



ANNUAL REPORT

2022-2023

**JAHANDAD SOCIETY FOR COMMUNITY
DEVELOPMENT**

President's Message:

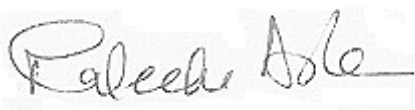
It is with immense pride that I share the completion of another successful year for the Jahandad Society for Community Development (JSCD). Our commitment to serving humanity has expanded to new heights, and I am thrilled to present the JSCD Annual Report for 2022-2023. This year has been a significant milestone, serving as a crucial step toward realizing our long-term vision of empowering those deprived of basic necessities and equipping them to create opportunities for themselves and others. I extend my deepest gratitude to all the staff, partners, and stakeholders associated with JSCD for their unwavering support and tireless efforts in making this success possible.

Since our establishment in 2002, with a mission to serve underprivileged populations across the nation, JSCD has focused on some of the most geographically challenging areas of Pakistan. Now, as we celebrate 21 years of dedication to this noble cause, we reflect on our journey through numerous challenges. Despite the obstacles, JSCD has remained resilient, achieving remarkable progress in health, education, economic empowerment, and the socio-economic upliftment of marginalized communities, particularly women and children.

At JSCD, we believe there are no limits to what we can achieve. The success we've cultivated through our passion for working with the underprivileged inspires us to continue with the same fervor. Our progress over the past year demonstrates the power of strong strategic direction and the collective efforts of hardworking individuals and organizations.

It has been an honor and a great encouragement to receive the support of both national and international organizations throughout the year. Their collaboration has enabled us to efficiently pool our efforts and resources towards a common goal, making us stronger together. We hope these relationships will continue to flourish, bringing long-term benefits to our members and the broader community.

I extend my heartfelt gratitude to every individual and organization that has contributed to our mission, supported us, and enabled JSCD to thrive. I wish everyone associated with JSCD the very best and firmly believe that through our collective endeavors, we can bring prosperity to the underprivileged communities across the country



Dr. Maliha Aslam
President, JSCD

Contents

FREE FOOD PROGRAM	4
FOOD PROGRAM AT SGRH	4
RATION TO POOR FAMILIES	4
EMERGENCY RELIEF	5
EDUCATION SCHOLARSHIP PROGRAM	7
HEALTH.....	8
Support for continuity of Maternal, New-born and child health services in Flood affected areas of Rajanpur	8
Introduction	8
The Main Objectives of the Project:	9
District Rajanpur	10
Geographical Areas Covered in Rajanpur	10
Orientation and Capacity Building of Project Staff	11
Prevention from Diseases Spreading After Flood	1
Picture Gallery	3
Survey Report (Rapid Assessment Questionnaire)	9
Summary of Demographic Information	9
B1. Source of Information	10
B2. Helpful Information that they didn't Receive	10
B3. Insight related to Helping Agencies	11
B4. Persons or Organizations that Provided Help	11
B5. Kind of Help they Received	11
B6. Support they Require to Make their Lives Better	11
Visit by UNICEF Team	12
Mosquito Net Distribution.....	0
Picture Gallery	0
Visit by Dr. Saira (Health Officer UNICEF)	1
Meeting with CEO and DHO Rajanpur	0
Picture Gallery	3
Pregnant Women and targeted children Referred for Routine Vaccination.....	6
Picture Gallery	7
Orientation Meetings of Community and Religious Leaders on Project Interventions.....	0
Picture Gallery	2
Trainings of Health Workers (Doctors, LHVs, Nurses) on Helping BabyBreath (HBB)	0
Picture Gallery	1
Orientation sessions of LHWs on HBNC and EENC	3

Picture Gallery	5
Trainings of healthcare workers (Doctors, Nurses, LHV's) on PSBI	0
Picture Gallery	0
Health awareness sessions for PLWs and Adolescent Girls visiting health facility by medical officer on immunization and MNCH	5
Picture Gallery	6
Health screening sessions in schools through SH&Ns	10
Picture Gallery	11
Orientation sessions of Peer Councillors from non LHW covered areas	14
Picture Gallery	15
Distribution of Supplies in Flood Affected Areas (Mosquito Nets and Clothing)	16
Picture Gallery	17
Consultancy Visits of Doctors for Mentoring Health Facilities and Orientation of Health Facility Staff.....	20
Picture Gallery	21
Health Facilities Restored Through Minor Rehab, Supplies and Branding.....	23
Picture Gallery	25
Review Meetings Conducted with District Govt. Health Management Team and Other Stakeholders for Project Review, Updates and Future Actions	27
Picture Gallery	27
Monthly Review Meeting with Project Staff	29
Picture Gallery	30
Fistula Repair Project.....	31
Fistula Repair Centre	32
JSCD committees.....	0
Audit Committee.....	1

FREE FOOD PROGRAM

FOOD PROGRAM AT SGRH

One of the significant challenges Pakistan faces today is malnutrition, which stems from deep-rooted issues such as poverty, low food consumption, and the intake of food with inadequate nutritional value. Alarming, the country has one of the highest rates of malnutrition, a problem that is both complex and pervasive. Deficiencies range from protein to iodine, contributing to various health issues that perpetuate a vicious cycle. Maternal malnutrition plays a critical role in this cycle, as malnourished women give birth to undernourished children who often remain malnourished throughout their lives, making the problem endemic in the region. Malnutrition is not solely due to inadequate dietary intake but is also influenced by interrelated factors such as household food insecurity, inadequate maternal and childcare, and poor health and environmental services.

Recognizing the importance of proper nutrition for individual well-being, JSCD has taken a strong initiative to provide quality food to those in need. With the capacity to serve over 800 patients twice daily, JSCD has been successfully operating a Free Food Program at Sir Ganga Ram Hospital (SGRH) in Lahore since 2000. This welfare service also extends to children suffering from thalassemia at the Thalassemia Center within the hospital.

This program is sustained through the generosity of philanthropists who regularly donate to the cause, as well as the wholehearted contributions of many who recognize and support JSCD's efforts. The food is prepared in a purpose-built kitchen managed by a dedicated JSCD staff of 12 members, including 6 cooks, 4 helpers, a store in charge, and a supervisor. JSCD also conducts client satisfaction surveys, which have shown that patients are satisfied with both the quality and quantity of the food provided.

RATION TO POOR FAMILIES

Providing free rations to impoverished families in Lahore is another key welfare activity undertaken by JSCD. In 2022-2023, a total of 130 families were registered and received monthly rations from JSCD. The rations provided to each family include the following items:

- Flour: 10 kg
- Pulses: 2 kg
- Rice: 4 kg
- Tea: 200 g
- Sugar: 2 kg
- Ghee: 2 kg

EMERGENCY RELIEF

JSCD has been on the forefront of providing relief during disasters in the country. JSCD has a very experienced team that has acquired expertise in emergency and disaster relief work. Depending upon the situation, JSCD has provided;

1. Shelter through establishment of camp villages,
2. Food and Non-Food Items (NFIs) such as clothes, utensils, hygiene kits etc.
3. Medical services through medical and surgical relief camps
4. Water and sanitation services

JSCD is amongst the leading organizations providing relief during disasters in the country including;

1. COVID-19 Pandemics (2021)
2. COVID-19 Pandemics (2020)
3. Land sliding and heavy rain in Gilgit-Baltistan (2020)
4. Earthquake Relief Shangala, (2015)
5. IDPs of Waziristan (2014)
6. Floods in Rajanpur and Muzaffargarh (2010)
7. IDPs of Swat (2009)
8. Ziarat earthquake (2008)
9. Balakot and Kashmir Earthquake (2005)



Balochistan Flood 2022:

In August 2022, Pakistan received higher rainfall than usual, with the provinces of Balochistan 500% more than the usual August average.

While thousands of people across Pakistan have suffered on account of heavy rains and flooding, people in Balochistan, the country's poorest province with minimum infrastructure and where the majority of people in villages and towns live in mud houses, have been the worst affected.

Flooding in Balochistan killed 244 people. In many areas, rainwater infiltrated many homes and made them uninhabitable.



