



# KASHMIR FUND DK

Report 2022

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## Abbreviations

## INTRODUCTION

The last two years have been a very important and a critical period in the 17-year long history of Kashmir Fund DK (KFDK). Like many other NGOs around the globe, many of our plans had to be changed, projects had to be re-developed, and a lot of effort were put into making sure that we could still be present in Azad Jammu & Kashmir (AJK), with the purpose of helping the population in the most remote regions dealing with rapidly rising health-related challenges, particularly due to the Covid-19 pandemic and Covid-related restrictions, that had taken a heavy toll on these already vulnerable communities.

If there ever was a time to realise the need for organisations such as ours, this was definitely it. Since our establishment in 2005, when the catastrophic earthquake hit Kashmir, which was another devastating reminder for the need of NGO's like KFDK, to be present, functioning and able to carry out activities even when facing a global pandemic, and not knowing if our efforts would succeed in helping the deserving. We had to keep trying.

Our key flagship project, the medical camp, with doctors from Denmark treating patients for free in the rural and remote areas of AJK, had to be postponed three times, with luck finally smiling on us on the fourth attempt. We were able to successfully complete the medical camp in March 2022, reaching a new milestone in terms of patients treated, and in a district, Haveli of AJK, that we had not visited before.

Despite being restricted by the COVID-19 pandemic, we were able to increase our activities on multiple fronts, and ensure through better use of digital platforms, helping both our fundraising capacity and significantly enhancing our abilities to plan and carry out projects in remote and deserving areas. This helped us achieve new highs in terms of funding secured and also the sheer number of projects successfully implemented in these two years.

During this period, together with our partner Community Services Programme (CSP), we have also established our new strategic focus plan for the next five years, which will guide our efforts in the coming years, ensure a common thread through our various initiatives, and the goal of helping as many people as possible throughout AJK.

A lot of credit for all this goes out to our volunteers, donors, sponsors, friends, and partners around the world, who have made all this possible. Without their untiring efforts and support, none of this would have been possible. We sincerely hope that you will all continue supporting us and our projects for the years to come. From the board and team behind KFDK, thank you all!

## WORDS FROM OUR PARTNERS

*Ambassador Lis Rosenholm*

The Royal Danish Embassy in Islamabad has been in contact with Kashmir Fund DK for numerous years and I had the opportunity to meet with the delegation from Kashmir Funds DK that visited Pakistan in March 2022. They presented their recent efforts and mission where they had provided training and health care services in Kashmir which had benefitted more than 3,000 patients and a vast amount of healthcare professionals during their week-long stay. I was particularly impressed by the fact that the visiting doctors, nurses and project organizers had once again taken time off from their busy schedules in Denmark to come as volunteers and provide free healthcare services in one of the most isolated and impoverished regions in the world.

The special efforts of Kashmir Fund DK to reduce infant and maternal mortality is still highly needed in Pakistan and it is also a priority for the Pakistani government. However, the health authorities in Pakistan attach less importance to the provision of safe delivery practices in the rural and far-reaching areas not least due to strict financial prioritization. The result is a high rate of infant mortality not only in the region but the entire world.

