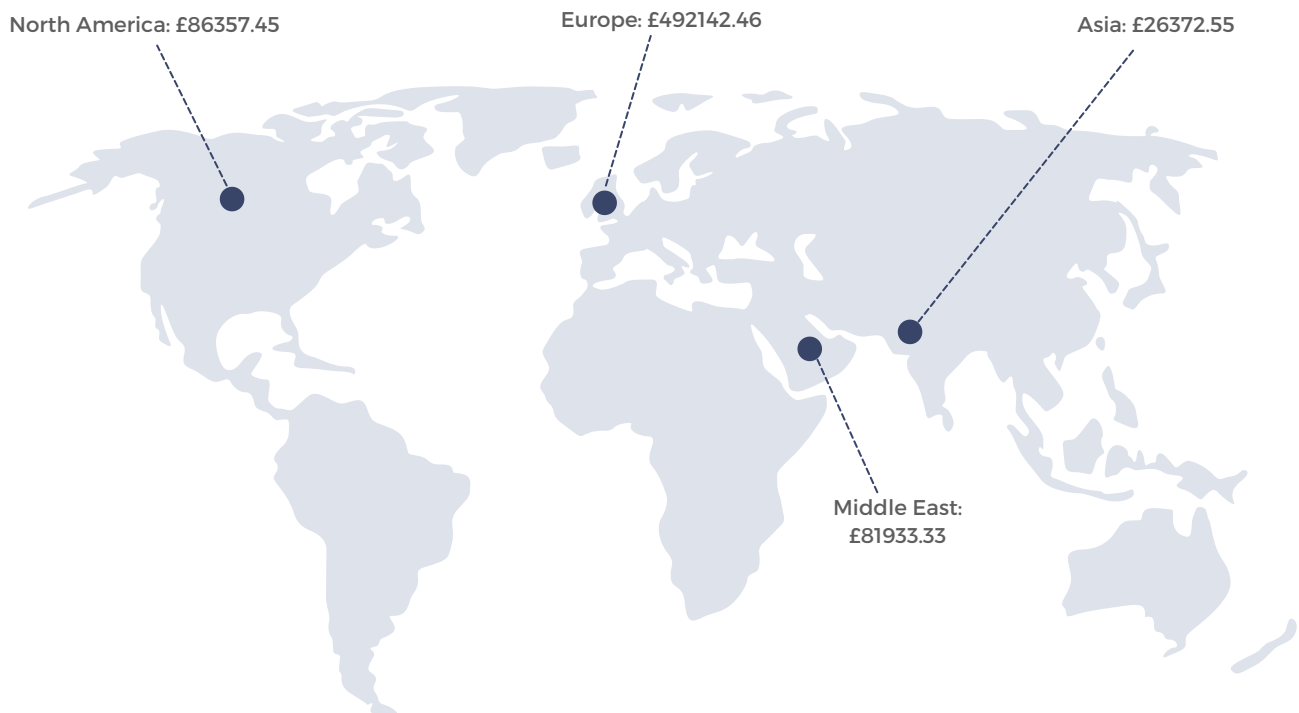
**Donations Received Per Month in 2020**

Prior to the UK going into lockdown, Midland Doctors® were able to hold one charity fundraiser in London at the Royal Garden Hotel, Kensington on 29th February 2020. Here we successfully raised over £50,000. Subsequently, we had to adopt a new strategy in the interim of launching a new website where we encouraged our supporters to donate via bank transfer but also at our radio appeal with our fundraising partner, Radio Ikhlas on 3rd May 2020. At this appeal, we successfully raised over £125,000. We are grateful to our radio partners who have supported us and provided us with the platform to appeal to the public to raise funds for this noble cause. We are also grateful for the numerous donors who have shown immense generosity during this time.

## 44%

**increase in donations  
since 2019**

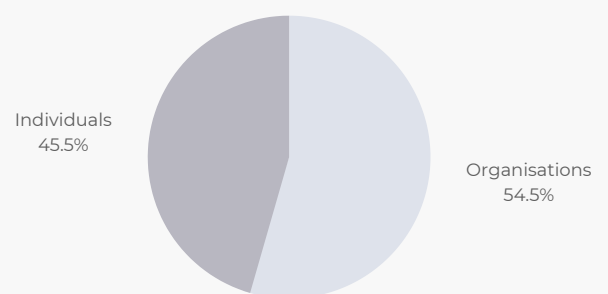
## INCOME OVERVIEW



Donations received are generated through a variety of sources. 9% of donations this year were received through direct debits, a method of donation which we are extremely dependent on. Direct debits allow for sustainable income which is guaranteed throughout the year, however, as the running of Midland Doctors Medical Institute requires funding of £30,000 monthly, direct debits only amount to approximately 5% of this per month. Therefore, in the coming year, we will aim to push for an increase of direct debits. To achieve the full monthly cover, at £20 per donation, we would need 1500 direct debits to sustain the hospital.

Organisations including Canadians for Global Care, MacBevan, ALMT and IFFCO, to name a few, have been incredibly supportive towards all our initiatives, contributing to 54.5% of all donations this year. Social media currently only collects a nominal amount of donations, however, with our push for digitalisation, we aim to increase this revenue in the coming year.

We pride ourselves on becoming a charity with global reach within 15 years of establishment. People from across North America, Europe, Asia and the Middle East contribute to our income. We hope to increase this reach across more locations via new digital methods and word of mouth.



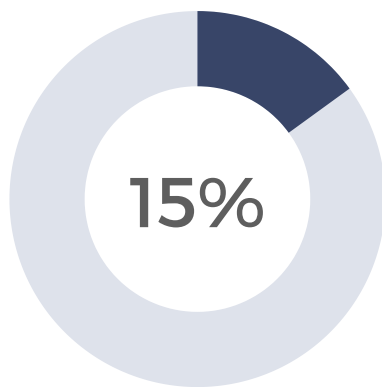
**Distribution of Donations by Donor Type**

# Total Income: £686805.79

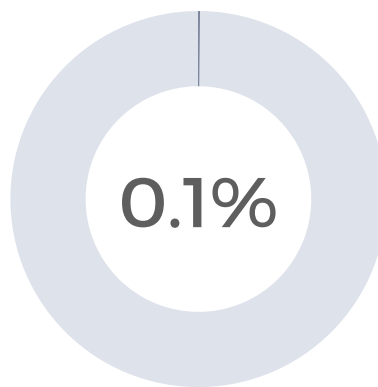


## ZAKAT & SADAQAH

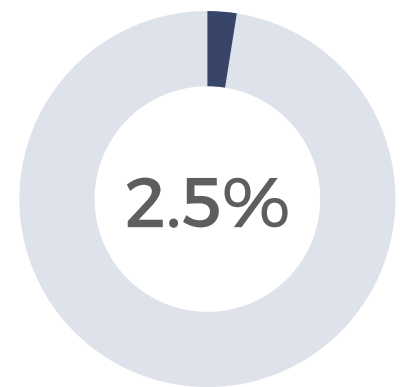
15% of our income this year was received as Zakat. As a charity, we not only value the power of zakat but take the responsibility of ensuring these donations are used correctly based on Islamic teachings. Therefore, zakat collected every year is spent within that year for direct medical care. We have two fully trained and qualified people who assess every patient for zakat eligibility. Our hospital issues a card to every registered patient so that they do not need to be assessed and evaluated repeatedly. Those who are not eligible for zakat help are treated with sadaqah and general donations. Although our sadaqah donations only amounted to 0.1% of our total income, this was still a value of £945. As far as our organisation is concerned, every penny counts.



**Percentage of Income Received from Zakat**



**Percentage of Income Received from Sadaqah**



**Percentage of Income Received from Gift Aid**



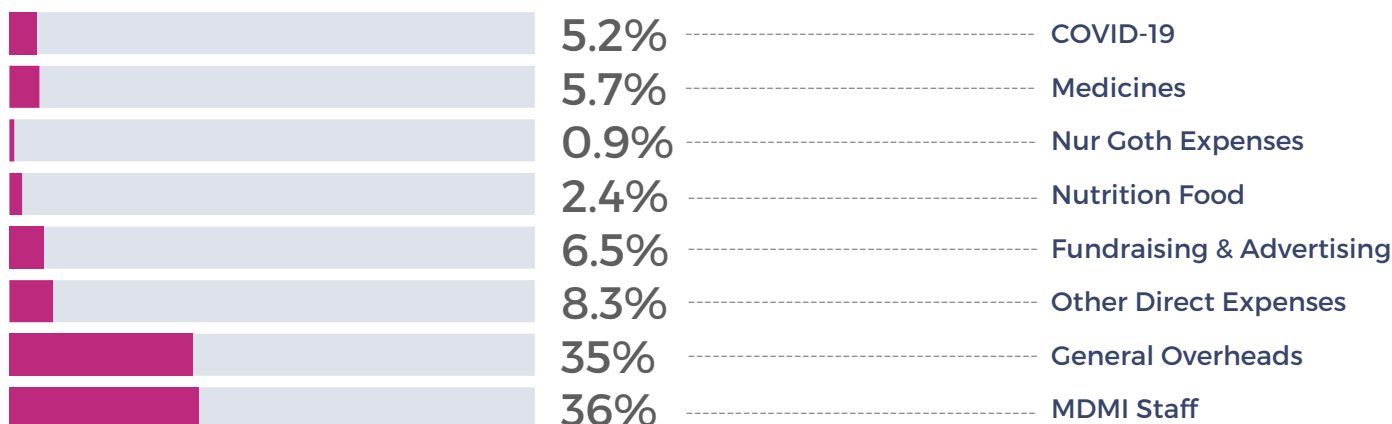
## GIFT AID

We believe gift aid to be extremely beneficial to our charity, as it allows us to gain an extra 25% per donation from UK donors if applicable. During the past year, we have seen a reduction in our ability to collect gift aid due to the lack of physical in-person fundraisers and charity dinners where our team actively asks donors to fill a gift aid form. Without these details, we are unable to collect gift aid from HMRC. In 2019, 4.3% of our income was gained through gift aid. In 2020, only 2.5% of our income was from gift aid. Although we have managed to gain funding from other sources which overcome this deficit, in years to come if our UK donors step on board by keeping gift aid in mind when contributing to our charity, this would be extremely beneficial for our organisation's long term sustainability. Filling out a simple form can make all difference.



## EXPENDITURE OVERVIEW

### Expenditure Distribution:



**No executive trustees receive any compensation, remuneration, expense relief or benefits from the charity.**

At Midland Doctors Medical Institute where most of our medical work commences, the average cost of running the hospital and providing medical services is £300000, amounting to an average yearly cost of £360,000. This year, although the hospital was closed for the summer months, we were required to repurpose our expenses towards providing COVID-relief and aid to the people of Azad Kashmir. Our COVID expenses amounted to a total of 5.2% of our expenditure for 2020. Whilst this sounds low, this in fact was a total of £24675.33. In addition to this, we spent a further £31261.35 on COVID-related fixed assets including oxygen cylinders and ventilators. We also bought infrared thermometers, PPE, exhaust fans, hand sanitisers, a ramp for patient entrance, sinks, disinfectant tools and medicines. This is only the beginning of our contribution to the global fight against COVID-19 and we aim to increase this monetary support in the year to come. Midland Doctors® aim to lend a helping hand wherever possible. Whilst we aim to collect enough funds for the running of our hospital, we also believe in holding contingency funds to assist in unprecedented natural disasters to provide emergency relief wherever and whenever possible.

Our association with Nur Goth in Sindh continues since the inauguration in 2011. We provide monthly support for the running of the village including the school and medical facility.

Whilst most of our overheads are expenses for Midland Doctors Medical Insititute, such as electricity and IT bills, this grouping also includes accountancy/charity commission fees, professional fees, audit fees and zakat compliance fees. This is imperative to ensure and prove we are a legitimate charity which you can trust. We believe in transparency to our donors who deserve to be reassured that their donations are being put to good and correct use.

# Expenditure: £468547.24

**Mirpur, 2021**

A COVID Outreach Initiative team member testing a lady outside of her own home.





