

The outputs of the Social Mobilization Program can also be observed from the following table

S. No	Detail	Male	Female	Mixed	Total
1	No of COs formed	85	81	9	175
2	Number of HHs Organized				2443
3	No. of CO Members	1153	1290	0	2443
4	No. of VOs formed	0	0	0	6
5	No. of VOs members	40	60	0	100
6	CO participants	195	228	0	423
7	Exposure Visits				11
8	Exposure Visit participants	140	102		242
9	Staff Trainings				17
10	Participants of Staff Trainings	48	31		85
11	No. of CO members beneficiary	816	833	9	1649

More details about Accomplishments of the Project

S.No	Detail	Total
1	COs having Bank Accounts	175
2	COs having their own savings	105
3	No. of MDPs	1175
4	No. VDP	33
5	CNIC made	2440
6	No. of Voters registered	888
7	No. of Birth Registration	261
8	No. of Death Registration	48
9	Projects completed by COs	350
10	Amount spent on Development Schemes	948382
11	Total Savings ( Amount)	435685
12	Linkages Development	367

### Challenges/Difficulties

- ✦ Initially shown lack of trust from people of target areas due to unfamiliarity.
- ✦ Community took time to get understanding of the program philosophy
- ✦ Mostly Community Organizations' members (Presidents or Managers) are reluctant to spare time three full days for Community Management Skills Training (CMST).
- ✦ At some places influential create problems in implementing the project.

## Successful Examples of Village Organizations (Vos)

### Mustafai Welfare Society, Baghwal Awan, Tehsil & District Sialkot

The village Baghwal Awan, once, presented a picture of multiple issues. The civic situation was very poor and the open muddy drains often remained choked with solid waste and as a result of which dirty water remained flowing outside the drains causing problems for the passers by. There were no street lights though infrastructure was present but due to lack of maintenance the streets always remained dark as a result of which men, women and children had to face many difficulties in movement after sunset.

Though all the dwellers of the used to feel the problems but could not solve these issues. None of them could afford the expenses of the maintenance of the infrastructure of the village.

In the meanwhile the team of Social Mobilization Program of Baidarie visited the village Bhagwal Awan, called the people at one place and held an awareness raising meeting about the organization of society/ association for the development of the village and the community. Baidarie felt that the dwellers of the village had no concept to initiate development work in their village without any external aid. The team of Social Mobilization Project told them that how development work is possible on self help basis. They also informed them about the process of formation of the organization.

A few courageous and committed persons decided to set up an organization and succeeded in forming the Mustafai Welfare Society. The members of the Society pooled some money and maintained the street lights. The members of the society also cleaned the drains of the village on self help basis.

They decided to contribute a little amount in the account of Mustafai Welfare Society (MWS) which would be used for the development as well as welfare purposes.

The Society felt that one of its members, Manzoor Ahmad, was facing great hardships due to economic constraints. He was jobless and it had become difficult

for him to meet both ends. His children had also left the school and were wandering in the streets. The Society decided to provide him financial support. He was granted a soft loan of Rs 5000 to start his small business.

Manzoor Ahmad purchased some important items and started selling fruit chat as a vendor. He earns Rs 200 daily from this business and thus the Mustafai Welfare Society proved to be a successful organization by granting soft loan to one of its member initially and by maintaining the street lights and cleanliness in their village.

They are planning more projects for the development of their village.

### Minhaj Welfare Society, Village Bahoo Bhatti, UC Baghwal Awan, Tehsil & District Sialkot

Like other villages of the Union Council Baghwal Awan, Bahoo Bhatti is also a locality deprived of civic facilities. Heaps of garbage are often seen here and there that become a good breeding place for the flies and mosquitoes in the rainy season. They also become a source of bad smell for the people living around.

The muddy open drains are often choked and the dirty water remains overflowing in the streets causing problems for the passers by.