Many families were displaced. 426,897 houses have been either been damaged or completely destroyed, and 304,000 acres of crops were lost. Over 1 million cattle have also been killed.

According to the Relief Commissioner Provincial Disaster Management, Balochistan's capital Quetta has been declared a disaster area due to rains, and an emergency had been declared in the province.

This tragic flood catastrophe put tremendous pressure on country's physical, financial and human resources and there was an acute shortage of food, clean water, clothing, shelter, and medicines. Thus the floods had a multi-dimensional impacts on nearly all spheres of life (social, economic, political, and environmental) and resulted in collapse of the already fragile basic social services.

The Government of Pakistan directed all government and non-governmental entities to carry out relief efforts to ensure the coincidence of hunger, and water-borne diseases. Jahandad Society of community development distributed 1000 Ration Packs to ensure non-prevalence of hunger and air-water borne diseases amongst its residents of Balochistan.

JSCD was on the frontline for providing relief services in humanitarian situations in all the four provinces in Pakistan. During the floods

Each family was provided with the following ration

- 10 kgs of Atta/flour
- 05 kg rice
- 02 kgs lentils
- 02 ½ kgs ghee
- 02 kg sugar



Donation for Flood Victims Rajanpur:

Pakistan has been hit by the worst flood in its history resulting in thousands losing their lives and millions being displaced. Please join JSCD in providing relief to the victims of massive flood in Pakistan.

JSCD has adopted 700 families in the worst hit district of Rajanpur. JSCD shall be supporting these families for a period of three months.

- 10 Days Ration
- 10 Kg Atta,
- 05 Kg Rice
- 2.5 kg Ghee
- 02 Kg Daal
- 02 Kg Sugar
- 01 Salt bag
- 01 Other Spices bag
- 01 Tea Pack



EDUCATION SCHOLARSHIP PROGRAM

Since 2004, JSCD has launched the "JSCD Scholars Program" to support students and individuals in need of professional training in various fields. Thanks to the generosity of private donors, numerous young men and women have benefited from this initiative.

In the early stages of the program, 15 young men and women seeking professional training and demonstrating strong abilities received funding for their degrees. Additionally, 30 high-achieving matriculation students, who lacked the resources to continue their education, were also supported through this program.

JSCD continued its scholarship program in 2022-2023, providing educational scholarships to students in need.

HEALTH

Support for continuity of Maternal, New-born and child health services in Flood affected areas of Rajanpur

Introduction

Pakistan is one of the most vulnerable places in the world when it comes to climate changes. When we talk specifically about floods, Pakistan has a long history of intense floods. It has gone through around 24 major floods in 75-years history. But still Pakistan doesn't have any strategy to handle water flow during monsoon season. Moreover, due to the absence of disaster management mechanism, people of affected areas suffer heavily every time flood hit. These floods affected more than 599,459 square kilometers area, hundreds of thousands of villages and housing, and snatched thousands of valuable lives. Moreover, according to The Express Tribune reports, Pakistan goes through more than \$800 million loss each year and around USD 10 billion in the past due to poor disaster management. Now, intractable economical condition hampered the capacity to deal with ongoing fall-out, leading to worsening of humanitarian crisis.

Now, Pakistan is going through the world's deadliest flood since June 2022 that was caused by the heavier than usual monsoon rains and melting glaciers. According to the statistics given by Pakistan's National Disaster Management Authority, more than 33 million people are affected by the current flood and more than 1 million houses are either destroyed completely or damaged partially. Continuous rains are worsening the condition of people dislocated in affected areas. Tens of thousands of square kilometers land is under water and more than 1,500 people were killed till date, according to NDMA. Moreover, recorded injuries in affected areas are more than 12,800 including over 4,000 children. The fear is that this number is going to increase due to infections, poor health related facilities, continuous rains, and coming winter season as people don't have housing facilities. Around 5,500 undamaged schools are being used to provide shelter to affected people but still this number is unable to cover such large number of affected population. Condition in flood affected areas is such devastating that Pakistan's climate minister, Sherry Rehman said, "It's all one big ocean, there's no dry land to pump the water out," calling it a "crisis of unimaginable

proportions. And almost one third of Pakistan is under water and it doesn't seem to dry in coming 2 to 3 months.

Flood hit 116 districts across Balochistan, Sindh, Khyber Pakhtunkhwa, Gilgit Baltistan, and Punjab among which 66 are the most affected ones. In affected districts millions of people are unable to get access to health care and medical facilities because around 888 health facilities are damaged completely or partially. Due to destroyed roads, it got difficult for health workers to reach there, especially rural areas. Another key concern raised in affected areas is waterborne diseases like diarrhea and gastroenteritis. Moreover, vector-borne diseases like malaria and dengue fever are also spreading due to increase in the mosquito population in the stagnant water.

Other than these diseases, disruption in the access to life saving vaccines to children under age 5 and pregnant women is another major issue. Because most of the infrastructure that was previously in use to provide access to immunization is now washed out. According to WHO, Pakistan has reported 15 cases of wild polio virus and 4,500 cases of measles in year 2022 and if the immunization process wouldn't resumed, there are chances of increase in number of such cases.

To support people facing catastrophic flood, UNICEF is partnering with Jahandad Society for Community Development (JSCD). JSCD is a non-governmental and non-profit organization that is working towards sustainable community development and provides a range of services in the field of health, education, and socio-economic status of the underprivileged and marginalized people of Pakistan with particular emphasis on women and children. Currently, JSCD in partnership with UNICEF and working to support continuity of Maternal, New-born, and Child Health Services in flood affected areas of Rajanpur, district of Punjab, Pakistan.

The Main Objectives of the Project:

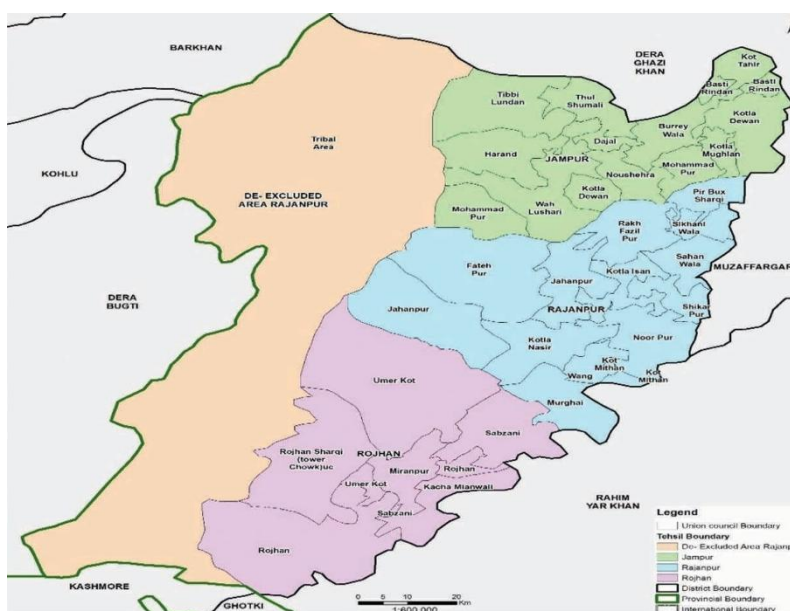
- To support District Health Authorities for continuity of MNCH and Immunisation services in selected UCs of Rajanpur especially in LHW uncovered and hard to reach areas.
- Capacity Building of frontline workers on community engagement, IPC Skills and Psychosocial support.
- Engaging the communities for raising their awareness on preventive aspects of maternal and child health and connecting them to healthcare delivery system with special focus on immunisation and new-born care.

- Regular reporting on situation on ground and on agreed indicators including the number of beneficiaries (All the data has to be gender disaggregated).

JSCD is partnering with UNICEF to achieve above mentioned goals in selected UCs of Rajanpur, District of Punjab, Pakistan. A report of successful planning and implementation of activities in the Rajanpur districts is presented below.