# COVID-19

When this unprecedented, unpredictable and dangerous virus spread across the world, Midland Doctors® immediately began considering the safety of their staff and patients. Midland Doctors® was now participating in its fourth disaster relief humanitarian mission for Pakistan. The medical team, including doctors and nurses, were at the forefront of this fight to contain the spread any further. Midland Doctors® Chairman, Dr Syed Yusuf Iftikhar, placed MDMI on Level Amber for staff readiness and protection. Our routine activity was ceased and there was a shift to pre-crisis mode. The medical staff underwent the necessary training to keep themselves and the patients protected. MDMI set out to follow standard procedures as instructed by the World Health Organisation (WHO) and the government of AJK.

On 17th March, a representative from the WHO came on an inspection visit to see if MDMI should be a designated centre for children's immunizations. He was not expecting to see our COVID-19 measures, which at the time hadn't even come into practice in government hospitals, though COVID-19 had entered into the AJK region. We managed to make a requisition for a thermal thermometer to catch fevers at the door and to protect others. The young healthcare workers were frightened – they had never faced such uncertainty. The WHO official was impressed by our no-handshake policy

and took pictures to show his colleagues. Thereafter, MDMI became a designated centre for WHO immunizations – an activity that would have to await the aftermath of what was to follow.

On 18th March, MDMI was visited by the Army: Commandant of CMH and Deputy Commissioner to see the current process for COVID-19 at the hospital. Like our patients, all visitors were screened at the hospital entrance using a thermal scanning thermometer. The visitors appreciated the screening efforts, looked at the Outpatient Department (OPD) were interested to know what capacity we could accommodate and wanted 50-bed capacity. OPD workflow was adjusted to protect against cross-infection. COVID-19 screening had only begun the day before at the hospital and already delegates were impressed with Midland Doctors Medical Institute. The hospital and the trained staff are indebted to our donors across the world who have donated and supported this facility. MDMI was now a model hospital with an established COVID protocol. The next phase was to secure processes for in-patients and to see if we can support the AJK effort as a whole. A vital team member, Nurse Muqaddas, joined MDMI to train the staff in terms of droplet protection which was vital in the fight against COVID-19. Handwashing and Hand Rubbing had been intensified at the premises along with the screening of every patient approaching the premises.





By 21st March, MDMI staff were screening patients in full blow. Mr Bilal Hussain, CEO, Mr Syed Shahbaz Shah, COO and Mr Ahmed Najam, HR Director, were doing excellent preparations in acquiring all the necessary equipment, protective gear, masks and medications so as to receive patients affected with COVID-19. MDMI was updated to establish an ICU, upgrade oxygen supplies, create a laundry system with an appropriate sterilisation process and update the kitchen to cater for COVID patient needs. Further, our dietician created menus specifically for COVID patients. MDMI was the first unit in AJK to develop a COVID facility. The challenge faced by the hospital now was to keep regular patients at home and keep them from gathering in multiples. We advised the patients with multiple warnings to stay at home. Our staff showed a lot of dedication to the local community, despite the challenge befalling all communities near and far. For the first time, we were facing a humanitarian crisis with the rest of the world. We knew the local impact could have global consequences and knew it was our responsibility, as a healthcare facility dedicated to the people of the region, to ensure we did our absolute best in preventing the spread of the virus.

AJK Chief Secretary Mr Mathar Niaz Rana also visited MDMI. The preparations at MDMI were examined by the authorities. The government inspections ensured that we were equipped and trained to handle such a massive disaster response that the world was challenged by. The medical team was accessible by telephone during this period for any emergency response. The hospital was converted into an isolation ward and was not delivering regular medical check-ups. Any patients requiring medical attention could contact the emergency numbers circulated in the region by our staff and also mentioned on our website home page.

Midland Doctors®, with the help of experts who are frontline healthcare workers in the UK, the US and the UAE, trained its medical and tertiary staff towards the handling of patients, focussing on all the aspects of protocol including Donning and Doffing of PPE for the staff and segregation of MDMI into Low Dependency and High Dependency Units. By 7th April, MDMI was divided into zones to isolate patients that would be received as a part of the COVID-19 response. The various departments included a Red Zone consisting of the High Dependency Unit (HDU) and the Intensive Care Unit (ICU) for patients with more aggressive symptoms; the Yellow and Green Zone had 30 beds prepared for patients with less severe symptoms and would comprise the Low Dependency Unit. The HDU provided 6 beds and the ICU provided 4 beds with the provision of 3 functional ventilators. In total, MDMI COVID-19 capacity was 40 beds and we did not receive any walk-in patients. MDMI worked in tandem with the Pakistan Health Authority to isolate patients and ensured patients were treated with the best possible guidelines shared with us from across the world.

There was a strict no visitor policy in operation at the hospital. The staff would inform the family of the status of patients with daily calls and update the condition of their loved ones. All the necessary laboratory and testing equipment were made available at MDMI. The MDMI Executive Management would continuously update the clinical guidelines for the medical officers and nurses. The trustees made all the necessary precautions to ensure the safety of the staff and the patients and strict protocols were maintained to ensure that there was no community spread. MDMI, after much preparation and with established standard operating procedures in place, opened its Outpatient Clinic strictly to patients with appointments with a limit in the number of attendees per day. The staff was trained to run a Triage service to filter patients and advise them over the phone. MDMI is to date continually following strict policies to maintain social distancing.



As we were unable to fully treat patients at our hospital, we expanded our assistance to isolation facilities and ICUs across Pakistan. Midland Doctors® were able to support ICUs by providing a network of medical professionals and specialists who could provide treatment of patients by means of virtual technology. Also, by December, where there was a shortage of nearly 40% oxygen, we had begun supplying oxygen to a hospital in Mirpur for the support of COVID patients.

Unfortunately, unlike other disasters, this was not short-lived and is continuing to impact the world gravely. We pray for the safety of all and ask you to continually help us in our efforts to support people in need.

## VIRTUAL SUPPORT

Midland Doctors® have established a one-of-a-kind service for the people of Pakistan, by creating a virtual connection between medical professionals abroad in the UK, USA, Canada and UAE and patients in Pakistan. The service enables highly qualified international specialists to provide training and direct patient support via video technology to staff in Pakistan, an educational initiative led by Dr Farhan Rashid, Executive Trustee.

Midland Doctors® provided virtual consultation to not only our own hospital but many Intensive Care Units in Pakistan namely in Peshawar, Faisalabad, Quetta and Mirpur. Dr Syed Shabbir Haider, MD, Pulmonary and Critical Care Medicine, Excelsa Health Westmoreland Hospital from the US worked in close coordination with Midland Doctors® to contribute his expertise to save lives in the challenging COVID times. For example, the Midland Doctors® Virtual Support Team guided the front-line medical team in Quetta, Pakistan to manage a critically ill 50-year-old male. He was suffering from severe symptoms of the disease. The patient had been in the Intensive Care Unit. Dr Shabbir guided the doctors in Quetta about the advantages of proning a patient with severe hypoxia and shared the guidelines for manually proning a patient. He also advised the team about the recommended medications to be given to stabilize the patient. Midland Doctors® also supported an ICU in Pakistan to help a 29-year-old COVID positive pregnant woman safely deliver her child and be successfully resuscitated. The patient was managed in consultation with international experts from the Midland Doctors® global volunteer team.

The standard guidelines followed in international hospitals were absent in Pakistan and the experts volunteering with Midland Doctors® were able to train hospital staff with life-saving techniques through this Virtual Support network and help patients in critical condition with global expertise and knowledge.

**"The importance of supplying the COVID personal protective equipment (PPE) and the hygiene training was essential to ensure that all medical staff were fully prepared and fully aware of how to keep themselves and others safe."**

**Dr Zahid Hussain, Executive Trustee**





## COVID-19 OUTREACH INITIATIVE

Midland Doctors® have established a COVID-19 Outreach Team, which visits families in their own homes to provide treatment for COVID positive patients. This was incredibly important to establish so that medical care could be accessed by people living in rural villages with no transport or nearby hospital. The first visit was to a family of seven, all COVID-19 positive after testing in their own home in their village, an hour away from Mirpur where our team were already dispatched. Further management was carried out virtually, online, by doctors in the Middle East and the USA.

It is the very first time, for any COVID patient worldwide, that there has been an outreach clinic with online help from experts abroad.

Safety of both patients and staff was ensured by our team wearing the correct PPE and following SOPs. Our outreach initiative is the first of its kind in the world and we are proud to be able to provide such bold and innovative medical care thanks to our generous donors, brave staff and forward-thinking executive committee.

**Team:**  
**Fully Equipped**  
**Ambulance**  
**Lab Technician**  
**Doctor**  
**Admin Staff**







**Mirpur, 2021**

A COVID positive patient being monitored using a pulse oximeter by a COVID Outreach Initiative team member.

# MARKETING

## BRANDING

To become an iconic and well-known brand, we realised we needed to make our brand more noticeable, recognisable and memorable. We have therefore revamped and transformed our branding by, alongside other brand elements, adopting the use of two key colours: dark cobalt blue and hot pink. Dark cobalt blue represents integrity. This colour is dedicated to our donors. From the start, we have stood firmly by our principles as we knew our generous donors were entrusting us with their donations. Our organisation is a vessel through which people around the world can give back to the global community - a responsibility we take very seriously. It is for that reason we believe in being open, transparent and honest, giving our utmost commitment to all the projects we embark on, ensuring donations are utilised as efficiently and effectively as possible. Hot Pink represents compassion - a virtue which is at the heart of everything we do. This colour is dedicated to our patients and receivers. By showing compassion, we are able to identify the various causes which require our attention and assistance, we innovate to deliver the best of healthcare in communities where high-quality medical aid is scarce and we see those who are less fortunate as equals who deserve the same medical treatment as those in more well-established parts of the world. Through compassion, we find our purpose.

We aimed to keep the brand fresh and modern whilst holding a medical touch, taking inspiration from our founding approach to take NHS standards to Pakistan. It was decided the tone of voice would remain sophisticated, influential and informative. The logo was redesigned, to display a clean and simple font with a hint of colour, which could be used on all platforms. A favicon was also designed for web. Our slogan: 'Building Hope for Humanity' remains intact, as this vision stands as true today as it did 15 years ago. Lastly, a simple yet unique design element was incorporated into the new web design, mentioned below, which has become a staple across all our brand marketing materials: diagonal coloured blocks. This provides an enhancement which gives the scientific yet creative approach.



## DIGITALIZATION

COVID-19 hit the world in the early part of 2020, with the UK going into lockdown in March, the same time our annual global fundraisers were due to begin. It was essential for us to adopt a new route to fundraising to overcome this predicament. We partnered with web design agencies, Hill Langdell & Webiness, creating a team merged with our in house volunteer marketing specialists to create a new website with donation acceptance capability. The vision was to bring our online platform to a global and universally high standard which would not only provide information of our projects but convince a viewer to donate using integrated user experience (UX) techniques.

One particular aim of the project was to boost our search engine optimisation (SEO). We knew this would not be an overnight achievement, however, we designed every aspect with the goal to grasp a wider audience using organic SEO tools. We identified a key search term as 'Zakat' and knew it was imperative to tailor our website to increase our ranking in an organic google search



for this search term if we were to reach an audience who were searching for a charity to donate their Zakat to. We added a new page dedicated to Zakat related content, increasing keywords on our site, adapted the backend accordingly and appropriately and also designed an innovative Zakat calculator to serve the needs of the global community who require assistance calculating their Zakat. Most importantly, we digitalised our payment methods by allowing our people to make direct one-off or monthly payments to our charity through our website using their debit or credit card. The website also mentions other methods of payment such as bank transfer details and also gives the option to pay Zakat or Sadaqah, providing a truly seamless and easy experience for the donor.



## SOCIAL MEDIA

In 2020, we revamped our Facebook and Instagram by applying successfully for Facebook's Charitable Giving Tools, a tedious and difficult process which we are proud to have completed. This allows people to donate to our charity via our Facebook or Instagram pages, alongside being able to run fundraisers via these platforms. We also emphasized the use of high-quality imagery and began inviting people to follow our pages, seeing a significant boost in both our Facebook and Instagram following. We believe this to be the start of our digital and social media journey, with an aim to continually boost these platforms to reach as many generous and kindhearted donors as possible.