In the meantime the team of Social Mobilization Program, Baidarie, visited the village Bahoo, Bhatti, called the people at one space and informed them about the process of setting up organizations, their usefulness and process of planning the projects for the welfare as well as the development of their village. They were also imparted Community Management Skill. They decided to set up an organization for the welfare of their community. A few energetic and

## Successful models of Community Organizations (Cos)

active people motivated the like minded people and set up Minhaj Welfare Society.

First of all the Society contributed a little amount in the account of the Society and hired a sweeper to maintain cleanliness of the open drains to control the breeding of flies and mosquitoes.

They were also briefed about the importance of National Identity Cards. The Society Office Bearers contacted Baidarie to facilitate it in getting about 200 persons with NADRA who did not possess the National Identity Cards. Baidarie contacted NADRA who sent their staff official in the village of Bahoo Bhatti and facilitated the Minhaj Welfare Society in registering 200 persons who later got their CNICs.

Sajjad Ghani was one of the members of the Society but unfortunately he was out of work. He was married and had three children.

He discussed his problem with other members of the Society. The Minhaj Welfare Society contacted again Baidarie to help solve the issue. Baidarie on the recommendation of Minhaj Welfare Society urged the Chamber of Commerce, Sialkot which granted him Rs 170, 000 for purchasing a Rickshaw to utilize it as a source of income.

Sajjad Ghani worked very hard and now he is earning Rs 15,000 per month which is enough for his family. His children have also started to going school. Apart from meeting the expenditures of his family he is also paying Rs 6,000 as the installment of his loan.

Thus the Social Mobilization Program has developed a positive thinking among the community to organize Community organizations and implement the development plans for the betterment of their community and locality.

### Ittefaq, Village Dhanawali, UC Roras, Tehsil Sambrial, District Sialkot

Rukhsana Bibi is a resident of village Dhanawali, UC Roras. Quarrel among the women about the cleanliness of the open drains in the streets was a routine. All of them had fed up of this situation but could not any solution.

The drains often remained chocked with filthy solid waste due to which water used to flow out of the drains and the passers by had to face inconvenience in moving through the streets.

In the meantime the team of Social Mobilization Program, Baidarie visited the village Dhanawali, and briefed the dwellers about the usefulness and process of setting up Community organizations. They were told that the Community Organizations are very helpful in resolving the issues of development and welfare of the people.

One of the members of the Organization, Rukhsana Kausar, was a widow and used to stitch footballs to meet the expenses of her family consisting upon four sons and three daughters. But the income was so low that sometimes it becomes impossible for her to keep body and soul together. Her children had left their schools. She presented her issue to the other members of the Organization who later collected all the information about her children who had left the school.

A few active women came forward and expressed their willingness to set up an organization. With the consent of all the women of the locality an organization was set up and it was named as “Ittefaq” Baidarie invited its President for a three-day training for Community Management Skill to equip her about the management of the organization.

The Organization, first of all, contributed a small amount in the account of the organization and hired a sweeper to clean the streets and drains of the locality.

The Ittefaq organization found that a number of women did not possess CNICs which is basic document for all the citizens. The Organization contacted Baidarie to facilitate it for getting CNICs for about 20 women.

The Ittefaq Organization put the issue in front of Baidarie who on the recommendation of the organization managed to get her children admitted in the schools and also managed all the educational expenses.

Thus the Social Mobilization Program of Baidarie helped improve the financial status of a poor family.

Health



## Health

The issues of women's health had never been priority of the governments of Pakistan because in the name of culture, traditions and religion they had never been given equal status in the society. A system which is based on gender inequality, will not adopt policies for women who are poor, powerless and weak as a class .ill not adopt policies That is why the health status of women is directly associated with the women's low social status.

*In Pakistan* less than 30% of the population uses the publicly provided facilities at the PHC units, the reasons for their underutilization, as identified by both the managers and consumers are the relative lack of health care professionals and specially women high rates of absenteeism, poor quality of services and inconvenient location of PHC Units. About 70% of the population, particularly in rural areas, uses traditional and complementary/alternative medicine.



