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# **ANNUAL REPORT 2015**

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**JAHANDAD SOCIETY  
FOR COMMUNITY  
DEVELOPMENT**

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## **President's Message:**

Dear Reader,

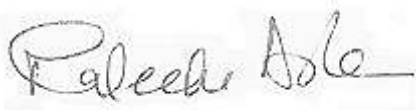
It takes me immense pleasure to announce that Jahandad Society for Community Development has completed another successful year working towards the betterment of humanity at a much broader level than before. Upon reaching this another milestone of accomplishment, I feel delighted to share Jahandad Society for Community Development's (JSCD) Annual Report for the year 2015. I am very grateful to all the staff, partners and other stakeholders associated with JSCD for their continuous support and their indefatigable efforts for making it a success.

JSCD was established in 2002 with a motto of serving the underprivileged population nationwide, especially targeting geographically challenging areas of Pakistan and is now celebrating 13 years of commitment and devotion towards this noble cause. It has been a long journey as over these years JSCD paved its way through some of the toughest situations, yet stood resilient against all odds and outperformed in the fields of health, education, economic empowerment and socio-economic uplift of marginalized people, especially women and children in the country.

At JSCD, we believe sky is the limit and hope that the success we cultivated through our passion to work for the underprivileged members of the society will be continued with the same enriching enthusiasm. Our progress in the prior year has shown the accomplishments that can be gained over a 12-month period with strong strategic direction and a movement of hard-working individuals and organizations.

It has been an honor and a source of great encouragement to earn the courteous support of both national and international organizations throughout the year. Their collaboration enabled us to pool our efforts and resources efficiently towards a common goal that can only make us stronger. We hope these relationships will continue to grow cordial and be a medium of long-term benefit to our members and the wider community.

I would like to extend my heartiest gratitude to every individual and organization that rendered their services, supported us and made it possible for JSCD to thrive on its mission. I wish everyone associated with JSCD the very best and firmly believe that through our collective endeavors we can do our bit in bringing prosperity to the underprivileged masses across the country.



**Dr. Maliha Aslam**  
**President, JSCD**

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# FREE FOOD PROGRAM

## Food Program at SGRH

One of the dilemmas Pakistan face today is that of malnutrition, which underpins its roots in poverty, low food consumption and consumption of food with low nutritional value. Unfortunately, Pakistan has an alarmingly high level of malnutrition. The issue is complex and widespread, with deficiencies ranging from protein to iodine, along with other health problems due to insufficient intake of these essential nutrients and often takes the shape of a vicious cycle. Maternal malnutrition is a major factor in development of fetus as malnourished women give birth to children who are undernourished and remain so throughout their lives, consequently making malnutrition endemic in the region. Malnutrition is not only the result of inadequate dietary intake but also involves interrelated factors such as household food insecurity, inadequate maternal and childcare, and poor health and environment services.



Considering the significance of healthy nutrition required to nurture an individual's body, JSCD took a strong initiative to provide quality food for an overwhelming majority of people deprived of this basic need. With a capacity to serve more than 800 patients twice a day, JSCD is successfully running a Free Food Program at Sir Ganga Ram Hospital (SGRH) Lahore – a welfare service that has continued since year 2000. This free food program also encompasses the Thalassaemic children who come for treatment at the Thalassaemia Center located in the hospital.



Besides the philanthropists who regularly donate for the cause, hundreds of people acknowledge the efforts made by JSCD and contribute whole heartedly towards successful running of the program.

The preparation of food is undertaken at a purpose built kitchen run by JSCD staff comprised of 10 members including 6 cooks, 2 helpers, 1 store in charge and 1 supervisor. Client satisfaction surveys



are also conducted by JSCD, which showed that patients were satisfied with the quality and quantity of the food being served to them.

### **Ration to Poor Families**

Provision of free ration to poor families in Lahore is another welfare activity undertaken by JSCD. A total of 96 families were registered for the year 2015 which were provided with free ration on monthly basis by JSCD. The following items are provided in the ration to the families:

- Flour: 20 kg
- Pulses: 3 kg
- Rice : 5 kg
- Tea : 200g
- Sugar : 2kg
- Ghee : 2 kg



## **EARTHQUAKE RELIEF SHANGALA, 2015**

JSCD has always put itself at the forefront for providing relief services during critical situations in Pakistan. Having an experienced staff to undertake relief activities, JSCD facilitates the disaster hit communities by providing tent cities, clothing, community kitchens, medical services, ration bags, sanitation services and temporary schools.

JSCD was amongst the leading organizations which carried out relief operations in the aftermath of 2005 Earthquake, 2008 Ziarat Earthquake; rehabilitation of IDP's of Swat in 2009, rehabilitation of flood victims in 2010 and IDP's of Wazirsitan in 2014.

### **Background**

On October 26<sup>th</sup> 2015, an earthquake measuring 7.5 on Richter scale jolted Afghanistan, Pakistan, India, Nepal, Turkmenistan, Tajikistan and Uzbekistan. The epicenter of the Earthquake was 196 KM deep beneath Feyzabad, Afghanistan in the center of the Hindu Kush Range. The Earthquake claimed 221 lives in Pakistan (Human relief foundation Pakistan), injured more than 1000 individuals and damaged infrastructure worth millions. The earthquake shook the province of KPK with terrible devastation. KPK Districts of Bajaur, Chitral, Shangala and Malakand divisions were the most affected ones. The Karakoram Highway remained disconnected for several days due to heavy landslides.

The Prime Minister of Pakistan Mr. Muhammad Nawaz Sharif directed all government and non-government entities to carry out relief efforts on emergency basis and ensure the safety of the affected population. JSCD adopted Shangala district to ensure non prevalence of hunger and air-water borne diseases amongst its residents.

## Needs Assessment Survey

The needs assessment survey was conducted by JSCD in District Shangala. The respective areas identified for immediate attention were: renovation and up gradation of living spaces, plugging leakages in drinking water and sanitation pipes, psychological help for individuals traumatized by the earthquake and conducting a feasibility survey to assess the damage caused by the earthquake to build structures.

## Major Activities of JSCD in the Aftermath of October 26<sup>th</sup> 2015 Earthquake

To mitigate the sufferings of District Shangala residents caused by the earthquake, JSCD deployed a team to reconnaissance, assess, and fulfill the needs of 300 of the most affected families for a period of two months.

JSCD team collaborated with District administration of Shangla and Pakistan Army to distribute relief goods amongst the earthquake victims. Assistant Commissioner Mr. Taimour Afridi of Shangala Town and Captain Faizan of Pakistan Army were kept informed about all logistical movements, data collected and gaps identified by JSCD, during the entire length of its two month operation.

Dr. Farhan from district Ranial, Muhammad Alam; teacher government primary school Ranial, Shaukat Khan; youth chairman Ranial, Aslam Hussain; Subedar Pakistan Army and officials of Police station Ranial assisted JSCD team under supervision of Abrar Hussain in fulfilling their relief obligations.

JSCD distributed the following goods to 300 adopted families in the Chilo, Damoori, Ranial and Sangria towns of Shangala;

Sr.	Item	Quantity	Frequency
1	Flour	10Kg	3
2	Rice	3 Kg	3
3	Pulses	5 Kg	3
4	Milk	1 Litre	1
5	Tea	250 Gm	1
6	Cooking Oil	2.5 Litre	3
7	Water Proof Jackets	3 per family	1
8	Clothes	4 per family	1
9	Quilts	1 per family	1
10	Soap	1 bar	1



## **FREE COMPUTER TRAINING**

During the year 2015, free computer training was given to youth at JSCD office Lahore. Around 8 batches of youth boys and girls were provided with computer training. A comprehensive IT crash course was prepared and delivered to the students by JSCD appointed instructor. The students were trained on basic skills of computer. They were given information about using Microsoft word and power point along other necessary programs. At the end of training, an evaluation test of these students was taken to assess the level of knowledge. Certificates were distributed among students who cleared the test.



## **EDUCATION SCHOLARSHIP PROGRAM**

Since 2004, JSCD has initiated “JSCD Scholars Program” for students and people who need professional training courses in different fields. A number of young men and women have benefited from the JSCD Scholars Program with the help of private donors.

At the beginning of this program, 15 young men and women who seek professional training and have demonstrated abilities received funding for their degrees. Similarly 25 high-achieving matriculation students not having enough resources to continue further studies were supported through this program.

JSCD continued its scholarship program in the year 2015 by providing educational scholarships to needy students.