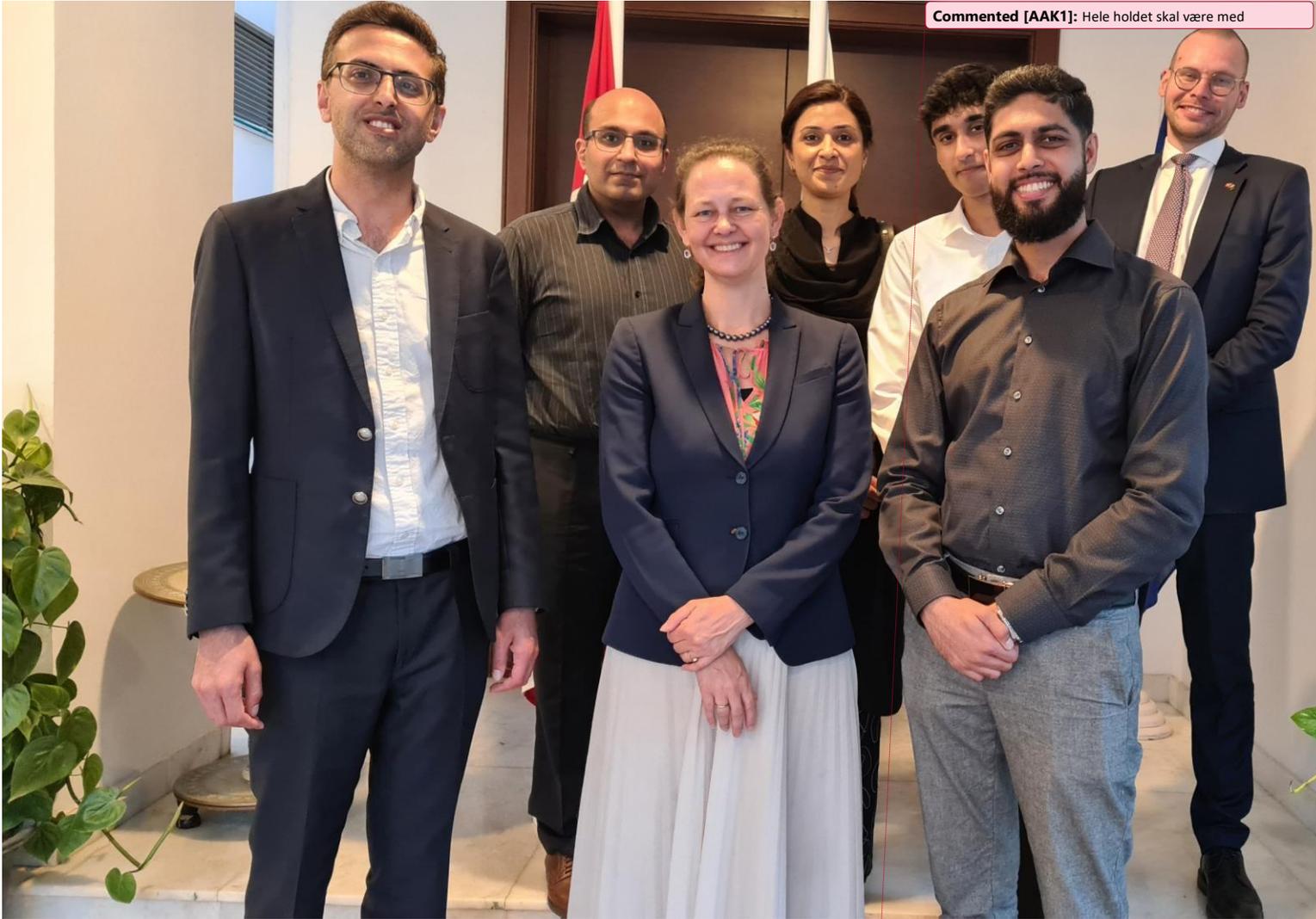
According to UNICEF, Pakistan has an (under-five) infant mortality rate of a stunning 65.2 per 1,000 live births. For comparable nations in the region, the rates are at respectively 32.6 and 29.1 for India and Bangladesh. And for Denmark, the same figure is almost 20 times lower than in Pakistan as the Danish child mortality rate is a mere 3.6.

The major causes of child mortality in Pakistan are pneumonia (64 %) and diarrhoea (38 %). In addition, unsafe delivery practices and lack of competent paediatricians are also a major cause of infant mortality but sepsis and asphyxia (choking on the birth cord) are also significant causes of death in Pakistan.

Most of the causes of infant and maternal death are however preventable. It is especially the severe lack of education that is undermining the efforts to prevent deaths following complications. Interventions like proper immunization and childcare in the early stages as well as basic training for doctors and nurses can help save thousands of children in Pakistan. That is also why the projects and missions provided by Kashmir Fund DK can entail a significant impact and lasting improvements which will benefit some of the most poor and exposed people in Pakistan.

We look forward to continue following the important work of Kashmir Fund DK in Pakistan and encourage their organization and sponsors to carry on with their purpose and activities.