## Provision of Health Care Services in Baidarie Health Center In collaboration with Global Fund for Women

### Aims & Objectives of the Grant

- 1 Counseling, diagnosis and treatment facilities to address Reproductive Health
- 2 Problems among women/girls living in rural areas
- 3 Counseling on Sexually Transmitted Diseases (STD), HIV & AIDS
- 4 Counseling on Principle of health and hygiene
- 5 Safe child birth, ante-natal, neo-natal and post-natal care
- 6 Provision of diagnosis and treatment to women, children and elderly persons
- 7 Efforts to make women/girls a part of mainstream development
- 8 Continuation of Baidarie office operations to remain a pivotal point for waging struggle for protection of the rights of women

### Key Activities of the Project:

#### Health activities

Baidarie Mother and Child Health Care Center offered the following services to the dwellers of Roras, Tehsil Sambrial, District Sialkot:

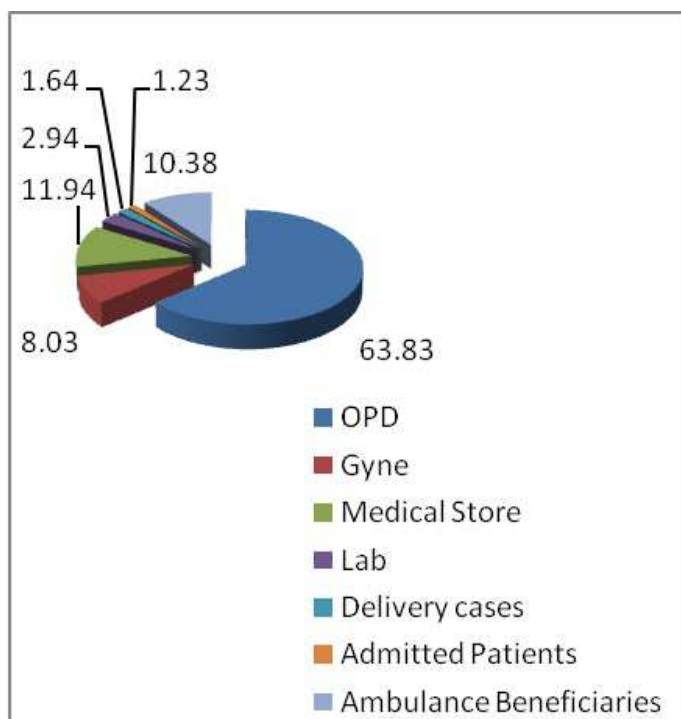
- ✦ Regular check up of expected mothers
- ✦ Counseling, diagnosis and treatment facilities to address Reproductive Health Problems among women/girls living in rural areas.
- ✦ Counseling about Sexually Transmitted Diseases (STD), HIV & AIDS
- ✦ Counseling on Principle of health and hygiene.
- ✦ Safe child birth, ante-natal, neo-natal and post-natal care.
- ✦ General treatment to women, children and elderly persons.
- ✦ Ambulance service

## Beneficiaries of Health Care Program

Facilities	May 2011	Jun 2011	Jul 2011	Aug 2011	Sep 2011	Oct 2011	Nov 2011	Dec 2011	Jan 2012	Feb 2012	Mar 2012	Apr 2012	Total	%
OPD	455	789	678	456	456	467	489	768	981	456	786	765	7873	63.83
Gyne	89	79	118	78	92	78	89	67	88	75	65	73	991	8.03
Medical Store	144	171	148	138	61	97	103	111	80	112	170	138	1473	11.94
Lab	28	33	27	15	12	15	13	18	45	67	34	56	363	2.94
Delivery cases	4	6	7	11	15	17	15	22	19	24	29	33	202	1.64
Admitted Patients	4	13	15	11	1	18	16	13	12	16	15	18	152	1.23
Ambulance Beneficiaries	123	123	145	112	98	76	94	98	113	110	109	79	1280	10.38
<b>Total</b>	<b>847</b>	<b>1214</b>	<b>1138</b>	<b>821</b>	<b>1062</b>	<b>768</b>	<b>819</b>	<b>1097</b>	<b>1338</b>	<b>860</b>	<b>1208</b>	<b>1162</b>	<b>12334</b>	<b>100.00</b>