District Rajanpur

Rajanpur is a district of province of Punjab, Pakistan, lying west of Indus River, consisting of 1,201,419 population. Majority of this population is living in rural areas. According to the census of 2017, inhabitants of Rajanpur are mostly Saraikis (74.61%) and Baloch, (18.7%). Only 2.93% are Urdu speaking, and 2.74% are Punjabi speaking.



Geographical Areas Covered in Rajanpur

JSCD is serving in 15 UCs of District Rajanpur which are listed below:

Sr. No.	UC Name	Tehsil	Total Population	BHU/RHC Name
1	Hajipur	JAM PUR	50967	RHC Hajipur
2	Harrand	JAM PUR	45429	RHC Hurrand
3	Bakhar Pur	JAM PUR	59067	BHU Dirgari

4	Lundi Sedan	JAM PUR	34639	ZCD Lal Garh
5	Waha Lashari	JAM PUR	26147	ZCD Meeran Pur
6	Dajal	JAM PUR	62582	RHC Dajal
7	Salampur	JAM PUR	25043	BHU Salam Pur
8	Fazilpur	RAJAN PUR	54,479	RHC Fazil Pur
9	Jahanpur	RAJAN PUR	47349	BHU Jahanpur
10	Fatehpur	RAJAN PUR	31054	BHU Fatih pur
11	Wang	RAJAN PUR	56866	BHU Wang
12	Shikarpur	RAJAN PUR	42118	BHU Shikar pur
13	Rojhan	ROJHAN	68113	THQ Rojhan
14	Meranpur	ROJHAN	54370	BHU Meran pur
15	Umerkot	ROJHAN	40896	BHU Umar kot

Orientation and Capacity Building of Project Staff

JSCD conducted an orientation and capacity building session for community mobilizers through trained resource persons on ‘Support for Continuity of Maternal, New-born, and Child Health Services in flood affected areas of Rajanpur’. Ms. Fahmida Ghazi from the Health department conducted this orientation and capacity building session. 28 community mobilizers attended this informative session and received required training to provide support to pregnant women, newborn, and their families. The aim of this orientation session was to increase the knowledge and competencies of the project staff so, they are well prepared while providing awareness to public.

Community mobilizers were provided detailed guidance and were briefed about their role in the community and their key responsibilities.

Capacity building session comprised of information related to number of necessary visits that every pregnant woman should do to nearest health center. Moreover, they were guided about the importance of trained birth attendants and delivery of the newborn in health



center and how much it is necessary for both mother and child.

Additionally, trainer of the session educated the Community mobilizer about the necessity of well-balanced diet for the pregnant woman and the baby. They were guided about the pros and cons of maintaining good diet during whole pregnancy and hormonal changes in the mothers. They were also briefed on the Anti-natal care and vaccination required during pregnancy. Another important point discussed during the training session was the Guidance related to Family planning. Community mobilizers were also guided about the involvement of family members, especially husband and mother-in-law of the expecting woman. Because these two members of a family are basic pillar of decision making in these households.

Additionally, training was provided to Community mobilizers about the methods that families of expecting ladies can use to save money for the delivery at health center, to hire transport to reach health center, for buying required medical kit, and if the newborn or mother require any additional treatment after delivery. They were educated how they can convince the families to choose a safe delivery at health center instead of delivery with the help of untrained birth attendants and putting the life of newborn and mother at risk.

Moreover, staff was also provided knowledge about the signs and symptoms that should be observed carefully and pregnant woman going through those signs should immediately consult with the health service provider in nearest health center. In addition to it, community mobilizers were also provided knowledge about the care required for the mother and child after delivery, importance of breastfeeding, number of visits one should make after delivery, and precautionary measures that should be taken to ensure health and safety of baby and mother.

Further, family planning, birth control methods available, and benefits of family planning for mothers, children, and husbands were also part of this capacity building session. Guidance on the identification of symptoms of diarrhea and its treatment was also provided to Community mobilizers. Additionally, they were also educated about the malaria, its symptoms, and preventive measures that families can take.

Community mobilizers were required to utilize the skills they got during this training and capacity building session to facilitate pregnant women and newborns, and to guide their

families.

At the end of the session, it was ensured that the community mobilizers were able to provide guidance on the following topics:

- ☐ Importance of visits to health center during pregnancy.
- ☐ Requirement of well-balanced diet for mother and growth of baby.
- ☐ Need of proper health facility during delivery or pros of going to health center for delivery.
- ☐ Importance of breastfeeding for the newborn.
- ☐ Why it is important to breastfeed the child right after the birth?
- ☐ Benefits of family planning for the whole family.
- ☐ Schedule of EPI and its benefits for the newborn
- ☐ How families can facilitate the growth of newborn and what are the signs that require attention, and interference of health professional is required.
- ☐ What actions families should take if the mother or the newborn is having certain symptoms i.e., fever, fits, difficulty in breathing, or headache, etc.
- ☐ How the mother and the neonate can be protected from several diseases?
- ☐ Guidance for mothers that how they can take care of the child, if he or she is having loose motion, making and use of ORS, and when the child should be taken to the health center for professional assistance.
- ☐ Role that Community mobilizers can play if they found children suffering from PSBI.
- ☐ Reasons of newborns death and identification of serious symptoms.
- ☐ Diarrhea due to nutritional deficiencies, its symptoms, and treatment method.
- ☐ Need of ORS and Zinc syrup for the baby having diarrhea and dosage required.
- ☐ Guidance that needs to be provided to the mothers related to liquid and food intake for child having diarrhea.
- ☐ Knowledge about Malaria, its symptoms, and preventive measures that families should take.

Maternal, New-born, and Child Health Awareness Activities

Community mobilizers of JSCD conducted **1745** awareness sessions with male community members and **1667** awareness session with female community members in 15 union councils of District Rajanpur and approached **52,775** men, women, and children altogether. The purpose of these awareness session was the engagement of the communities for raising awareness on inclusive and preventive aspects of MNCH and connecting them to healthcare delivery system with special focus on immunization, under 5 children and new-born care, improvement in Health Indicators (EPI and MNCH) mainly for PLWs and under 5 children.

Moreover, during awareness sessions it was ensured that women especially PLWs, adolescent girls have timely access to culturally appropriate gender and age sensitive information and interventions to improve preventive and curative practices. Orientation on handwashing and personal hygiene was also provided to attendees. Messages of PSEA were also given to participants especially in sessions with adolescents.

People were also provided information about the functional health facilities nearby and services they can get from there. Moreover, health related topics focusing majorly maternal and newborn health were topic of discussion in awareness sessions with community. Pregnant women were guided about the precautionary measures that they should take, birth preparedness, and about their visits to health facilities for regular checkup. Additionally, newborn care, immunization, and postnatal checkups were also topics of discussion in community awareness sessions.

These awareness activities served the following objectives:

- Engagement of community regarding preventive measures related to maternal and child health.
- Identification and referral of unimmunized children to health facilities.
- Connecting pregnant women to healthcare delivery system.
- Supporting continuity of MNCH and Immunization services.
- Spreading awareness related to prevention from vector-borne diseases.

During these meetings discussions have been carried out on the following chief project indicators;

Maternal Health

Maternal health was the main topic of discussion in the awareness sessions. Community mobilizers provided people information about maternal health included Antenatal care, Birth preparedness, and postnatal checkups. Pregnant women not connected to health facilities

were referred to nearest health facilities. Group meetings provided awareness on the importance of regular antenatal visits. Pregnant Lactating Women (PLWs) were referred for high impact health services.

Child and New-born Health

The other major targeted area was child and new-born health. The efforts were made to ensure that newborns receive early routine postnatal care within 2 days following birth. Additionally, community mobilizers identified sick new born in communities and referred them for appropriate newborn care. People were also informed about child health care included, Birth registration, Breast-feeding, Compliance with EPI, and PSBI were topic of discussion in awareness sessions too. Importance of birth registration, early and exclusive breastfeeding, role vaccine plays to prevent illnesses, disability and mortality from childhood diseases.