**Mirpur, 2021**

A member of our team sanitizing  
the ward during COVID-19.



# MDMI

The Midland Doctors Medical Institute (MDMI) has been operational since April 2013. Since then, 349,921 patients have walked through its doors on a free and charitable basis.

## HOSPITAL INFRASTRUCTURE

The hospital is operational and able to cope with the 200-250 patient's daily. MDMI areas are detailed below.

- Reception
- Zakat Compliance Desk
- Ophthalmology
- Pathology
- Radiology
- Ultrasound
- Pharmacy
- Outpatient Department
- Cardiac Investigation
- Paediatric Department
- Urology
- General Theatres
- Anaesthetics
- Medical Education Skill Lab
- Sterile Services
- Incinerator
- Mosque
- Kitchen and Canteen
- Dr's Oncall Rooms & Dr's Mess

## MEDICAL TREATMENTS

The General (Adult) Medicine related cases observed by doctors include patients with the following symptoms/conditions: gastritis, gastric/duodenal ulceration, hepatitis, diarrhoea, urinary tract infections, pulmonary tuberculosis, upper respiratory infections, scabies, allergic skin rashes, Type-2 diabetes mellitus and hypertension.

In Paediatrics, we screen the patients for malnutrition, diarrhoea, pneumonia, measles, acute/chronic tonsillitis and skin infections, Type-1 diabetes mellitus and acute respiratory tract infections. In surgery, minor surgical procedures, BPH, acute appendicitis, inguinal hernia and cholelithiasis are observed, whereas gynaecological & obstetrics amenorrhea, leukorrhea and pregnancy-related issues are dealt with by the doctors.

It was observed that childhood malnutrition and skin-related diseases are more common in this area and the surroundings.

Since January 2019, for quality care, we have set a limit of 30 patients per doctor in one day.

**"Our aim is to assist in improving the health conditions of the children of the region."**

**Dr Asrar Rashid, Executive Trustee**

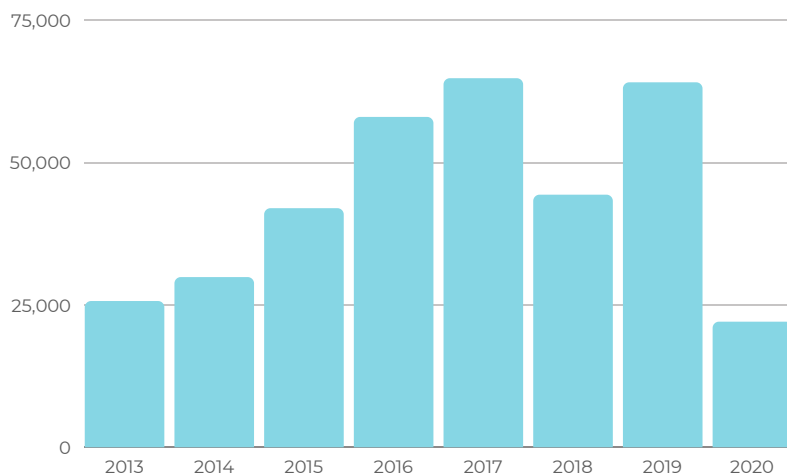




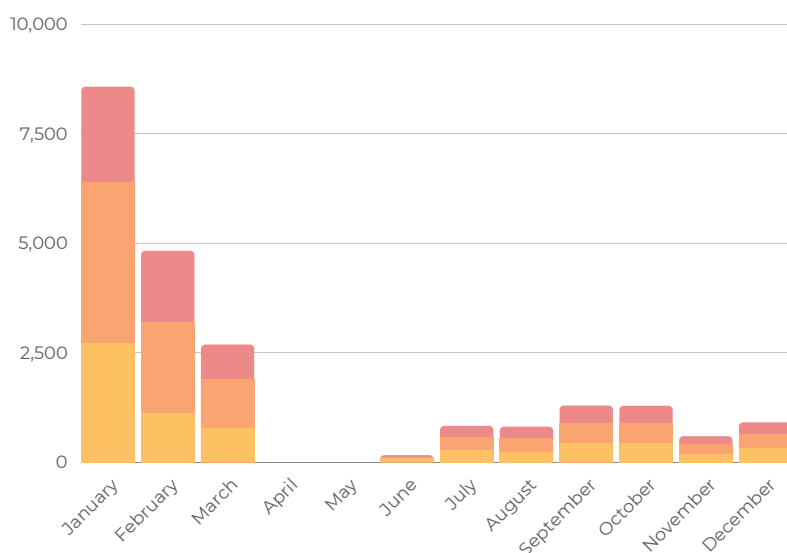


**Muzaffarabad, 2021**  
Midland Doctors Medical Institute  
in the monsoon season.

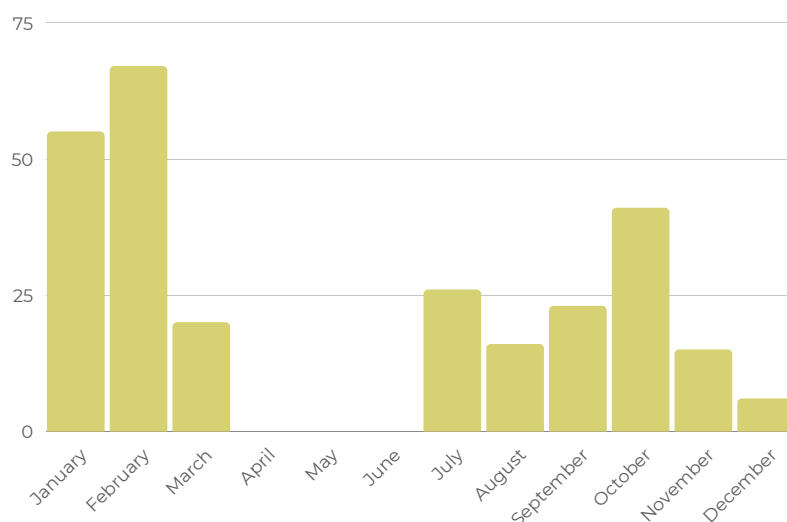




**Total No. of Patients Treated Since Inauguration of MDMI in 2013 to December 2020**



**Total No. of Patients Seen in 2020**



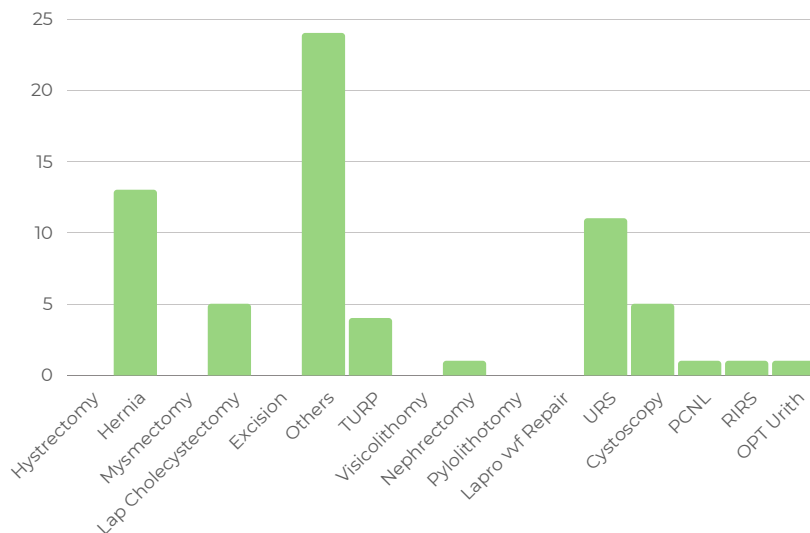
**No. of X-Rays from January 2020 to December 2020**

In 2018, the number of patients seen saw a decline due to a change in process to enable high quality of care over quantity. In 2020, although we had hoped to exceed 2019, we were unable to see the projected number of patients due to the unprecedented COVID-19 pandemic.

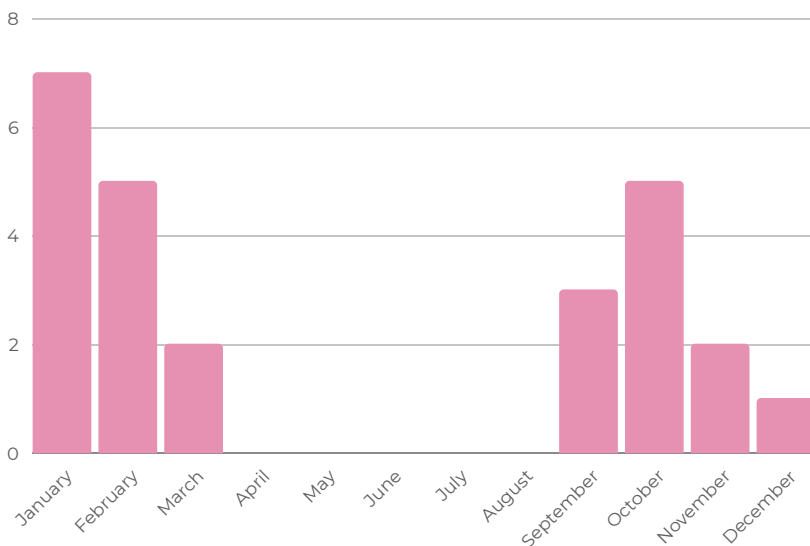
**Key:**

- Men
- Women
- Children

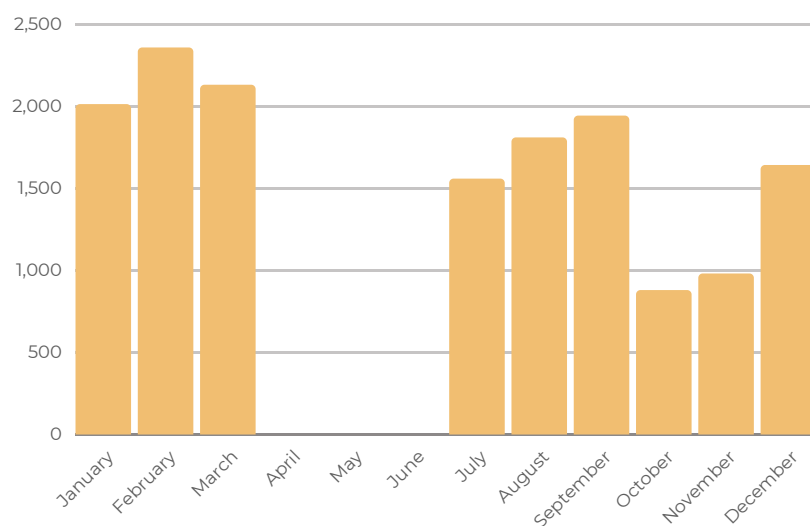
The list of X-rays includes: Chest PA view; Chest AP view; Abdomen AP View; Abdomen Erect Posture; Shoulder joint; AP view; Shoulder joint Lat view; Elbow joint AP view; Wrist joint AP view; Wrist joint lat view; Hand AP view; Hand oblique view; Lumbar spin AP view; Lumbar spin lat view; Pelvis AP view; Femur AP view; Hip joint AP view; Hip joint LAT view; Knee joint AP view; Knee joint lat view; Leg AP view; Leg lat view; Ankle joint AP view; Ankle joint lat view; Cervical Spine AP; Cervical Spine Lat; Foot AP view; Foot Oblique View; Skull AP; Skull Lat; Skull PA view; Humerus AP view; Humerus Lat view; Darral Spine AP view; Darral Spine Lat view; Forearm AP view; Forearm Lat view; Calcaneus bone axial view; Calcaneus bone LAT view; KUB



### Total Surgeries from January 2020 to December 2020

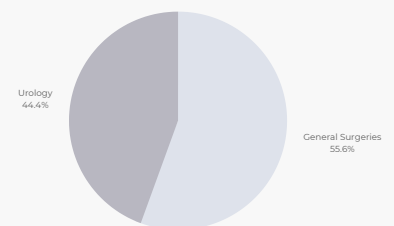


### Lithotripsy - January 2020 to December 2020



### Laboratory Test Performed from January 2020 to December 2020

The surgeries highlighted are split between two departments, General Surgery and Urology. General Surgery completed 42 surgeries out of a total of 66 in the year. Urology completed 24 surgeries. Due to COVID, this was a significant decrease compared to the year before where we carried out 230 surgeries.



