



Annual Report of 2011

Presented to the Board of Directors

April 10, 2012

Calgary, Alberta, Canada

Canadian Health, Immunization and Learning Development Foundation

Operational Highlights

(January 1, 2011 – December 31, 2011)

The year 2011 was an exciting period in the life of CHILD Foundation, when the organization moved closer to fulfilling its dream and vision. More specifically, the Foundation achieved the following three key milestones:

- Completing the construction of Maya Devi Charitable Hospital and opening it for service on October 2nd, 2011
- Securing charitable status from Canada Revenue agency on June 10th, 2011
- Creating long-term financial stability by attracting about \$167,000 in donations.

Construction and Opening of the Maya Devi Charitable Hospital:

Construction:

Maya Devi Charitable Hospital is now a reality. At 6,450 square feet, 3-storey, it is one of the largest building in the village and has been built to very high standards of construction. It is the only building in the village with granite floors, running tap water, and modern electrical connections throughout. The 20-bed facility has been designed and constructed to last a century.

After some delays due to flooding caused by monsoon rains in August and September 2010, the construction got started in early October with the “Land Worshipping Ceremony” held on October 9th, and concluded on August 22nd, 2011 with the delivery of keys of the building. During this time, an estimated 65 trade labours such as masonry workers, labours, carpenters, electricians, painters, glassmakers, etc. worked on or off the site. At any time, there were about 12-15 workers present at the site. Workers included both women and men, but no children.

While the local purchase of construction material was maximized, some material was also purchased from Delhi. Considering that the local wage is only about \$100 per month on an average, the economic spin-off benefit of \$100,000 construction activity was quite significant.

The local community supported the project enthusiastically and gained a sense of pride. From the day of laying foundation to the handing over of keys, the community was fully engaged in the project and contributed in its own way. For example, the community provided accommodation to skilled trades, some of whom were brought in

from Delhi. Local vendors provided material at cost. Community organizers also secured inventory and protected it against theft or damage.

The opening ceremonies were held on October 2nd, the birthday of Mahatma Gandhi, the Nation's Father. An estimated 300 people attended the ceremonies. Anil Jain traveled to India to conduct final inspect of the hospital, formally take possession of the building, finalize negotiations with medical staff, give contract letters to medical staff, and attend opening ceremonies.

Staffing of the Hospital:

The hospital has been staffed with a wife-husband team (Dr. Pragya Tomar and Dr. Kapil Saroha) who got their B.A.M.S. degree in 2007 and has been working since. Prior to their appointment at Maya Devi Charitable Hospital, Dr. Pragya Tomar has been working in a government hospital as a Gynaecologist and Dr. Kapil Saroha had his own private general practice in a different town. However we were able to attract them to work for CHILD Foundation on contract.

Staffing the hospital with qualified doctors turned out to be more challenging than we thought. Staffing a rural hospital in India is even more challenging than in Canada because the living is very hard with no running water, poor education, and inadequate supply of electricity for 4-5 hours/day. Search had been underway for over six months with a preference for someone with at least M.B.B.S. degree. Advertisement in selected newspapers and in medical colleges did not result in any applicant for the job. In parallel, search was also conducted through the medical community at large which led us to three potential candidates, all with a B.A.M.S. degree. This wife-husband team was deemed to be the most suitable for our purpose. Considering that no surgery is permitted at the hospital, I am confident that Drs. will perform very well. Moving from “a barber providing health care services” to “Drs. providing services” is a quantum step change.

We have also retained full-time service of two nurses, one of which has 20+ years of experience in the area of delivery and the other has been in-charge of neo-natal nursery for just over 3 years in a private hospital.