Prevention from Diseases Spreading After Flood

- ☐ Dengue
- ☐ Malaria
- ☐ Diarrhea

Prevention from diseases i.e., malaria, dengue, and diarrhea were also important topic of discussion in targeted union councils. Community mobilizers educated people about vector- born diseases and how people can protect them by maintaining hygiene, washing hands, and using clean water to drink. Moreover, they were also provided awareness about the methods that they can adopt if they got any of these diseases i.e., method of making ORS was discussed during sessions.

Below table contains the data of maternal, newborn and child health awareness sessions and number of beneficiaries in each union council:

Sr. No.	Union Council	Health Facilities	Total No. of Beneficiaries (Male)	Total No. of Beneficiaries (Female)
1	Haji Pur	RHC Haji Pur	2018	2162
2	Fazil Pur	RHC Fazil Pur	1775	2165
3	Harrand	RHC Harrand	1726	1905
4	Bakhar Pur	BHU Drigri, ZCD Bakhar Pur	1751	1645
5	Lundi Sedan	ZCD Lal Garh	1598	1321
6	Waha Lashari	ZCD Meeran Pur	1399	1418
7	Naoshare Garbi	BHU Salam Pur	1782	1369
8	Rojhan	BHU Rojhan	1490	1422
9	Meran Pur	BHU Meeran Pur	1598	2137
10	Dajal	RHC Dajal	1892	1358
11	Wang	BHU Wang	2116	2136
12	Jahan Pur	BHU Jahan Pur	1736	1078
13	Fateh Pur	BHU Fateh Pur	1984	2038
14	Shikar Pur	BHU Shakar Pur	1903	2035
15	Umerkot	BHU Umer Kot	1958	1860
Total Beneficiaries from 15th September till 30th March			26726	26049
			52775	

Picture Gallery















Survey Report (Rapid Assessment Questionnaire)

JSCD also gathered information about the people of affected areas by conducting interviews based on Rapid Assessment Questionnaire. A summary of these interviews is given below:

Summary of Assessment Questionnaire Confidentiality and Consent

Data was collected from a total of 28 members of flood affected community and it was ensured that data from all 14 UCs of Rajanpur must be included. All the participants were ensured that their identification will be kept confidential, and their participation is voluntary, and they can leave the survey anytime they want. All the participants approached gave consent to participate in the survey.

Summary of Demographic Information

According to the data, 14 males and 14 females were approached to get point of view of both genders. All the females belonged to Union councils and villages. Females of different age ranges were included: 21.4% females were between 25-29 years, 42.8% between 30-39 years, 7% between 40-49 years, and 28.5% were of 50 years and above age. In female community members surveyed, 92.8% were uneducated and only 7% have primary education level. And all of them were housewives.

Similar to the female survey data, most of the male participants belonged to union councils and villages. As 92.7% male participants belonged to union councils and villages and only 7%

belonged to tehsil and city. According to data, 14.2% male respondents were between 18-24 years age range, 28.5% between 25-29 year, 42.8% between 30-39%, and 14.2% between 40-49 years. Additionally, question related to the education of male survey respondents showed that 35% of the total surveyed male population was not educated, while 42.8% had primary level of education, and only 21.4% had secondary level of education. Most of them were self-employed or unemployed. According to the data, 57% were self-employed, 35.7% were unemployed, and only 7% were employed.

B1. Source of Information

Survey depicted that 92.8% females who were uneducated had the only source to get information related flood and that was their family and community members. While the 7% female who had primary level of education also received information for self and family protection through media and mobile phone.

In contrast to female respondents, male survey respondents received information related to flood through multiple sources. As 35.7% received information from family members and community, 35.7% received information through mobile phones, 14.2% received from religious leaders, 7% received from teachers, and 7% received from focal person or local government office.

B2. Helpful Information that they didn't Receive

Only 50% of the females answered this question and rest of the participants preferred not to say anything. All the females who responded to the question reported that they didn't receive any information related to flood as there weren't any awareness campaign to inform them about the flow of flood and when the flood will hit their village. Participants also reported that there wasn't any information that would have helped them to take precautionary measures.

Like female respondents, male survey respondents also reported that they didn't get any information related to flood. According to them, they didn't have information related to areas that will get affected by flood, speed and flow of flood. Moreover, male participants reported lack of knowledge or information about the ongoing rains.

B3. Insight related to Helping Agencies

When the female participants were questioned about the agencies or organization they can contact when they need help, not a single female had any information. 92.8% females reported that they are not sure and 7% reported that they don't know.

Similar to female survey respondents, male respondents also denied any information related to agencies or organization to whom they would have contacted. 71% responded by saying 'not sure', 21.4% reported having 'no information', and only 7% who reported to get information from focal persons or local government office responded 'yes'.

B4. Persons or Organizations that Provided Help

Female participants of the survey reported that local people, social workers, and influential people of their villages helped them during flood emergency. 35.7% of the female participants reported that local people helped each other while 57% participants reported that social workers along with local people helped them.

Almost same statistics were reported by the male participants when they were inquired about the source of help they received. 35.7% reported that local community members helped each other to reach safe places, other 35.7% reported that influential people of their villages provided them with food and helped them to move to safe places. According to rest of the 21.4% respondents, social workers provided the support.

B5. Kind of Help they Received

85.7% of the total female survey respondents reported that people and organizations provided them food, drinking water, and medicine. While 14% reported that they received help to move their families, valuable items, and animals to safe places.

According to male community members surveyed, they received help to save their lives and to move their families and animals to safe places. Moreover, influential people, social worker, and local people provided them with food, drinking water, and tents.

B6. Support they Require to Make their Lives Better

When female survey respondents were asked about the kind of support they require that

will make their lives better, 92.8% responded that they require help in building their destroyed homes and renovation of partially destroyed homes. Moreover, the major concern of these females was the employment of their husbands. So, they asked for help to provide them with

job opportunities. 7% of the female respondents asked for financial help for their agricultural land.

As reported by females, male participants also want help in rebuilding their homes, and small business set-ups or job opportunities. 72% told that for a better life in future, they need support in rebuilding homes, and they could be supported by providing them source of income. Further, 7% asked for financial help, and 14.2% asked for help in growing crops after flood.

Visit by UNICEF Team

UNICEF delegation along with Mr. Abdullah A. Fadil, who has been the Representative of the United Nations Children's Fund

(UNICEF), visited communities affected in Rajanpur. The purpose of the visit was to observe the estimated damage to the community due to flood and its impact on people. The project team facilitated the visit of Mr. Abdullah Fadil, Country representative and Mr. Wilbroad

Ngambi, Chief of Field Office. UNICEF delegation was briefed about the current situation of flood hit areas of Rajanpur. They visited health, wash, child protection, education, and nutrition UNICEF camp in UC Sahan Wala.



Mosquito Net Distribution

People in flood-hit areas are spending their nights without shelter. Currently,



spread of mosquitos due to stagnant water is making lives of people even worse. It arises the need of adequate shelter, which is going to take time. But mosquito nets can give these unfortunate people some relief. JSCD is distributing mosquito nets with the help of UNICEF among women in flood affected areas of Rajanpur. Its main purpose is to protect pregnant women and newborn babies from dengue, malaria, and other diseases spreading due to mosquitos.

As health system has also been affected during 2022 flood hit and catering such large number of people in local hospitals is not possible. So, it is best to work at a preventive level. So, providing these deprived people with mosquito nets is a dire need of time.



Women visiting health care facilities in different union councils were provided with mosquito nets to prevent themselves and their children from dengue malaria, and other diseases spreading due to mosquitos.

Picture Gallery



Visit by Dr. Saira (Health Officer UNICEF)

Dr. Saira, Health officer UNICEF also visited Rajanpur District and observed the awareness activities in different union councils. She attended the male and female awareness sessions in Basti Lagarhi, UC Wang and appreciated the efforts of JSCD in field. Moreover, she met community mobilizers working in district Rajanpur.



She also visited BHU Wang and had meeting with CEO health to ensure the smooth working in the community. After meeting with CEO health, she visited JSCD office in Rajanpur and had meeting with community mobilizers, Project Manager, and field coordinators. She appreciated the working of whole program team.