Lis Rosenholm  
Ambassador



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## WORDS FROM OUR PARTNERS

### ***Dr. Ghulam Nabi, District Health Officer (DHO) Haveli, AJ&K***

Haveli district is the second most backward district of Azad Kashmir. The total population here consists of more than 200,000 people. 60% of the villages and population are located on the Line of Control (LOC). 70% of the population does not have access to basic amenities. Health facilities are inadequate here. In particular, there are no health facilities for pregnant ladies, mother and child.

The main source of income for the people is cattle rearing and agriculture. The majority of the population consists of daily wage earners who live with great difficulty.

The government does not have the resources to provide health facilities to the entire population. On behalf of the Government of Azad Kashmir, I congratulate Mr. Adnan Ali Khan and his team for coming across the sea with the team of doctors, especially female doctors. And conducted a two-day workshop for CMWs, and provided medicines and test facilities to more than three thousand deserving patients by conducting a two-day free medical camp. We hope that such support will be continued in the future as well.

I consider it important to mention here the 6 health centers which are still running in Haveli with the support of KFDK. I hope this will continue in the future as our 21 trained CMWs are waiting for these centers to be set up in their areas as well. We offer all health facilities and man power to KFDK, if it continues its welfare activities at remote areas of district Haveli.

### ***Siddique Hussain, Chairman Community Services Program (CSP)***

We are extremely grateful to Kashmir Fund Denmark for organizing a free medical camp for the well-being of people in a very disadvantaged area under such adverse conditions. There is extreme poverty in this area and most of the people are laborers and daily wagers. Health facilities are non-existent here. Even basic test facilities are not available. And people are unable to go to the adjacent districts for treatment due to poverty. In this case, Kashmir Fund Denmark has done great good to the people by organizing a free medical camp for such people. More than 3,000 people benefited from this camp and they were given free tests, treatment, and medicine. Kashmir Fund Denmark travelled a long way from Denmark to Kashmir with a team of highly trained and experienced doctors who treated people with determination and passion and made people feel safe.

I am extremely grateful to the entire team of Kashmir Fund Denmark for organizing an excellent free medical camp for the people of the Haveli by undertaking a difficult journey under difficult conditions. I would especially like to thank Mr. Adnan Ali Khan, Chairman, Kashmir Fund DK, for providing his services as always with such a capable team in the remote area of Kashmir. I am also extremely grateful to Dr. Mubeena for rendering her services in the Free Medical Camp as well as imparting advanced level training and capacity building to more than 30 CMWs. I am also thankful to Dr. Hassan for his patience, dedication and love to the suffering Kashmiri community. We all are thankful to Mr. Adnan Ali Khan for playing his role as a media person, capturing all activities during camp and workshop of CMWs.

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## 1.000 LIVES FOR KASHMIR

This is our long-term overarching programme, under which other key activities have been implemented. The aim is simply to reduce the deaths of mothers and new-borns during childbirth. The beginning of life should be a moment of joy and happiness, not a moment of sadness due to preventable deaths. Bringing a new life into this world should never be, at the cost of losing one.

KDFK has since 2016, had this as our main focus area, and worked to ensure safer childbirths for the families and women in remote Kashmiri villages. We want to ensure that expecting mothers have access to help and guidance during their pregnancies, and facilities where a safe delivery can be done, so that the new-born can get a good and healthy start to life.

Many deaths happen in low resource and particularly remote areas, that lack access to hospitals and doctors due to long distances and financial problems. KDFK has therefore initiated the construction of family health centres in remote parts of AJK. Previously these centres were named as “Mother and Child Health Centres”, but as we have seen a development in the numbers of patients visiting these centres, that include all family members, including a significant number of males, who visit the centres for first-aid and other similar issues, we have decided to rename them as Family Health Centres to better highlight the role these centres play in the local community.