## **HEALTH**

### **Improved Health Outcome for Children & Women through Empowering Community & Service Delivery Strengthening**

Pakistan has a high maternal mortality ratio of 276/100,000 live births and neonatal mortality rate of 55/1000 live births. Various researches have respectively attributed the dismal situation of maternal and new-born health (MNCH) to low knowledge, poor health behaviors and under-equipped health facilities. This is reflective of the "three delays" model that describes the key contributing factors to maternal and neonatal deaths in developing



countries. Most maternal deaths can be prevented simply by avoiding the three delays. Newborn and Child health is closely related to maternal health, as nutrition during pregnancy, birth conditions, birth spacing, and health status of the mother impact the health of the child prior to, during and after birth. Newborn and Child mortality in Pakistan is a major cause of concern, with every one out of 10 children dying before reaching the age of five and one among 30 die just after birth. Malnutrition, in children continues to be a serious public health problem in Pakistan, as well as in Punjab where 11.3% children have severe acute malnutrition and 33.2% are moderate to severely stunted. Malnutrition is responsible as underlying factor for 55% of deaths in children under five years of age. It is very obvious that inappropriate infant and young child feeding practices such as failure of lactation, improper weaning practices and food taboos, contribute substantially to malnutrition in children. Other factors like poverty, ignorant mothers, death of a mother, 2 or more children under 5 years of age in the same family and lack of family planning; also become a reason for under-nourished children.

Maternal, newborn and child health and immunization have been the focus of national policies in Pakistan. The main objective of these national policies, plans and programs is to improve the maternal, newborn and child health indicators of Pakistan. The Government of Punjab, as a signatory to the Safe Motherhood Initiatives and with the partnership of UNICEF, initiated a number of programs and projects to improve the reproductive health services in different districts of Punjab. There is also an urgent need for community oriented campaigns with strategies and actions oriented to address the needs of women and children suffering from lack of adequate and timely health care.

One of the strategies is the Community Participatory Approach, through which the communities can be reached at the grass roots level. UNICEF has also implemented Community Action Process (CAP) in partnership with Jahandad Society for Community Development JSCD in the districts of Rajanpur, Sheikhpura, Nankana and Kasur. CAP is a successful tool when it comes to improving the maternal and child health. It not only provides a chance to the community members to get together and discuss the problems but also to share the ideas and develop workable plans to solve their problems. These problems are solved by utilizing the existing resources within the community with some external technical support from CSO in collaboration with the district health management. This also helps in inducing a sense of ownership in the community members of the program development in the area.

In August 2015, JSCD in collaboration with UNICEF Punjab took up twelve union councils of Rajanpur District and eight union councils of Multan District to create awareness about improved health outcomes for children & women. The key objectives of this activity were as follows:

- To create awareness about importance of ANC, Skilled Birth Attendants, delayed bathing, family planning, breast feeding & IYCF, immunization
- To promote hygienic practices in the community, with special focus towards women and children
- To promote birth registrations and compliance to EPI vaccinations
- To promote kitchen gardening

- To raise awareness among adolescents about their health issues

The details of the union councils of Rajanpur and Multan districts are as follows:

#### RAJANPUR DISTRICT

SR #	UC NAME	TEHSIL	TOTAL POPULATION
1	Kotla Easan	Rajanpur	31,647
2	Kot Mithan	Rajanpur	29,763
3	Burray wala	Jampur	30,000
4	Hajipur	Jampur	37,537
5	Sahan Wala	Rajanpur	39,557
6	Noshera Gharbi	Jampur	24,403
7	Noorpur Manjhowala	Jampur	37,000
8	Wah Lashari	Jampur	33,571
9	Tibi Lundan	Jampur	22,413
10	Harrand	Jampur	33,000
11	Dajal	Jampur	36,051
12	Tal Shumali	Jampur	32,000

#### MULTAN DISTRICT

SR. #	UC NAME	TEHSIL	TOTAL POPULATION
1	Jalalpur Khaki	Shuja Abad	32,500
2	Durabpur	JalalpurPeerwala	39,465
3	GulshanPunjFaiz	Multan	67,529
4	Gardezpur	Shuja Abad	70,000
5	Wapda Colony	Multan	42,571
6	TarfMubarikDoyem	Multan	36,000
7	Bheni	Multan	30,500
8	KhawajaFarid	Multan	46,541

The first step was to organize the community in the form of community groups and help establish a linkage between local government and the community members. It provided the community a platform to identify the problems related to maternal and child health and then communicating them to the concerned authorities.

In order to successfully execute this operation, a team of 30 members was organized for District Rajanpur while 19 members were selected for Multan District. Moreover, a Project manager, Monitoring & Evaluation officer and Communication & Reporting officer were also hired to supervise both districts. The team members were explained the essence of CAP i.e. Community Action Process. They were given briefing on how CAP benefits the society at grass root level, the project interventions to provide awareness among people of the community about health, nutrition and hygiene.

## **Orientation & Capacity Building of District Project Staff**

The newly hired staff was given orientation regarding new strategies to be deployed for better implementation of CAP activities in the first quarter during the month of September. For the purpose of orientation, a training session was organized at DHQ Rajanpur and JSCD Multan office in September 2015.

### **Social Mobilization & Community Mobilization**

The session also included education on social and community mobilization. The project staff was explained the ways for creating awareness among community people and the skills needed to create that change in the community.



### **Motivational Skills**

The project team was given a briefing on how to build motivation in the project staff to carry out CAP activities and among the people of the community to get benefit from the indicators of this project.

### **Leadership Skills**

Leadership skills are necessary where ever a team is build to carry out an activity. The session also outlined the knowledge about leadership skills to provide the group leader with the tactics to manage other members of the group to achieve their maximum capability and capacity to work under provided circumstances.

Also, the EDO Health Rajanpur was cordially invited to attend the session. He appreciated the cause and working of the team and committed to provide every kind of possible support for the smooth operations of this project whenever required.



## Formation of CAP

A short briefing was given to project staff on how the CAP groups are formed at the UC level. The designations and hierarchy of CAP group was explained to make them fully aware of their responsibilities and accountabilities regarding their roles in the group.

## Coordination with Government Sector

Initially, the Project Manager and Field Coordinator held meetings with officials of the Health Department of both District Rajanpur and District Multan:

<b>District Rajanpur</b>	<b>District Multan</b>
Dr. Fyaz Kareem Laghari; EDO Health Rajanpur	Dr. Shahid Masghai; Coordinator of National Program & District Health Officer Multan.
Dr. Muhammad Siddique; Coordinator of National Program for LHWs Rajanpur	Dr. Altaf Gohar; DDHO Jajalpur Peerwala
Dr. Abdullah Jilbani; District Health Officer Rajanpur	Dr. Rao Anjum; DDHO Multan
Dr. Ghulam Murtaza; DDHO Jampur	Dr. Zafar Iqbal; DDHO Shuja Abad
	Dr. Anjum Iqbal; EPI Incharge

Moreover Medical Officers from BHUs and Senior Medical Officers from RHC in the subject area were also approached to introduce the project with a prime motive of sharing project activities with them.

The detail of projects at selected UCs of Multan and Rajanpur was also shared with government officials and were briefed about all the project activities and objectives. These activities were directed at various aspects of health, hygiene, immunization and nutrition. The outcome of each project intervention was shared with the officials as well. Additionally, the activities planned for the upcoming month were also outlined.

These meetings with government officials were very productive in terms of generating support for the project objectives and interventions. The valuable feedback received from these officials helped in better planning and execution of the overall project activities.

A meeting with a partner of UNICEF named “CHIP” was arranged with the purpose to build liaison with the partner organization. Field staff from JSCD demonstrated working of CAP to the partner organization with the help of a graphical booklet called “Sehat ki Dastak” to create awareness among the community people about health, hygiene, immunization and nutrition.

Assessment, analysis & action (AAA) approach was adopted. As a part of the assessment, Rapid Rural Appraisal was conducted at the beginning of the project. This was followed by

seminars to form community groups. The RRA results were then shared with the community groups. The main focus of the RRA was maternal and child health issues. Next stage was the analysis, for which regular meetings of the community groups were held in which the group members analyzed the causes of the problems prevailing in their respective communities. In order to make the assessment and analysis a continuous process, community information boards were placed in each village which depicted the community information regarding maternal and child health situation.

## Field Visits

The project team visited different areas to familiarize themselves with the surroundings. They visited the communities to establish linkages with them. They informed the community about the project and its activities. During these visits, people were motivated to promote hygienic practices within their communities. Special focus was given to mothers and children.

The project team also visited each of the project union council to observe the CAP group activities. During these visits people are informed about the importance of delivery by Skill Birth Attendants (SBA) and special focus was given to Immunization and Polio awareness. IEC material regarding awareness of Project Indicators was displayed at prominent places in the community. The staff informed the community about the project and its activities and provided awareness regarding the basic steps to a healthy life.



During the project, JSCD along with the Community Groups, focused on action stage. Several problems relating to child and maternal health were identified by the community members. These included issues regarding transportation of pregnant women to BHU or hospital for ANC, poor quality of drinking water, absence of household latrines, lack of proper drainage system which is causing diseases etc.



JSCD worked closely with the community groups to develop comprehensive action plans and monitored the activities to yield maximum results through community participation. Government health officials and community development departments were taken on board.

The officials were briefed regarding the project activities and problems identified in the project areas.

The project incorporated several approaches to the improvement in the conditions of the rural population affected by flood. The activities included Awareness Seminars, Sensitization and awareness meetings with elected representatives and District Health Officials, Medical Camps, implementation of Community Action Process and Behavior Change Communication, Community Based Management of Acute Malnutrition (CMAM) and Safe Motherhood Voucher Scheme.