Meeting with CEO and DHO Rajanpur

Project Manager and M&E officer of the project had meeting with CEO health Rajanpur and DHO Rajanpur to ensure the necessary support from District Health Authority. During the meeting district health authorities were informed about the current project of JSCD in district Rajanpur, objectives of the project, and



required support for successfully running the project in field.

Moreover, the services that JSCD is providing to the targeted population in this project and expected outcomes were also discussed. Further, the project intervention in use, the areas covered, current condition of affected people, and planned activities of the project were also

discussed. Both CEO health and DHO Rajanpur ensured their support for the project which will be helpful for smooth working and implementation of project interventions in the field. Additionally, it will ensure collaboration among other health facilities and the project team of JSCD.



Program supervisory team also had meetings with Health Officers of RHCs and BHUs and visited EPI rooms too. Mosquito net stock record and medicine availability was also put on



record. These meetings helped to understand the difficulties faced in these health facilities and provided liaison between health department and JSCD.

Field Visit by Supervisory Team

Supervisory team members including Project Manager, Field Coordinators and Monitoring Officer conducted field visits in different Union Councils during last month to observe the implementation of plans in the field. Moreover, they monitor the awareness activities, and interact with targeted population. Dr. Khalid from UNICEF also visited different union councils and observed the awareness sessions of both male and female community mobilizers.

Project supervisory team add their valuable comments during the sessions and also assessed the understanding of beneficiaries to evaluate the effectiveness of these



awareness sessions. Community mobilizers ensured that they were using simplest and familiar terms with people, so they can comprehend easily. These efforts of community mobilizers were appreciated by the project manager.

Moreover, supervisory team also addressed the queries of community mobilizers related to awareness activities. Feedback from the community was also taken to get insight of people's understanding of the maternal and newborn health, it's important, and what they think about it.

Community mobilizers working actively in the field were appreciated and who needed improvement in the delivery style or activities were guided to improve the effectiveness of the program. These field visits of supervisory team helped to improve the efficacy of maternal newborn, and child health related awareness activities in flood affected areas of Rajanpur.

Program supervisory team also had meetings with Medical Officers of RHCs and BHUs and visited EPI rooms too. Mosquito net stock record and medicine availability was also put on record. These meetings helped to understand the difficulties faced in these health facilities and provided liaison between health department and JSCD.

Picture Gallery:









Pregnant Women and targeted children Referred for Routine Vaccination

Jahandad Society for Community Development (JSCD) also worked to mobilize communities for routine vaccination to ensure that pregnant women and children receive the required vaccines. JSCD trained its community mobilizers to educate and sensitize communities on the importance of routine vaccination for pregnant women and children. The trained mobilizers visited households in the communities, identified pregnant women and children who needed vaccinations, and referred them to health facilities for the required vaccines.

The mobilizers used various communication channels, including door-to-door visits, community meetings, and social media, to sensitize communities. During community awareness meetings people were provided awareness on maternal, new-born, and child health. Their queries and concerns were addressed too. At the same time community mobilizers also identified unimmunized children and pregnant and lactating women and referred them to health facilities where needed. Refusal cases were specifically addressed, and people were motivated to get their children vaccinated. Pregnant and lactating women were also referred for ANC and PNC.

Community mobilizers of JSCD build liaison with vaccinators and went to uncovered areas to get children vaccinated. Female community mobilizers also assisted pregnant women to health facilities for vaccination and checkups.

JSCD's community mobilizers reached out to a significant number of households and referred pregnant women and children for routine vaccination. The mobilizers identified and referred women for routine vaccinations such as measles, yellow fever, and polio

vaccines. Community mobilizers also referred children for vaccination for different diseases, including measles, polio, hepatitis B, and yellow fever. The mobilizers ensured that children had access to the required vaccines at the nearest health facility to their homes.

JSCD's community mobilizers also ensured that pregnant women and children received health education on the importance of routine vaccination. The mobilizers provided information on the benefits of vaccination, side effects of vaccines, and the importance of completing the vaccination schedule.

In conclusion, JSCD's community mobilizers played a critical role in informing and educating communities on the importance of routine vaccination. The mobilizers referred a significant number of pregnant women and children for essential vaccines, ensuring that they received adequate medical care. Their effort contributed to the improvement of the vaccination coverage rate in the communities, which was crucial in preventing and controlling vaccine-preventable diseases. Below is the data of referrals made by community mobilizers to health facilities from 15th September till 30th March:

Pregnant Women and targeted children Referred for Routine Vaccination			
	ANC	PNC	EPI
15th September-15th October	120	117	244
16th October-15th November	150	110	250
16th November-15th December	200	130	350
16th December-15th January	228	186	303
16th January-15th February	295	187	466
16th February-15th March	34	22	50
16 th March-30 th March	13	4	16
Grand total	1040	756	1679

Picture Gallery







Orientation Meetings of Community and Religious Leaders on Project Interventions

Involvement of community and religious leaders in any kind of campaign always proves beneficial as community and religious leaders play a central role as communicators and educators in the development of the communities. Especially, when certain myths and belief are associated with certain treatments and vaccine, involvement of related people who have knowledge of religion concerning those myths is important. As religious leaders have much influence on people's opinions that's why they were approached by community mobilizers of JSCD and orientation meetings on project interventions were conducted by program executive team including program manager and field supervisors. Community leaders were also engaged in these sessions.

Community and religious leaders shared their positive views related to maternal and new born health care and how important it is for their community. They also ensured their complete support for continuation of the awareness activities by addressing these topics after prayers in mosques.

During this project, 30 orientation meetings were held with community and religious leaders in 15 union councils of district Rajanpur. Details of orientation of project intervention meetings with community and religious leaders held is given below:

Orientation meetings of community and religious leaders on project interventions:

Sr. No.	Union Council	No. of Meetings	No. of Participants
1	Haji Pur	2	53
2	Fazil Pur	2	44
3	Harrand	2	49
4	Bakhar Pur	2	39
5	Lundi Sedan	2	44
6	Waha Lashari	2	49
7	Naoshare Garbi	2	52
8	Rojhan	2	47
9	Meran Pur	2	44
10	Dajal	2	53
11	Wang	2	58
12	Jahan Pur	2	56
13	Fateh Pur	2	49
14	Shikar Pur	2	52
15	Umerkot	2	58
Total		30	747

Picture Gallery







Trainings of Health Workers (Doctors, LHVs, Nurses) on Helping BabyBreath (HBB)

The first few minutes after birth of a baby are very critical to reduce neonatal mortality. The three main causes of neonatal mortality are prematurity, birth asphyxia, and infections. In Pakistan, rate of neonatal mortality is very high due to unavailability of required equipment like ventilators and sometimes lack of training of health staff. So, JSCD took the initiative with the help of UNICEF to reduce the neonatal mortality rate by training the health workers including doctors, LHVs, and Nurses on Helping Baby Breath (HBB).



Helping Baby Breath (HBB) is a stimulation based neonatal resuscitation program that helps in low resource settings. HBB training focuses on the initial steps of resuscitation, including drying the baby immediately, providing warmth, and stimulation to breathe. Newborn require this help within first 60 seconds after birth which can increase the survival chances of the newborn born with asphyxia.

JSCD conducted 02 training sessions and 51 health workers were trained through these training sessions. These training sessions will prove a beneficial step in reducing the neonatal mortality rate.

Table: *Details of trainings of healthcare workers on HB*

Training of healthcare workers on HBB		
Sr. no.	No. of Trainings	No. of Participants
1	1	25
2	1	26
3	1	24

4	1	25
Total	4	100

Picture Gallery







Orientation sessions of LHWs on HBNC and EENC

Lady Health Workers (LHWs) are an important part in building a linkage between the community and health facilities. In 1994, LHWs Program was established in Pakistan with a primary goal to increase access to essential primary care facilities. Another purpose of this program was to support health system at community and household level.

Effective interventions to reduce neonatal deaths require appropriate care during pregnancy, care of mother and newborn during and immediately after delivery, and care of newborn during the first weeks of life. In Pakistan, still many women in rural areas didn't have access to health

facilities either due to financial issues or familial issues. Even if they get the opportunity to deliver their baby at health facility, they don't want to stay there for proper treatment and care if required.