During the Covid-19 pandemic, these centres gained an added role, as they had to assist with Covid-19- related initiatives to ensure the local populations was provided with relevant guidance and materials. This was in addition to the usual activities of these centres, where the following services are offered to the communities:

- Every 3 hours a child is born under safe conditions in one of our health centres
- Our health centres have created a safe environment for more than 2,400 births in 2021
- Over 90 patients seek daily help at one of our health centres
- In 2021, approx. 1,400 women/citizens participated in health-promoting information campaigns
- Over 10,000 people have been vaccinated against tetanus at one of our health centres

During the past two years, the number of health centres established by KDFK have almost doubled. In the summer of 2020, we had 14 health centres in 3 districts. By the summer of 2022, we had 26 health centres in 4 districts of AJK, with 6 more in the process of being established, and hopefully reaching the figure of 32 functioning Family Health Centres before the end of year 2022.



## CONSIDERATIONS FROM A YOUTH VOLUNTEER *BY HARRIS IKRAM*

It was my first trip with Kashmir Fund DK, therefore I was of course extremely excited about the upcoming. After a long and tough journey, we arrived to a warm welcome in the town of Kahota in the Haveli district of Kashmir.

I had the role of photographer/video recorder and go-to handy man for the first two days when the workshop for the midwives was held. Although I was busy with photography and shooting during the workshop, it was clear that the participants gained an enormous amount of knowledge. One story from the workshop in particular made a big impression on me.

I fell into conversation with Daaud (local NGOs) who told me about an elderly doctor who had to perform an emergency caesarean section. The doctor had reached an age where her hands were shaking, and this resulted in the doctor slicing the baby's neck during the caesarean section, and thereby causing fatal consequences for the baby.

This is an expression of the great lack of expertise in this area. That is why the workshops held are so important.

During the doctor's camp, I acted as a guide for the patients, so they were seen by the right doctors. Fortunately, it was a quiet experience for me, but not far from me I could see the queue for our eye and gastrointestinal doctor, where chaos was prevailing. People were so desperate to be seen by a doctor that they stood and scraped the doors and pushed each other, which in a few cases led to minor fights.

The experience as a volunteer in Kashmir Fund DK has left me with a big impression and changed my view of poverty in Pakistan. I was confronted with the harsh everyday life that the people of Kashmir go through. But despite their difficult situation, one could feel the joy and gratitude of the locals.

The experience in Kashmir made me realize that even though we are making a difference for the locals, there is still a long way to go. The miserable living conditions cannot be changed in a week or a year. It will take many years. But I am positive, since my experience has made an impact on me and made me realize that Kashmir Fund makes a big difference for the population of Kashmir and will continue to do so in the future.



## HEALTH ISSUES IN KASHMIR

According to data from The World Bank, the number of physicians per citizen in Pakistan is 5 times lower compared to Denmark. Moreover, many doctors, nurses and other health care professionals relocate abroad, and others may not want to establish their practice in remote areas of Pakistan. This is also the case in Kashmir, even though it is one of the most beautiful areas of Pakistan. The prevalence of several physical health issues and mental problems is significantly higher in Kashmir compared to other regions of Asia and Europe.

One of the major issues in this population is a higher mortality rate of new born babies, children under the age of 5 years and maternal mortality rate. Moreover, malnutrition, infectious, respiratory and chronic disease is a part of the cause of the reduced life expectancy observed in the area. So, the low availability of health care professionals contributes to the health status of people living in these areas. This is why Kashmir Fund DK has decided to go for a three-step strategy in which we focus on medical camps, education of health care professionals, in this case midwives, and establishment of mother and child centres to provide health care services.

## FIRST AID SEMINAR

It has long been a wish from our local partners that KFDK also engaged in educating the local population in first aid. As a pilot project KFDK conducted a First aid seminar for the volunteers related to the medical camp. Approximately 30 volunteers with various experience in basic life aid attended the seminar which consisted of management of severe injury, cardiopulmonary resuscitation and transportation of patients. Along with theory the seminar had several practical sessions in which the participants could train their skills.

The seminar was very well established, and the participants requested it to be repeated in future.