The largest percentage of the beneficiaries of health Care Center is those of Out Door Patients which constitute 63.83 percent whereas the second largest majority is of those who purchase medicines at the Medical Store of Health Care Center at subsidized rates. The percentage of the beneficiaries of Ambulance is about 10.38 percent.

The percentage of all the beneficiaries can be observed from the following graph as well as from the table mentioned above.



Baidarie has been working in rural areas of Sialkot District and the hospital services are available in the rural set up. Mostly women have to face serious complications in childbirth due to non availability of transport. That was why Baidarie decided to start Ambulance service to facilitate the expected mothers to save the lives of mother and child. So it was decided that the financial support provided by GFW would be the utilized in providing of healthcare services including ambulance facility.

Sr. No	Name of the village	No of patients checked
1	Roras	120
2	Mangu Behram	115
3	Said Pur	95
4	Manak Chand	110
5	Dhanewali	95
<b>Total</b>		<b>525</b>

### Health Awareness Camps

Baidarie held five camps in different five villages of Tehsil Sambrial, Roras, Said Pur, Manak Chand and Dhanewali, of District Sialkot. The main objective of these camps was to create awareness among the people about the Diabetes and Mothers' Health Care technique. It also aimed at checking of general patients and expected mothers in particular.

## Success Stories of Health Care Program

### Success story of Mrs Robina Rashid

Robina W/O Muhammad Rashid is a thirty five years old lady and lives in the village Manak Chand Araian, Tehsil Sambrial, District Sialkot. There is not any Basic Health Unit in the village which could provide basic health facilities to the poor ailing humanity.

She had three children. She did not want more children due to poverty but due to improper precautionary measure she conceived for the fourth time. She decided to get rid of her pregnancy for which she contacted the Birth Attendant of her village who was totally untrained and unskilled. She applied her stereotype methods but could not succeed. On the contrary severe complications were developed and Robina's reproductive system became infected by serious infection. It was dangerous for Robina as well as for her child.

Lady Health Worker came to know about the tragedy of Robina and she decided to convince the family members of Robina for proper treatment in Baidarie Health Care Center. She visited her house and talked with the husband of Robina. She told him that improper treatment of women about their reproductive system by unskilled birth attendants may claim her life. This is not so easy to treat an expectant mother. It is very sensitive issue as two lives are involved in it so one should be very careful in this matter.

However he became convinced and agreed to get his wife treated at Baidarie Health Care Center. Lady Doctor conducted her thorough check up and started her treatment. She was admitted in the Baidarie Health Care Center for a few days and when she came out of danger she was sent to her home. Lady Doctor gave her medicines and a few advices also for the safety of her child. She also asked her to come to health Care Center regularly after 15 days for check up so that every new development should be monitored and treated accordingly. Moreover her weight, blood pressure and other necessary check ups were also held after every 15 days.

On the due time Robina gave birth a child at Baidarie Health Care Center. The mother and child both were hale and healthy and no complication occurred.

Robina and her husband were very happy and they tell other people of their locality to visit the Baidarie Health Care Center and to avoid the unskilled birth attendants. She also quotes her example while motivating other women.

She also advices others to avoid un-wanted pregnancies, keep the size of the family within affordable limits and always get treatment at the hands of qualified and trained health service providers.”

### Success story of Mst Naseem Bibi:

Naseem Bibi W/O Ghafar Hussain is a 43 -year old lady resides in the village Roras, Tehsil Sambrial, District Sialkot.

She is a poor woman and could not afford expensive of private hospitals as her husband works as an Office Boy in an office. She had two children and was expecting her third child.