Home Based Newborn Care (HBNC) is a great program to deal with hurdles in reaching health facilities. LHWs were trained by expert doctors to provide home based newborn care which will support the continuity of maternal and newborn and will help in reducing mortality rate. If LHWs identify serious issues, they refer the newborn to nearest health facilities. LHWs were also trained for Early Essential Newborn Care (EENC).

These training sessions started with the introduction to community IMNCI, HBNC, and EENC. After the introduction, trainer educated the trainees about the danger sign, assessment and classification of cough/difficulties in breathing, assessment and classification of diarrhea, assessment and classification of fever, and malnutrition in children between 2 months to 5 years. After a detailed discussion on these topics, video and case scenarios were discussed to further enlighten the LHWs on the subject matter. Role plays were also done to assess the understanding of LHWs.

Further, LHWs were also trained to handle newborns between 0-59 days. Introduction to PSBI was also given to LHWs which included danger signs, assessment and classification of cough/difficulties in breathing, fever, diarrhea, and jaundice. Moreover, LHWs were taught to assess child feeding.

LHWs were also taught how they can treat the child and in which circumstances child need to refer to health facility. Further, they were taught how the family can be counseled for treatment and follow-up. Role plays, videos and case scenarios were used to further elaborate the concept of PSBI. Through 15 trainings 304 LHWs were trained to support health system by providing HBNC and EENC which is a great step by JSCD with help of UNICEF.

Sr. No.	Union Council	No. of Orientation Session	No. of Participants
1	Haji Pur	1	20
2	Fazil Pur	1	20
3	Harrand	1	20

4	Bakhar Pur	1	23
5	Lundi Sedan	1	21
6	Waha Lashari	1	20
7	Naoshare Garbi	1	20
8	Rojhan	1	20
9	Meran Pur	1	20
10	Dajal	1	20
11	Wang	1	20
12	Jahan Pur	1	20
13	Fateh Pur	1	20
14	Shikar Pur	1	20
15	Umerkot	1	20
Total		15	304

Picture Gallery







Trainings of healthcare workers (Doctors, Nurses, LHV's) on PSBI

In these training sessions, health workers including doctors, nurses, and LHV's, learned to identify sick young infants for Possible Serious Bacterial Infections (PSBI). During these training sessions, health workers were trained to assess, classify, and treat sick young infants for PSBI. Further, they were guided to counsel mothers about the medicine usage, and why it's important.

Health workers were also guided about possible mistakes made by health workers and the consequent danger. They were also taught about the right way to use antibiotics to treat PSBI. Group discussions were part of these training sessions to elaborate the concept. Case scenarios were discussed and understanding of health workers were assessed by asking questions related to the scenario of a children presented with PSBI.

Health workers were also trained to identify every infant for Possible Serious Bacterial Infection or clinically severe infections and mothers should be guided about follow-ups. If referrals are refused or can't be made, how to make close follow-ups were also part of these training sessions. By 04 training sessions, 104 health workers were trained to deal possible bacterial infections in Young infants. These trainings will be beneficial in reducing number of neonatal deaths by early identification of signs of serious bacterial infections and by providing treatment immediately.

Below is the data of trainings of healthcare workers on PSBI:

Trainings of healthcare workers (Doctors, Nurses, LHV's) on PSBI		
Sr. no.	No. of Trainings	No. of Participants
1	1	25
2	1	26
3	1	28
4	1	25
Total	4	104

Picture Gallery









Health awareness sessions for PLWs and Adolescent Girls visiting health facility by medical officer on immunization and MNCH

Health awareness sessions for PLWs and Adolescent Girls visiting health facility by medical officer on immunization and MNCH were conducted by JSCD with the help of UNICEF.

In these awareness sessions, PLWs and adolescent girls were educated about the importance of additional care for newborn. To stress importance of neonatal care, people were provided with the statistics of newborn death in Pakistan. Moreover, PLW were educated about the reasons behind the neonatal mortality i.e., birth by untrained birth attendants.

PLWs were guided about the care newborn need right after birth. In addition to it, PLWs and adolescents were guided about the 06 important vaccines that every child should get till the age of 15 months. They were also guided about importance of vaccine for every child and cleared the prevailing myths about vaccine and how to treat the child if he/she gets fever after vaccine dose.

PLWs and adolescent girls also received detailed guidelines for taking care of newborns. Flipcharts were used to show danger signs and when parents should take the child for professional help. The importance of a balanced diet of mother and child was also part of these awareness sessions. Moreover, the importance of breastfeeding for the child and what shouldn't be given to the child was discussed. PLWs and adolescent girls were also guided about ANC & PNC. Family planning guidelines and its importance was also presented by medical officer.

Here are the details of health awareness sessions for PLWs and Adolescent Girls visiting health facility by medical officer on immunization and MNCH:

Sr. no.	Union Council	Health Facilities	Health Awareness sessions by WMO
1.	Haji Pur	RHC Haji Pur	7
2.	Fazil Pur	RHC Fazil Pur	8
3.	Harrand	RHC Harrand	8
4.	Bakhar Pur	BHU Drigri, ZCD Bakhar Pur	9
5.	Lundi Sedan	ZCD Lal Garh	8
6.	Waha Lashari	ZCD Meeran Pur	8

7.	Naoshare Garbi	BHU Salam Pur	8
8.	Rojhan	BHU Rojhan	9
9.	Meran Pur	BHU Meeran Pur	7
10.	Dajal	RHC Dajal	7
11.	Wang	BHU Wang	8
12.	Jahan Pur	BHU Jahan Pur	8
13.	Fateh Pur	BHU Fateh Pur	8
14.	Shikar Pur	BHU Shakar Pur	9
15.	Umerkot	BHU Umer Kot	8
	Total		120

Picture Gallery:









Health screening sessions in schools through SH&Ns

Health of students is an essential factor that contribute towards their learning. Many schools have inculcated health promoting behaviors that helped in not only physical development but also in better learning of students. Strong relationship between students' learning and their health inspired to make health screening sessions in schools through nutritionists as part of maternal, newborn, and child health project.

JSCD with the support of UNICEF planned and conducted health screening sessions in different government schools in 15 union councils of Rajanpur. Below are the topics covered by nutritionists in school sessions:



- Healthy food (balanced diet) and clean drinking water, and its importance
- Education about cleanliness, personal hygiene, and sanitation
- Vaccination and its importance
- Proper dispose of trash
- Prevention against common diseases
- Education about Prevention diseases
- Guidance and Counseling for adolescent students on puberty issues
- Awareness on road safety
- Anti-drugs and anti tobacco education

A total of **300** health screening sessions in different schools were conducted by nutritionists and more than **18503** students got benefitted from these sessions. During sessions, it was ensured that every student understood the information provided to them. Students were encouraged to ask questions and their queries were addressed. School teachers were also present during awareness sessions and were requested to keep educating students about cleanliness and personal hygiene.

Picture Gallery







Orientation sessions of Peer Councillors from non LHW covered areas

JSCD with support of UNICEF conducted 15 orientation sessions with peer councillor from non LHW covered areas. During the orientation sessions, peer councillors were oriented about possible serious bacterial infections (PSBI), antenatal care, postnatal care, health and hygiene, and EPI. Moreover, information related to TT vaccine and importance of balanced diet was provided to peer counsellors. The importance of breastfeeding and hygiene was also part of these awareness sessions. More than 300 peer councillors were provided orientation through these sessions.

Table shows the details of orientation sessions of peer councillor sessions from non LHW covered areas:

Sr. no.	Union Council	No. of Sessions	No. of Participants
1	UC Bakhar Pur	1	20
2	UC Noshera Garbi	1	20
3	UC Wang	1	20
4	UC Umer Kot	1	20
5	UC Meran Pur	1	17
6	UC Rojhan	1	24
7	UC Fteh Pur	1	20
8	UC Jahan Pur	1	20
9	UC Shakir Pur	1	20
10	UC Fazil Pur	1	38
11	UC Wha Lashari	1	22
12	UC Haji Pur	1	20
13	UC Harrand	1	19
14	UC Lundy Saydan	1	22
15	UC Dajal	1	20
Total		15	322

Picture Gallery





Distribution of Supplies in Flood Affected Areas (Mosquito Nets and Clothing)

Flood is one of the most common natural disasters in Pakistan, causing severe damage to lives and property almost every year. The flood-affected areas in Rajanpur faced immense loss and destruction, leaving the marginalized population in distress, particularly women and children. To assist them in their time of need, JSCD and UNICEF worked together to provide relief supplies, including 5000 mosquito nets and 5000 clothing.