## FREE MEDICAL CAMP 2022

Providing essential medical health care for deprived people in Kashmir, Pakistan, has been a cornerstone in Kashmir Fund DK's work since 2012 where the initial focus was on surgical treatment. In 2015, we were forced to change our focus towards treatment of medical conditions to meet the challenges in rural areas, where access to specialist treatment was non-existing. According to the Health Department of Azad Jammu and Kashmir the following diseases are common in the region: Diarrhea, dysentery, clinical malaria, cholera, poliomyelitis, measles, neonatal tetanus, diphtheria, cough, goiter, viral hepatitis, snake bite, scabies.

Many of them are uncommon in Denmark, which makes it challenging to practice medicine. Our own field research resulted in very successful, well managed and well attended medical camps in district Muzaffarabad in 2016 and district Neelum in 2018. The medical camp was established in cooperation with Community Services Program (CSP) and approved by The Health Department of Azad Jammu and Kashmir and with direct supervision of District Health Officer (DHO) Dr. Ghulam Nabi.

The free medical camp was held from the 11<sup>th</sup> march to 12<sup>th</sup> of march from 9 am to 5 pm. Patients with acute, sub-acute as well as chronic diseases were treated in the camp. The central location of the medical camp at DHQ Haveli made it easily accessible for the patients. The patients came from across the entire District by foot or rickshaws. More than 3,200 patients were treated during the two-day medical camp.

Three of the doctors were of Pakistani origin and came from Denmark and the rest were local doctors. During these two days, the patients came from far-flung areas for an expert opinion of their health conditions. Beside the doctors and rest of the Danish-Pakistani team, around 25 local volunteers were involved in carrying out the camp. Along with free medical check-ups free medicine were provided if necessary. Kashmir Fund DK donated the excess medicine to DHQ Haveli.

The medical camp was successfully carried out and local media covered the camp as well. The patients were very positive and grateful for the services that had been provided and encouraged Kashmir Fund DK to continue with such activities in future, as the region need better access to qualified physicians.

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FEMALE  
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خواتین  
سٹور



KASHMIR FUND  
DENMARK

# Free Medical Camp

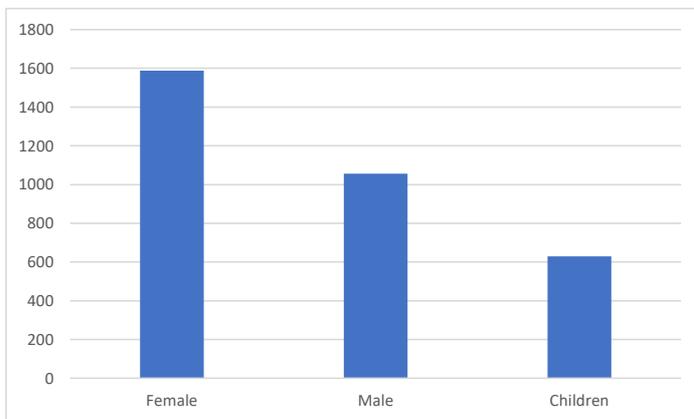
at District Head Quarter (DHQ)  
Hospital, Haveli, AJ&K

In Collaboration with Health Department, AJ&K

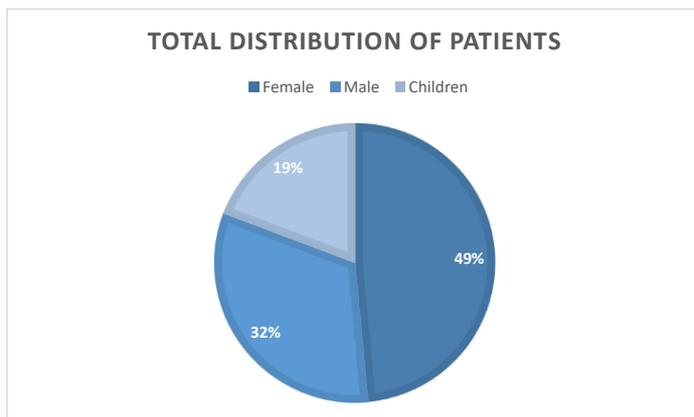


## PATIENT DATA

The following charts present an overview of how the total number of 3,275 patients, that were treated during the medical camp, were distributed based on gender and age. There were many female patients, accounting for slightly more than half of the total number of patients. In percentage the female patients accounted for 49 %, while children and male patients accounted for 32 % and 19 % respectively as shown in figure 2.