The Lithotripter machine is used to shatter and dissolve kidney stone with surgery. Prior to the opening of the department in which this is used, there was no urology department in the region, forcing urology patients to travel to Islamabad for surgery and treatment. MDMI is the only facility in Azad Jammu & Kashmir to provide this service.

During the months of April - September, MDMI was closed for patients, therefore, no surgeries took place. However, by July, MDMI had made provision for laboratory tests to be carried out. The total number of tests carried out in 2020 was 15263 including tests for malaria, blood group, pregnancy, Hep C, Hep B, HIV,, Tuberculosis, Electrolytes, Blood Sugar, Cholesterol. Calcium, Urea and Uric Acid.



**Muzaffarabad, 2021**

MDMI CEO, Bilal Hussain, holding a proning pillow designed and created by Midland Doctors® used for treatment of COVID patients.



## CURRENT STAFF APPOINTMENT AT MDMI

| TITLE                 | NO. OF STAFF | DESCRIPTION OF ROLE  |
|-----------------------|--------------|--|
| CEO                   | 1            | The hospital CEO has the responsibility to ensure almost every aspect of how hospitals perform is working efficiently. They need to find a balance in managing the day-to-day operations while leading strategic development initiatives required for long-term success. Some of the areas of responsibility for a hospital CEOs include: Responsible for delivering the best quality of patient care; leadership while creating a positive and productive culture; setting and following standards for operational excellence; hiring and retaining qualified staff; Implementing clinical procedure and policy; developing a relationship with outside organizations, including the medical community, referring physicians and the media and delivering strong financial performance. |
| COO                   | 1            | Completes audit work papers and memoranda by documenting audit tests and findings; Improves protection by recommending changes in management monitoring, assessment, and motivational practices, in the internal control structure; Testing documentation supporting account balances or classes of transactions; Ensure that financial transactions are properly updated and recorded; Observing the physical inventory count; Confirming accounts receivable and other accounts with a third party; Perform finance analysis, reporting and management tasks; Assist with budget preparation; Act as a focal person at the core office for all donor-funded projects and sharing relevant opportunities and initiatives with the proposal development team.                            |
| HR Director           | 1            | Establish HR department; HR policy-making; SOPs development; Recruitment; Compensation; Designing benefits; Employment engagements; Ensure safe workplace practices; Job description development; Contract development; Resolves employee disputes; Performance appraisals; Employee files management; Leave management; Organization's managements; Define role and responsibilities; Ensuring work quality; Keeping a check and balance and Employee reporting.  |
| General Surgeon       | 1            | A General Surgeon specialises in treating and operating on patients for most common general surgical procedures including endoscopy, gastroscopy and hernias. They also carry out ward rounds and outpatients clinics.   |
| Paediatrician         | 2            | As a Pediatrician, the main occupational tasks involve providing medical care to people ranging in age from newborns to young adults. They are responsible for examining, diagnosing and treating children with a wide variety of injuries and illnesses. They will also administer the many immunizations that are available to protect children from diseases such as hepatitis B, diphtheria, polio, measles and mumps; Treats Illnesses; Monitors Chronic Diseases; Tracks Growth and Development; Encourages Healthy Lifestyle; Communicates With Patients and Parents.   |
| Urologist             | 1            | A Urologist is a medical doctor who specializes in treating diseases and maintaining the health of male reproductive organs, as well as the urinary tract in both males and females. As a urologist, he can help patients who have problems with their kidneys, adrenal glands, and bladder.   |
| Medical Officer       | 5            | Run Medical / Surgical outpatient clinics; Provide quality medical care; Take part in roster emergency work; Supervise and participate in work-based training of all staff; Study for higher examination and maintain continued professional development; Attend operating lists/sessions where applicable.  |
| Anaesthesia Assistant | 2            | Anesthesia Technician assists the Anesthesiologist by setting up equipment and preparing medications. Orders, stocks, tests, and maintains anaesthesia supplies, medications, and equipment. Being an Anesthesia Technician washes and sterilizes reusable equipment and reports malfunctioning equipment to appropriate personnel. Performs safety checks on anaesthesia equipment and assists the Anesthesiologist as needed.  |
| Cardiac Specialist    | 1            | A Cardiac Specialist is a physician who specializes in finding, treating, and preventing diseases that affect the heart, the arteries, and the veins.  |

|                    |   |   |
|--------------------|---|---|
| Cardiac Technician | 1 | A Cardiology Technician, or electrocardiograph technician, works with doctors to diagnose heart and blood vessel disorders by testing the cardiovascular and pulmonary systems of patients. Their duties include preparing patients for EKG tests, recording diagnostic procedures for physicians to relay to patients, and maintaining technical equipment.  |
| Dental Consultant  | 1 | A Dental Consultant's role is to educate patients on preventive dental care and oral health care; Design and fix prosthodontic appliances including bridges, dentures and space maintainers; Treat teeth malformations, gum injuries and other oral abnormalities; Operate x-rays and diagnostic equipment effectively to examine teeth and gums and evaluate patient's dental health and prescribe medications.  |
| Dentist            | 1 | Dentists diagnose and treat dental issues and help patients develop better oral hygiene regimens. They clean teeth, correct bite issues, perform surgeries and extractions and perform other duties to ensure that the teeth and mouth are healthy.   |
| Dental Technician  | 1 | A Dental Technician is responsible for helping to improve teeth and for replacing lost teeth. A dental technician improves teeth for aesthetic reasons and works to the prescription of a dentist to make bridges, crowns, dentures, braces and other orthodontic devices.  |
| Dietician          | 1 | Assess patients' and clients' health needs and diet; Counsel patients on nutrition issues and healthy eating habits; Develop meal plans, taking both cost and clients' preferences into account; Evaluate the effects of meal plans and change the plans as needed; Promote better nutrition by speaking to groups about diet, nutrition and the relationship between good eating habits and preventing or managing specific diseases; Keep up with the latest nutritional science research; Write reports to document patient progress.  |
| Optometrist        | 1 | Perform vision tests and analyze results; Diagnose sight problems, such as near-sightedness or far-sightedness and eye diseases, such as glaucoma; Prescribe eyeglasses, contact lenses, and medications; Provide treatments such as vision therapy or low-vision rehabilitation; Provide pre- and post-operative care to patients undergoing eye surgery — for example, examining a patient's eyes the day after surgery; Evaluate patients for the presence of diseases such as diabetes and refer patients to other healthcare providers as needed; Promote eye health by counselling patients, including explaining how to clean and wear contact lenses.               |
| Pharmacist         | 1 | Provide services to patients and health care professionals in hospitals by checking prescriptions to ensure that there are no errors and that they are appropriate and safe for the individual patient; Provides advice on the dosage of medicines and the most appropriate form of medication, for example, tablet, injection, ointment or inhaler; Enhance the safety and quality of all medicine-related processes affecting patients of the hospital; Ensure the 7 "rights" are respected: right patient, right dose, right route, right time, right drug with the right information and documentation. And make sure of the availability of the stock in the pharmacy. |
| Pharmacy Assistant | 1 | Works under the supervision of the Pharmacist.  |
| Data Analyst       | 1 | Work with large amounts of data. He needs to see through the data and analyze it to find conclusions; Handling databases and reporting; Must look at the numbers, trends, and data and come to new conclusions based on the findings; Have to make sure they are vigilant in their analysis to come to correct conclusions; Math skills to estimate numerical data.   |
| Lab Technician     | 3 | Typical responsibilities of a lab technician include: <ul style="list-style-type: none"> <li>• Collect blood or other samples from patients.</li> <li>• Conduct routine laboratory tests and sample analyses.</li> <li>• Log patient samples and prepare them for testing.</li> <li>• Set up, clean and maintain medical laboratory equipment.</li> </ul>   |
| OPD Nurse          | 3 | Assessing and planning nursing care requirements; Writing care plans and records; Providing pre and post-operation care; Monitoring a patient's condition; Carrying out routine investigations and care procedures, such as administering medication, injections and intravenous infusions and taking patient samples, pulses, temperatures and blood pressures; Dealing with emergencies; Supervising junior staff; Organizing workloads; Providing advice and promoting good health; Providing information, emotional support and reassurance to patients and relatives.  |



|                      |   |   |
|----------------------|---|---|
| PEAU Nurse           | 3 | Pediatric Nurse Responsibilities: Working with children and asking questions about their health for diagnosis and documenting patients' symptoms and medical history for the doctor; Assessing a child's needs and providing initial care; Identifying changes in children's symptoms and intervening in emergency situations; Participating in pain management for children; Administering medications, drawing blood, and giving childhood vaccinations following age-appropriate guidelines; Monitoring temperature, pulse, breathing, and blood pressure and keeping accurate records; Evaluating children for signs and symptoms of abuse; Providing supportive care to dying children; Dealing with the anxieties and demands of parents, and helping families to deal with their child's illness or injury; Remaining up to date on the latest developments, rules and regulations, drug therapies, equipment, and treatment procedures. |
| Vital Staff          | 3 | To assess, plan, implement and evaluate the physical, social and psychological condition of the service user.   |
| MIYCN Counsellor     | 1 | Includes some components such as home fortification of complementary foods and early childhood development and supervision of mothers; Includes component of counselling methods of breastfeeding and childhood development to mothers; Includes counselling and gaining results of an increase in lactation; Includes recording data of mothers counselled.  |
| Research Nurse       | 1 | Compile clinical data and enter it into a database; Review and assess data collected; Collaborate with investigators and statistical consultants; Screen and recruit subjects for clinical studies.   |
| X-Ray Technician     | 1 | X-Ray Technician works closely with the medical staff to discuss suitable X-RAY reports in the treatment plan of patients; Perform X-RAY tests in order to produce reliable and precise data to support scientific investigations; Reporting data; Setting up investigations and experiments; Testing materials; Ensuring equipment cleanliness; Construction, maintaining and operating standard X-RAY equipment; Using computers and performing mathematical calculations for the preparation of graphs; Keeping up to date with technical developments, especially those which can save time and improve reliability; Demonstrating practical procedures if required, for Education purposes; Following and ensuring strict safety procedures and safety checks.   |
| Senior OT Technician | 1 | Supervise the proper use and care of the supply of the equipment in the department; Supervision of all Technical Staff and maintenance of records; Supervises the proper use and care of the equipment and supplies in the department; Maintains safety of the ICU & Ots.   |
| OT Technician        | 3 | Theatre Technicians are responsible for various pre-, intra- and post-surgery duties within a hospital. They transport patients, preparing the operating room for surgery, set up, check, connect and adjust surgical equipment, technical assistance to surgeons.  |
| Receptionist         | 1 | Receptionists are part of the health services front line staff. They are the first link for many patients and visitors who might be anxious- perhaps visiting a doctor or other member of staff for the first time or waiting for the results of an important test. The receptionist work by greeting patients as they arrive and checking them in; the Receptionist helps the patients to go to the right healthcare professional.   |
| OPD Assistant        | 1 | OPD Assistant function as an integral member of the health care team by assisting to meet the physical, psychological and psychosocial needs of the patients and ensuring the smooth and effective running of the clinics.  |
| OPD Receptionist     | 1 | Register the patients and issue a receipt with MR No for checkup from doctor.   |
| OPD Patient Helper   | 1 | Helps to patients to go to right healthcare professional on their turn.   |
| Cashier              | 1 | The role of the Cashier is to deal with account and funding details.  |
| Community Worker     | 1 | Working with community groups providing a range of activities; Assist individuals and communities to adopt healthy behaviours; Conduct outreach for medical personnel or health organizations to implement programs in the community that promote, maintain and improve individual and community health; Manage follow-ups of patients.   |