Mosquito nets are an essential item for preventing mosquito-borne diseases like malaria and dengue. Therefore, 5000 mosquito nets were distributed among the women and children visiting health facilities in Rajanpur. The nets were of high quality and made of durable material, ensuring their prolonged use. It was ensured that the nets reached the right people. The distribution of mosquito nets was a massive success, as it helped reduce the risk of mosquito-

borne diseases in the flood-affected areas. The beneficiaries received the nets with gratitude, and it provided them with a sense of relief from the fear of being infected with diseases.

Other than mosquito nets, 5000 clothing items were also provided to the needy children. The distribution of clothing was held in health facilities during health awareness sessions by medical officers. The beneficiaries were very happy and grateful for the support provided to them.

Picture Gallery









Consultancy Visits of Doctors for Mentoring Health Facilities and Orientation of Health Facility Staff

Consultancy visits by doctors to health facilities are crucial in mentoring and orienting health facility staff on best practices in healthcare service delivery. These visits provided an opportunity for doctors to assess the quality of healthcare services being provided, identify gaps, and provide recommendations for improvement.

A team including Dr Saira Khan, MNCH Officer UNICEF; Dr. Khalida Aamir, Senior Consultant/Paediatrician; Dr. Nighat, Senior Consultant/Gynaecologist; Ms. Abida Javaid, Consultant, UNICEF, and Ms Ammara Imran, Focal Person IMNCI visited health facilities of all 15 targeted union councils and provided technical support and mentorship to health facility staff. The doctors visited the health facilities and interacted with the staff to identify areas that needed improvement or intervention. They reviewed medical records, observed clinical procedures, and provided recommendations for remedial actions. The doctors provided orientation on important aspects of healthcare service delivery, including patient safety, infectious disease control, and medication management.

Consultancy visits by doctors to health facilities have been instrumental in improving the quality of healthcare service delivery. The visits have provided an opportunity for doctors to mentor health facility staff on best practices in healthcare provision. Health facility staff have received

orientation on the importance of hygiene, patient safety, and effective communication in healthcare service delivery.

The visits have also provided an opportunity for health facility staff to seek clarification on various aspects of healthcare delivery, including diagnosis, treatment, and clinical procedures. The doctors have provided technical support, offered guidance, and mentored health facility staff on how to identify and manage various diseases.

Doctors have also provided recommendations for improving health facility operations such as improving record-keeping practices, ensuring adequate medicine supplies and adherence to clinical protocols.

In conclusion, consultancy visits by doctors to health facilities have been instrumental in mentoring health facility staff and enhancing the quality of healthcare service delivery. The visits have provided an opportunity for doctors to offer technical support and guidance, and for health facility staff to receive orientation on best practices in healthcare service delivery. Health facility staff have benefited from the visits by receiving education, clarification, and recommendations for improvement of healthcare services.

Picture Gallery







*A detailed compiled visit report is attached as a separate file

Health Facilities Restored Through Minor Rehab, Supplies and Branding

Recent floods caused massive destruction to health facilities in the affected areas as well, depriving the population of essential medical services. JSCD with support of UNICEF restored 15 health facilities in flood-affected areas through minor rehabilitation and branding. Moreover, necessary medicines, injections, and equipment were also provided to targeted health facilities.

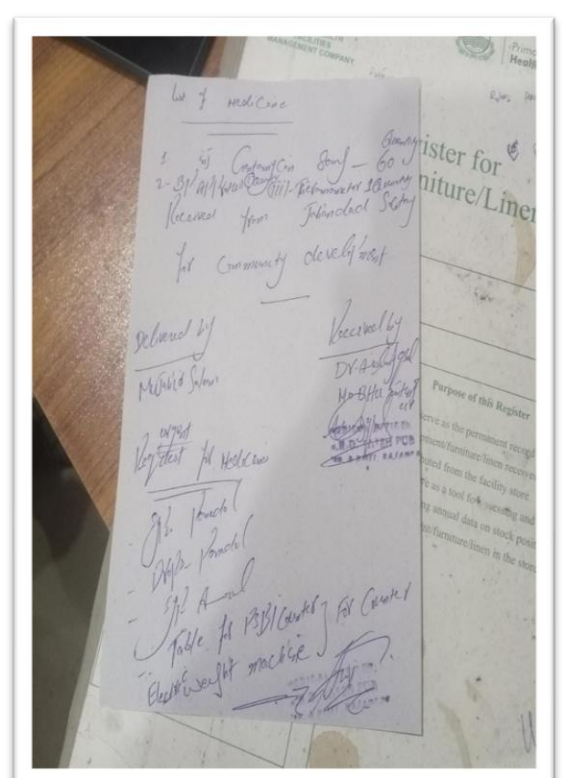
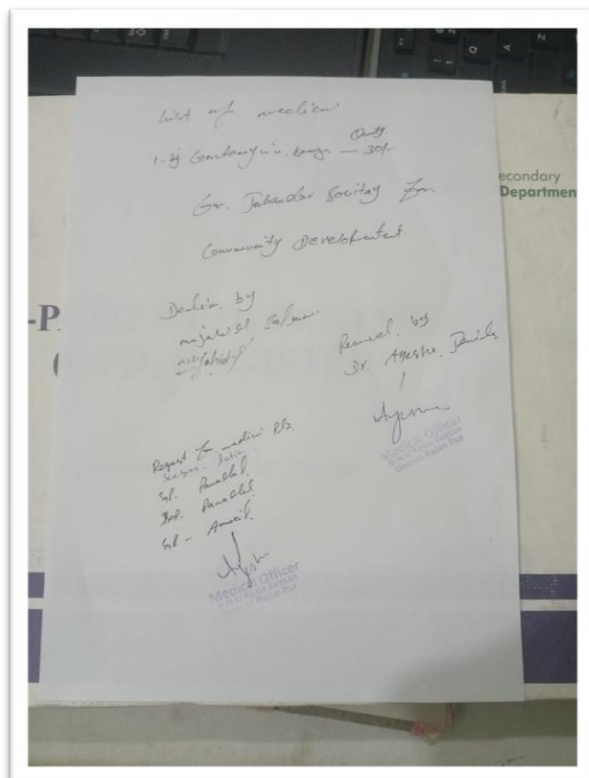
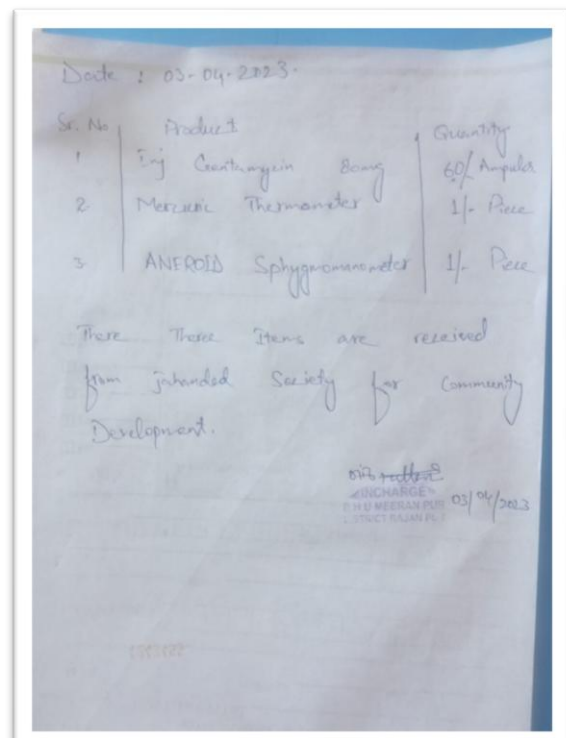
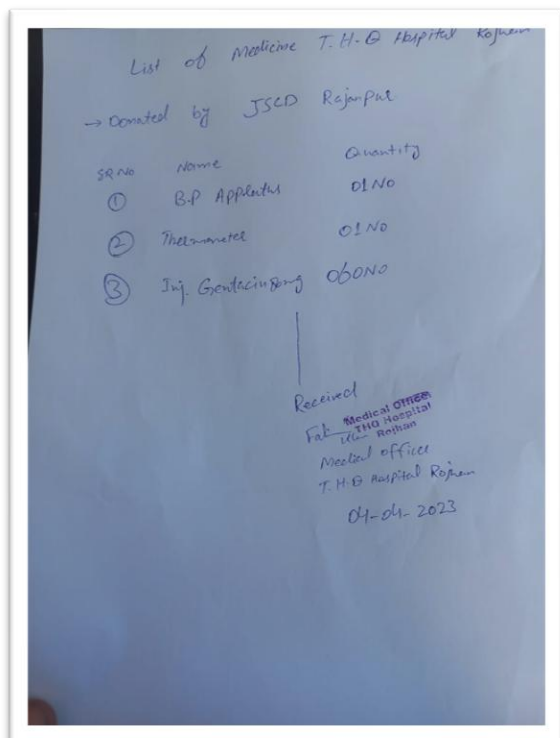