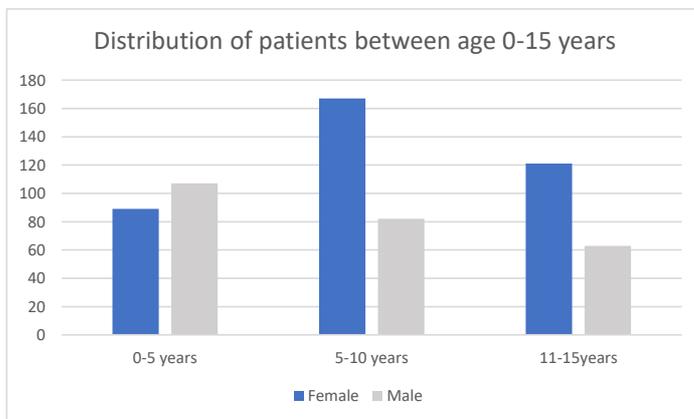


Figur 1

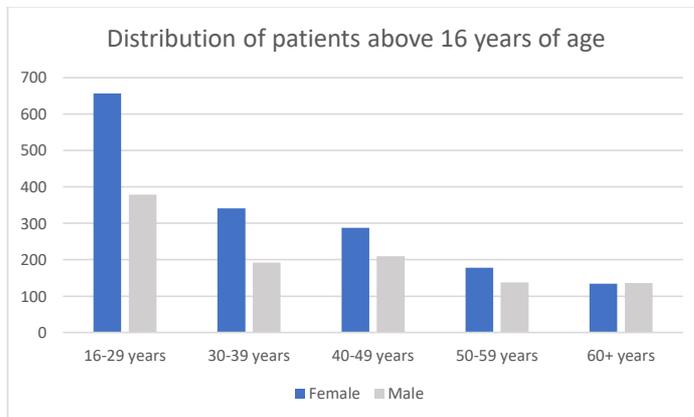


Figur 2

Figure 3 and 4 shows the distribution between male and female patients. Figure 3 shows an overweight of female patients except for patients aged 0-5. In figure 4 it is apparent that female patients were dominant in all age groups except 60+ where the distribution was very equal



Figur 3



Figur 4



# TRAINING WORKSHOP FOR COMMUNITY MIDWIVES

Another obstetric skill developing workshop for community midwives (CMW) in Kashmir has been accomplished. The workshop was composed by two elements, first a theoretical course in emergency obstetrics and then practical hands-on training on dummies. Thirty CMWs were selected by the local health authorities to attend the workshop. Due to extreme weather and heavy snowfall, many roads were blocked in the area making transport to the workshop challenging. Three of the midwives walked for six hours before they had access to a car to reach the site of the workshop. I met a very motivated and dedicated group of CMWs. It was an extraordinary opportunity for the midwives to revise obstetrics and learn new obstetrical skills. Some had been practicing for years while others were relatively new in the field.

The session was opened by Siddique Hussain (CSP) with a motivational and encouraging speech. The importance of the midwives and their outstanding roll in the society was underlined and how every single midwife can approach the society and mobilize the community. CMWs are expected to be role models, councilors and informers of women in their respective areas. They are supposed to seek women in different phases of their lives for example newlywed women, women planning pregnancy or looking for anticonception, pregnant women to offer preventative care during pregnancy, women who need guidance in breastfeeding and so on. It is important to create confidentiality, so the women of the society feel an urge to seek the midwives by their own.

The CMWs were very aware about the obstetrical challenges they could risk to face. This awareness highly motivated them to attend the workshop and getting trained in as many clinical problem-solving procedures as possible.