## Unicef Visits

During the first quarter of health program, UNICEF team visited both District Multan and Rajanpur twice to see the ongoing activities and progress of the project. The UNICEF team comprised of Dr. Tahir Manzoor and Dr. Qurat-ul-Ain.

UNICEF team members held a meeting with the newly hired project staff to gain an insight about their knowledge and information on project detail. Also, they provided the project team members a short briefing on the scope of the project and the project indicators to be followed. Later on, JSCD team members introduced the UNICEF team to the government officials such as EDO Health, DHO/IRMNCH Coordinator and EPI Incharge of district Multan. The UNICEF team together with JSCD team members provided the project details to the government officials of Multan district. CAP was explained to the officials in detail to provide them an insight of the project implementation and the benefits the community will get as the outcome of the project.



A training session of L.H.Vs and L.H.S was also arranged by District Health Management Team, which was attended by UNICEF team, Project Manager JSCD and the government officials.

Two UCs of Multan district were visited by UNICEF and District Health Department Multan officials in the second visit which were as follows;

## UC Khadda Faridabad for examination of WASH program

A field visit was made to UC khadda Faridabad to monitor the implementation of WASH program. The WASH project has been implemented by an NGO called LPP (Lodhran Pilot Program) who took an initiative to provide hygiene and sanitation awareness among people of two UCs of district Multan.



### UC Gulshan Panj Faiz for evaluation of CAP group session

The above mentioned team from UNICEF and District Health Department Multan also visited the UC Gulshan Panj Faiz. The team observed a CAP meeting being held in the home of the respective group facilitator. During the CAP meeting, the field organizer provided information on drinking of clean water, use of iodized salt and timely vaccination of Mother and Child etc.



Similarly, two UCs in Rajanpur District were also visited by the UNICEF officials. Details of which are as follows;

### UC Hajipur for evaluation of CAP group session

A field visit was made to UC Hajipur to see the CAP group session. CAP groups for both male and female were organized and the visiting UNICEF official (Dr. Naila Shahid) held discussions with both of these groups. Dr. Naila inquired the people of the community about their problems and concerns regarding health & hygiene in their area. She talked with them on Mother & Child Health issues and inquired about the birth registrations of their children and advised them to have the registrations done in time.



### UC Kotla Easan for evaluation of CAP group session

The UNICEF official also visited the UC Kotla Easan. The venue of the CAP group meetings was visited during this visit. Dr. Naila discussed the displayed CIB with the field staff to see their understanding about it and how to fill it with the help of their community. The venue also had other information charts displayed as well, highlighting project indicators such as hygiene, immunization and Mother & Child Health.

The purpose of this visit was to provide monitoring and supervision to the project and to evaluate the ongoing progress carried out on *Polio Plus Initiative* and also to see the progress on UNICEF's initiative on Maternal & Child Health in these areas.

These visits were very successful and UNICEF and the government officials showed satisfaction on CAP activities being conducted by JSCD.



## CAP Activities in Rajanpur & Multan

The CAP groups formed in the 12 union councils in District Rajanpur and 8 union councils in District Multan continued their meetings and health education sessions during the first quarter. These activities were conducted by the Field Organizers of the respective union councils.



The objective of CAP meetings has been to advocate on various indicators of health, hygiene and nutrition by penetrating the community at grass-root level. Moreover, CAP meetings provide an essential platform to foster co-operation among community members to address common issues prevalent in the society.

## Rapid Rural Assessment Survey (RRA)

To establish a benchmark regarding the prevailing status of indicators in the selected UCs, a Rapid Rural Assessment (RRA) conducted. In the first quarter, during the month of September, the first RRA was conducted in the following UCs of District Multan:

1. Jalalpur Khaki
2. Durabpur
3. Gulshan Punj Faiz
4. Gardezipur
5. Wapda Colony
6. Tarf Mubarik Doyem
7. Bheni
8. Khawaja Farid



The RRA was conducted to assess the following indicators:

- No. of women getting 3 or more ANC's
- No. of mothers having increased frequency of food intake during pregnancy
- No. of mothers having increased food intake during lactation
- No. of mothers practicing early initiation of breast feeding
- No. of mothers exclusively breastfeeding the child for six months
- No. of mothers continuing breastfeeding for 24 months
- No. of children with complimentary feed started at 6 months of age
- No. of mothers adopting safe hygiene practices while feeding the child
- No. of mothers aware of home based new born care
- No. of newborns received delayed bathing

## RRA Methodology and Sampling

A sample of 500 households was selected from each union council using simple random sampling. The sample distributed across each village of the given union council proportionate to the population of that village. Thus, a total sample of 2500 women was selected in the five union councils. Response was received from 2182 women witnessing a response rate of 87.3%.

A semi-structured questionnaire, translated in Urdu, was used for collection of data. The respondents were questioned about their knowledge of the three delays, practice of receiving antenatal care during pregnancy and whether their deliveries were conducted by skilled birth attendants. They were also questioned whether they received anti tetanus vaccine during their pregnancy and whether their children were breastfed and had they been immunized. Women were also asked whether they washed their hands after defecation and before preparing meals and did they use safe water for drinking and cooking. Routine use of iodized salt was also probed.



## Awareness Seminars

Awareness seminars were conducted at the union council level. They included influential community people, activists and members of the local community. The seminars were focused on sanitation, hygiene, infant and maternal health, the 3 delays which are responsible for maternal deaths. They were informed about the steps and interventions which could bring about an improvement in the damaged health scenario. These seminars helped in establishing community organization groups for the implementation of CAP.

## Interventions

In the second phase of the program, regarding awareness and social mobilization about mother and child health issues, the main intervention was the Community Action Process (CAP) in the selected union councils of Rajanpur and Multan District. The aim of this intervention was to organize community groups from within the Union Councils; the liaison of these groups was to articulate the demands of the community and to work for the generation of funds for specific needs from within the community itself.

## Training of Households on Kitchen Gardening

JSCD in collaboration with the Department of Agriculture, Rajanpur conducted trainings on kitchen gardening in different Union Councils of the District Rajanpur & Multan. The theme for this activity was advocacy on “safe practices of home grown vegetables”. Purpose of this activity was to raise awareness of local community on kitchen gardening. Fifteen most

marginalized families were selected through community action process. Trainer from agriculture department briefed the community on how to properly maintain the land and vegetable with the minimum expense.



## Policy Makers Workshops

JSCD organized advocacy meetings in District Multan & Rajanpur in November 2015. The attendees were officials from District Health Management team Multan and Rajanpur, JSCD team members, CAP group members and notables of community from each Union Council.

The meeting was conducted with the following objectives;

- To update the officials of government sector on the progress of project interventions
- To introduce the community members to relevant officials to develop linkages.
- To attain sustainability of project outcomes by formulating an exit strategy for the present project.



The Project Manager updated the participants on project activities. Considerate feedback was received from the officials so that the project may reach its full potential. The district health team members also interacted with the CAP group members and notables of community present at the meeting. Certain issues raised by the community members were addressed. The issues were mostly related to inadequate provision of services at healthcare facilities.

As a result of this meeting JSCD successfully generated support for the project interventions. Moreover the district health team assured of taking appropriate action to solve the issues put forward by the community members during the meeting.



## Group Facilitators Training on Community IYCF (4-Days)

In this quarter, four 4-Days Group Facilitators Refresher Training on Community IYCF was conducted during the month of 15th October to 15th November 2015. The women participating in this workshop were selected from the CAP groups. The main objectives of these trainings were to create awareness among the participants about the importance of;

- Exclusive Breast Feeding (early initiation and continuation for 6 months)
- Drawbacks of bottle feeding
- Proper method of feeding
- Appropriate complementary feeding practices
- Different skills to counsel mothers who are feeding their child



The trainings were conducted in the months of October and November as follows:

<b>Sr. #</b>	<b>Date</b>	<b>Activity</b>	<b>Union Council</b>	<b>No. of Females Trained</b>
1	26-10-15 to 29-10-15	04-Days Group Facilitators Refresher Training on Community IYCF	Bheni	20
2	26-10-15 to 29-10-15	04-Days Group Facilitators Refresher Training on Community IYCF	KhawajaFarid	20
3	30-10-15 to 03-11-15	04-Days Group Facilitators Refresher Training on Community IYCF	GulshanPunjFaiz	20
4	30-10-15 to 03-11-15	04-Days Group Facilitators Refresher Training on Community IYCF	Wapda Colony	20

### **Refresher training for Community Organizers on CAP & Identification of Malnourished Children**

Malnutrition among children is a big problem in Pakistan as well as Punjab where 11.3 % children have severe malnutrition and 33.2% are severely stunted. The project envisages providing training to project staff so that they could train the CAP group members in their respective UC to identify the children with acute malnutrition before they become seriously ill and refer them to the appropriate facility for treatment follow up.