|                    |           |  |
|--------------------|-----------|--|
| IT Manager         | 1         | IT Manager responsibilities are:<br><ul style="list-style-type: none"> <li>• Running regular checks on network and data security.</li> <li>• Identifying and acting on opportunities to improve and update software and systems.</li> <li>• Developing and implementing IT policy and best practice guides for the organisation.</li> <li>• Designing training programs and workshops for staff.</li> </ul>  |
| Security Officer   | 1         | The main duty is to protect people, property, information and reputation; Responds rapidly to security emergencies within the hospital or healthcare setting; May help people into and out of their cars and escort patients as needed; Becomes involved with patients when assistance is requested by medical or nursing staff or when patients or their families ask for assistance or information.  |
| Security Guard     | 9         | They monitor points of access in a building or property to allow entry only to individuals with the correct identification or authorization; Security guards monitor and protect property against criminal activity and damage.  |
| Watchman           | 1         | It is the duty of the watchman to look after the hospital equipment/property during the day & night.   |
| Electrician        | 1         | Assemble, install, test and maintain electrical or electronic wiring, equipment, appliances, apparatus and fixtures, using hand tools and power tools; Diagnose malfunctioning systems, apparatus and components, using test equipment and hand tools, to locate the cause of a breakdown and correct the problem; Inspect electrical systems, equipment, and components to identify hazards, defects and the need for adjustment or repair and to ensure compliance with codes; Direct and train workers to install, maintain, or repair electrical wiring, equipment and fixtures. |
| Electrician Helper | 1         | Works under the supervision of the Electrician.  |
| Generator Operator | 1         | Operates the generator during load shedding of electricity; Maintenance of generator; Make sure availability of fuel for the generator.  |
| Cleaner            | 6         | Keep buildings clean by sweeping, mopping, scrubbing or vacuuming; Perform heavy cleaning duties, such as cleaning floors, washing walls and glass, and removing rubbish; Performing routine maintenance activities, notifying management of need for repairs and cleaning debris from the sidewalk; Dusting of furniture, walls, machines, or equipment.  |
| Laundryman         | 1         | Collecting soiled linen from various places; Sorting the linen and processing them; Inspecting and repairing or replacing damaged materials; Distributing clean linen to the respective user departments; Maintaining different types of registers.  |
| Gardener           | 1         | Cares for all plants, flowers, grass and trees on hospital grounds and inside hospital building; Cleans and removes leaves and debris from hospital premises.  |
| Plumber            | 1         | The Plumber is responsible for installing, repairing and maintaining pipes, fixtures and other plumbing used for water distribution and wastewater disposal in the hospital.   |
| Store Keeper       | 1         | Maintaining different types of stock registers.  |
| Cook               | 1         | Cook foodstuffs according to menus for the medical staff living in hospital given residence.   |
| Driver             | 1         | Driver is responsible for pick and drop of hospital staff.   |
| Zakat Compliance   | 2         | Independent Organization that means tests patients for compliance purposes.  |
| <b>TOTAL STAFF</b> | <b>78</b> | <b>BUILDING HOPE FOR HUMANITY</b>  |



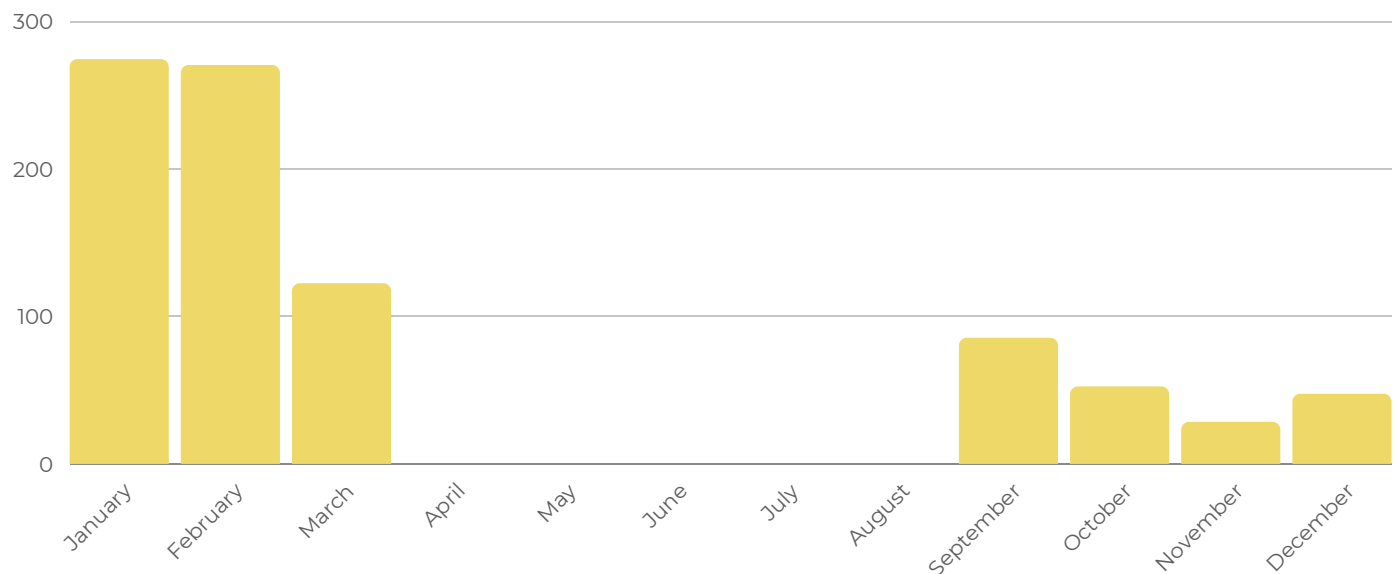
## PROGRESS & ACHIEVEMENTS OF EYE DEPARTMENT

The eye department services are provided by the optometrist for MDMI in Tandali and its surrounding areas. Patients who need eye specialist treatment come from a wide area. We fulfil requirements of the Outpatient Department (OPD) for example refraction (simple refractive error correction, keratoconus refraction, Presbyopic correction and cycloplegic refraction), amblyopic therapy, squint examination and their management, ptosis examination, funduscopy (special consideration is given to diabetic, hypertensive patients and also done on every patient to rule out retinal pathology). Other diseases like glaucoma, retinitis pigmentosa, cataract, VKC, AKC, NLD blockage, conjunctivitis, trauma management and FB removal are fully treated and tonometry, CCT, B-scans, A-scans, phasing and orthoptic exercises are performed. Our mission in the prevention of blindness is done by improving eye health awareness and treating preventable causes of blindness including diseases like refractive errors, amblyopia, squint, leukocoria, traumas and also counselling the patients on how to avoid them. Other different diseases which can cause blindness are also treated. Most importantly, cataract surgeries are performed in eye camps and timely referral of patients who need tertiary care are done.

### TREATMENTS AVAILABLE:

1. Refraction
  - Far and Near Correction
  - Cycloplegic Refraction
  - Squint Correction
  - Keratoconus
  - High Degree of Refractive Errors
2. Squint Examination
3. Slitlamp Examination
4. Funduscopy (DM, HTN, RP, AMD and other degenerations or pathology)
5. Retinoscopy
6. Cataract Examination
7. Ptosis Examination
8. Proptosis Examination
9. Maggot's Management
10. Amblyopia Therapy
11. Convergence Insufficient Exercise
12. Biometry (A-Scan)
13. Orbital USB (B-scan)





**Total No. of Eye Diseases Checked between January 2020 - December 2020**

## PROGRESS & ACHIEVEMENTS OF CARDIAC SERVICES

### OVERVIEW:

Midland Doctors®, throughout 2019, developed a structured and comprehensive project with a chronological and systematic progression of the cardiac service. This included the procurement process, transportation and implementation of key clinical services in the diagnosis, management and treatment of patients with suspected cardiac anomalies. Diagnostic investigative services include cardiac stress testing, echocardiography and ECG and reveal/event recording software for the Cardiac Investigation Unit. Treatment and management services include an angiography suite, recovery area attached to the suite, coronary care unit (CCU) and an intensive care unit to manage complications if the need arises.

Midland Doctors® identified and formulated a series of steps that ultimately would achieve the final objective of a complete cardiac service within the medical facility over a given time. To date Midland Doctors® have and are providing a fully operational cardiac investigation unit that focuses on, identifying patients suitable for cardiac angiography or the fitting of pacemakers when the cardiac lab has been installed.

### CARDIAC INVESTIGATION:

The cardiac investigation service is situated in the outpatient department (OPD). It employs one cardiologist and a cardiac technician paid on a sessional basis. Together they perform a series of investigations/tests based around imaging of the heart echocardiography, the analysis of ECG recording using specialised devices known as reveals. These can be taken home by the patient and will record abnormal heart activity in an automated fashion. The cardiologist can then analyze the recordings when the device has been returned after a specified time, usually between 7-14 days. Each recording of each event is around 6 minutes long. If an abnormality is diagnosed, further testing can be done using stress testing in a controlled fashion. Chest x-rays or protein analysis can be performed in acute cases of such events at the medical facility.



**Muzaffarabad, 2020**

A diligent cleaner scrubbing the floors of the corridor in Midland Doctors Medical Institute.



# PROGRESS & ACHIEVEMENTS OF PAEDIATRIC NUTRITION PROGRAM

## BACKGROUND AND OVERALL OBJECTIVES:

The MDMI paediatric OPD service is augmented by improved processes for health delivery that applies a systematic, humane and ethical approach to care. A detailed overview of outpatients analysed that doctors were seeing a large proportion of children with serious multiple nutritional deficiencies. Therefore, it was a strategic decision to develop an extensive program for the identification and treatment of severe, moderate and mild malnourished children 0-10 years in and around the communities of Muzaffarabad to manage this clinical caseload with the aim of extending this across AJK.

The overall objective of the project is to prevent morbidity and mortality resulting from severe moderate and mild malnutrition with children 0-10 years of age through screening, prevention and treatment protocols. The major aspects of the program are:

- Hospital screening and outpatient treatment
- Screening in the community
- Inpatient treatment of severe malnutrition
- Community engagement and outpatient treatment of moderate malnutrition

Further, educational support for families has also been provided to help support them with nutrition relevant information.

## SPECIFIC OBJECTIVES AND PROJECT ACTIVITIES:

The specific objectives of the nutrition program include the following:

- To provide appropriate nutritional care, counselling and therapeutic treatment for severely acute malnourished children 0 to 10 years of age with no medical complications through home-based nutritional management approaches.
- To provide adequate nutritional care and treatment for severely acute malnourished children 6-59 months of age presenting with associated medical complications through facility-based nutritional management approaches.
- To provide adequate nutritional care, counselling and treatment for moderately & mildly malnourished children 0 to 10 years of age through home-based facility-based nutritional management approaches.
- To prevent micronutrient deficiencies in children 0-10 years through age-specific supplementation of multiple micronutrients, iron, vitamin A, D, Calcium and folate supplements.
- Relactation support for all 0 to 24 months children and

complementary food counselling for 6-24 months.

- Provision of iron, folate, calcium, vitamin D and deworming to children 6 to 10 years along with counselling on a healthy and balanced diet based on healthy local recipes.
- Regular health and nutrition education promotion sessions with the mothers/caretakers of the malnourished patients.
- Calculate monthly performance indicators and investigate indicators outside of acceptable parameters.

## EXPECTED OUTCOMES:

Therapeutic feeding programme to treat severe malnutrition outcome indicators will meet minimum SPHERE standards (cure rate > 75%, default rate < 15% and death rate < 10% for therapeutic care programme). All moderately and mildly malnourished children will receive optimal nutritional care to achieve their normal weight for age and height. The programme must reach the majority of target population.

- Health Care Providers (HCPs) are trained to implement the malnutrition program effectively as per recommended guidelines.
- Mothers/caretakers of malnourished children receive messages on appropriate infant and young child feeding practices to prevent relapse.
- Enhance support for children, families and communities to promote knowledge, behaviour change, and demand for services and opportunities for participation.