Community midwives are meant to attend normal deliveries and to refer complicated or potentially complicated deliveries to the proper hospital. It is not rare that a midwife, who is called to attend a labor, discovers risky labors such as fetus in breech presentation or preeclampsia. But often the labor is so progressed, that there is no time to transport the woman to a hospital. Unfortunately, some of the pregnant women have never been examined by a midwife or doctor throughout their pregnancy and therefore, potential complications are not discovered or treated before the time of labor.

All issues potentially making a pregnancy and delivery complicated were covered during the workshop by posters, PowerPoint slides, short movies and training on dummies. The Gynecological/Obstetrical Department at Hvidovre Hospital, Copenhagen, Denmark, kindly lend the dummies and disposable gynecological instruments were sponsored by NordicCell.

All the sessions were interactive and encouraged to dialogue, which resulted in very good discussions. The discussions were not only restricted to pregnancy and delivery related issues, but also about other health issues as the midwife sometimes is the only health person in an area. Issues such as infections, bleeding abnormalities, infertility, anticonception etc. were also discussed. It is not unusual that even male patients consult the midwives to get antibiotics or analgetic, especially during nighttime as mountain travelling in darkness is not without dangers, and the nearest medical stores or hospitals may be several hours away. The community midwives are available 24 hours a day to serve their local communities.

The community midwives arrange local informative meetings for all interested women and inform about public health related topics as necessity and options of family planning, tuberculosis, polio, child vaccination programs, antenatal care, nutrition, hygiene etc. These are important steps to raise public awareness and prevent diseases.

Community midwives are aware of their responsibility as health persons but their efforts are not without challenges. Firstly, they are dependent on proper environments such as clinics (room) and equipment, relevant medicine and updating their knowledge. Secondly, the community midwives are not always the first choice to attend a delivery. Some families still consult traditional uneducated birth attendants. They have often assisted labors through several generations of the families. Several cases with fatal outcomes were discussed where traditional birth attendants' lack of knowledge led to maternal, neonatal and/or intrauterine deaths, which could have been prevented by the attendance of educated community midwives.

Community midwives represent a unique source to reduce the very high rate of maternal and neonatal mortality in rural and remote areas of Kashmir, Pakistan. Therefore, the importance of continuously updating their knowledge and skills cannot be underlined enough.



## **SOCIAL MEDIA AND PR *BY ADAN KHAN***

Being responsible for the social media efforts of Kashmir Fund DK, it is my responsibility to document and publish content regarding camp 2022. It was vital for both the team behind the camp and the donors of camp 2022 to share information about the realities of Kashmir, and what we are doing about it.

In this regard it is abundantly clear that there - generally speaking – isn't much awareness about Kashmir. From a social media perspective, this means that we must first create the context for our work and only thereafter are we able to narrate our story.

Therefore, our social media and PR campaign has a two-fold approach. The first part is to share information about Kashmir to raise awareness about the difficulties that Kashmiri people have to deal with on a daily basis. The second part is to document our work, which helps us create authenticity and helps us fund our future projects.

With this in mind we tried daily to upload a video content on our social media i.e. Facebook and Instagram thus documenting the different projects during the camp. Although we almost managed to live up to this, the task turned out to be more challenging than expected due to the realities on the ground. Driving from Islamabad, to the camp location took more than 14 hours to reach by car – much longer than expected due to snowfall on the route. Furthermore, internet connection is a scarce resource in the remote region. Both factors resulted in an immediate delay in our content plan prompting us to change our approach.

Another reality on the ground was the immense popularity of the free medical camp. The turnout of patients was much bigger than expected, prompting the team – including myself – to put all our hands on deck and help controlling the crowd. This also affected our PR efforts by limiting our ability to create content. However, by the end of the camp we still managed to obtain enough material to upload content almost daily. A success from my perspective.



## OTHER PROJECTS

**Ramadan and Qurbani**, the month of Ramadan and the two Eid's are special occasions in Kashmir like in any other parts of the Muslim world. As many families in Kashmir live in poverty, they rarely have the means to celebrate these occasions in any reasonable manner. For KFDK it is important that these families are given some form of support on these occasions, so their troubles can be lessened, if only for a short period of time.