The training was held on 13th Oct 2015 during the first quarter, at the Training Hall of DHQ Hospital Rajanpur. The training was conducted by Dr. Muhammed Siddique





(District Coordinator, IRMNCH) and Mr. Irshad (Program Assistant, Nutrition Program, IRMNCH) Rajanpur. The total number of participants was 32 in which 18 were Male and 14 were Female. The training was attended by JSCD team members including; Project Manager, Field Coordinator, Field Supervisors and Field Organizers.

The objectives of this training were twofold. Firstly to provide training on how to identify the number of children (6-59 months of age) and pregnant women suffering from Severe Acute Malnutrition(SAM) and Moderate Acute Malnutrition(MAM) and secondly to learn the skills of prevention and treatment of SAM, MAM and silent hunger of micronutrient deficiency. The training also provided information on appropriate facilities for treatment for referral purposes.

## First Aid Training by 1122

JSCD organized a capacity building workshop on providing Rescue / Emergency services to the people of a community in the first quarter. It was attended by JSCD team members including; Project Manager, Field Coordinator, Field Supervisors and Field Organizers. The main objectives of the capacity building workshop were as follows;

- To increase the effectiveness of project team members for the project to reach its full potential.
- To empower team members to understand and overcome obstacles that may hinder from realization of project goals.
- To strengthen skills, competencies, decision-making and learning abilities that will help achieve measureable and sustainable results.

The session on First Aid was highly interactive with active participation by JSCD team members. The session took off by defining the purpose of First Aid as;

- To preserve life
- Prevent further harm
- Promote recovery

The First Aid Provision in the following emergency situations was successfully delivered through practical demonstration on the following topics:

- Road Traffic Accident
- Choking
- Wounds and Bleeding
- Cardiac arrest
- Fractures
- Spinal Injury



## Refresher Training of Facility Based Staff (LHS/LHVS) on IYCF (2-days)

JSCD, with collaboration of UNICEF organized a 2-days refresher training for LHV and LHS at DHQ Rajanpur in October, 2015. The main objective of this training was to make the participants aware about the importance of Exclusive Breast Feeding (early initiation and continuation for 6 months), drawbacks of bottle feeding, proper method of feeding, appropriate complementary feeding practices and different skills to counsel mothers who are feeding their child.



Facilitators focused on ten main indicators of Infant young child feeding which are as follow:

- Timely initiation of breastfeeding (children 0-23 months)
- Exclusive breastfeeding under 6 months
- Timely complementary feeding
- Introduction of solid, semi-solid or soft foods
- Continued breastfeeding at 1 year
- Minimum dietary diversity
- Minimum meal frequency
- Minimum acceptable diet
- Consumption of iron-rich or iron-fortified foods
- Bottle feeding



## Mother and Child Health Week Celebrations (MCW)

Mother and Child Health Week (MCW) was held in November 2015 with focused messages on deaths caused by preventable diseases. The Punjab Health Department in collaboration with United Nations Children's Emergency Fund (UNICEF) announced the observance of Mother and Child Health Week from 23rd – 28th November 2015.

The main objective of celebrating the Mother and Child Health Week was to pick up pace in achieving the SDGs. This Mother and Child health week had the common theme of Immunization against preventable diseases after taking notice of increasing number of polio and deaths of children due to diarrhea, pneumonia and related diseases.

Accordingly, JSCD in collaboration with UNICEF, Department of Health, Department of Education, Multan, exhibited its full support through celebration of Mother and Child Health week in the target 08 Union Councils of District Multan from 23rd – 28th November 2015. JSCD served the objective of Mother and Child health week through widespread dissemination of basic and vital information on indicators of maternal and child health with

emphasis on immunization against preventable diseases. Additionally, following indicators of maternal and child health were addressed during the various activities of Mother and Child health week;

1. Antenatal care
2. Birth preparedness
3. Family planning
4. Birth registration
5. Breast-feeding
6. Compliance with EPI
7. Use of safe water
8. Use of latrine
9. Hand-washing with soap

The following activities were planned and successfully realized during the Mother and Child health week in 08 UCs of District Multan.

1. Poster and declamation contest
2. Street Theaters
3. Health and hygiene session
4. Town storming/ Door-to-door awareness

### **Poster Competition / Declamation Contest Held in Schools**

JSCD targeted the younger generation to create awareness about issues pertaining to health and hygiene. This was achieved through two different competitions;

- Poster making competition
- Declamation contest

The poster and declamation contests were conducted during the MCW. The two competitions displayed large participation of students who presented themselves as advocates of health and hygiene. To assist the participants, stationery required for making posters was provided during the competition. As a result of these competitions students were presented with a platform for to express and voice their concept and concern about present situation of health and hygiene.

The competitions were followed by award distribution ceremony. The efforts of participants were appreciated by presenting gifts and certificates.

In order to reach out to maximum number of youth, JSCD organized the two competitions in schools of 08 Union





Councils of District Multan and 12 Union Councils of District Rajanpur.



## Street Theatres

For raising awareness among the community men, women, and children about the importance of Mother and Child Health, Hygiene, Nutrition, and Immunization, JSCD organized staging of street theatres in the target UCs at community level, wherein assorted famous artists performed and earned accolades from the audience. 08 street theaters were organized in the target UCs of District Multan, one event in every UC. The community people showed interest in attending the event and enjoyed the play. The youth was very enthusiastic throughout the event and participated with full spirits. The play called “DASTAK” depicted the original condition of a community which does not has much awareness regarding Mother & Child Health issues.



Street theatres were arranged to mobilize and aware community members Regarding MNCH and their role and responsibilities through a performance of adscript. For awareness raising and community mobilization in the community, street theatres are a best tool to convey the message of MNCH in the community. 08 events that were arranged in the rural areas included large number of participants. The total participants were 3156 including 1033 male, 1473 female and 650 children. Theatres were performed by trained performers who perform the script highlighting mother and newborn and child health issues and common practices in the community regarding MNCH and role of different family members regarding MNCH.

After the introduction, theater team performed script through drama (DASTAK) session and highlighted the issues of pregnant women regarding their customs, traditions, and values of local people which affect their life & health. Through this session community was sensitized on regular Antenatal checkups, Maternal Care,



Postnatal care, 3 Delays and Immunization. The script also highlighted restrictions and barriers in the community for improving the health situation of their family members.

Main messages in the script were as under:

- ❖ Gender Discrimination
- ❖ Mother and Child Health
- ❖ Three Delays
- ❖ Delivery by SBA
- ❖ ANC
- ❖ IYCF (infant young child feeding)
- ❖ Hand washing and Use of soap
- ❖ Hygiene & Sanitation
- ❖ EPI



### **Health Sessions on the Prevention of ARI/Pneumonia**

During Mother and Child Week, Community health sessions on the prevention of acute respiratory infections, were organized. Participants, who were mainly mothers, were given lectures by the project doctor on the prevention and early detection signs of pneumonia in children. Participants were also briefed upon the home base care for children suffering from acute respiratory infections in particular pneumonia. Health sessions were organized in all the project UCs and the venue selected for the sessions were the corresponding Basic Health Units.

### **Health and Hygiene Sessions**

According to the theme of prevention of diarrhea, health and hygiene sessions were carried out at schools and with local community members in the target Union Councils.

The health and hygiene sessions concentrated on the following;

1. Immunization against preventable diseases
2. Prevention of diarrhea through hygienic practices
3. Signs and symptoms of pneumonia

During the session some of the most common causes of diarrhea were elaborated as infection through dirty hands and contaminated water. Accordingly, simple hygienic practices were endorsed such as use of safe water for drinking and cooking, washing hands before and after meals and after visiting the washroom. It was further highlighted that such practices can save children from numerous diseases and thereby reduces mortality rates by 10 percent among



children. Safe hygienic practices contribute towards improving health and nutrition and consequently child survival in Pakistan. Precious lives can be saved by simple knowledge about prevention, treatment and by adopting some key measures at home and appropriate healthcare practices. The participants were also lectured on importance of immunization against preventable diseases. The local community members present at the occasion were encouraged to comply with the EPI schedule and take notice of the polio campaigns in their vicinity.

### **Town Storming / Door to Door Awareness**

JSCD team members with the considerate co-operation of Lady Health Workers conducted town storming in different Union Councils of District Multan. The main objective was disseminating information among the masses about health issues and creating awareness essential for preventing diseases.



The series of activities included door-to-door public awareness session supplemented by immunization of children at the Immunization camps organized in different vicinities of each Union Council. Parents of children not following the Expanded Program for Immunization were counseled to do otherwise. Tetanus vaccination for pregnant women was also available at immunization camps.

JSCD Project Manager held meetings with the Field Organizers, Field Supervisors and Field Coordinator at JSCD office on monthly basis.

The objectives of conducting a meeting with the project staff at the end of every month were as follows;

1. To obtain first-hand information about realization of various planned activities and relative outcomes in each target Union Council.
2. Address any difficulties experienced by the project team during realization of project activities.
3. Discuss and plan next month's activities.



During the meeting, the Field Organizers and Field Supervisors of each Union Council shared information of each activity conducted in their designated Union Council during the previous months. The information included details of each activity conducted along with lists of beneficiaries. The CAP group meeting reports and health service providers' data was also submitted to the Project Manager. The data acquired through CIB in each Union Council was also presented during the meeting. Moreover, the meeting also included discussions on the further improvement of project action plan to achieve the intended goals. Additionally, work plan and tasks for the upcoming month.