## PROGRAM OVERVIEW:

Midland Doctors® have developed a structured and comprehensive screening and treatment service for malnourished children. The MDMI team have implemented key clinical processes in the screening, management and treatment of mild to severe malnourished children. This includes the use of Mid Upper Arm Circumstances (MUAC) screening, recording height and weight and implementing the WHO Anthro-software. The procurement of caloric and nutrient-dense Ready to use therapeutic nutrition supplement (RUTF) which has been made from South Africa to treat children with severe malnutrition. Midland Doctors® has identified and formulated a series of steps that ultimately would achieve the final objective of a complete multidisciplinary treatment program for the management of the malnourished child. As a first step, the assessment is done by a nurse and then paediatrician followed by a meeting with the Pediatric Dietician. Midland Doctors® has designed different categories for the screening and treatment of the malnourished child that also involves blood testing for important parameters such as a complete blood

count. This program utilizes a fully automated Aroob laboratory facility at the hospital.

#### **CAPACITY BUILDING/EDUCATION:**

Counselling sessions are provided on a one-to-one basis for children and their family members so that the families' limited resources can be optimized for the care of their growing children. Further, the lecture theatre at the back of the hospital has been used to teach mothers educating them on important principles to combat malnutrition.

#### **IMPACT OF MALNUTRITION ON GROWTH:**

Malnutrition puts children at greater risk of dying from common infections, increases the frequency and severity of such infections, and contributes to delayed recovery. Severely wasted children are more likely to die because their immunity to infections is weakened by a lack of nutrients. Those who survive may go on to suffer poor growth and development and fail to thrive. Children become severely wasted if they do not gain sufficient weight or lose weight due to inadequate dietary intake or diseases like diarrhoea and respiratory infections.

Our initial assessment of nutritional status in children 0 to 10 years has shown that they are undernourished as compared to European children.

The aim of our work is:

- 1.To understand the degree of impact of malnutrition on growth in at-risk children.
- 2.To ensure that all children in the region are well-nourished and receive optimal nutrition to promote their survival, growth and development potential.
- 3.To support the government of AJ&K to put systems in place to identify children in communities who are severely wasted and to ensure these children are referred immediately to facilities for quality care and treatment services.
- 4.To improve nutrition in early childhood as this is the most vital period for growth and brain development.

#### **GROWTH CLINIC:**

Due to the mass issue of the region, we have developed a Nurse-led growth clinic. The nurses are trained to measure height, weight and MUAC then to manage the children according to the MDMI-McBevan Nutrition treatment Protocol.

#### **1000 DAYS OF LIFE “A WINDOW OF OPPORTUNITY”**

The high proportion and number of severely wasted children reflect the poor nutritional status of women during pregnancy, poor breastfeeding and feeding practices, lack of sanitation and hygiene, poor access to quality health services, and food insecurity. Children born to the poorest households, living in rural areas and from socially excluded and



disadvantaged families are the most vulnerable to stunting and wasting. Children become stunted if their mothers were undernourished during pregnancy, if they are unable to consume sufficient nutritious food in early life or if they suffer repeated infections. Often, these factors combine in the same child. Exclusive breastfeeding immediately after delivery until six months of age provides infants with nutrients and protects them against diseases. Less than two-thirds of infants in South Asia benefit from exclusive breastfeeding and over half are not breastfed from within the first hour of life. Less than half of children aged 6-23 months are fed the minimum number of meals a day. Poor nutrition in the first 1000 days of a child's life can also lead to stunted growth, which is associated with impaired cognitive ability and reduced school and work performance.

#### **IMPACT OF NUTRITION PROGRAM INTERVENTIONS ON COMMUNITY:**

As we look at AJK, there is a prevalence of emergency as well as chronic malnutrition in children. MDMI is situated at the ideal location where we can serve to cater for the need of the vulnerable community. We have a strong community referral mechanism where patients are coming from far-flung areas to seek medical treatment. Most of the children belong to poor families and multiple nutritional deficiencies are prevalent in the region. We have successfully launched community management of acute malnutrition program for early detection and treatment of severe acute malnutrition. Tracking and follow-up of malnourished children by community worker improved the program acceptance by the community and maximised the coverage in uncovered areas of the surrounding community. MDMI community nutrition program successfully covered almost 60% population of some of the villages of district Muzaffarabad and of neighbour district Jhelum valley. MDMI nutrition program has addressed the major determinants of undernutrition which include ideal breastfeeding and complementary food practices. To promote exclusive breastfeeding and age-appropriate complementary feeding, the MIYCN counsellor delivered her best services to raise awareness in the mothers

of 0 to 2 years children regarding exclusive breastfeeding and age-appropriate complementary feeding. MDMI is the forum which is trying to provide all the nutritional surveillance components and imparts its valuable share in global nutrition interventions to improve public health.

#### CHALLENGES OF NUTRITION SURVEILLANCE PROGRAM:

- Inadequate nutrition education at all levels.
- Lack of support/joint collaboration of the Department of Health AJ&K in the expansion of community nutrition program to screen and treat severe malnutrition in the region.
- Inaccessibility of patients from hard to reach areas to MDMI can only be approached at their nearby health facilities.
- Door to door screening is very challenging without local health facilities support.
- We are working in limited areas with limited human resource and very limited ownership of the program by the health sector for field activities and also due to weather and security constraints.

#### WAY FORWARD:

- There is a dire need to have a strong community workers network to expand the nutrition program in other districts for nutrition screening, referrals, monitoring and reporting.
- The department of health must be in the loop to implement project plans.
- The establishment of a stabilization centre (SC) at MDMI, to provide in-patient nutrition rehabilitation to severely acute malnourished children with medical complication is a vital component of the community nutrition program. Logistic support in terms of supplies, human resource and funds is the prerequisite of this component.
- Monitoring and evaluation should be a constant process with the purpose to:
  - Ultimately know if the program is effective.
  - To ensure the quality of the program in terms of its acceptability, efficiency, accuracy & appropriateness.

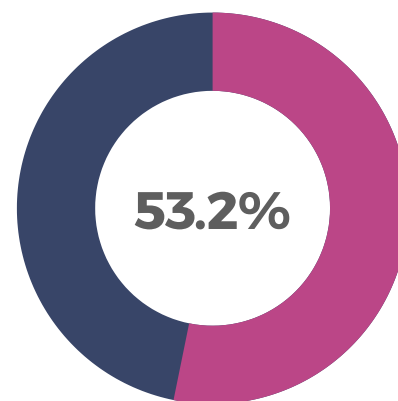
#### MDMI SCIENTIFIC TEAM ADVISING ON THE MALNUTRITION PROGRAM:

Professor Asrar Rashid:  
Consultant Paediatrician and Paediatric Intensivist

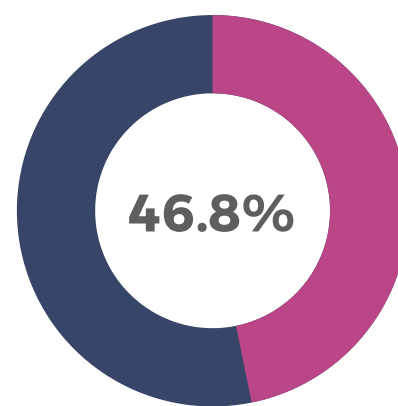
Professor Sarah Ehtisham:  
Consultant Paediatrician and Paediatric Endocrinologist

Professor Zainab Malik:  
Consultant Paediatrician and Paediatric Infectious Disease

Dr Bala Gi:  
Consultant Paediatrician and Paediatric Gastroenterologist



**Male: 6125**



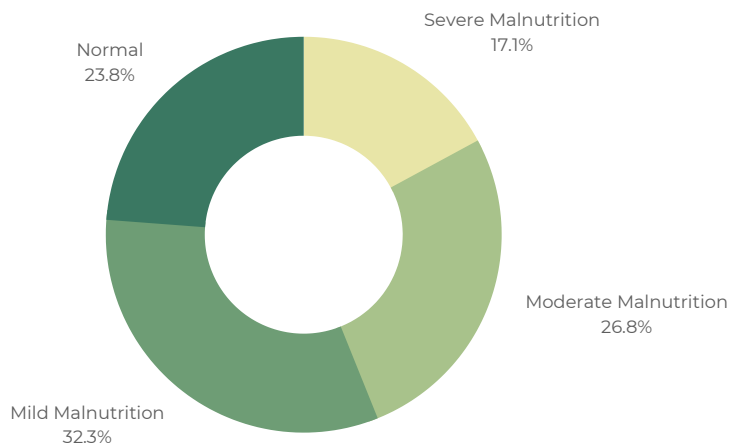
**Female: 5381**

**Malnutrition Screening Data  
from Aug 2018 - Dec 2020  
Total Patients: 11,506**

**“When a country needs world sympathy for unrelenting calamity and human suffering, do the poor have to pay a price for being silent and do we remain a silent by-stander? The answer is certainly ‘NO’. We, the citizens of this world, are morally and duty bound to do whatever each one of us can do to help those who are suffering for no fault of their own.”**

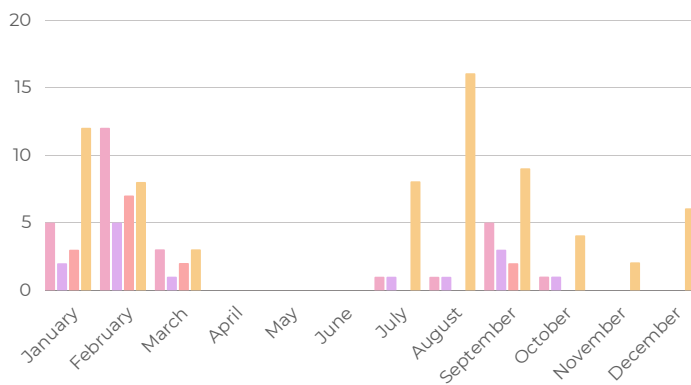
**Dr Syed Yusuf Iftikhar, Chairman**





Risk stratification is based on wasting criteria (weight/height). A total of 11506 children between the ages of 0-10 were screened.

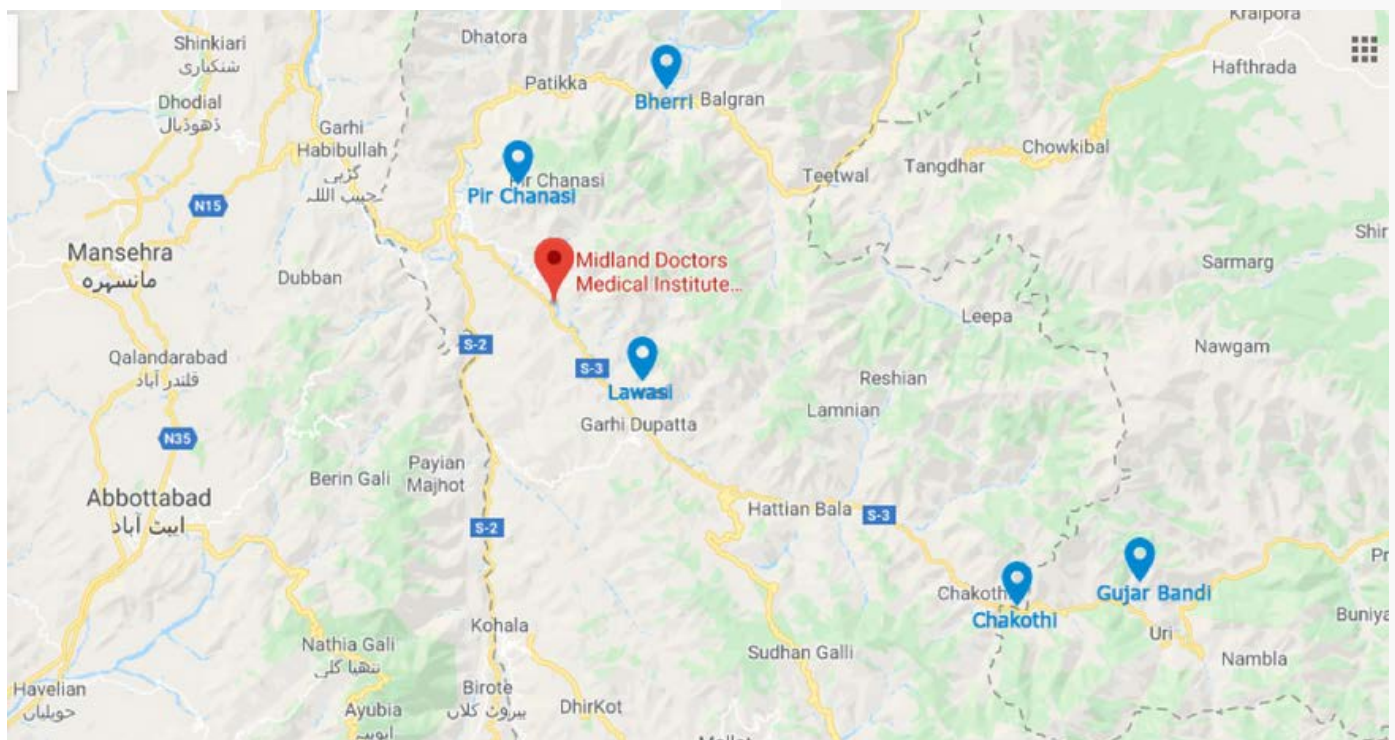
### Risk Stratification January 2020 - December 2020