During the past few years KFDK has played a leading role in ensuring that hundreds of poverty-stricken families in some of the most remote parts of Kashmir, were given Ramadan and Eid Food Packs, containing a month's food supply for a small family. The contents of the packs were suited to local requirements, to ensure that all items were the most acutely needed. The distribution was carried out nearby our health centres in Neelum and Haveli, where we had a local presence and opportunity to locate the most deserving families. Families of widows and orphans were prioritized.

Similarly, during Eid al-Adha we have conducted Qurbani campaigns, where we have delivered meat to families in more than 10 different villages in the Neelum and Haveli districts of Azad Kashmir, Pakistan. We always try to send the meat to isolated and remote villages, with great poverty, where the population has very limited opportunities to eat food, and in particular lack access to meat due to poverty, and especially the children in the areas are often malnourished.

Jamgar Camp in Neelum district is a camp of people displaced due to firing incidents at the LOC, and it has been a key beneficiary of these campaigns, along with other such locations. Jamgar Camp has many families living in dire poverty and hardship with only a few opportunities to improve their livelihood. Our efforts in Jamgar and other places have been well received, and it has brought a lot of joy to these communities, and help in terms of celebrating these special occasions. This is something that will also be a key element in our future efforts in the region.

**Disaster relief** has also been an important part of our effort throughout this period. In November 2020, after violent shootings in the Neelum valley, which left several families homeless just before winter hit the area, we had to move out quickly and were among the very first ones to be present. During flash floods that hit Neelum valley in the summer of 2021, KFDK was able to provide immediate relief items and food packs to the affected families. Our efforts ensured that all the affected families received clothes, food and other things necessary to get through the hardships. In the future, we will also be alert and ready to assist whenever disaster hits, so that KFDK teams can bring immediate relief and help in saving precious lives.

**Water projects – clean drinking water** have for a long time been an area in which we did not have sufficient resources to work with. This changed in autumn 2020, when we completed one of our largest water projects in Neelum for more than DKK 20,000. Subsequently, in 2021 we completed 3 deep water projects in the Kotli district. In addition, we are working on our largest and most complex water project to date in the Neelum valley.

In 2022, we have initiated another three water projects, one gravity water scheme in district Haveli and two deep well water schemes in district Bhimber. It is our aim to keep these efforts ongoing, so that a larger portion of AJK's population has access to clean drinking water. We aim to continue with these activities in 2023 and beyond.

**Among other projects**, we have supported the establishment and training of first aid teams in Bhimber district near the LOC, so that they can react quickly in case of an emergency in that region. We have also supported vaccination campaigns in district Haveli, and other smaller measures in Kashmir.



Two Days

# Basic First Aid Training

for Community Activists/Volunteers  
of Districts of Dera Ghisshur, AJ&K

Supported by: (P)



First Aid Tra

for

Volunteers of D  
Bhimber, (LOC  
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## FINAL THOUGHTS

While the work of KFDK during this period have achieved many amazing results, which would not have been possible without the continuous support from our esteemed and generous members, donors and sponsors. We are truly grateful for all the support we have received, and we are looking forward to further support in the future, as we still have a lot of work to do.

KFDK will continue its effort in the coming years to ensure better health care for the poor and remote communities of AJK. Reducing maternal and infant mortality rates in AJK and Pakistan, will be on the top of our agenda, while we also will provide disaster relief, improvement in local medical facilities and clean drinking water.

Today we have a permanent presence in the form of 26 Family Healthcare Centres in four districts of AJK, which in the coming years will increase further, and the aim is to cover a larger part of AJK and hundreds of thousands of people. We hope that these efforts will lead to a significant improvement in the quality of life in these areas and a reduction in deaths.

For this to happen, we will need strong support from all of our supporters. Therefore, we will end this report by kindly requesting all our friends and supporters to please keep supporting us in the future as well, since none of this will be possible without your active support and guidance. Thank you.



## THANKS TO OUR SPONSORS!



LÆGEHUSET AMSTERDAMVEJ  
W/ Speciallæge Shabana Shah

**SERVISIO**  
- mennesker i fokus

**Tolkdanmark**