The project staff was directed to take accurate information and fill the CIB honestly to provide the mirror image of the society. The CIB must portray the original situation of the community about their social issues and the weak areas where more work and awareness is required. Moreover, the CIB should also reflect the improvements that have occurred due to the increased awareness. This increased awareness and mobilization will be helpful to the community in further improving the problems faced by the community in the available limited resources.



Hence, as a result of follow-up meeting with the project team members, the entire team is updated on activities and outcomes in each Union Council. Furthermore, issues faced by team members are addressed and corrective measures were discussed and finalized. Moreover, the meeting served to revive the project objectives and the importance of role played by each project team member.

### **Fistula Repair Project**

JSCD in collaboration with United Nations Population Fund (UNFPA) and Pakistan National Forum for Women Health (PNFHW) worked on a program for the prevention of Fistula in Pakistan. It is a form of maternal disorder resulting from prolonged labor damaging vaginal tissues of women which causes urine and faeces to leak constantly. This is a source of lifelong shame, pain and discomfort for thousands of women. Yet in most cases, fistula can be repaired by qualified surgeons. It can even be prevented by good medical care during childbirth. UN reports show the figures of 4000-5000 cases of Fistula in a year.

Since 2006, JSCD has been the implementing partner of the Fistula Repair Centre at Lady Willingdon Hospital, Lahore. Recently, the Fistula Repair Centre was moved to Central Park Medical and Teaching Hospital Lahore. The center serves 14 densely populated districts. The Fistula Repair Centre has a full-fledge operation theatre, devoted to fistula repair. A team of trained consultants perform operations 6 days a week. A 10-bed ward is available for patients, as well as a separate outdoor facility for post-operative care. All services at Fistula Repair Centre are offered free of charge.

### **Catchments**

When JSCD joined the Fistula Repair Centre as implementing partner, it found the condition of facilities available outdated. JSCD took the initiative to fully renovate the operation theatre and arranged for new equipment, including an anesthesia machine. In a period of only three months after JSCD's intervention in Fistula project, 14 patients had already availed the Fistula Centre's facilities. The numbers are expected to grow as awareness spreads.

- Faisalabad
- Gujranwala



- Gujrat
- Hafizabad
- Jhang
- Lahore
- Mandi Bahauddin
- Nankana
- Narowal
- Okara
- Sargodha
- Sheikhpura
- Sialkot
- Toba Tek Singh



### **Fistula Awareness Campaign**

Identification of fistula patients is difficult as many women with fistula live in abject poverty in isolated areas where education and awareness are low. Many of them do not know that they are suffering from a medical condition for which treatment is available. Furthermore, our partners in Pakistan report difficulty in providing treatment due to a lack of trained and willing surgeons, as fistula is not as appealing and lucrative to younger surgeons as other surgical specialties.

In this regards, JSCD has taken an initiative not just to provide facilities to cater these patients but also to conduct awareness campaigns in different parts of the country. In 2015, JSCD held fistula awareness seminars in 6 cities which are Lahore, Multan, Rajanpur, Sialkot, D.G. Khan and Sahiwal.

### **Provincial Stakeholder Meeting**

On 29th September 2015, JSCD organized the Punjab stakeholder meeting on the prevention of Fistula at Hospitality Inn, Lahore. The meeting was conducted with the following objectives;

- To introduce project activities and services and to develop linkages with relevant stakeholders.
- To provide an update on the project progress
- To discuss how the project services be further improved to better serve the Fistula patients.

Dr. Sajjad Siddiqui, project manager, Pakistan National Forum on Women's Health gave presentation on the maternal health and fistula in Pakistan. He briefed the participants that fistula repair project is being run in collaboration with UNFPA since 2005. He informed that seven regional centers and six referral centers are providing the free services of fistula care all over the country.

He said that a regional Fistula Repair Center has been established at Central Park Medical and Teaching Hospital, Lahore in collaboration with Jahandad Society for Community Development (JSCD). This regional Fistula Repair Center is actively working on the prevention and the treatment of Fistula in the province. This center is currently serving 14 densely populated districts of Punjab.

Dr. Sajjad said that fistula is 100% preventable if proper care is provided during labor and the skilled care is available for all pregnant women. He said fistula hospitals were closed in the developed world years ago but unfortunately this disease still exists in developing countries. The only solution to eradicate fistula is to provide the skilled care during pregnancy and at the time of delivery.



The main objective of this meeting is to provide an update on the project progress and to discuss with stakeholders on how to further improve the project services to the fistula patients.

He presented the data of all patients treated through this project and the rehabilitation of the successfully treated patients and reintegration into the community.

### **Regional Fistula Center**

Dr. Yasmin Raashid, head of obstetrics & gynecology department and the fistula unit, Central Park Medical and Teaching Hospital, Lahore provided an introduction to the services provided at the regional fistula center in Lahore.



She said that regional Fistula center was initially developed at Lady Willingdon Hospital, Lahore, which was later shifted to Central Park Medical and Teaching Hospital, Lahore. Moreover, the regional center is also working on creating awareness about this disease throughout the province of Punjab. The project is also not only providing training to doctors on treatment of fistula but also providing training and orientations to other medical staff such as LHWs, LHVs on how to identify, prevent and refer patients to the regional fistula center.



Dr. Yasmin Raashid informed that all the services including transport expenses are paid through the project and the patient does not have to incur any

cost on the treatment.

She appreciated the efforts of UNFPA, Pakistan National Forum on Women's Health, Jahandad Society for Community Development and Central Park Medical and Teaching Hospital, Lahore for providing such excellent services to Fistula patients. She especially appreciated the efforts of Dr. Shershah Syed in running such a good project for poor patients.

### **Fistula Awareness Seminar Sahiwal**

Dr. Sajjad Sadiqui, project manager, Pakistan National Forum on Women's Health discussed the issue of fistula in detail. He said that obstetric fistula most commonly occurs among women who live in under developed countries like Pakistan where access to medical help during delivery is limited. Fistula often occurs when a woman gets pregnant very young, or goes through a long or obstructed labor. He said that Fistula is a very severe condition that not only affects the patient physically but also emotionally and socially. These women become outcast as at times they are even abandoned by their families. He informed the participants that fistula is a preventable disease provided proper care is carried out during pregnancy and delivery.

Dr. Sajjad Sadiqui informed the participant about the fistula project, which was initiated in 2005. There are seven regional centers and six referral centers working in Pakistan that provide the free fistula treatment services to patients throughout the country. He further informed the participants that one of the regional centers has been established at Central Park Medical and Teaching Hospital, Lahore, which is providing comprehensive prevention and treatment to patients. This regional center caters for 14 densely populated districts of Punjab including Sahiwal district.

All the services provided through the project are totally free of cost, which include operation, treatment, tests, medicine including travel expenses of the patients. Moreover, efforts are also made for the rehabilitation of the successfully treated patients and for their reintegration into the community.

The main objective of these seminars was not only to create awareness about fistula and the free treatment services provided to patients but to also create a network for the referral of fistula patients to the Fistula center developed at the Fistula regional center at Central Park Teaching Hospital Lahore. Dr. Sajjad also announced that the project could also facilitate the provision of free medicines to fistula patients operated and treated at DHQ Hospital, Sahiwal. He also stressed the need to establish a mechanism among the health workers in the community through which fistula patients could be identified and referred for treatment at the fistula center.





Dr. Shagufta Tahir, Prof. of Sahiwal Medical College, thanked Dr. Sajjad and the organizers for holding such an important awareness event. She said that Fistula is a not only a health problem but it is a social problem as well. It is extremely important to work toward the prevention and appropriate treatment of patients. She said that he was very pleased to know about the project through which such good services were provided to patients totally free of cost. She said that his hospital will fully collaborate with the project and refer all the patients to the Fistula regional center at Central Park Medical and Teaching Hospital, Lahore.

Speaking at the occasion, Dr. Muhammad Naeem District Coordinator IRMNCH also thanked Dr. Sajjad for the informative presentation. He further said that it is heartening to know that free treatment services are provided to Fistula patients under the project. He stressed the need to improve and strengthen the referral system so that patients get required treatment in time to avoid further complications.

He highlighted the need of having more of such awareness sessions for the medical community especially for LHW and LHS so that the patients are referred in time. He said that all fistula patients coming to DHQ Hospital, Sahiwal will be immediately referred to the Fistula regional center at Central Park Medical and Teaching Hospital, Lahore for proper treatment and care.



He highlighted the importance of educating the doctors about fistula project and the services provided so that patients could be referred for appropriate treatment on time. He said that Pakistan has a very high maternal mortality and morbidity rates, which is totally unacceptable. He also highlighted the status given to women in Islam in which women are given great importance and are considered a central figure in the family. Therefore, it is subsequently the duty of every Muslim to educate women and provide for their health and well being. As a nation, progress is only possible for Pakistan when its women are educated and healthy.