Lady health worker, who works in the Baidarie Health care Center in Roras, visited Naseem Bibi, at her home. Naseem Bibi told her that no ante-natal check up had ever been held due to family rigid traditions. She told that her in-laws do not like the young women of her family to go for medical check up. They take it as a matter of shame.

LHW explained them the benefits of ante, neo & post natal care. She guided them that complications might occur in case of delivery at home by unprofessional and untrained Birth Attendants. She told them that she should get herself registered in the hospital for the safety of herself and her child. Naseem Bibi and her in-laws became convinced and decided to follow the directions of LHW.

Naseem Bibi got herself registered with the Baidarie Health care Center which had been set up by Baidarie in Roras, for the poor community of the area.

She used to visit the Hospital regularly for her check up according to the advice of Lady Doctor. She acted upon the advices of the Lady Doctor for safe delivery and for the health of mother and child. At last she gave birth to a baby on 18<sup>th</sup> August 2011. The mother and baby both remained healthy.



Naseem Bibi and her husband are very happy because sincere suggestions of Hospital team had saved them from any complication.

Now Naseem Bibi's in- laws are big supporters of pre and post natal check ups and motivate other women of their community to go to hospital for regular check ups for the safety of mother and child.



## Rehabilitation of the Orphan Children in collaboration with The Awaiting Eyes Foundation UK



The Awaiting Eyes Foundation organizes several events in the UK to raise money for both upcoming and ongoing humanitarian projects in Pakistan.

Baidarie, according to its vision and objectives, has been striving hard for the socio-economic empowerment of the downtrodden community, particularly women and children of its community contacted the Awaiting Eyes Foundation to join hands with them in their noble cause and the request was accepted willingly.

Baidarie started collecting data of the orphan children. Initially it collected particulars of 50 orphan children regarding their age, class, school, name of the head of the school and particulars about their guardians. Baidarie had decided to facilitate, in all respect, the selected 50 orphan children to complete their studies. It has vowed to provide school fee, books and uniform to all these children.

The list of these selected orphan children has been attached on Annex-A



**FRANTS**

**F.R.A.N.T.S. & Co.**  
Chartered Accountants

### AUDITORS' REPORT TO THE MEMBERS

We have audited the annexed consolidated balance sheet of "**BAIDARIE-SIALKOT**" as at **June 30, 2011** and the related income and expenditure account together with the notes forming part thereof for the year then ended. It is the responsibility of the management of the division to establish and maintain a system of internal control, and prepare and present the financial statements in conformity with the approved accounting standards as applicable in Pakistan. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with generally accepted auditing standards. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting policies used and significant estimates made by management, as well as evaluating the overall presentation of the financial statements. We believe that our audit provides a reasonable basis for our opinion.

In our opinion the financial statements present fairly in all material respects the financial position of the **BAIDARIE-SIALKOT** as at **June 30, 2011** and of its surplus for the year then ended in accordance with the approved accounting standards as applicable in Pakistan.