Medical Equipment:

On March 26 from 2:30 to 5:00 PM, we conducted a fundraiser to enable purchases of medical equipment locally in India. While the event raised about \$6,000, it

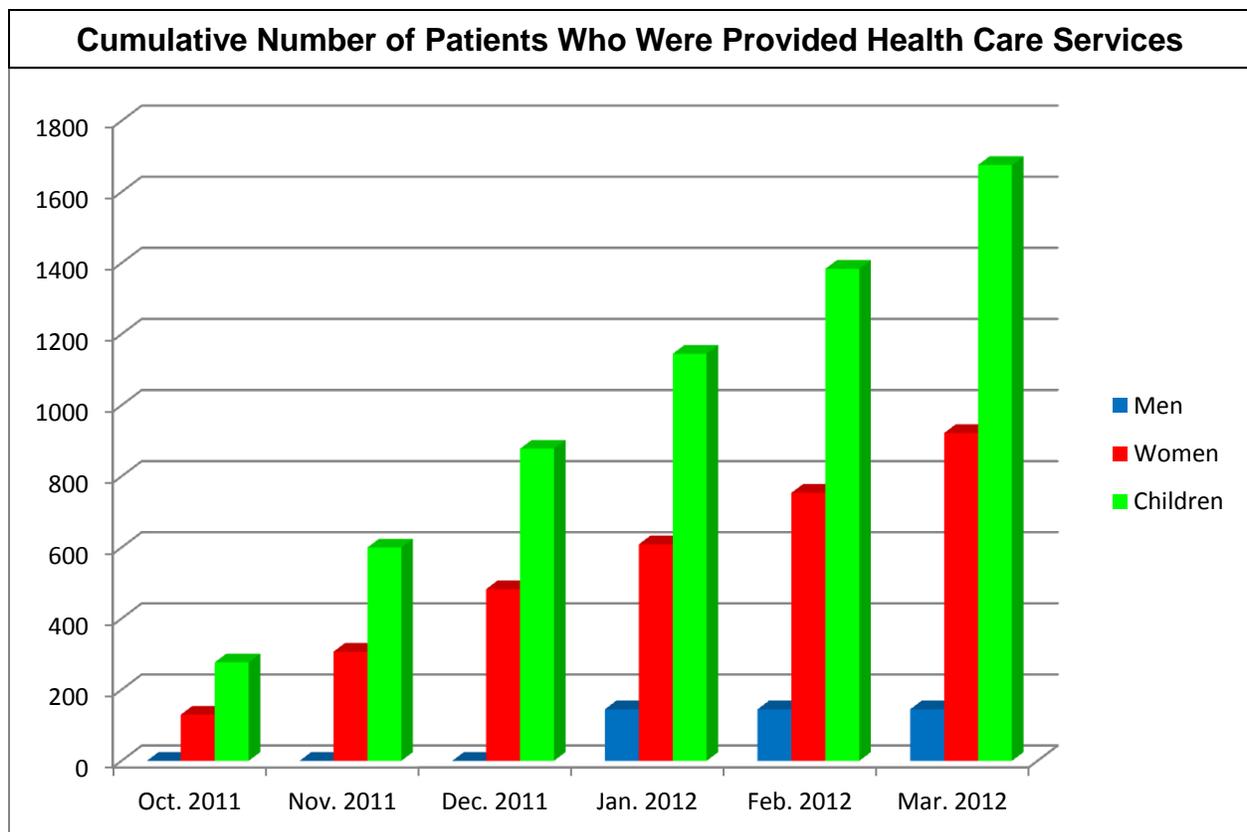
was far shy of our target of \$27,000. The event was not well attended which led to disappointing outcome.

Due to limited resources, we have furnished the hospital with basic equipment which includes furniture, beds, essential diagnostic tools, and supplies including medicine. We have spent about Rs. 250,000 (or about \$ 5,700) on basic equipment and furniture.

Health Care Service:

Since opening the hospital for service, the number of patients continued to increase from 12 on Oct 2nd to about 50 on Oct. 11th. The ratio between children to women is about 2 to 1.

Since opening on October 2nd, hospital recorded about 1,340 client visits during the three month period until December 31, 2011. In Q1, 2012, the patient visits have remained quite consistent as shown in the following graph.



The CHILD Foundation, in conjunction with its partner in India, MOTHER Foundation, also hosted three health camps as described in the Appendix. While Maya

Devi Charitable Hospital is for women and children, the hospital also hosted a one-day camp for men in January 2012, at no cost to the hospital, which provided services to about 145 elderly.