### **Fistula Awareness Seminar D.G. Khan**

JSCD organized an awareness session on the prevention of Fistula at D.G. Khan on 22<sup>nd</sup> December 2015. The session was chaired by Dr. Farzana Bukhari and Syed Rataat Ali Bukhari.

Syed Rahat Ali Bukhari introduced the issue of fistula in detail. He said that obstetric fistula most commonly occurs among women who live in undeveloped



countries like Pakistan where access to medical help during delivery is limited. He said that Fistula is a very severe condition that not only affects the patient physically but also emotionally and socially. These women become outcast as at times they are even abandoned by their families. He informed the participants that fistula is a preventable disease provided proper care is carried out during pregnancy and delivery.

Mr. Rahat informed the participant about the fistula project, which was initiated in 2005. There are seven regional centers and six referral centers working in Pakistan that provide the free fistula treatment services to patients throughout the country. He further informed the participants that one of the regional centers has been established at Central Park Medical and Teaching Hospital, Lahore, which is providing comprehensive prevention and treatment to patients. This regional center caters for densely populated districts of Punjab including Multan district.



Dr. Farzana Bukhari, thanked Mr. Rahat and the organizers of the session for organizing such an important awareness event. She said that Fistula is a not only a health problem but it is a social problem as well. It is extremely important to work toward the prevention and appropriate treatment of patients. She said that she was very pleased to know about the project through which such good services were provided to patients totally free of cost. She also stressed the need to establish a mechanism among the health workers in the community through which fistula patients could be identified and referred for treatment at the fistula center.

### Free Medical Camps

During the year 2015, JSCD organized Medical Camps for women and children in different parts of the country including Lahore, Rajanpur, Chakwal and Karak. The objective of arranging medical camps in rural and remote areas of certain districts was to promote primary health for all. These medical camps offered free medical check-up and medicines to the patients.



## **JSCD COMMITTEE**

### *Executive Committee*

<b>NAME</b>	<b>DESIGNATION</b>
Dr. Maleeha Aslam	(President)
Dr. Baligha Arif	(Senior Vice President)
Mr. Ali Anwar Khan	(Vice President)
Mr. Kanwar Javed Ali	(Finance Secretary)
Dr. Yasmin Ehsan	(Secretary General)
Mr. Umer Mukhtar	(Joint Secretary)
Mr. Zahid Chudhry	(Information Secretary)
Ms. Andaleeb Abbas	(Executive Committee Member)
Mr. Tahir Hafeez	(Executive Committee Member)
Mr. Zulfiqar Nabi Malik	(Executive Committee Member)

JSCD Executive Committee is the supreme body that is overall responsible for all its operations. It is elected at the annual general meeting of JSCD for a period of two years. The Executive Committee meets once in each quarter. The Executive Committee believes that JSCD is making good progress in its endeavors and would continue to be able to serve its purpose of community development in the future also.

## **AUDIT COMMITTEE**

- Mr. Awais Billah Chairman
- Dr. Salma Haq Member
- Mr. Irfan Ullah Khan Member

The audit committee is responsible to provide oversight in operational matters. It is elected by the executive committee. The audit committee meets once in each quarter. On the instruction of the executive committee, the audit committee ensures that there are effective and independent internal control systems and that accounting, financial and management controls and reporting are in line with JSCD policies.

# AUDIT REPORT (JULY 2014-JUNE 2015)

The external audit of JSCD for the financial year 2011-2012, was conducted by Riaz, Ahmed, Saqib, Gohar & Company. The auditors' found the financial accounts of JSCD to fairly represent its financial position.



## RIAZ AHMAD, SAQIB, GOHAR & COMPANY

Chartered Accountants

### AUDITORS' REPORT TO THE MANAGEMENT COMMITTEE

We have audited the accompanying financial statements of the **JAHANDAD SOCIETY FOR COMMUNITY DEVELOPMENT**, which comprise of the balance sheet as at June 30 2015, the related income and expenditure account, cash flow statement and statement of changes in accumulated fund for the year then ended, and a summary of significant accounting policies and other explanatory information.

#### Management's Responsibility for the Financial Statements

The Management Committee is responsible for the preparation and fair presentation of these financial statements in accordance with the requirements of the Memorandum of Association and guideline for accounting and financial reporting by non-government organizations (NGOs)/non-profit organizations (NPOs)-("the Guidelines") and for such internal control as the Management Committee determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

#### Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with the approved auditing standards as applicable in Pakistan. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by Management Committee, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit.

#### Opinion

In our opinion the financial statements present fairly in all material respects financial position of the **JAHANDAD SOCIETY FOR COMMUNITY DEVELOPMENT** as at June 30, 2015 and its deficit, cash flows and changes in accumulated fund for the year then ended in accordance with requirements of the Memorandum of Association and the Guidelines.

Lahore: 28 OCT 2015

Chartered Accountants

Muhammad Ali Rafique

A Member of AGN International Ltd. Accountants Global Network an International Association

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Corporate Office at Karachi & Regional Office at Islamabad

JAHANDAD SOCIETY FOR COMMUNITY DEVELOPMENT  
BALANCE SHEET  
AS AT JUNE 30, 2015

<i>Amount in Rupees</i>					
	Note	2015			2014
		Unrestricted	Restricted	Total	
<b>ASSETS</b>					
Non current assets					
Operating fixed assets	5	3,687,018	-	3,687,018	4,551,099
		3,687,018	-	3,687,018	4,551,099
Current assets					
Advances and prepayments	6	178,500	-	178,500	447,500
Receivable from other fund		15,000	-	15,000	652,296
Cash and bank balance	7	898,481	273,093	1,171,574	640,534
		1,091,981	273,093	1,365,074	1,740,330
<b>Total assets</b>		<b>4,778,999</b>	<b>273,093</b>	<b>5,052,092</b>	<b>6,291,429</b>
<b>LIABILITIES</b>					
Accrued and other liabilities	8	52,856	-	52,856	1,178,067
Payable to other fund		-	15,000	15,000	652,296
		52,856	15,000	67,856	1,830,363
Deferred grants		446,582	-	446,582	525,300
<b>Total net assets</b>		<b>4,279,561</b>	<b>258,093</b>	<b>4,537,655</b>	<b>3,935,676</b>
<b>REPRESENTED BY</b>					
Accumulated fund		4,279,561	258,093	4,537,655	3,935,676

The annexed notes from 1 to 15 form an integral part of these financial statements.

  
PRESIDENT

  
SECRETARY

JAHANDAD SOCIETY FOR COMMUNITY DEVELOPMENT  
 INCOME AND EXPENDITURE ACCOUNT  
 FOR THE YEAR ENDED JUNE 30, 2015

		<i>Amount in Rupees</i>	
		2015	2014
	<i>Note</i>		
<b>INCOME</b>			
	9		
Grants released		29,545,701	34,549,959
Other income		7,909	2,009
Grant amortized		78,809	92,716
		29,632,419	34,644,684
<b>EXPENDITURE</b>			
	9		
Project expenses		22,330,092	27,754,282
Operating expenses		7,317,774	7,562,950
		29,647,866	35,317,232
<b>(Deficit) for the year</b>		<b>(15,448)</b>	<b>(672,548)</b>

*Raza*

The annexed notes from 1 to 15 form an integral part of these financial statements.

*Qateer Ail*  
 PRESIDENT

*K. Jamb*  
 SECRETARY



JAHANDAD SOCIETY FOR COMMUNITY DEVELOPMENT  
 STATEMENT OF CASH FLOWS  
 FOR THE YEAR ENDED JUNE 30, 2015

	<i>Amount in Rupees</i>	
	2015	2014
<b>CASH FLOW FROM OPERATING ACTIVITIES</b>		
(Deficit) for the year	(15,448)	(672,548)
Adjustment for non cash items:		
Grants released	(29,545,701)	(34,549,959)
Depreciation	806,724	1,017,472
Amortization	57,357	96,740
Grant amortized	(78,809)	(92,716)
	(28,775,876)	(34,201,011)
Working capital changes:		
Decrease in advances and prepayments	269,000	309,705
Increase/(decrease) in accrued & other liabilities	(1,125,211)	103,832
	(856,211)	413,537
Net cash (used in) operating activities	(29,632,087)	(33,787,474)
<b>CASH FLOW FROM INVESTING ACTIVITIES</b>		
Addition in operating fixed assets - unrestricted	-	(110,000)
Net cash (used in) investing activities	-	(110,000)
<b>CASH FLOW FROM FINANCING ACTIVITIES</b>		
Grants received	30,241,498	34,901,104
Grants returned	(78,371)	(725,664)
Net cash generated from financing activities	30,163,127	34,175,440
Increase in cash and cash equivalents during the year	531,040	277,966
Cash and cash equivalents at beginning of the year	640,534	362,568
Cash and cash equivalents at end of the year	1,171,574	640,534

*Roger*

The annexed notes from 1 to 15 form an integral part of these financial statements.