#### Key

- Total SAM Cases
- Enrolled at Hospital
- Identified and Referred in Community
- Follow-ups of Enrolled Children

### Malnutrition Treatment Data from January 2020 - December 2020



### Reach (Locations of Patients) of Malnutrition Program in 2020

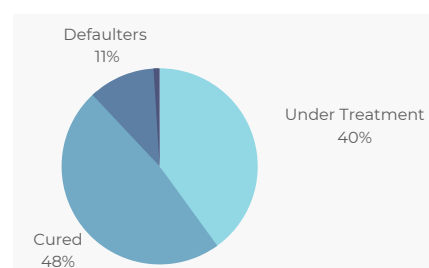


**Muzaffarabad, 2020**

Imdad is 10 months old. He had been enrolled for therapeutic treatment with RUTF after previously being diagnosed as severely acute malnourished.

**MDMI NUTRITION PROGRAM TEAM:**

| NAMES                                  | DESIGNATION           | FUNCTION  |
|--|-----------------------|---|
| Dr. Siraj Munir & Dr. Sumaira Sarfaraz | Paediatrician/ Doctor | <ul style="list-style-type: none"> <li>Examine children regularly to assess their growth and development.</li> <li>Treat children who have minor illnesses, acute and chronic health problems and growth and development concerns.</li> <li>Collect, record, and maintain patient information, such as medical history, reports, or examination results.</li> <li>Prescribe or administer treatment, therapy, medication, vaccination, and other specialized medical care to treat or prevent illness, disease, or injury in infants and children.</li> <li>Examine patients or order, perform, and interpret diagnostic tests to obtain information on the medical condition and determine a diagnosis.</li> <li>Advise patients, parents or guardians, and community members concerning diet, activity, hygiene, and disease prevention.</li> <li>Gather data for Research on Malnutrition</li> </ul> |
| Ms. Shabnam                            | Dietician             | <ul style="list-style-type: none"> <li>Overarching leadership for the Malnutrition Program.</li> <li>Manage projects to meet objectives within budget and time frame and report concerns.</li> <li>Supervise nutrition activities, evaluating progress through outputs and impact using both quantitative and qualitative data, in analysis and taking appropriate action as needed to ensure continued progress.</li> <li>Parental counselling on Nutrition.</li> </ul>  |
| Mr Babar                               | Data Analyst          | <ul style="list-style-type: none"> <li>Work with large amounts of data. He needs to see through the data and analyse it to find conclusions.</li> <li>Handling databases and reporting.</li> <li>Must look at the numbers, trends, and data and come to new conclusions based on the findings.</li> <li>Have to make sure they are vigilant in their analysis to come to correct conclusions.</li> <li>Math skills to estimate numerical data.</li> </ul>   |
| Ms. Shehnaz                            | Paediatric Nurse      | <ul style="list-style-type: none"> <li>Assess, observe and report on the condition of patients.</li> <li>Record pulse, temperature and respiration and keep accurate records of these observations.</li> <li>Set up drips and blood transfusions.</li> <li>Administer drugs and injections.</li> <li>Assist with tests and evaluations.</li> </ul>  |
| Ms. Asma Ghazal                        | Research Nurse        | <ul style="list-style-type: none"> <li>Maintain required records of study such as case report forms.</li> <li>Monitor study activities to ensure compliance with WHO protocols for Research.</li> <li>Assess eligibility of potential subjects through methods such as screening interviews, reviews of medical records, or discussions with physicians.</li> <li>Perform nursing duties when required.</li> </ul>  |
| Ms. Rimsha                             | MIYCN Counsellor      | <ul style="list-style-type: none"> <li>Includes some components such as home fortification of complementary foods and early childhood development, and supervision of mothers.</li> <li>Includes component of counselling methods of breastfeeding and childhood development to mothers.</li> <li>Includes counselling and gaining results of an increase in lactation.</li> <li>Includes recording data of mothers counselled.</li> </ul>  |
| Mr. Maroof                             | Community Worker      | <ul style="list-style-type: none"> <li>Working with community groups providing a range of activities.</li> <li>Assist individuals and communities to adopt healthy behaviours.</li> <li>Conduct outreach for medical personnel or health organizations to implement programs in the community that promote, maintain and improve individual and community health.</li> <li>Manage follow-ups of patients.</li> </ul>  |

**Nutrition Program Performance Indicators:**



## WOMEN'S HEALTH

The Women's Health Clinic is a major step towards the education of women towards the healthy practice of hygiene and physical wellness. This effort is successful with the support of Dr Sadia Malick, Lead Consultant Gynaecologist and Obstetrician from Abu Dhabi, with a team of volunteer specialists locally and internationally: Dr Uzma Khan, Dr Tabassum Perveen and Dr Afreen Sathar. We are focusing on the general well-being of mothers so they can have healthy pregnancies and unnecessary complications can be avoided to improve the general health of newborn babies. One of the major issues faced by the women of the remote villages of AJK is lack of awareness about menstrual well-being and hence they suffer from anaemia due to poor diet combined with severe and heavy menstrual cycles, especially among the age group of 20-40, which can be screened, identified and treated successfully.

The Women's Health Clinic conducts hysteroscopy and laparoscopic screening and surgery, if required, to treat minor pathological problems. Early screening and identification will help to reduce cases of complications like cervical cancer. The Women's Health Clinic is being fortified with screening machines that will be supplied by major networks in the medical testing field in Pakistan. Thus, screening and identification of cases will help improve the health of the women visiting MDMI. The international expertise of Dr Asif Quadri and Dr Ambreen Mushtaq in the screening and maintenance of records strive to uplift the system to international standards of recording and creating a database of the patients at MDMI for reference and statistical evaluation. Dr Javed Ahmed Raza and Dr Sadia Malick shall be conducting regular training of local professionals for hysteroscopy and laparoscopy procedures.



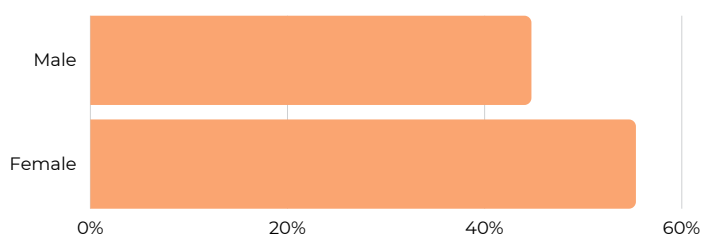
**"MDMI is providing comprehensive health service to women. We are treating women related diseases in our OPD's on a daily basis, women travel from far flung areas to get free medical check-ups, free medicines at our facility, along with clinical treatment we also educate women about different health related things."**

**Dr Sofia, MDMI**

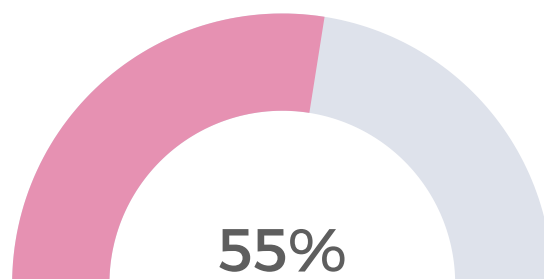
## OUR PATIENTS

Our patients, who are extremely dear to us, come to our hospital from many places in and around Muzaffarabad, including Ghari Habibullah, Neelum Valley, Jhelum Valley, Jeepa, Chakoti, Chanari, Gari Dupatta, Muzaffarabad City, Plate, Chattar, Chehla etc. These people are generally from a destitute background, although are conscientious, hardworking and grateful for the facility and healthcare we are able to provide for them. The main language spoken by the people in this region is Urdu, however, we do also meet locals who speak Pahari-Pothwari, Hindko, Kashmiri and Punjabi.

In 2020, our hospital saw a total of 21,924 patients, out of which 9801 patients were male and 12,123 were female. Based on our data, 55% of our patients are zakat eligible and are treated using zakat donations.



**Percentage of Patients by Gender in 2020**



**Percentage of Zakat Eligible Patients in 2020**





## VOLUNTEERS & VISITORS



**FEBRUARY 2020:**  
**DR HUMERA HUSSAIN**  
(DENTIST FROM UK)



**FEBRUARY 2020:**  
**DR AFFAN ZAMIR**  
(RADIOLOGIST FROM UK)



**FEBRUARY 2020:**  
**DR SADIA MALICK**  
(GYNAECOLOGIST FROM DUBAI)



**MARCH 2020:**  
**DR ASEEM CHAUDHRY**  
(UROLOGIST FROM UK)



**MARCH 2020:**  
**DR AZHAR CHAUDHRY**  
(GP FROM UK)



**JULY 2020:**  
**DR UMAR KHAN**  
(FROM ABU DHABI)



**JULY 2020:**  
**MR SHAHZAD**  
(RESPIRATORY THERAPIST, PK)



**AUGUST 2020:**  
**MS MARYAM RIAZ WATTOO**  
(FROM UAE)



**AUGUST 2020:**  
**DG PNAC MR ISMAT GUL**

We are very fortunate to have over 100 volunteers who support Midland Doctors®. Our supporters within the medical network donate their time and effort, both virtually and physically by travelling to our hospital in Tandali to treat patients and educate staff for long-term knowledge transfer, bringing western capabilities to MDMI. Further, volunteers also support our charity by participating in other areas such as marketing, accounting, administration and fundraising. We welcome volunteers from all fields and disciplines who can offer any amount of time and effort as there is no such thing as too little volunteering. Every minute spent towards our shared goal is valued by our team. We are especially thankful to the medical staff who travel to our hospital on their own expense to give back and build hope for humanity, including our longstanding executive trustees who have led by example and ensured all donations truly go to the cause.





**Muzaffarabad, 2019**  
**British Volunteer Dentist Thanaa Abdullah**  
**treating a patient at the new Dental**  
**Department in MDML.**



# ADDITIONAL PROJECTS

## RAMADAN FOOD PACKAGES



As the holy month of Ramadan fell during the first few months of the COVID-19 Pandemic, Midland Doctors® knew they had to help those in need. During this time, in particular, for the poor and destitute, it was a dark and difficult period, with the country going into lockdown. Public transportation had been banned, labourers could not work and poor families were unable to access essential daily food and supplies.

With the help of another local NGO, we identified 500 families, a target population of widows with 3-4 children who were in dire need of help. Midland Doctors® went to the villages with the identified families, in Muzaffarabad and its peripheries in Jhelum Valley, and distributed food packs with all essentials for the month of Ramadan. The packs included rice, flour, oil, sugar, tea etc. The essentials were distributed in a safe manner keeping all the recommendations of social distancing in place.