The hospital also had its first case of assisting in a delivery. Since we don't have 24/7 power, we made a decision not to offer delivery service at the hospital just yet. But when a lady in labour came to the hospital, the doctor decided to transport her, in her own car, to a city hospital where she gave birth to a healthy boy. More recently, a woman who had lost three children prior to hospital opening (still birth or death of newborn within hours of birth) gave birth to a healthy boy who is flourishing. She was being looked after by the hospital on an ongoing basis. The hospital was also able to address complex medical issues for four women who could not get pregnant over a 5-6 year period and have been under the care of Dr. Tomar. All four are expecting childbirth in 2012. There are too many stories to write about. Overall, the hospital is making a positive difference in the lives of many women and children in the village.

Canada Revenue Agency – Charitable Status:

The Foundation was granted the coveted “Charitable Status” by Canada Revenue Agency (CRA) on June 10, 2011. Our sincere efforts, with the assistance and guidance of our lawyer, culminated into this achievement.

As part of this process, we changed the “Objectives” of the Foundation in consultation with CRA, filed a judicial application which was approved by the court, and then filed an application with Alberta Registry. A similar process was followed to make the “Articles of Association” acceptable to both the CRA and Alberta Registry.

Another requirement which had to be met was to file T2 tax returns from 2001 to 2010. Even though the Foundation was not active from 2001 to 2009, CRA asked that those tax returns be filed.

The foundation issued tax receipts in the first half of 2012 for all donations received after the date of registration.

Long-Term Financial Stability:

Community Initiative Program Grant:

In June 2011, the Foundation applied to the Government of Alberta's Community Initiative Program for a matching funding grant of \$21,000. The Foundation was given \$20,000 in October 2011 for operations and equipment.

As part of this process, Ms. Jackie Switzer requested that the Rotary Club of Calgary Centennial submit its final report for the funding it received in support of the construction of the hospital. The final report was sent to Ms. Switzer in September and her questions were addressed to her satisfaction.

Ms. Switzer also raised the issue that the Foundation was new and had not been active for more than two years. The issue was addressed by Peter McKenzie-Brown's glowing recommendation letter to Ms. Switzer. Thank you Peter for your assistance.

A 10-Year Gift:

The Foundation received \$132,280 "10-Year gift" in the form of 4,000 Suncor shares. As a 10-year gift, any investment income can be used by the Foundation for its needs, be it operational or capital, on an on-going basis. However the capital must be retained. (Capital can be used only in the event the Foundation must do so in order to satisfy CRA's quota rule.)

The 10-Year Gift has strengthened the balance sheet of the Foundation and provided financial stability to the organization.

Other Fund Raising:

In addition to the above, the organization raised over \$15,000 through various donations.

Appendix

Health Camp for Elderly:

The CHILD Foundation collaborated with its partner in India, MOTHER Foundation, in organizing two health camps in the village of Sarurpur as a preview of health services to come. These camps were wildly successful from two perspectives: firstly, the demand for services was exceptionally high and it surpassed our expectations and, secondly, the local Janhit Sewa Samittee (Public Welfare Volunteers Committee) was established and it performed very well. For many people in the Committee, it was their first chance in life to volunteer and contribute to the society in a tangible and visible manner.

The first camp, held on March 27th, 2011, was a health screening camp for men and women over 50 years old. Two doctors and a three lab technicians volunteered their time to examine patients, take blood and urine samples, and do analysis right at site. The main goal was to do diagnosis of life-threatening diseases such as high blood pressure, high blood sugar, diabetes, and other diseases. While it was estimated that about 100 people would be served, a total of 175 patients were provided service. The demand was so high that many clients had to be turned away because the consumable supplies like needles were exhausted and doctors and technicians had to travel back to their homes.

Health Camp for Children:

The second camp, held on July 3rd, 2011, focused on children under five years old who face an astounding 12% mortality rate. A paediatrician, MD, volunteered his services for the day and examined 45 children, conducted tests on site, and provided free medicine. This was also an overwhelming success.

Health Camp for New Mothers and Infants:

The third camp, held on November 13th, focused on new mothers and infants. Dr. Evelyn Jain, assistant professor of medicine at the University of Calgary and a practicing MD, hosted the camp. She was able to assist many new mothers with complex health issues. The camp was enthusiastically received by the local community.