  
 PRESIDENT

  
 SECRETARY

JAHANDAD SOCIETY FOR COMMUNITY DEVELOPMENT  
 STATEMENT OF CHANGES IN ACCUMULATED FUND  
 FOR THE YEAR ENDED JUNE 30, 2015

		<i>Amount in Rupees</i>		
	<i>Notes</i>	Unrestricted Fund	Restricted Fund	Total
Balance as at June 30, 2013		4,967,557	15,186	4,982,743
Grants received		15,412,626	19,488,478	34,901,104
Unused grants returned		-	(725,664)	(725,664)
Grants released		(15,412,626)	(19,137,333)	(34,549,959)
(Deficit) for the year		(672,548)	-	(672,548)
<b>Balance as at June 30, 2014</b>		<b>4,295,009</b>	<b>(359,333)</b>	<b>3,935,676</b>
Grants received		19,565,031	10,676,467	30,241,498
Unused grants returned		-	(78,371)	(78,371)
Grants released	<i>9</i>	(19,565,031)	(9,980,670)	(29,545,701)
(Deficit) for the year	<i>9</i>	(15,448)	-	(15,448)
<b>Balance as at June 30, 2015</b>		<b>4,279,561</b>	<b>258,093</b>	<b>4,537,655</b>

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The annexed notes from 1 to 15 form an integral part of these financial statements.

  
 PRESIDENT

  
 SECRETARY

**JAHANDAD SOCIETY FOR COMMUNITY DEVELOPMENT**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED JUNE 30, 2015**

**1. INTRODUCTION**

Jahandad Society for Community Development ("the Society") was established as registered society in May 14, 2002 under Societies Registration Act, 1860. The registered office of the society is situated at 100-B, Iqbal Avenue Housing Society, Near Shaukat Khanum Cancer Hospital, Lahore. The society is a charitable institution and is engaged in Community Development and allied services.

**2. BASIS OF PREPARATION**

These financial statements have been prepared to comply with the requirements of the Memorandum of Association of the Society and The Societies Registration Act, 1860.

**2.1 Statement of compliance**

These financial statements have been prepared in accordance with the requirements of the Memorandum and Articles of Association of the Society and guideline for accounting and financial reporting by non-government organizations (NGOs)/non-profit organizations (NPOs)-(the Guidelines). Wherever the requirements of the Memorandum of Association of the Society differ with that of the Guidelines, the requirements of the Memorandum and Articles of Association of the Society shall prevail.

**2.2 Basis of measurement**

These financial statements have been prepared under the historical cost convention.

**2.3 Accounting estimates**

The preparation of financial statements in conformity with approved accounting standards requires management to make judgments, estimates and assumptions that affect the application of policies and reported amounts of assets and liabilities, income and expenses. The estimates and associated assumptions are based on historical experience and various other factors that are believed to be reasonable under the circumstances, the results of which form the basis of making the judgments about carrying values assets and liabilities that are not readily apparent from other sources. Actual results may differ from these estimates. The estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognized in the period in which the estimates are revised, if the revision affects only that period, or in the period of the revision and future periods if the revision affects both current and future periods.

**2.4 Functional and presentation currency**

These financial statements are presented in Pakistan rupees, which is the functional and presentation currency for the Society.

**3. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

**3.1 Property & Equipment**

Operating assets are stated at cost less accumulated depreciation and impairment, if any.

Maintenance and normal repairs are charged to income and expenditure account as and when incurred. Major renewals and improvements are capitalized and the assets so replaced, if any, are retired.

Depreciation is charged to income on the reducing balance method so as to write off the cost of an asset over its estimated useful life at the rates given in Note 5. Depreciation is charged from the date of acquisition of the assets up to the date of disposal / deletion of the assets.

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### 3.2 Intangible Assets

Intangible assets are stated at cost less accumulated amortization and accumulated impairment losses, if any. Amortization is charged to income applying the straight line method at the rate indicated in note 5.2 to the financial statements. Amortization on additions is charged from the date on which the asset is put to use and on disposals, up to the date up to which the asset has been in use.

### 3.3 Deferred grants

Grants from the donors are recognized at their fair value where there is a reasonable assurance that the grant will be received and the Society will comply with all attached conditions. Fair value signifies the amount received in cash and current market value in case of grant received in kind.

Restricted grants relating to property and equipment and grants received in kind whether restricted or unrestricted are recognized as deferred grants and credited to the income and expenditure account over the expected lives of the related assets.

### 3.4 Impairment

The carrying amounts of the Society's assets are reviewed at each balance sheet date to determine whether there is any indication of impairment. If such indication exists the assets' recoverable amount is estimated. An impairment loss is recognized wherever the carrying amount of the asset exceeds its recoverable amount. Impairment losses are recognized in income and expenditure account.

### 3.5 Cash and cash equivalents

Cash and cash equivalents are carried at cost and comprise of balances with bank.

### 3.6 Unrestricted Fund

Fund that is not subject to donor-imposed restrictions, normally used to meet the working capital requirements of the Society.

Unrestricted grants are recognized on receipt basis directly in the income and expenditure account.

### 3.7 Restricted Fund

Fund that is subject to donor-imposed restrictions may require the passage of time or the occurrence of a specific event to become available for unrestricted fund.

### 3.8 Revenue from other sources

Revenue from other sources is recognized when the right to receive is established.

### 3.9 Provisions

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

### 3.10 Taxation

Provision of current tax is based on the taxable income for the year determined in accordance with the prevailing law for taxation of income. The charge for current tax is calculated using prevailing tax rates or tax rates expected to apply to the surplus for the year if enacted after taking into account tax credits, rebates and exemptions, if any. The charge for current tax also includes adjustments, where considered necessary, to provision for tax made in previous years arising from assessments framed during the year for such years.

*Rosa*

#### 4. DETAIL OF THE PROJECTS/PROGRAMMES

The major projects/programs of the Society falling under the definition of restricted funds are as follows:

##### 4.1 UNITED NATIONS INTERNATIONAL CHILDREN'S EMERGENCY FUND (UNICEF)

###### *Young Champions Initiative for Girls Education—March 1, 2012 to December 31, 2014*

The Young Champions Initiative for Education project is planned to be implemented in 40 Union Councils of Lahore and Faisalabad of Punjab province. In Lahore, the Jahandad Society for Community Development (JSCD) was entrusted the task to carry out the initiative with UNICEF.

The project aims to identify young champions from the targeted UCs as advocates and change-makers to make education available for all children in selected Union Councils. The key objectives of the project interventions in the targeted Union Councils are:

To reduce drop out and improve primary school retention among children of Class-I & II in the selected union councils.

To enroll disadvantaged, marginalized, out-of-school children, migrated children, working children, street children in formal and non-formal schools in selected union councils.

##### 4.2 UNITED NATIONS POPULATION FUND (UNFPA)

###### *Pakistan National Forum on Women's Health (UNFVH)—November 1, 2013 to October 30, 2014*

UNFPA has launched this project. The main objectives of this project are JSCD will provide inpatient care services to all fistula patients in Central park Hospital free of cost, creates awareness session for community mobilization on fistula to strengthen of obstetric fistula. provision of fistula treatment service includes travelling and investigation and pharmaceutical products for fistula patients.

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Amount in Rupees

						2015	2014		
						<i>Note</i>			
<b>5. OPERATING FIXED ASSETS</b>									
Property and equipment				5.1		3,553,186	4,359,910		
Intangible assets				5.2		133,832	191,189		
						3,687,018	4,551,099		
<b>5.1 Property and equipment</b>									
5.1	Property and equipment	Cost			Rate	Accumulated depreciation			W.D.V as at June 30, 2015
		As at July 01, 2014	Addition	As at June 30, 2015		As at July 01, 2014	For the year	As at June 30, 2015	
	Office Equipment	1,763,010	-	1,763,010	15%	547,075	182,390	729,465	1,033,545
	Furniture and Fixture	130,000	-	130,000	15%	56,733	10,990	67,723	62,277
	Computer Equipment	2,683,400	-	2,683,400	30%	1,665,147	305,476	1,970,623	712,777
	Vehicles	3,955,125	-	3,955,125	15%	1,902,670	307,868	2,210,538	1,744,587
	2015	8,531,535	-	8,531,535		4,171,625	806,724	4,978,349	3,553,186
	2014	8,451,535	80,000	8,531,535		3,154,152	1,017,473	4,171,625	4,359,910
<b>5.2 Intangible Assets</b>									
5.2	Intangible Assets	Cost			Rate	Accumulated amortization			W.D.V as at June 30, 2015
		As at July 01, 2014	Addition	As at June 30, 2015		As at July 01, 2014	For the year	As at June 30, 2015	
	Software	350,000	-	350,000	30%	158,811	57,357	216,168	133,832
	2015	350,000	-	350,000		158,811	57,357	216,168	133,832
	2014	320,000	30,000	350,000		62,071	96,740	158,811	191,189
						2015		2014	
						Unrestricted	Restricted	Total	
<b>6. ADVANCES AND PREPAYMENTS</b>									
Advances to employees						158,500	-	158,500	375,500
Prepaid expenses						20,000	-	20,000	72,000
						178,500	-	178,500	447,500
<b>7. CASH AND BANK BALANCE</b>									
Cash in hand						14,070	-	14,070	3,031
Cash at bank									
Cash in current accounts						828,922	239,907	1,068,829	606,924
Cash in savings accounts						55,489	33,186	88,675	30,579
						898,481	273,093	1,171,574	640,534
<b>8. ACCRUED AND OTHER LIABILITIES</b>									
Salaries						-	-	-	849,793
Utilities						-	-	-	10,000
Audit fee						45,000	-	45,000	45,000
Income tax payable						7,856	-	7,856	10,049
Other payable						-	-	-	263,225
						52,856	-	52,855	1,178,067