**500**  
food packages  
distributed to  
widowed families  
during COVID-19.





## HOME BIRTHING KITS

MDMI joined hands with the MABIN foundation in consultation with Dr Sadia Malick for the handing out of home birthing kits. Midland Doctors® began the community distribution of the clean birthing kits with the help of our staff Dr Shabnam Shehzadi, community worker and lady health workers. Precautions were taken to ensure the safety of staff and health workers and to ensure best results by explaining the importance of hygiene and care in the process of childbirth at home during the challenging time of lockdown.

It was understood that the lockdown would pose a challenge for the ladies in remote villages as they would be unable to approach the hospital for check-up or childbirth. Hence, MDMI in cooperation with the MABIN foundation worked towards creating awareness of healthy, happy childbirth at home with the help of these sanitized kits. The kits included all the necessary materials that may be required for childbirth at home under the supervision of a dai or a lady health worker. MDMI took all precautions to prevent any contact during this process to ensure the safety of pregnant women, staff and health workers from the risk of the COVID-19.

# 120

**home birthing kits  
distributed to  
poverty-stricken  
pregnant women.**



## EID GIFTS FOR SOS VILLAGE

On the occasion of Eid, MDMI with the help of benevolent individuals from Abu Dhabi and Canadian for Global care (helped by Malik and Rozy Hemani) bought new clothes for kids living in a local orphanage and also hosted Eid lunch for the kids who were isolated in the orphanage throughout the first phase of this pandemic. MDMI also offered them complete medical support during these challenging times.

We realised, sometimes it's the simplest of things which bring the most happiness. Within earning households, buying one new outfit may not seem incredibly difficult; however, for the children in an orphanage, a simple new outfit can make all the difference. It can help them feel that they also belong, that they also deserve the opportunity to celebrate a festival and that they can also take part in a special occasion. What you will find is that the appreciation they have for that one small gesture shows it means the absolute world to them and there is nothing more precious than seeing a smile on their faces.

# 112

**orphans given clothes  
and toys for Eid.**



**Muzaffarabad, 2020**

The Midland Doctors® team handing out Ramadan Food Packages to widowed women in a village of Azad Kashmir.





# GOVERNANCE & MANAGEMENT

## ORGANISATIONAL STRUCTURE

The organisation was founded in 2006, registered with Companies House as Midland Doctors Association UK (Company Number: 05818995) on 16th May 2006 as a Private Limited Company by guarantee without share capital use of 'Limited' exemption. The organisation was registered with the Charity Commission (Registration number: 1114559) on 5th June 2006. The organisation has 11 trustees, however, in 2020 Midland Doctors® appointed a further 2 trustees, making a total of 13 and is recognised by HMRC for gift aid. The organisation has three offices in the UK, UAE and Pakistan, led by the trustees - none of which receive any remuneration payments or benefits. Projects are completed by a combination of volunteers and hospital staff at Midland Doctors Medical Institute.

## BOARD OF TRUSTEES

Our board of trustees are an exemplary cohort of individuals who provide a range of expertise to the organisation. The skills comprise medical knowledge, business and management, accounting and IT capabilities. Our trustees are volunteers who, during these unprecedented times, have led the organisation remotely providing strategic guidance to staff in Pakistan and at Midland Doctors Medical Institute.

### TRUSTEES:

Syed Yusuf Iftikhar, Chairman - Responsible for overall supervision.

Javed Ahmed Raza, Vice Chairman - Responsible for Covid treatment and management in Mirpur.

Asrar Rashid, Company Secretary, Executive Trustee - Responsible for management of UAE office.

Zahid Sheikh, Treasurer, Executive Trustee - Responsible for expenditure, transactions and invoices.

Toni Kent-Chapman, Accountant, Executive Trustee - Responsible for accounts, audits and gift aid collection.

Ajaz Najib, Assistant Treasurer, Executive Trustee - Responsible for business operations management.

Shafqat Hussain, Executive Trustee - Responsible for fundraising and media for Nottingham committee.

Khalid Latief, Executive Trustee - Responsible for radiology services management.

Rahim Amin, Executive Trustee - Responsible for procurement.

Mohammed Altaf, Executive Trustee - Responsible for charity funds collection.

Iftikhar Ali, Executive Trustee - Responsible for fund sourcing.

Farhan Rashid, Executive Trustee - Responsible for education and online teaching/training

Tanweer Arif, Executive Trustee - Responsible for information technology services.

### KEY RESPONSIBILITIES OF TRUSTEES

Trustees are responsible for regularly meeting to discuss strategic planning, providing strategic guidance to the UK, UAE volunteers and MDMI staff, agreeing on investment and budgeting for all projects, taking and recording minutes of meetings to submit to auditors, ensuring all information platforms are kept up to date, collaborating ideas for successful, effective and efficient donation use, conducting an AGM, complying with Charity Commission and Fundraiser Regulator regulations and representing the charity as brand ambassadors at all times.

**"This is probably the most rewarding work I have ever done in my life."**

**Mr Shafqat Hussain, Executive Trustee**

## MANAGEMENT OF MDMI

Midland Doctors Medical Institute is managed by three key individuals:

CEO Mr Bilal Hussain, COO Mr Shahbaz Shah and HR Director, Mr Ahmed Najam.

As CEO, Mr Hussain's role is vital for managing the strategic and day-to-day operations of the entire hospital, clinical and managerial; Ensuring that the facility supports the hospital clinical work with sound financial investments and adherence to hospital policies and procedures; Making compliance with government regulatory bodies in order to ensure all rules and regulations are being followed; Collaborating with different charity organizations to plan charity initiatives; Handling import and clearance of donated equipment and supplies; Leading various charity initiatives both within the hospital and community based; Reporting and managing communication with the executive body; Coordinating all financial matters with COO and managing MDMI's accounts, and coordinating all HR related matters with HR director to keep track of day to day management. Mr Shah manages financial matters involving financial auditing and financial reporting to ensure transparency in all financial transactions; Helps the team in statistics, data and procurement of equipments and supplies for various charity initiatives; Keeps record of all hospital supplies and equipment; Compiles data gathering to share with the executive body; Handles media to keep a record of different events in the form of photographs and videos; and diagnoses IT-related problems, taking immediate action to resolve network and computers related issues. Mr Najam helps the team with planning and execution of projects; Provides write-ups and reports of different activities and events at MDMI; Writes official applications and letters on behalf of MDMI, liaises with different government and non-governmental organizations; Manages day to day hospital activities, ensuring there are sufficient staffing levels in all departments to function properly; Handles all recruitment activities that include advertisement, screening, interviews, selection, signing contracts and orientation of newly hired employees; Keeps track of employees in MDMI's grading system to ensure their progression and development with time and ensures compliance of hospitals policies and procedures, issuing warning letters and taking disciplinary steps against violations of SOPs.







**Mirpur, 2021**

A patient receiving medication from the  
Midland Doctors® ambulance from the  
COVID-19 Outreach team.

# FUTURE PLANS

## MDMI DEVELOPMENT PLAN

Our plan for 2021 is to:

1. Develop Gastroenterology Endoscopy Services.
2. Restart Paediatric Urgent Assessment Centre Post- Covid Pandemic.
3. Develop Paediatric Inpatient Services.
4. Develop Gynaecology and Obstetrics Service.
5. Achieve Recognition for Sehat Sahoolat Cards Services.
6. Reconfiguration of Central Heating System.
7. Develop Patient Waiting Area.

## FUNDS NEEDED FOR EQUIPMENT & PROGRAMS

| SERVICES & EQUIPMENT                                | COST   |
|---|--------|
| UPS for Fluoroscopy Machine                         | £800   |
| ICU   | £2500  |
| Emergency Assessment Unit                           | £1400  |
| Elevators   | £11000 |
| Hospital Store                                      | £23000 |
| Upgrade Sterile Services                            | £725   |
| Hanger and Stock Control System                     | £1400  |
| Quality Control and Medical Physics Program         | £450   |
| Cervical Screening Program                          | £20000 |
| Nurses Training Program (Degree Courses for Nurses) | £30000 |

**Funding Required in 2021: £750,000**



## SUSTAINABILITY

In the year 2021, Midland Doctors® will be focused on making use of donations even more efficiently and effectively with a view of a long term sustainability strategy for both the hospital in Muzaffarabad and the organisation. In light of this, Midland Doctors® have hired ZEAL Engineering Services to install solar panels and build a solar inverter room at MDMI. This is not only a positive step to ensure funds are not wasted, but also it is an incredible step in reducing carbon emissions and helping the environment. MDMI will be the first hospital in Pakistan to utilise solar power as a means of sustainable energy. This will help us not only become more energy-efficient but cost-effective! We are grateful to Canadians for Global Care, Mr Malik Hemani, for helping make this possible by funding this initiative and to Mercury Rent-a-Car for their contribution.

## CONTINGENCY

Whilst we pray no calamity occurs in the region of Azad Kashmir or across Pakistan, we cannot shy away from the fact that natural disasters and pandemics are a reality we have to accept and plan for. Keeping this in mind, we hope to generate a surplus of income which we can save to use, should the need arise, during an emergency. We take pride in being able to respond immediately to provide disaster relief wherever needed, for example during the Northern Pakistan earthquake in 2005, the floods in 2010 and the most recent COVID pandemic in 2020. We hope we can continue to be an immediate response charity in future.





# PARTNERS

## OUR CORPORATE SUPPORTERS



Midland Doctors® would like to thank every single one of our donors; including our young donors who donate a £1 from their pocket money, to those who donate every month by direct debit, and those that give us substantial payments. Below are just a few of our corporate sponsors who assist over and beyond their call of duty:

- AceCare4ULtd
- AIBClaims
- Al-Hadi Pharmacy
- ALMT – Angus Lawson Memorial Trust
- Anoki
- AshmanSolicitors
- AztecInnovation
- Bank of America
- Canadians for Global Care Society
- Carestream
- Carpet Stop
- CGI Insurance
- Daynight Pharmacy
- Derby Khidma Group
- DGCars (Nottingham)
- IFFCO – UAE
- John Pointon & Sons Ltd
- Kettering General Hospital
- Kingswood Solicitors
- Knightsbridge Solicitors
- Loss Recovery Service Recovery
- M. Najib and Sons
- MacBevan Charitable Trust
- McTurks Catering Supplies
- Mercury Rent-a-Car
- MS Foods Ltd
- {My}Dentist
- National Health Forum
- Nottingham Cricket Alliance League
- Nuffield Hospital
- PAK Foods
- Pakistan Medical Association
- Pear Tree Pharmacy
- Pro Car Hire Ltd
- Pukka-J
- Queens Medical Centre
- Radio Dawn
- Radio Fazaa
- Radio Ikhlas
- Regal Bakery Ltd
- Rotary Club
- Royal Derby Hospital
- Sapna Caterers Ltd
- Scoops Diner
- Sendoline
- Severn X Ray Supplies Ltd
- Shahid Halal Poultry Ltd
- Sheikh Bros Ltd
- TMC Midlands Ltd
- Telecom Midlands Ltd (TML)
- The Edhi Foundation
- Walmley Care Home Ltd
- Whitepeak Dental
- Yaadgaar Bakeries Ltd

None of our work would be possible without the support of our partners, for which we are truly grateful.



**Muzaffarabad, 2021**

The Midland Doctors® ambulance parked outside CMH (Civil Hospital) working in partnership to provide the best for our patients.



**UK Head Office**

Postal Address:  
36 Twyford Road  
Barrow-on-Trent  
Derby, UK  
DE73 7HA

Phone: + 44 7831 266233  
Email: [support@midlanddoctors.org](mailto:support@midlanddoctors.org)

**Pakistan Office**

Postal Address:  
Midland Doctors Medical Institute, Tandali  
Sirinagar Road  
Muzaffarabad, Azad Jammu & Kashmir

Phone: + 92 5822-433301-3  
Email: [mdmi@midlanddoctors.org](mailto:mdmi@midlanddoctors.org)

**UAE Office**

Postal Address:  
Office 327, Floor 3, Bldg1,  
International Humanitarian City  
Dubai, UAE

Phone: + 971 586 910297  
Email: [admindubai@midlanddoctors.org](mailto:admindubai@midlanddoctors.org)



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