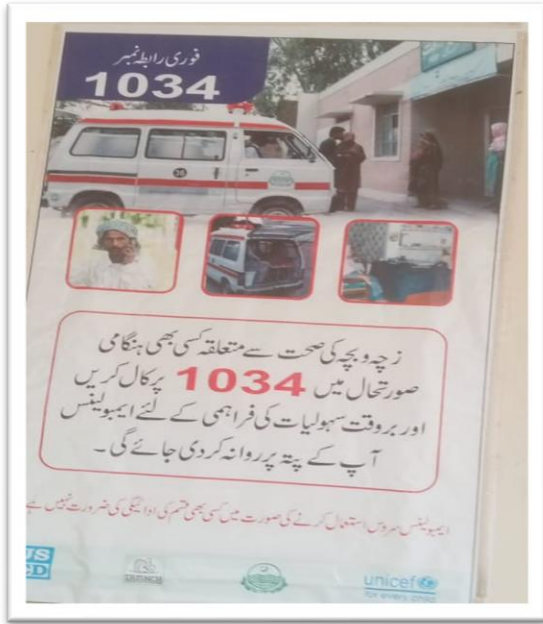
First of all, a team including Dr Saira Khan, MNCH Officer UNICEF; Dr. Khalida Aamir, Senior Consultant/Paediatrician; Dr. Nighat,

Senior Consultant/Gynaecologist; Ms. Abida Javaid, Consultant, UNICEF, and Ms Ammara Imran, Focal Person IMNCI conducted a needs assessment to identify the most affected health facilities that required rehabilitation, branding, and supplies. Then a report was prepared by the team. The rehabilitation work included the repair of damaged infrastructure, provision of basic medical equipment, and capacity building of health staff. After that, JSCD worked on the identified areas. The rehabilitation work was done swiftly and efficiently, minimizing the disruption of essential medical services. The restored facilities provided primary health care services, maternal and child health care services, and vaccination services. JSCD provided basic medical equipment such as BP apparatus, thermometer, electric weight machine, and other critical medical supplies to the restored health facilities. The provision of equipment improved the functionality of the health facilities, enabling them to provide quality medical services to the affected population. JSCD also conducted capacity building training for the health staff of the restored facilities.

In conclusion, JSCD played a crucial role in restoring health facilities through minor rehabilitation in the flood-affected areas. The rehabilitation work enabled the health facilities to provide essential medical services to the affected population, ensuring that they have access to adequate health care. The provision of basic medical equipment and capacity building training for health staff improved the functionality of the restored health facilities. Medical officers in health facilities commend the efforts of JSCD in restoring health facilities and ensuring the availability of essential medical services in the flood-affected areas.

Picture Gallery





Review Meetings Conducted with District Govt. Health Management Team and Other Stakeholders for Project Review, Updates and Future Actions

A review meeting was conducted with the district government health management team and other stakeholders to evaluate the progress, updates, and future actions of the Project 'Support for continuity of Maternal, New-born and child health services in Flood affected areas of Rajanpur'. The meeting aimed to assess the progress made towards achieving the project's objectives, identify challenges, and develop strategies to address them.

The review meeting brought together key stakeholders including members of the district government health management team, healthcare workers, community leaders, and representatives from the organization.

The review meeting identified several achievements that had been made towards achieving the project's objectives. These included:

1. Improvement in antenatal and postnatal care services: The project had contributed to an improvement in the quality of antenatal and postnatal care services provided to women in 15 union councils of district Rajanpur.
2. Increase in the number of institutional deliveries: The project had led to an increase in the number of institutional deliveries, which had contributed to a reduction in maternal and neonatal mortality rates.
3. Strengthening of the health system: The project had contributed to the strengthening of the health system by providing training to healthcare workers, improving infrastructure, and providing essential equipment and supplies.

Picture Gallery





Monthly Review Meeting with Project Staff

Review meetings were conducted with project staff aimed to evaluate the progress of the project, identify challenges and develop strategies to address them to ensure the project's success. The meetings included the community mobilizers, field supervisors, project manager, and M&E officer. The review meetings identified several achievements made in the implementation of the Project 'Support for Continuity of Maternal, Newborn, and Child Health Services in flood affected areas of District Rajanpur as well.

JSCD organized 06 monthly review meetings with project staff. During the review meetings with project staff the relative outcome of activities in targeted union councils was assessed. Moreover, the plan of upcoming activities and targets were discussed too and project staff was encouraged to put extra efforts to complete project activities. Community mobilizers also discussed the support they are providing to the health department and support of health department for their activities after project supervisory meetings with Health Authorities. Moreover, community mobilizers shared the compiled data of daily awareness activities and referrals made. As a result of review meetings with the project team members, the entire team was updated on activities and outcomes in each Union Council. These meetings with project staff served the following objectives:

- To gather data of project activities.
- To assess the level of implementation of each month's plan.
- To discuss the remaining activities that needed to be done.
- To ensure the support of health department for the project implementation in field after communication with health department at official level.

The review meetings highlighted the importance of engaging key stakeholders, including healthcare workers, community health workers, and community members, to ensure a successful project implementation. It also emphasized the need for sustained investment in maternal, newborn, and child healthcare services to achieve positive health outcomes.

Picture Gallery





Fistula Repair Project

Jahandad Society for Community Development (JSCD) in collaboration with Fistula Foundation and Pakistan National Forum For Women Health (PNFWH) on the prevention of Fistula in Pakistan.

Fistula results from prolonged or obstructed labor. Tissues inside the vagina tear, causing urine and faeces to leak out 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 (mostly in rural areas of Pakistan). In this regard JSCD in collaboration with Fistula Foundation and PNFWH has taken the following two initiatives to prevent and treat fistula cases in Pakistan.

Fistula Repair Centre

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 36 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. During this year Total 137 Patients (116 VVF & 21 RVF) were received treatment.



Catchment area

The Fistula Repair Centre receives patients from catchment areas in the following districts of Punjab

- Attock
- Bahawalnagar
- Bahawalpur
- Bhakkar
- Chakwal
- Chiniot
- Dera Ghazi Khan
- Faisalabad
- Gujranwala
- Gujrat
- Hafizabad
- Jhang
- Jhelum
- Kasur
- Khanewal
- Khushab
- Lahore
- Layyah
- Lodhran
- Mandi Bahauddin
- Mianwali
- Multan
- Muzaffargarh
- Narowal
- Nankana Sahib
- Okara
- Pakpattan
- Rahim Yar Khan
- Rajanpur
- Rawalpindi
- Sahiwal
- Sargodha
- Sheikhupura
- Sialkot
- Toba Tek Singh
- Vehari

JSCD committees

Executive Committee

NAME	DESIGNATION
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 endeavours 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.