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9. OPERATING SEGMENT RESULTS

	-----Unrestricted-----		-----Restricted-----		TOTAL			
	JSCD		SMMCH(UNICEF)		PNFPH(UNFPA)			
	2015	2014	2015	2014	2015	2014		
Grants released	19,565,031	15,412,626	9,536,160	18,874,247	444,510	263,086	29,545,701	34,549,359
Other Income	5,955	-	-	-	1,954	2,009	7,999	2,009
Grant amortized	78,809	92,716	-	-	-	-	78,809	92,716
<b>Income</b>	<b>19,649,795</b>	<b>15,505,342</b>	<b>9,536,160</b>	<b>18,874,247</b>	<b>446,464</b>	<b>265,095</b>	<b>29,632,419</b>	<b>34,644,684</b>
Salaries and wages	-	-	5,074,000	10,444,408	-	40,000	5,074,000	10,484,408
Education and training	147,600	139,800	387,300	1,545,300	229,400	-	764,300	1,685,100
Mother protection project	-	-	600,000	1,735,200	-	-	600,000	1,735,200
Food and allied expenses	11,555,679	7,032,340	-	-	-	-	11,555,679	7,032,340
Financial assistance	440,000	47,800	-	-	181,824	166,206	621,824	209,006
Special event expenses	-	1,400,000	1,822,000	1,069,974	30,000	26,090	1,852,000	2,496,064
House rent allowance	-	-	32,458	346,008	-	-	32,458	346,008
Vehicle running and maintenance	-	-	876,000	1,820,000	-	-	876,000	1,820,000
Office rent	-	-	420,000	1,030,000	-	-	420,000	1,030,000
Utilities	-	-	64,296	130,000	-	-	64,296	130,000
Printing and stationary	32,362	-	-	-	-	-	32,362	-
Traveling and conveyance	-	-	90,000	195,000	5,000	32,509	95,000	227,509
Ongoing project activities	-	-	-	544,500	-	-	-	544,500
Share rent expense lahore office	-	-	161,441	-	-	-	161,441	-
Medical camp expenses	171,827	-	-	-	-	-	171,827	-
Bank Charges	-	-	8,665	13,857	240	290	8,905	14,147
<b>Project expenses</b>	<b>12,347,468</b>	<b>8,614,940</b>	<b>9,536,160</b>	<b>18,874,247</b>	<b>446,464</b>	<b>265,095</b>	<b>22,330,092</b>	<b>27,754,282</b>

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## 9. OPERATING SEGMENT RESULTS

	-----Unrestricted-----		-----Restricted-----		TOTAL	
	2015	2014	2015	2014	2015	2014
		JSCD	SMMCH(UNICEF)	PNFWH(UNFPA)		
Salaries and wages	3,175,284	2,926,143	-	-	3,175,284	2,926,143
Vehicle running and maintenance	135,270	227,458	-	-	135,270	227,458
Office rent	358,300	699,729	-	-	358,300	699,729
Utilities	236,523	243,595	-	-	236,523	243,595
Printing and stationery	44,819	3,100	-	-	44,819	3,100
Office expenses	144,160	191,762	-	-	144,160	191,762
Depreciation	806,724	1,017,472	-	-	806,724	1,017,472
Amortization	57,357	96,740	-	-	57,357	96,740
Repair and maintenance	235,786	246,630	-	-	235,786	246,630
Consultancy charges	15,000	-	-	-	15,000	-
Traveling and conveyance	1,118,270	-	-	-	1,118,270	-
Miscellaneous expenses	742,704	1,847,500	-	-	742,704	1,847,500
Bad debts	186,500	-	-	-	186,500	-
Auditors' remuneration	45,000	45,000	-	-	45,000	45,000
Bank charges	16,077	17,821	-	-	16,077	17,821
Operating expenses	7,317,774	7,562,950	-	-	7,317,774	7,562,950
Expenditure	19,665,242	16,177,890	9,536,160	18,874,247	29,647,866	35,317,232
(Deficit)	(15,448)	(672,548)	-	-	(15,448)	(672,548)
Segment assets	4,763,999	5,532,695	11,307	625	5,037,092	5,639,133
Segment liabilities	52,856	60,000	-	1,118,067	52,856	1,178,067

Roster

## 10. TRANSACTIONS WITH RELATED PARTIES

Related Parties comprise of the members of the Society, the companies and/or entities where members hold directorship or are members and key personnel employees. The related party transactions during the year and the status of outstanding balances as at the year end are as follows:

	<i>Amount in Rupees</i>	
	2015	2014
<b>Donations received from:</b>		
Dr. Maliha Aslam (President)	231,000	290,000
Dr. Baligha Arif (Senior Vice President)	11,100	5,000
Ms. Andaleeb Abbas (Information Secretary)	-	750,000
Mr. Zulfiqar Nabi Malik (Executive Committee Member)	-	1,800
Dr. Yasmeen Ehsan (General Secretary)	50,000	-
	<b>292,100</b>	<b>1,046,800</b>

## 11. CONCENTRATION OF GRANTS

Concentration of grants arises when the grants received by the entity are from the donors that belong to similar economic environments that would cause their ability to donate to be similarly affected by changes in economic, political or other conditions. Details of the grants received by the Society are as follows:

	<i>Note</i>	<i>Amount in Rupees</i>	
		2015	2014
UNICEF		9,011,626	17,508,575
UNFPA		673,841	290,245
Related parties	<i>10</i>	292,100	1,046,800
Other local donors		19,272,931	14,365,826
JSCD	<i>11.1</i>	991,000	1,689,658
		<b>30,241,498</b>	<b>34,901,104</b>

*11.1* It is a contribution of Jalandad Society for Community Development in UNICEF (Health project) as per agreement.

## 12. FINANCIAL RISK MANAGEMENT OBJECTIVES AND POLICIES

**Financial risk factors**

The Society's activities expose it to a variety of financial risks which include market risk (including currency risk, interest rate risk and price risk), credit risk and liquidity risk. The Society's overall risk management programme focuses on the unpredictability of financial markets and seeks to minimize potential adverse effects on the financial performance of the Society and provide maximum return to the society.

## a) Market risk

## (i) Currency risk

Currency risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in foreign exchange rates. The Society is not exposed to currency risk as all the material transactions of the Project are denominated in Pak Rupees.

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**(ii) Interest rate risk**

Interest rate risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market interest rates.

The Society's income and operating cash flows are dependent on changes in market interest rates to the extent of Society's investment in interest-bearing assets. The Society is not exposed to interest rate risk as it hold no interest bearing instruments or investments.

**(iii) Price risk**

Price risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market prices (other than those arising from currency risk or interest rate risk), whether those changes are caused by factors specific to the individual financial instrument or its issuer, or factors affecting all similar financial instruments traded in the market.

The Society is not exposed to equity securities price risk.

**b) Credit risk**

Credit risk represents the risk of financial loss being caused if counter parties fail to discharge an obligation.

Credit risk of the Society arises mainly from advances, deposits and cash at banks. To reduce the exposure to credit risk the Society has developed an approval process whereby credit limits are applied to its employees. The credit risk on liquid funds is limited because the counter parties are mainly employees of the Society and banks with reasonably high credit rating.

The maximum exposure to credit risk at the reporting date is as follows :

	<i>Amount in Rupees</i>	
	2015	2014
Advances to employees	158,500	375,500
Cash at bank	1,171,574	640,534
	<b>1,330,074</b>	<b>1,016,034</b>

*All advances to employees are past due within 90 days from balance sheet date.*

***Credit ratings of banks***

Detail of credit rating of banks in which cash is held is as follows:

A1+	1,157,504	633,241
A1	-	7,293
	<b>1,157,504</b>	<b>640,534</b>

**c) Liquidity risk**

Liquidity risk represents the risk that the Society will encounter difficulties in meeting obligations associated with financial liabilities. Prudent liquidity risk management implies maintaining sufficient cash and bank balances.

The Society liquidity management involves projecting cash flows and maintaining level of liquid assets necessary to meet these risks.

*Rajeev*

## 13. Number of employees

The total number of employees as at June 30, 2015 were 25 (2014: 75).

## 14. DATE OF AUTHORIZATION FOR ISSUE

These financial statements were authorized for issue on 26 Oct 2015 by the Management Committee of the Society.

## 15. GENERAL

- i) Figures in the financial statements have been rounded off to the nearest rupee.
- ii) Corresponding figures have been re-arranged, wherever necessary, for the purpose of comparison.

*Rosy*

  
PRESIDENT

  
SECRETARY