Sialkot  
February 09, 2012



*Frants.*

**F.R.A.N.T.S. & CO.**  
Chartered Accountants  
**Z.A. NASIR, FCA**

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KARACHI | LAHORE | ISLAMABAD | PESHAWAR | MULTAN | KABUL



**BAIDARIE - SIALKOT  
CONSOLIDATED  
BALANCE SHEET AS ON 30TH JUNE 2011**

	NOTE	2011 (RUPEES)	2010 (RUPEES)
<b><u>PROPERTY AND ASSETS</u></b>			
<b>CURRENT ASSETS</b>			
Cash and bank balances	3	16,394,224	1,999,916
Micro credit loan portfolio principle amount	4	12,969,591	4,838,579
Interest on Micro credit loan portfolio		7,398	7,398
Advances, prepayments and other receivables	5	735,433	623,678
		<u>30,106,646</u>	<u>7,469,571</u>
<b>NON- CURRENT ASSETS</b>			
Operating fixed assets	(Annexure 1)	5,819,300	5,667,258
		<u>35,925,946</u>	<u>13,136,829</u>
<b><u>FUNDS AND LIABILITIES</u></b>			
<b>CURRENT LIABILITIES:</b>			
Creditors Accrued and other liabilities	6	1,043,246	912,300
Micro Credit Loan Fund (PPAF)		22,041,667	5,208,334
Interest Accrued		161,078	-
Unearned Income		62,400	13,900
		<u>23,308,391</u>	<u>6,134,534</u>
<b>DEFERRED GRANTS</b>			
-Fixed Assets	7.1	4,159,612	3,756,872
-Capacity Building	7.2	5,325,482	975,667
<b>LOAN LOSS PROVISION</b>	8	438,402	145,157
<b>GENERAL FUND</b>	9	844,059	274,599
<b>CAPITAL FUND</b>		1,850,000	1,850,000
		<u>35,925,946</u>	<u>13,136,829</u>

The annexed notes from 01 to 16 form an integral part of these accounts



EXECUTIVE DIRECTOR



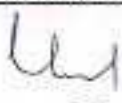
PRESIDENT

## BAIDARIE - SIALKOT CONSOLIDATED INCOME AND EXPENDITURE ACCOUNT FOR THE PERIOD ENDED 30TH JUNE 2011

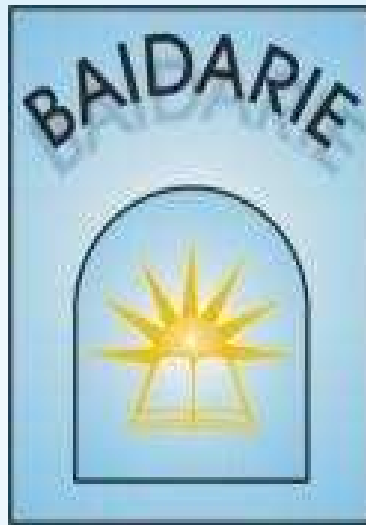
	NOTE	2011 (RUPEES)	2010 (RUPEES)
<b>Operating Income</b>			
<b>Micro- finance sector</b>			
Service charges on micro credit loans		1,713,456	513,225
Loan processing fees		297,100	150,700
Profit on bank deposits		60,690	12,423
Other Income		20,916	16,600
		2,092,162	692,948
Financial charges		593,078	276,671
Net financial margin		1,499,084	416,277
Provision against non-performing loans	8	293,245	56,399
Operating income from MC after provision		1,205,839	359,878
<b>Social sector program</b>			
Income from health center		368,804	263,288
Other income		90,492	8,925
Donations		631,375	1,286,663
Gain on disposal of asset		-	219,513
		1,090,671	1,778,389
Total Operating Income		2,296,510	2,138,267
<b>Expenditure</b>			
<b>Micro- finance program</b>			
Salaries, wages and other benefits		2,228,250	991,000
General and administrative expenses	10	1,748,035	1,004,625
Training Expenses		170,478	-
		4,146,763	1,995,625
<b>Social sector program</b>			
Salaries, wages and other benefits	11	3,216,713	1,741,400
General and administrative expenses	12	1,224,497	766,523
Program Expenses	13	2,047,377	2,514,393
Training Cost	14	2,250,955	-
Loss on disposal of Assets		37,178	-
		8,776,720	5,022,316
Total Expenses		12,923,483	7,017,941
Net operating loss		(10,626,973)	(4,879,674)
<b>Deferred grants amortized/ utilized during the year</b>			
-relating to fixed assets	7.1	798,460	643,132
-relating to capacity building	7.2	10,397,973	4,431,960
		11,196,433	5,075,092
Net surplus/(Deficit) for the year		569,460	195,418

The annexed notes from 01 to 16 form an integral part of these accounts

EXECUTIVE DIRECTOR



PRESIDENT



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